TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 15 MAY 2013

JOINT HEALTH AND WELLBEING STRATEGY DEVELOPMENT UPDATE

REPORT OF DELIVERY & PLANNING MANAGER AND CONSULTANT IN PUBLIC HEALTH

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

To present a progress update against Health & Wellbeing Strategy priority 'asset mapping' process

2. FOR INFORMATION

- For information

3. RECOMMENDATIONS

That the Board:

- consider the initial analysis of the emerging themes from the priority asset mapping exercise completed to date, with particular reference to review of existing partnership structures and strategies.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	*All Health & Wellbeing Board priorities are considered in this strategy update report*
	Will the proposals impact on specific groups of people?	
	Yes	*The Board's priorities will impact across all of the Borough's different communities. Some priorities will target specific groups, for example carers.*
TARGET COMPLETION/DELIVERY DATE	*The Health & Wellbeing Strategy priorities will be reviewed on an annual basis.*	

FINANCIAL/VALUE FOR MONEY IMPACT	Yes	*Financial sustainability is a key aspect of delivering Health & Wellbeing priorities. All priorities will be delivered from within existing budgets. Through better, more efficient partnership working – for example pooled budgets - it is expected that the Board will deliver better outcomes for the Borough's population.*
LEGAL ISSUES	Yes	*The Health & Wellbeing Board is a statutory partnership through the 2012 Health & Social Care Act. It has a duty to drive improvement of the health and wellbeing of the Borough's population, through effective partnership working. Its strategic priorities should influence commissioning decisions of both the Council and the Telford & Wrekin Clinical Commissioning Board*
EQUALITY & DIVERSITY	Yes	*Across all priorities inequality issues are expected to be considered as 'equity' is one of the key underpinning principles of the Joint Health & Wellbeing Strategy*
IMPACT ON SPECIFIC WARDS	Yes	*Reducing health inequalities is one of the ten specific Joint Health & Wellbeing Strategy priorities. The Joint Strategic Needs Assessment indicates that key health inequalities can be seen in our most deprived communities, particularly the targeted intervention areas*
PATIENTS &/OR PUBLIC ENGAGEMENT	Yes	*Patient and public engagement is one of the key underpinning principles of the Joint Health & Wellbeing Strategy.*
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	*The asset mapping approach is in the process of capturing significant impacts, risks and opportunities across the ten Joint Health & Wellbeing Strategy priorities*

PART B) – ADDITIONAL INFORMATION

5. INFORMATION

Introduction

At their last meeting, the Board received an update on progress towards delivery against its strategic priorities as identified in the Health & Wellbeing Strategy. The development of an annual "making it happen" focus and the expectations for an asset mapping approach were outlined.

The asset mapping work has now commenced with Board sponsors and officers meeting to discuss their current position and issues for their priority areas. These discussions have been structured systematically using a common template. Completed templates received to date have captured valuable information, including an overview of the current programmes commissioned, the existing partners involved and the partnership arrangements.

To date, templates have been completed against the following priorities, and are appended to this report:

- Reduce excess weight in adults and children
- Reduce teenage pregnancy
- Support people with autism (draft)
- Reduce the number of people who smoke
- Reduce the misuse of alcohol and drugs
- Improve carer's health and wellbeing (all age)
- Improve life expectancy and reduce health inequalities
- Support people to live independently
- Support people with dementia

Each template provides position statements for delivery of the strategy's cross cutting principles, i.e. equity, accessibility, integration, quality, engagement, financial sustainability, user satisfaction, early intervention and prevention and safeguarding. Key emerging common themes are:

- In terms of quality and evidence-based commissioning, the use of NICE guidance to underpin local commissioning processes was reported for the majority of priorities
- For safeguarding, contractual requirements ensuring providers protect children and young people and vulnerable adults as service users, clients and patients was frequently noted
- Equity issues are tackled regularly across priorities through the targeting of services, which is often shaped by JSNA intelligence on inequalities

Further consideration will be given as part of the strategy development process to review the extent to which plans for the priorities satisfy the aspirations of all the agreed cross cutting principles.

The common areas for specific focus during 2013/14 reported across the priorities included:

- Review and re-establishment of partnership governance arrangements for the priorities
- Refresh and update of strategies and action plans, including an update of related JSNA intelligence

The Role of the Health and Wellbeing Board in adding value and making a difference

The key areas cited by sponsor and officer leads where the Board can add value across the priorities included:

- Champion the agreed priorities across organisational and professional boundaries across health and wellbeing partners. For example reinforce the importance of healthy eating and physical activity across Council services and with wider partners
- Provide governance, oversight and challenge for the improvement in priority outcomes. This is especially important for priorities where HWB partners have direct commissioning roles across pathways and programmes, for example the local authority, CCG and NHS England responsibilities in commissioning cardiovascular disease pathways to improve life expectancy
- Provide capacity to facilitate the asset mapping approach e.g. strategy and action plan refresh workshops for professionals and partners and community engagement events
- Identify interdependencies across priorities and join up key workstreams to work more efficiently and effectively e.g. linking of CVD and smoking programmes with dementia priority

Next steps

The outstanding/draft Priority templates will be collated and reviewed prior to the next Health & Wellbeing Board meeting. This will enable analysis of the common challenges and risks and opportunities for all priorities to be considered. Furthermore, this analysis will enable us to complete the development performance framework and enable the Board to understand outcomes the strategy will deliver – this too will be reported at the next Board meeting.

6. PREVIOUS MINUTES

- Shadow Health & Wellbeing Board Meetings on:
  - 22nd February 2012
  - 25th April 2012
  - 13th June 2012
  - 12th September 2012
  - 14th November 2012

7. BACKGROUND PAPERS

- Telford & Wrekin Health & Wellbeing Strategy

Report prepared by Jon Power, Delivery and Planning Manager, Telephone: 01952 telephone extension 380141

Health & Wellbeing Strategy Priority position statement: May 2013

Priority 1: Reduce Excess Weight in adults and children

Specific Focus for 2013/14:
Expand scope to include all those who are above a healthy weight (previous focus has been on obesity, overweight is now included)
Embed the importance of preventing and managing excess weight throughout services delivered by the Council and partner agencies

Lead Officer, Organisation & HWB Member Sponsor:
Clare Harland, Telford and Wrekin Council
Councillor Arnold England

Integration
What services are currently commissioned and on what basis? Who are the key partners? What partnership arrangements/governance is place? Is there any informal service provision (e.g. self help groups)

Services currently commissioned

Weight management and excess weight prevention services that contribute to the Obesity action plan and form part of the obesity pathways for adults and children are commissioned by Public Health.
These include:

Why Weight Mums
This is a weight management programme for pregnant women with BMI >30 at 12 week booking. The model includes one to one appointments and home visits. The programme aims to minimise weight gain during pregnancy, reduce weight post nataly and improve healthy lifestyle behaviours within the family.

Breastfeeding
The UNICEF UK Baby Friendly Initiative (BFI) action plan is being implemented to achieve full BFI accreditation. A workforce development programme is in place for frontline staff working with pregnant and breastfeeding mums. Antenatal and post natal breastfeeding education and information is delivered to groups and on a 1-1 basis in the community. Home support is also provided for breastfeeding mums where appropriate. BEST (breastfeeding encouragement support team) peer support volunteers provide support to breastfeeding mothers in the community.

Healthy Start
Healthy Start is a UK-wide government scheme to improve the health of low income pregnant women and families on benefits and tax credits. Vouchers for fruit, vegetables, milk and vitamins for mother and child are promoted through pharmacies and by midwives and health visiting teams.

HENRY
Health Exercise Nutrition for the Really Young (HENRY) provides workforce training for frontline staff working with families with children under 5 and 8 week courses for parents with children under 5 at risk of obesity. It is a partnership programme and is linked to Big Lottery Funded

Parents Champions project.

YW8? 4-7
YW8? is a family weight management programme for families with children between 4 and 7 years old who are above a healthy weight. Group programmes run each term and one to one work with individual families is also in place.

YW8? 8 – 13
YW8? is a family weight management programme for families with children between 8 and 13 years old who are above a healthy weight (referrals are taken up to 15 years old on a case by case basis). Courses are run each term across the borough.

National Child Measurement Programme (NCMP)
The NCMP is a mandated programme which involves measuring the heights and weights of children in reception and year 6 across Telford and Wrekin. Feedback and offers of support are provided to parents/carers regarding their child's results. Anonymised data is submitted to the Department of Health contributing to national and local statistics.

Slim to Trim
Telford and Wrekin Council Leisure Services offer a weight management session that provides weight loss advice with the addition of fun interactive exercise.

Why Weight? Plus
This is an adult weight management programme for those with BMI >30 (or >28 with co-morbidity). It consists of a 12 week programme with one to one and group sessions.

Health Trainers
Health Trainers offer one-to-one support on smoking, healthy eating, physical activity, alcohol and other topics. They complete lifestyle assessments, offering goal setting and practical advice, and encourage and motivate people to make a lifestyle change.

ALD Healthy Living Project
This is a pilot project working with staff, carers, families and service users at Downing and Carwood residential homes to create an environment where healthy eating and daily physical activity are the norm. This is being achieved through a range of approaches including staff training and support, health checks, taster sessions, physical activity programmes and weight management services. Where possible service users and staff have been encouraged and supported to engage with mainstream services.

Healthy Lifestyle Hub
The Healthy Lifestyle Hub at First point provides a single point of access for both professionals and the public. It offers information, advice, signposting and referral onward for lifestyle issues including healthy eating, physical activity, emotional health and wellbeing, smoking and alcohol.

Community Food programme
The community food project offers weaning sessions, healthy eating for under-fives, basic nutrition training for health and social care staff, cooking on a budget course for families, evidence and best practice advice for practitioners in health and social care.

Cooking Bus projects

The Cooking Bus provides a mobile facility to deliver outreach cooking and healthy eating sessions including Let's Cook Together and Let's Cook Mini.

Physical Activity Projects
Telford and Wrekin Council provides a wide range of opportunities for people to get active through their leisure services, green spaces and cycle and walking routes. In addition a number of programmes are in place to encourage adults, children and young people to make their first steps into physical activity and improving their health. These include community based programmes and activities specifically designed to target health inequalities and those who are less likely to access mainstream leisure provision.

Fit for Life
Telford and Wrekin Council provides a GP referral Scheme to support individuals who may have underlying medical conditions to take part in physical activity. Fit for Life promotes better health through physical activity.

Tackle your health
Telford & Wrekin Council working in partnership with AFC Telford United, deliver 'Tackle Your Health', a project aimed at men (30- 74 years) who live or work in Telford & Wrekin and want to improve their health and wellbeing. The team help men adopt and sustain a healthier lifestyle be offering free health checks, advice and one to one support , to support this 'Tackle Your Health' offers a range of activities including gym, football 'kickabouts', walking football, badminton and circuit sessions.

Inclusive Leisure Scheme
The Inclusive Leisure Scheme aims to recruit and train a group of community volunteers to motivate and support disabled adults who have registered an interest in participating in the scheme. Recruited volunteers will support disabled adults within a gym and swimming environment at Telford & Wrekin Council leisure facilities.

<u>Key partners</u>
Telford and Wrekin Council (service delivery teams including Public Health, Leisure Services, Children and Family Services, School Catering, Transport)
Shropshire Community Health NHS Trust

<u>Partnership arrangements/governance</u>
The Obesity Partnership Group oversees delivery of the Strategy and Action Plan.

A partnership Obesity strategy has been in place in Telford and Wrekin for approximately 10 years, during which time services and interventions have been developed and established to deliver the action plan and obesity pathways.

The Obesity Strategy Group oversees delivery and performance of:
Obesity pathway for Children and Young People
Obesity Pathway for Adults
Obesity Action Plan

The Obesity Strategy group previously reported to: Telford and Wrekin PCT Board, the Children's Trust Board, and the Adult Health and Wellbeing Board.

As part of transition it is anticipated that reporting lines will include the Health and wellbeing board, Children and families board, Telford and Wrekin Clinical Commissioning Group. All three of these bodies have excess weight or obesity in adults and/or children a one of their priorities.

Informal provision
An asset mapping approach is being taken with stakeholders to capture the wider provision in place that contributes to this priority.

Making Every Contact Count (MECC) is being rolled out through NHS frontline services to educate and encourage staff to initiate conversations with patients about subjects including excess weight.

Financial Sustainability
What is spent by each partner? Is the current level of spend sustainable or is the investment at risk? Are any savings required against this budget in 2013/14?

Commissioned programmes are funded from public health budget however significant contributions are made to delivery of the action plan by Council service delivery teams and other partners. Grant and Lottery funding supports a number of projects including HENRY.

Equity
How has current provision been designed to meet the differing needs from across the community?
Are there any known equity issues apparent? e.g. inequalities in the provision uptake or outcomes for services?

Programmes and services target those at higher risk of overweight and obesity, this includes those living in deprived areas and children whose parents are overweight or obese.

Accessibility
What are the barriers to accessing services currently provided? Are the reasons for 'non-use' understood?

The majority of adults (estimated 62%) in Telford and Wrekin are overweight or obese. Excess weight and its contributing behaviours (inactivity and poor eating habits) have become normalised. There is also a lack of recognition by parents of overweight and obesity in their children.

Quality
What are the key performance measures for this priority? How is the service currently performing? Do we understand why the service is performing at the current level?

Overarching indicators:
National Child Measurement Programme results for 4-5 year olds and 10-11 year olds
Public Health Outcomes Framework indicators:
Breastfeeding
Excess weight in 4-5 year olds and 10-11 year olds
Excess weight in adults
Proportion of physically active and inactive adults

Programme performance measures:
Performance measures include referrals, recruitment and retention, weight change, BMI, DALYs and evidence of behaviour change. These are detailed in the service specifications, performance is reported quarterly as part of the overall Health Improvement contract.

Is current service provision based on best practice or other evidence of effectiveness? Please list the relevant NCIE guidance/national guidelines etc
National Guidelines
Healthy Lives, Healthy People: A call to action on obesity in England (2011)
https://www.gov.uk/government/news/department-calls-for-action-on-obesity

National Child Measurement Programme
Operational Guidance for 2012/13 school year
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133671

Healthy Start Guidance
http://www.healthystart.nhs.uk/for-health-professionals/healthy-start-resources/

NICE Public Health Briefings for Local Government
PHB3 Physical Activity
PHB8 Walking and cycling

NICE Guidance
CG43 Obesity

NICE Public Health Guidance
PH11 Maternal and Child Nutrition
PH13 Promoting physical activity in the workplace
PH17 Promoting physical activity for children and young people
PH27 Weight management before during and after pregnancy
PH 41 Walking and cycling
PH 42 Obesity – working with local communities

Engagement & Positive Experience
What are service users' views on current provision? How have service users' views been used to inform current provision?

The Obesity Strategy was developed using an Outcomes Based Accountability approach with stakeholders and service users

Evaluation, service user feedback – are required as part of all service specifications on commissioned programmes and are included in the end of year report. This also includes case studies.

Early Intervention and Prevention
What provision is in place to reduce future demand for this service/intervention?
Please describe the preventative or early intervention approach being adopted and the rationale?

A universal and targeted approach is taken with an emphasis on creating environments where it is easier to take the healthy option, especially healthy eating and physical activity. A wide range of opportunities and support for getting active are offered by the Council through use of green spaces, walking and cycling initiatives and Leisure Services. Particular emphasis is placed on supporting those less likely to access mainstream activities to adopt an active lifestyle.

Prevention programmes include:

Change4life clubs in schools
Change4life clubs have been set up in the Phoenix and Madeley School Games Area targeting years 3/4 for an out of school hours club to encourage less active, including overweight, children to participate in fun physical activities. The club sessions led by teachers, parents or sports leaders include discussions about food choices, eating and family activity.

Street Games & Doorstep Sport Clubs
Telford and Wrekin Council works with and helps local communities to organise and deliver a free range of sports activities for young people in disadvantaged communities.

Sportivate
Sportivate is a national initiative that is delivered locally to get more 14 – 25 year olds regularly participating in sport. Telford and Wrekin Council works with local voluntary sports clubs and colleges to deliver a wide range of activities to engage young people and hopefully sustain their interest.

Friday Night Football
This is a project that engages young people in free quality coaching football sessions and games. Currently sessions are delivered in Hadley, Madeley and Wellington. Teams from each area play four times a year and are entered into the annual Street Games Festival.

Ican2 sports and leisure
Telford and Wrekin Council Leisure Services deliver a sports activity programme for disabled children and young people to provide them with a positive sporting experience and respite for carers/parents. Activities include computer club, skiing, multi activities, swimming and cycling.

Run England
Run England is a recreational running project which aims to get the whole nation running, regardless of age, fitness level, aspiration, background, or location. Telford and Wrekin Council is supporting this project to help and encourage more people to run, and to run more often. Volunteers have been recruited as ‘run leaders’ and are now delivering led runs locally.

No strings badminton
No strings badminton is a project to encourage people to start playing, improve their play or simply enjoying making new friends and improving their fitness. It is a unique, semi structured pay and play set up that is designed to be fun and free from fuss.

Kids for a £1
Every holiday, Leisure Services offer a sports and activity programme for children and young people. For only £1 a session children and young people can take part in a wide range of activities such as trampolining, tobogganing, golf, dance mats, street dance, cheerleading, and tennis

nRGIZE
nRGIZE is a range of health and fitness activities geared towards 11-15 year olds with purpose built facilities at Stirchley Recreation Centre, Abraham Darby Sports & Leisure Centre and Oakengates Leisure Centre.

'aspirations'
'aspirations' offers local people the opportunity to become members of health and fitness venues within the Telford area. They have state of the art gym facilities and offer an aerobics programme with over 85 classes per week

Personal Training
Qualified, 'goal orientated' instructors work with individuals on a one to on basis to ensure that their workouts are as enjoyable and effective as possible.

Senior Gym Club
Telford and Wrekin Council Leisure Services supports senior Gym Club sessions at Stirchley Recreation Centre.

Football in the Community Programme
Telford and Wrekin Council will be supporting the Telford and Wrekin Football Partnership at strategic and operation level. The Council will manage a Football Coaching Officer who will be instrumental in developing the AFC Telford Football in the Community programme.

Town Park
The Town Park offers the opportunity for informal recreation and physical activity opportunities. The park also hosts Parkrun, a free weekly 5k run every Saturday.

Swimming
Free swimming under 16s in any public session.

Concessions scheme
Concessionary rates are available to specified groups of Telford and Wrekin residents. These include Carers accompanying a person in receipt of a disability allowance, who are admitted free of charge.

Telford Visually Impaired Group
Telford and Wrekin Council works with the Telford Visually Impaired Group to help support sessions including; walking, self defence and slim to trim.

Disability Gym sessions
Disability Gym sessions are offered every Tuesday for disabled adults. TWC also work with Club 2000 providing gym sessions for adults with Learning difficulties.

Active Travel Programmes
A range of walking and cycling projects are delivered by Telford and Wrekin to encourage the take up of active travel for every day journeys to school and work.

School Catering
A range of menu options compliant with nutritional guidelines are offered in primary and

secondary schools across Telford and Wrekin.
Safeguarding *How does current provision, ensure the safety of its most vulnerable clients?* Safeguarding requirements are included in all service specifications Example: Adults with learning difficulties are attending mainstream services supported by their carer
What difference/added value can the HWB make to this priority in 13/14 and how? Raise the profile of overweight and obesity and reinforce the importance of healthy eating and physical activity across service delivery areas in the Council and with wider partners in the public, private and voluntary sector. Support the development of a workforce programme across the Council focussing on excess weight which would: Result in a healthier workforce Encourage staff to influence their friends and families to adopt healthier behaviours Empower staff to encourage their clients and service users to adopt healthier lifestyles Enable teams to embed healthy eating and physical activity messages into their service delivery

HEALTH & WELLBEING STRATEGY PRIORITY POSITION STATEMENT: MAY 2013

Priority: Priority 2 - Reduce Teenage Pregnancy Rates

Specific Focus for 2013/14:

Strategic Leadership, Performance Management and Governance

There is in place a multi-agency Teenage Pregnancy (TP) Board, however due to Telford & Wrekin's new public health responsibilities this board will be re-launched to include Sexual Health Services.

Needs Analysis, Strategy and Action Plan

Develop a multi-agency strategy and action plan based on need analysis that sets out Telford & Wrekin's continued commitment to reducing under 18 conceptions.

The Government's teenage pregnancy unit has identified key areas for effective practice in reducing teenage conceptions and improving outcomes for the children of teenage parents.

These areas, which will provide the foundations of Telford & Wrekin's Reducing Teenage Pregnancy and Support for Young Parents Strategy and Action Plan, are:

- Giving young people the knowledge and skills they need to experience positive relationships and good sexual health
- Improving young people's access to and use of effective contraception when they need it
- Intervening early with those most at risk
- Improving outcomes for teenage parents
- Improving the life chances of newborns

Lead Officer, Organisation & HWB Member Sponsor:

HWB Sponsor: David Evans – Chief Officer Telford & Wrekin CCG
Lead Officer: Clive Jones – Assistant Director, Family & Cohesion Services
Organisations:

- Telford & Wrekin Council
- Telford & Wrekin CCG
- Shropshire Community Health NHS Trust
- The Shrewsbury and Telford Hospital NHS Trust (maternity services)
- Cabinet Member Paul Watling, Children, Young People and Families

1. Integration

*What services are currently commissioned and on what basis? Who are the key partners? What partnership arrangements/governance is place? Is there any informal service provision (e.g. self help groups)*The governance board for Teenage Pregnancy (TP) consists of key commissioning and delivery partners responsible for the delivery of the TP action plan. This Board is chaired by Clive Jones and meets on a quarterly basis.

Teenage Pregnancy & Support – *Commissioning high quality support services for pregnant young women, young parents and their families including access to education, employment and training*

Telford & Wrekin CCG have responsibility for commissioning abortion services. It will be important to continue are partnership arrangements to ensure the abortion provider services are delivering in line with are local strategy. This is commissioned by Children's & Families Commissioners

Telford & Wrekin CCG commission Teenage Identified Midwifery service for young mothers under 17 and their partners. This service is delivered by SaTH.

National Commissioning Board commission Health Visiting Service (and Family Nurse Partnership programme)

Healthzone - Community School Nurse drop-in delivered in partnership with schools and targeted youth services delivering a number of health promotion programmes. These two services are delivered by Shropshire Community Health NHS Trust.

Through Children Centre Services there are a number of work programmes being delivered to support young parents including young parents' support group (Bump2Baby and Beyond).

Sexual Health Services – *Commissioning to ensure delivery of accessible, high quality contraception and sexual health services*

As part of the public health transfer the Council now commissions:
Staffordshire & Stoke on Trent Partnership NHS Trust:

A new contract for integrated community based sexual health services in Telford and Wrekin has been awarded and started on 1 April 2013, following a competitive tender exercise. The revised service specification reflects the latest evidence base. It will significantly increase access to services through the provision of integrated Levels 1, 2 and 3 contraceptive and sexual health services. This is a three year block contract arrangement.

Local Enhanced Service (LES):

There are 22 GP practices in Telford of which 16 have Locally Enhanced Service agreements in place for the provision of some methods of Long-Acting Reversible Contraception and Chlamydia screening.

Within Telford & Wrekin there are 15 pharmacies of which 9 have Locally Enhanced Service agreements in place for the provision on Chlamydia screening and Testing, Emergency Hormonal Contraception and Condom Distribution.

For services delivering LES there is in place Patient Group Directive (PGD) which is being supported by Telford & Wrekin CCG Medicines Management Team.

HIV:

National data for 2010 indicates that there were 74 people living with HIV infection in Telford and Wrekin. The cumulative rate of diagnosis of HIV infection locally is significantly lower than the average for the West Midlands. The prevalence of infection in Telford is <1 per 100,000

population. These figures refer to people living with diagnosed HIV only, and do not account for people who are not aware of their HIV infection. Nationally it is estimated that 24% of people living with HIV in the United Kingdom in 2010 remained undiagnosed and were therefore unaware of their infection.

To support early diagnoses and support people living with HIV Telford & Wrekin Council commission Terrence Higgins Trust (charity organisation) to provide a range of work programmes, including HIV testing and self help groups. This is currently a one year block contract arrangement.

Staffordshire & Stoke on Trent Partnership NHS Trust provide same day HIV testing and all forms of treatment and ongoing support to people living with HIV in Telford & Wrekin.

2. Financial Sustainability

What is spent by each partner? Is the current level of spend sustainable or is the investment at risk? Are any savings required against this budget in 2013/14?

Telford & Wrekin Council

Sexual Health Services & Teenage Pregnancy Projects - £954,000 pa

Telford & Wrekin CCG

Termination Provision £226,614 pa

3. Equity

How has current provision been designed to meet the differing needs from across the community?

Are there any known equity issues apparent? e.g. inequalities in the provision uptake or outcomes for services?

Teenage Pregnancy is an outcome which results from a range of issues. Five hundred risk and protective factors associated with teenage pregnancy have been identified (Kirby D, 2007) so the solution to this issue has to be multi-faceted and one which focuses widely on prevention and is closely linked to other priorities:

- Increased uptake of Chlamydia screening in sexually active under 25s
- Increased participation of teenage mothers in education, training or employment to reduce their risk of long term social exclusion
- To reduce postnatal depression
- To improve breastfeeding rates
- To increase numbers of pregnant young women who quit smoking
- To reduce numbers of children of young parents taken into care
- Delivery of Child Health Programme

Services are commissioned that enable, help and support people, especially the most vulnerable, to access services and continue to use them. Future work areas will include more targeted work programmes.

4. Accessibility

What are the barriers to accessing services currently provided? Are the reasons for 'non-use' understood?

The new sexual health service has been re-designed to ensure all service user needs can be met at which ever site they attend with services delivered over extended opening hours and in easily accessible locations. A new sexual health clinic is being delivered at Sutton Hill Children's Centre which has seen a high level of attendance. Future work will ensure the link with targeted youth support and other appropriate services.

5. Quality

What are the key performance measures for this priority? How is the service currently performing? Do we understand why the service is performing at the current level?

Teenage Pregnancy & Support

Outcome Measures: Reduction in u18 conception rate by 55% on the 1998 baseline.

Progress in December 2012 - Telford & Wrekin's rolling average quarterly rate of 46.4/1000 15-17 year olds shows a 23% reduction on the same period the previous year but this has slightly increased by 3% by Q2. This compares to a 6.7% reduction in the national rate and a 6% reduction in the West Midlands rate in the same period.

The rate of 46.4 equates to **150 conceptions**, 10 less than the same period in the previous year.

Sexual Health

New guidance has been published by Department of Health – A Framework for Sexual Health Improvements in England. This sets out the key priorities:

- Continue to tackle the stigma, discrimination and prejudice often associated with sexual health matters
- continue to work to reduce the rate of sexually transmitted infections (STIs) using evidence-based preventative interventions and treatment initiatives
- reduce unwanted pregnancies by ensuring that people have access to the full range of contraception, can obtain their chosen method quickly and easily and can take control to plan the number of and spacing between their children

- support women with unwanted pregnancies to make informed decisions about their options as early as possible
- continue to tackle HIV through prevention and increased access to testing to enable early diagnosis and treatment
- promote integration, quality, value for money and innovation in the development of sexual health interventions and services

The new sexual health service has only been delivering since 1st April, therefore at this time we can not report on any detailed performance activity. The service is delivering in line with the above priorities which also include 28 Key Performance Indicators of which commissioning will monitor and report against to the partnership board ***(see appendix 1 for more detail)***

Is current service provision based on best practice or other evidence of effectiveness? Please list

the relevant NCIE guidance/national guidelines etc

- Better prevention, better services, better sexual health – The national policy for sexual health and HIV 2012
- NSH Operation Framework 2012-13 – planning, performance and financial requirements for NHS organisations
- NHS Outcome Framework 2012-13 – Key Indicators: Clinical Effectiveness, Patient Experience, Patient Safety
- Public Health Operating Framework 2011 – Commissioning Responsibilities
- Public Health Outcomes Framework 2012 – Sexual Health Indicators
- Department of Health 'Making Every Contact Count' (2011)

6. Engagement & Positive Experience

What are service users' views on current provision? How have service users' views been used to inform current provision?

To inform the new sexual health service a number of consultation methods took place which included:

- 20 young people and adults formed part of a serious of focus groups
- 152 young people and adults completed and returned a questionnaire
- 38 staff working in the service or have referred young people or adults into the service completed a questionnaire
- 4 young people formed part of the tender process and evaluated bidders

7. Early Intervention and Prevention

What provision is in place to reduce future demand for this service/intervention?
Please describe the preventative or early intervention approach being adopted and the rationale?

Planned calendar of sexual health promotion/prevention activities/campaigns linked to key national campaigns such as Sexual Health Week and World AIDS Day and other key dates such as Freshers Week, Valentine's Day, Summer Holiday season, Halloween and Christmas/New Year.

Promote healthier lifestyle choices by 'Making Every Contact Count' - Frontline staff delivering appropriate advice, including 'signposting' services, as part of their everyday contact with Service Users.

Co-ordination, management and on-going development of the Condom Distribution Scheme an additional 50 sites will be introduced over a 12 month period.

Link to 2011-14 strategy, 'Changing Behaviour, Improving Outcomes: A new social marketing

strategy for public health.

8. Safeguarding

How does current provision, ensure the safety of its most vulnerable clients?

Delivery of targeted intervention for young people and adults at risk:

- Multi agency Homeless Board meet to look at accommodation needs for vulnerable young people under 18 - Housing, Cohesion, Social care
- Care pathways identified – pre-birth pathway adapted for vulnerable young parents
- Targeted Clinical Outreach – delivering contraception and sexual health outreach services to young people and adults at risk
- Specialist midwife for under 18 parents (TIMs)
- Family Nurse Partnership (FNP)
- Risk assessment tool for Early Identification of vulnerable young people

Telford & Wrekin Intervention Screening Tool (TWIST) is a tool that has been introduced to identify, moderate or reduce risk taking behaviour in young people that may lead to teenage pregnancy or early parenthood. Front line workers use the tools to screen and make an informed decision about the most appropriate intervention a young person may need to reduce their identified risk taking behaviour which may include referral to a specialist service. To date a total of 59 assessments have been completed by a range of professionals with young people being referred into appropriate support services.

Preventing Sudden Infant Deaths

Research evidence indicates that infants with young mothers are at four times greater risk of Sudden Infant Death Syndrome (SIDS) than those with older mothers. A safer sleeping practices workshop was undertaken for professionals in Telford in March 2013, The current practice, in terms of advice and support given to parents by midwives, local health visitors and children's centre staff was reviewed. A comprehensive, evidence-based safer sleeping policy is now in development to ensure consistent advice is given to families by all healthcare professionals.

9. What difference/added value can the HWB make to this priority in 13/14 and how?

There are a number of areas the HWB can help and support these are to:

- Development of strategic framework
- Provide the governance arrangement for reporting outcomes, performance, risks and issues
- Ensure a close working with other key partners; including Public Health England

Appendix 1 – Sexual Health KP's

Key Service Outcomes/Key Performance Indicators (KPIs)

1. Service Users receiving urgent provision the same working day
2. Service Users receiving telephone advice on the same working day
3. Walk-ins seen within 2 hours of arrival
4. Non-urgent Service Users seen within 2 working days of initial contact
5. Women receiving LARC within 4 weeks of initial contact (if clinically appropriate)
6. Women receiving EHC on the same day of request
7. Service Users seen for their psychosexual counselling appointment within 4 weeks of receipt of referral
8. Service Users assessed by a doctor who provides HIV care within 2 weeks of a positive HIV test result, irrespective of the place of testing, unless the patient chooses to defer this.
9. Service Users seen within 30 minutes of their appointment time.
10. Split of walk-in attendances versus appointment attendances
11. Total clinic capacity offering an integrated service
12. New attenders having sexual history taken and STI/HIV risk assessment
13. Sexually active young people under the age of 16 (and 16-17 years where cause for concern) risk assessed for sexual abuse or exploitation
14. Sexually active vulnerable adults risk assessed for sexual abuse or exploitation
15. Women receiving LARC as their chosen method of contraception
16. HIV testing by first attenders
17. Newly diagnosed HIV patients with a CD4 count <350 when measured for the first time after testing positive
18. Service Users where the period of time between their consultation and receipt of their results by the Service is no more than 14 working days, taking account of the recommended laboratory turnaround times.
19. Service Users notified of positive results within 3 working days of receipt of result by the Service.
20. Chlamydia screening in eligible patients
21. Positive index cases confirmed as treated
22. Partners/contacts of positive index cases confirmed as treated

23. Partners/contacts of HIV positive index cases contacted and confirmed tested for HIV
24. Clinical staff with the skills and competencies to both fit all methods of contraception and undertake STI testing and treatment
25. Nursing staff delivering services under PGD
26. Staff trained to deliver ‘Making Every Contact Count’ brief interventions
27. Increase in the number of referrals to smoking, alcohol and healthy eating support services
28. Clinic venues You’re Welcome (Young People Friendly) accredited

DRAFT HEALTH & WELLBEING STRATEGY PRIORITY POSITION STATEMENT: MAY 2013

Priority 4: Support people with Autism DRAFT

Lead Officer, Organisation & HWB Member Sponsor:
Richard Smith Telford and Wrekin Council
Dylan Harrison, NED CCG

1. Integration

What services are currently commissioned and on what basis? Who are the key partners? What partnership arrangements/governance is place? Is there any informal service provision (e.g. self help groups)

Services are commissioned on an adhoc needs lead basis until recently we did not have a commissioning strategy so services have been commissioned on a reactive basis rather than preventative, services range from low level information advices provided by voluntary organisations to specialist health placements. The local authority is committed to ensuring that the training and support is in place for all front line staff.

Key partners are voluntary sector, housing, advocacy groups, information and advice providers, probation service, police, user groups, health providers,

2. Financial Sustainability

What is spent by each partner? Is the current level of spend sustainable or is the investment at risk? Are any savings required against this budget in 2013/14?

we do not routinely collect this information and provision is across multiple organisations
No saving targets

3. Equity

How has current provision been designed to meet the differing needs from across the community?

Are there any known equity issues apparent? e.g. inequalities in the provision uptake or outcomes for services?

No services have been designed on an adhoc bases unfortunately with service users often been inappropriately supported or left with no support which is recognised within the strategy

4. Accessibility

What are the barriers to accessing services currently provided? Are the reasons for 'non-use' understood?

Fragmented transition pathways
Resources,
Access to low level preventative support,
Lack of clear diagnostic pathways
Poor information advice and guidance
No formal pre and post diagnosis support

5. Quality

What are the key performance measures for this priority? How is the service currently performing? Do we understand why the service is performing at the current level

Performance will be measured against the autism strategy's action plan been able to evidence improved access to low level services, diagnostic services, housing, employment and training, This information is not easily available and a performance frame work will need to be developed across the economy

Is current service provision based on best practice or other evidence of effectiveness? Please list the relevant NCIE guidance/national guidelines etc

Yes new draft NICE guidelines

6. Engagement & Positive Experience

What are service users' views on current provision? How have service users' views been used to inform current provision

STACS and Autonomy are the key user groups which have been involved in the production of the strategy recognise the lack of specialist service provision, low level preventative services, clear diagnostic pathways, lack of transition arrangements and user involvement

7. Early Intervention and Prevention

What provision is in place to reduce future demand for this service/intervention?
Please describe the preventative or early intervention approach being adopted and the rationale?
Proposal to commission a low level preventative service which will provide information advice and guidance to enable people to access appropriate services as and when required this will include, housing, education employment and benefit advice, When more specialist services are required pathways into health and social care will be more efficient. Currently the local authority are aware of over 200 people who would benefit from access to such a service, preventing the need for expensive inappropriate services be it criminal justice or health and social care

8. Safeguarding

How does current provision, ensure the safety of its most vulnerable clients?
It doesn't as it is not a discreet service often people are not defined as vulnerable and hence behaviour becomes criminalised and inappropriate service provision either Mental Health or Learning disabilities

9. What difference/added value can the HWB make to this priority in 13/14 and how?
Support the strategy divert resources when required bring together interested parties

HEALTH & WELLBEING STRATEGY PRIORITY POSITION STATEMENT: MAY 2013

Priority 5:
Reduce the number of people who smoke

Specific Focus for 2013/14:

- Continue to reduce smoking in adults and pregnant women
- Reconvene the multi agency tobacco control network
- Develop a tobacco control strategy

Lead Officer, Organisation & HWB Member Sponsor:
Lead Officer Vicki Pike, Health Improvement Commissioner, Telford and Wrekin Council
HWB Member Sponsor, Paul Clifford, Director of Care, Health and Well-Being, Telford and Wrekin Council

1. Integration

What services are currently commissioned and on what basis? Who are the key partners? What partnership arrangements/governance is place? Is there any informal service provision (e.g. self help groups)

Stop Smoking Services Contracts

- Telford and Wrekin Council have currently extended existing contracts for stop smoking and stop smoking in pregnancy until 31st July 2013
- The contract extensions are an Any Qualified Provider (AQP) 'Payment by Results', uncapped contract, therefore no upper delivery levels exist. While this has proven to increase innovation and outcome, it has had an effect on budgets. As such the delivery levels and budgets have to be closely monitored by the commissioner on a monthly basis.
- The estimated cost of extending the current contracts for 4 months is £191,846. The criteria for clients are those living, registered to a GP or working, in Telford and Wrekin

Telford and Wrekin Council are due to go out to tender with three new Lots for stop smoking and stop smoking in pregnancy services, early 2013/14. The services will cover clients living, or registered to a GP, in Telford and Wrekin. Contracts will start from 1st August 2013 for one year with the option to extend, until 31st March 2015. The three lots are:

- LOT 1 – Stop Smoking Core service for 1500 4-week quits, 750 12-week quits and 375 6-month follow up quits
- LOT 2- Stop Smoking out of hours service for 500 4-week quits 250 12-week quits and 125 6-month follow up quits
- LOT 3 – Stop Smoking in Pregnancy service, for 150 4-week quits and 70 quits, either at delivery or 12-weeks which ever is furthest away, 35 6-months follow up quits.

The annual value of each of the contracts are:

LOT	Expected	5% incentive 6 month quit payment
1	331,526 (353,833)	16,576 (17,692)
2	110,509 (121,630)	5,525 (6,081)
3	101,005 (121,872)	5,050 (6,094)
Totals	543,040 (597,335)	27,151 (29,867)
Grand total		570,191 (627,202)

Hospital Stop Smoking Contract

- Telford and Wrekin Council have extended the Hospital Stop Smoking service for 12 months

- The services aim is to
    - Raise the health issues linked to smoking within the hospital
    - Identify smoking service users
    - Deliver brief interventions on smoking
    - Signpost into community stop smoking services
    - Train hospital staff on smoking and the hospital service.
- The annual cost of the service is £38,600
- The service provides quarterly reports to the commissioner against agreed key performance outcomes.

Making Every Contact Count

- Additional to the commissioned services smoking is one of the health issues discussed as part of the Making Every Contact Count (MECC) programme
- In 2012/13 MECC was one of the CQUIN (Commissioning for Quality and Innovation) targets
- SaTH is using the measure of an increase to the hospital stop smoking service, as the indicator to measure the success MECC. As MECC was a CQUIN target in the previous year it now becomes a key performance indicator for 2013/14.

Performance Monitoring

There are smoking key performance indicators in a number of contracts including school nurses, health visitors, maternity and Shropshire Community health trust. The indicators require service to offer MECC, check smoking status and either give out smoking information or making a referral to a stop smoking service. The maternity contract has an 'opt out' measure where all smoking mothers are automatically referred to a stop smoking service unless they 'opt out'.

Partnership Landscape

There are a number of services/organisations that support the smoking agenda giving out information, advice and signing posting to stop smoking services, these include: Children centres, Fire and Rescue Service, Police, Age Concern and St Johns Ambulance.

Previously the governance structure for the Stop Smoking contracts was through the Quality Performance Review meeting of the PCT and then the PCT board. It is expected that the future governance arrangements will be through the Health and Wellbeing Board.

There are two main partnerships that support and manage the smoking agenda in Telford and Wrekin; a Telford and Wrekin Tobacco Control Network; this is made up of representations from the commissioning team, SaTH, stop smoking service providers, fire service, HMRC, and the public protection team (Trading standards & licensing). This group used to meet once per quarter. Due to maternity leave it has not meet been meeting regularly. It needs invigorating and developing to become responsible for the development and delivery of a local tobacco control strategy.

The second group is a West Midlands Tobacco control network, this is made up of the tobacco control commissioners from across the councils within the region. The group reviews best practice, NICE guidance, shares experiences, acts as a reference group and supports each other acknowledging the different expertise everyone has. This group meets twice per year, at a central location and works as a real time virtual group.

2. Financial Sustainability

What is spent by each partner? Is the current level of spend sustainable or is the investment at risk? Are any savings required against this budget in 2013/14?

T&W Council – public health team – annual budget of £713,600- between 80-90% to be spent on

quitters, 38,600 spent on the hospital stop smoking service

T&W Council – licensing and trading standards – within their budget and portfolio they carry out work in the area of illicit tobacco and 'proof of age' as part of their annual business plan.

Number of providers use the Department of Health developed flyers and leaflets – these are free and we have had confirmation they will still be available and free for 2013/14.

A saving of 25% against the 2012/13 budget has already been made. No additional savings for 2013/14 are currently being requested. An investment in more preventative work should be put forward for consideration when looking at the deployment of additional funding available within the PH grant in 2014/15.

3. Equity

How has current provision been designed to meet the differing needs from across the community? Are there any known equity issues apparent? e.g. inequalities in the provision uptake or outcomes for services?

Research has shown that smoking is closely linked to health inequalities, people who smokes are most likely to be from the lower socio-economic classes and have a reduced life expectancy, due to their higher risk of smoking related disease. Smoking is also a risk factor for foetal growth restriction, low birth weight and sudden infant death.

Duncan Selbie, Chief Executive of Public Health England says:
'Smoking is the major cause of preventable deaths in England, responsible for more deaths than the next six causes combined. It is also a crucial factor in health inequalities, accounting for half the difference in mortality between the richest and poorest in society. No council can hope to reduce health inequalities without reducing smoking rate',
http://www.ash.org.uk/information/clear-excellence-in-local-tobacco-control/clear-foreword-by-duncan-selbie

Locally the data from the JSNA has helped to inform the service provision. The data has supported the stop smoking providers to design and delivery their service. The current AQP contract encourages providers to work with the targeted groups by paying more for their quits. In the new contracts the Provider can offer the service to any eligible Service User, the Provider is particularly encouraged to recruit and support Service Users using primary care risk registers and from specific demographic subgroups. The identified targeted groups are listed below:

- Pregnancy
- People from Ethnic Minorities
- Unemployed People
- People Living in Deprived Areas
- Young People under 25 years
- People with Severe Mental Health Difficulties
- People who are deaf, hard of hearing, blind or partially sighted

4. Accessibility

What are the barriers to accessing services currently provided? Are the reasons for 'non-use' understood?

There are a number of NICE guidance documents which have evaluated best practice to increase the number of quitters across different sectors of the populations. Locally we ensure providers and contracts adhere to this guidance and review annually.

The West Midlands tobacco control group have sponsored a number campaign across the region and within Telford and Wrekin. These have been evaluated and look at engaging clients from different groups via face to face campaigns.

All service users are asked and offer a customer satisfaction questionnaire. These are reported to the commissioner at the quarterly contract meetings.

There are a number of barriers around smoking including:

- The clients readiness to quit
- The level of importance given by other services
- The understanding and usage of MECC and signposting
- The support and sign up of senior management and members

5. Quality

What are the key performance measures for this priority? How is the service currently performing? Do we understand why the service is performing at the current level?

The stop smoking and stop smoking in pregnancy contracts have;

- 3 activity performance indicators
- 2 key service outcomes
- 9 quality indicators

(see appendix 1 for more detail)

Current delivery: In Telford and Wrekin our providers are delivering above quit rates for 4 and 12 weeks. We have also higher than national average number of clients from the 'targeted' groups. Currently the findings from the review of the AQP contract have demonstrated an increase in the number of contacts and successful quits from the targeted groups.

Is current service provision based on best practice or other evidence of effectiveness? Please list the relevant NICE guidance/national guidelines etc

PH1	Mar-06	http://www.nice.org.uk/guidance/PH1	Brief interventions and referral for smoking cessation	Brief interventions and referral for smoking cessation in primary care and other settings
PH5	Apr-07	http://www.nice.org.uk/guidance/PH5	Workplace interventions to promote smoking cessation	Workplace health promotion: how to help employees to stop smoking
PH10	Mar-08	http://www.nice.org.uk/guidance/PH10	Smoking cessation services	Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities
PH23	Feb-10	http://guidance.nice.org.uk/PH23	School-based interventions to prevent smoking	School-based interventions to prevent the uptake of smoking among children
PH26	Jun-10	http://guidance.nice.org.uk/PH26	Quitting smoking in pregnancy and following childbirth	How to stop smoking in pregnancy and following childbirth
PH39	Sep-12	http://guidance.nice.org.uk/PH37	Smokeless tobacco cessation - South Asian communities	

Annually the commissioner RAG rates the recommendations in each of the guidances, against current practice. A full action plan is then developed if required. Currently Telford and Wrekin are meeting most of the recommendations in the NICE guidance and red on none.

6. Engagement & Positive Experience

What are service users' views on current provision? How have service users' views been used to inform current provision?

Every stop smoking provider is expected to offer their service users the opportunity to complete a customer satisfaction questionnaire. These are reviewed at the quarterly contracts meetings with the commissioner and any issues are addressed accordingly.

In 2010 the commissioner led a session on the patients' journey with smoking in pregnancy and hospital stop smoking services. Both had the presence and collected the views of the service users. These sessions were very useful and resulted in both services making changes and improvements.

7. Early Intervention and Prevention

What provision is in place to reduce future demand for this service/intervention?
Please describe the preventative or early intervention approach being adopted and the rationale?

The new contract has a 6 month incentive payment. The 6 month quit rates should have an impact on smoking prevalence and reduce the demand to services.

National campaigns, such as 'Stoptober', encourages individuals to go 'cold turkey'. Through the information collected from the quit kits, by the Department of Health, they have been able to evidence a number of self reported quits

The maternity service offers every pregnant woman a CO reading at booking, and asks about their smoking status. All smokers are referred to the stop smoking services as routine, unless the mother opts out. This has had a really positive impact on the number women contacted and engaging with the stop smoking service.

A PHSE module for school has been developed by, SPARKS, West Midlands (protecting children and young people from tobacco). This currently has not been rolled out in Telford and Wrekin.

The current MECC project has evidenced an increase in the number of frontline staff talking about health issues, including smoking and referring into services. Smoking needs to become something everyone feels happy to discuss and staff need the right skills to refer to the appropriate teams.

. An investment in more preventative work should be put forward for consideration when looking at the deployment of additional funding available within the PH grant in 2014/15.

8. Safeguarding

How does current provision, ensure the safety of its most vulnerable clients?

- All providers have had to show their policies for both working with children and young people, and vulnerable adults to become accredited. Providers are required to evidence that all staff have been CRB checked and that these checks are kept up to date.

- All service provision has to ensure they have a policy and procedure to record incidents and accidents and these are reported as part of the quarterly review meeting.

9. What difference/added value can the HWB make to this priority in 13/14 and how?

There are a number of areas the HWB can help and support the smoking agenda these are to:

- Support the development of a patient focus groups for general population and pregnancy

- Support making smoking everyone's business
- Provide the governance arrangement for reporting outcomes, performance, risks and issues
- Develop an agreement for the benefits of smoking that include the wider social economical impacts, sickness absence, littering etc,,,
- Support the asset mapping process for smoking in pregnancy
- Support the commissioner to carry out the CLeaR self assessment for tobacco control
- identify a tobacco control champion in each Senior Management team of the council, offering support, training and guidance on their role.
- Ensure a close working relationship with the CCG on shared priorities such as smoking at time of delivery

HEALTH & WELLBEING STRATEGY PRIORITY POSITION STATEMENT: MAY 2013

Priority: 6 Reduce the misuse of drugs and alcohol

Specific Focus for 2013/14:

Key Issues

- Simplify pathways
- Substance misuse is **Payment by result**; Performance management needs to be maintained.
- Support service user's recovery group
- Move away from maintenance into the recovery

Lead Officer, Organisation & HWB Member Sponsor:

Lead Officer-Christine Harrison, Service Delivery Manager Commissioning & Contracting
H&WB Sponsor- Laura Johnson

1. Integration

What services are currently commissioned and on what basis? Who are the key partners? What partnership arrangements/governance is in place? Is there any informal service provision (e.g. self help groups)

A wide range of services are commissioned in Telford & Wrekin to support a person's journey with substance misuse and that of their family carers. This includes, health, social care, Voluntary and wider community support services.

Services have been commissioned based on national evidence and best-practice, derived predominantly from the National Institute for Clinical Excellence (NICE), Drug and Alcohol strategy and Joint Strategic Needs Assessment, treatment plan supported by the DAAT (Drug and Alcohol team)

Key partners in the identification, treatment, support and good quality care of people with substance misuse include;

Drug and Alcohol recovery services (DARS) - Drug and Alcohol treatment services. Community drug and alcohol treatment e.g. supporting residential rehabilitation, community based Recovery and de-tox, prescribing of methadone, drug interventions to reduce harm.
Shropshire Community Trust - Harm reduction activity by NHS staff (doctors and nurses) including prescribing clinics and sessions, supervision and support to primary care, harm reduction strategy activities and needle and syringe programme equipment, governance regarding shared care. Includes Alcohol Liaison Nurses based at PRH.

NACRO - Prevention of drug misuses in schools, community and outreach. Contracts include for adults with substance misuse and young people for substance misuse and alcohol.

IMPACT - Psychological interventions for dependent and severely dependent drinkers within GP practices and within provider's base. Includes alcohol treatment requirement programmes for those on probation. Includes delivering a Single Point of Access. GP enhanced service providing shared care treatment and monitoring of alcohol related harm.

Supported housing Provided by Stonham Housing – to support users in their tenancy and housing.

WM Probation services - 2 workers to provide assessment intervention for the prison population.

Pharmacy dispensing methadone and needle exchange -supervised methadone. Provided by identified pharmacies paid on dispensing rates.

GP Enhanced service - providing shared care treatment and monitoring of substance misusers.

TACT - aftercare and mutual aid. The focus of the programme is on recovery as opposed to maintenance. The programme would provide one to one support from an experienced mentor who would work with individuals on a daily basis.

SMART - to support the running of promotion of an independent Service User Group with recovery oriented activities.

Formal partnership arrangements are embedded within Contracts and Service Level Agreements and monitored through standard contract monitoring processes.

DAAT is the responsible group for implementing best practice in service improvements and should be accountable to the Health and Well-being Board. This DAAT meets every two months.

Treatment group members meets every 2 months, to ensure integration across the substance misuse Pathway, whilst seeking to continuously drive quality standards and efficiencies, by working in partnership to deliver a seamless journey for people with substance misuse and their family carers.

2. Financial Sustainability

What is spent by each partner? Is the current level of spend sustainable or is the investment at risk? Are any savings required against this budget in 2013/14?

The current level of spend is sustainable, budget is aligned to contract values, and activity levels across health and social care.

Services, contracts and performance measures are now aligned, and it is commissioned to reflect the need. In the contract we capture access criteria, hours of operation, differing funding and contract cycles, make capturing finance data incredibly easier. It is estimated that health and social care in Telford & Wrekin spent in approx 2.7 million a year on substance misuse services. 1.2 million, of this comes directly from National Treatment Agency (NTA), now known as Public Health England (PHE)

Risk to services

No significant risks for drugs, however the finance from Public Health for this, is related to Payment by Result (PbR), therefore the performance targets must be met on annual basis to ensure budget.

However in relation to risk for Alcohol, the costs of providing alcohol care is largely those require medical treatments, counselling or brief intervention, recovery and housing, so the costs associated with it, are health and social care. However, poor coordination of health and social care services, leads to avoidable hospital admissions, prolonged length of stay as a hospital inpatient and detox. Therefore, there is significant financial risk, relating to demographic increase and inappropriate crisis and use of unscheduled care.

3. Equity

How has current provision been designed to meet the differing needs from across the community? Are there any known equity issues apparent? E.g. inequalities in the provision uptake or outcomes for services?

Annual JSNA leading to treatment plan takes place and equality and assess is the key part of the

treatment plan and is being actioned which includes:

- Younger adult drug users (often those whose drug use has not reached a level where it has a significantly negative effect on their health and lifestyle) where treatment is considered necessary, are significantly more likely to be treatment-naïve.
- Services need to be more effective in engaging and responding to this cohort in order to prevent more problematic behaviours.
- The successful completion rate has improved considerably and it is well above average, we still need to ensure that the number of drug users having had multiple episodes of treatment does not increase as well as unplanned exits.
- Injecting rates among drug users appears to be falling. Those drug users who are injecting are possibly adopting riskier injecting practices.
- The number using legal highs, alcohol and cannabis seem to be increasing.
- The involvement of family, i.e. children and substance misuse needs better co-ordination which includes Domestic Violence associated with Alcohol/Substance Misuse. There needs to be further training and review of the pathway in order to raise the profile within services.
- People with other mental health problems with substance (e.g. depression). The service re-design model for early intervention will address this along with alcohol related dementia.

4. Accessibility

What are the barriers to accessing services currently provided? Are the reasons for 'non-use' understood?

As above section 3 see attachment above.

Annual JSNA leading to treatment plan takes place and equality and access is the key part of the treatment plan and is being actioned which includes:-

- The prevalence of Hepatitis C among injecting drug users continues to increase, while that of Hepatitis B is falling. Services need to be moved from the acute hospital into local satellite services.
- The use of heroin has dropped considerably since 2011 and is unlikely to be repeated in the near future but the use of methadone remains the same and the spare capacity in shared care.
- Housing outcomes of those in treatment are broadly poor, although anecdotal evidence indicates that particularly for those with complex needs it is in limited supply and prevents individuals from fully engaging in recovery.
- There can be occasions when an individual feels it is not required and feels it is more a condition of their tenancy. There needs to be better use of Integrated Offender Management housing project and 'bond scheme for service user in treatment. Improved pre-release plan within prisons to identify the needs of the offender and the family setting
- Employment outcomes of those in treatment are broadly poor. Clients do not feel they receive training or employment support and there is negligible difference in employment levels of those starting and finishing treatment.
- The number of people maintained in treatment has increased from the previous year. Although retention in treatment has improved, we still require ongoing improvements and input on data collection and performance targets.
- We also have a poor number of people being referred from the Criminal Justice system. We need

to work with police to re-introduce 'test on arrest' or at least improve testing. Representation from the criminal justice into the treatment plan also needs improving. This is timely as West Mercia Police have recruited an Integrated Offender Officer and we need to ensure that there are better links between community Substance Misuse services and the criminal justice system.

- Little support is provided for the parents and carers of drug users. This cohort can require support in their own right, in addition to the need for treatment services to improve family relations as part of promoting sustained recovery.

5. Quality

1. ***What are the key performance measures for this priority? How is the service currently performing? Do we understand why the service is performing at the current level?***

Key performance Indicators (National and Local) are embedded in local contract agreements with individual Providers of services and monitored and reviewed on a regular basis and these are as follows:-

- **Key Performance Indicators:** Drugs and Alcohol
- **Completions (above average)** Successful completions as a proportion of all in treatment:
- **Representations (average)** Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months
- **In Treatment (above average)** Proportion of clients still in treatment for longer than one year **-** Effective Treatment (above average) Numbers in effective treatment
- **Reduced drug use, housing and employment outcomes (Treatment Outcome Profiles): (average)**
- **Waiting Times (above average)**
- **Harm Reduction (above average)**
- **Parents and Families (average)**
- **Drug Intervention Programme (nationally low)** *Please note, all on DIP need a review every 12 weeks, this in addition to Care Plan review and TOP Review*
- **Integrated Offender Management (Nationally low)**
- **Prison (Nationally low)**

2. Is current service provision based on best practice or other evidence of effectiveness? Please list the relevant NICE guidance/national guidelines etc

- Models of Care for Alcohol Misusers (MoCAM), Department of Health
- Models of Care for Drug Misusers, Department of Health
- Drug Misuse and Dependence - Guidelines on Clinical Management, Department of Health

- Drug scope QuADS
- Recovery Toolkit form NTA
- The Models of Care for Alcohol Misusers (MOCAM) 2006
- Department of Health and National Treatment Agency Guidance
- DH/NHS Clinical Governance and Supervision regimes and agreements
- DH Standards for better Health (2004)
- BACP standards and accreditation purposes
- Drug Misuse and Dependence- Guidelines on Clinical Management, Department of Health

3. Service Quality

Quality are embedded in local contract agreements with individual Providers of services and monitored and reviewed on a regular basis and these are as follows, the quality are in the following areas:-

- **Person Centred Approach with substance misuse user and using a family focus**
- **Screening and Assessment**
- **Care Planning and Case Management**
- **Effective Treatment**
- **Discharge**

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6. Engagement & Positive Experience

What are service users' views on current provision? How have service users' views been used to inform current provision?

Each provider has its own carers and uses involvement as part of the contract arrangements on a regular basis. Through the regular meeting it did highlight some good practice and positive experiences, to a disaggregated system of 'hit and miss' support and inconsistent delivery of good quality of care.

All contracted services regularly carry-out service user and patient satisfaction surveys as part of their contractual obligations. Some cases, this is undertaken under the banner of a quality standard. In 2011, the South Staffordshire and Shropshire, NHS Healthcare Foundation Trust.

Further more, ad hoc consultation events have been undertaken to influence local JSNA and commissioning plans, including but not limited to;

- Consultation events via the Mental Health Pathway Development Group
- Annual Consultation events as part of the Joint Strategic Needs Assessment
- Community Service Reviews
- Review of the users participation in S M services

7. Early Intervention and Prevention

What provision is in place to reduce future demand for this service/intervention?
Please describe the preventative or early intervention approach being adopted and the rationale?

Model of care is based on a tiers system and the service is commissioned based on this model of care. (Tier 1 and 2 are the Early Intervention)

Interface and Training

An effective training and communication programme is developed. This is expected to ensure a clear understanding of the services the provider delivers; the referral pathways into specialist services; and to support the deliver of information, advice, brief interventions and effective referral as appropriate.
In line with Partnership requirements for Telford and Wrekin, the provider will offer and deliver brief intervention training and substance misuse awareness to a range of appropriate partner agencies, to improve the understanding of, access to and efficiency of the treatment system as a whole. Partners will include, but not be limited to, adult social care services, children's services, magistrates, pharmacies, primary care including GP practice staff, A&E and ambulance staff, police and fire and rescue staff, employment and training staff, and domestic violence and abuse agencies. The training will be delivered to agreed numbers of individual's people per year. A schedule and course outline will be provided to commissioners prior to the commencement of the service. Training programmes will be tailored to specific groups according to their needs. Booking and administration, including venue hire, will be the responsibility of the provider. Training will be provided free of charge to attendees working and non working within Telford and Wrekin.

Communication and Community Engagement

There is effective promotion of their service to suit the variety of potential service users, family members and carers and organisations referring to the service. Access to appropriate internet presence to effectively communicate with drug or alcohol users, family members and carers and professionals. A range of campaigns in relation to drugs and alcohol to raise awareness amongst the general public and also specific groups e.g. parents, young adults, employers etc. Also support the partners to build community confidence and engagement in work to tackle drug and alcohol misuse.

Advice and Information

The services offer an effective advice and information to substance misusers on the effects, alcohol and related problems and the minimisation of drug and alcohol related harm. This should take into account the particular risks of drug and alcohol and any other drugs used either currently or historically. There is a use of any necessary screening tools with service users and relaying back to the service user result and inferences.

Motivating users for change and enhancing treatment readiness where relevant, by paying special attention to:

- Good worker interpersonal skills (good outcomes are linked to client satisfaction with workers)
- Good worker/client relations (including client feeling that they are listened to, their concerns are understood, helpful responses, worker empathy, and good rapport with workers) work to enhance client perception of helpfulness of service work to improve client's confidence in treatment system.

Reinforcement of the harm reduction messages on a regular basis, Referral to other health and social care services where relevant. Facilitation of GP registration where relevant. Production and distribution of drug and alcohol interventions packs.

Outreach Services

Services offers approaches that proactively seek out those in need of drug and alcohol services to target under-represented and specific vulnerable groups. Use outreach to make initial contact with users unable or unwilling to access site-based services. These interventions are made available to facilitate access to community-based services and the use outreach to provide an ongoing service for users unable to access site-based services. Use outreach to re-engage users who have disengaged in services

8. Safeguarding

How does current provision, ensure the safety of its most vulnerable clients?

All providers have contract and within this, there is clear specification to train staff, support and prioritise any safeguarding issues and are obligated, under contractual agreement to follow the policies and agreements written in the Telford & Wrekin Multi-Agency Adult Protection Policy. For further information, please visit http://www.telford.gov.uk/downloads/731/protection_of_vulnerable_adults

9. What difference/added value can the HWB make to this priority in 13/14 and how?

a. Telford and Wrekin Drug and Alcohol services may need to be tendered but emphasis on local providers

b. Connect priorities across Health and Wellbeing Board work-streams for universal 'quick-wins' e.g. well being

c. To ensure simply further the pathways and reduce duplication and confusion for users and carers.

d. Alcohol needs assessment to be undertaken taking into account the new National Alcohol strategy

e. Firm handling of Performance Management to maintain budget from PHE beyond 2015

f. Support Service user's recovery group and SMART to drive the agenda of recovery

g. Review services in relation to demand, capacity and value for money

h. Move agenda from maintenance on methadone and services into recovery and abstinent.

i. Champion substance misuse as a strategic priority across organisational and professional boundaries.

j. To advocate for prioritisation of training for the health, social care and Voluntary sector workforce, in contact with people with substance misuse, to improve professional awareness of the condition and the giving of high-quality information, care and support.

k. To raise potential risks around disaggregation of joint-commissioning in-light of expectations around delivery and to identify appropriate clinical and non-clinical colleagues to work collaboratively within identified priority areas.

HEALTH & WELLBEING STRATEGY PRIORITY POSITION STATEMENT: MAY 2013

Priority 7: Improving carers health and wellbeing(all age)

Specific Focus for 2013/14: Carers Strategy and Action Plan

This priority areas is linked to other Health and well-being priorities and in particular priority areas:

3(Emotional Health and wellbeing)
4 (support people with autism)
6 (reduce the misuse of drugs and alcohol)
8 (Improve life expectancy and reduce health inequalities)
9 (,Support People to live independently)
10(Support people with Dementia).

The National Careers' Strategy published in 2008 , has five objectives for carers to be achieved by 2018.

- Recognised and supported as an expert care partner
- Enjoying a life outside caring
- Not financially disadvantaged
- Mentally and physically well; treated with dignity
- Children will be thriving, protected from inappropriate caring roles

Both the adults and younger carers local strategic objectives are reflective of this national context

Lead Officer, Organisation & HWB Member Sponsor:

Christine Harrison: Service Delivery Manager: Commissioning and Contracting
Cllr Paul Watling: HWB Sponsor

1. Integration

What services are currently commissioned and on what basis? Who are the key partners? What partnership arrangements/governance is place? Is there any informal service provision (e.g. self help group

Telford and Wrekin Council and Telford and Wrekin Commissioning Group recognise the importance of working collaboratively in the commission and delivery of services which improve our offer to carers.

Through the development of the refresh of the Carers Strategy a range of stakeholders including carers were consulted with from the 20th January until the 22nd February 2013. A range of commentary was received which in principle supported the eight outcomes identified and illustrated within the strategy. These are:

- Information, Advice and Support
- Planning for the future
- Promotion of well being
- Time for yourself
- Having your say
- Addressing diverse needs
- A life outside caring
- Feeling financially safe and secure.

From the consultation, stakeholders were asked to select three key outcomes for prioritisation.

The outcomes marked with an asterisk indicate the stakeholders choice and these will form the initial part of our work programme for 2013/14. The high level implementation plan provides clarification how each outcome will be approached and measured. As this is a collaborative strategy it is our intention to work with a range of stakeholders including carers to deliver this strategy over the next three years

The strategy and action plan to support its implementation is available and is being taken through formal approval process by the Council and the Clinical Commissioning Group to seek their endorsement. With regard to young carers a separate Young Carers Strategy G:\Young Carers\Strategy\Young Carers Strategy 2012-15 v1 read only.doc outlines the priorities for young carers and links are made within the Adults Carers Strategy , reference Appendix 2.

The main priorities for the Young Carers service are:

- Service promotion and identification
- Equitable access
- Access criteria
- Family case support
- Transition to Young Adult Carer
- Group support and activities
- Involve Young Carers in the development of the service

To promote greater integration with regard to carers, the aspiration is to combine both strategies by 2015. as the priorities connect across the age ranges.

In preparation to provide a seamless service , the Carers Centre which is the primary commissioned service to deliver information, advice and support to both Young Carers (up to the age of 18 yrs) and Adults have already combined services and has rebranded themselves as Carers Centre from March 2013. This arrangement has achieved efficiencies, but more importantly has sent out a strong signal to promoting a seamless approach from children to adult services in relation to carers services and support..

There are a number of partner agencies who support the strategic implementation of the strategy which includes :

- Carers Centre
- NACRO
- IMPACT
- Emergency Carers response service_ commissioned via Direct Health Care
- Telford and Wrekin Council
- Clinical Commissioning Group
- Range of voluntary sector provision eg Age UK, Red Cross, WRVS and RELAT and micro providers Wyldwoods, A Helping Hand, Tickwood.

A number of formal contractual arrangements support the implementation of the strategy and are monitored via the contractual frameworks in place.

The Carers Partnership provides the local governance framework for this agenda and sits within the context of the Health and well –being Board. However, further work is required to consider the formal links and representation of this and other existing Partnership Boards including Health and Well Being Board, Safer and Stronger Communities Partnership, and the Children and Young

People & Families Partnership Board.

2. Financial Sustainability

What is spent by each partner? Is the current level of spend sustainable or is the investment at risk? Are any savings required against this budget in 2013/14?

Pooled budget arrangements were agreed on the 6th December 2012 at Cabinet (CP71): Development of a pooled budget (Section 75 arrangement) for carer services will support the delivery of the following services:

- Respite which enhances the well being of the carer. This respite is awarded following a carers assessment.
- Carer specific services such as Moving and Handling, Family Care Adviser, Admiral Nursing Service which supports the carer in their carering role.
- Emergency Response Carers Service: which provides peace of mind when a crisis occurs in the carer's life. Replacement care is provided free of charge for up to 48 hours or 72 over a weekend or bank holiday period.

The Local Authority support the young carers service as follows:

- Individual sessions with a key worker at tier one.
- Support at Team Around the Child and case conferences.
- Respite activities. Clubs, whole family activities, 16+ activities and holiday provision.
- Volunteer/Be-friending programme,-providing young carers with opportunity to take part in an activity on an individual basis with someone to listen to them.
- Solid bank of 24 trained volunteer (300 hours of volunteers time has been offered since Oct 11).
- Transition work to enable Young Carers 16-24 years to engage and benefit from the support available in each service.
- Supporting healthy eating by providing opportunity for young carers to take part in 'come dine with us' sessions.
- Supporting young carers with increasing their skill base with workshops around first aid and sexual health information sessions.

3. Equity

How has current provision been designed to meet the differing needs from across the community?

Are there any known equity issues apparent? e.g. inequalities in the provision uptake or outcomes for services?

From consultation we are aware of those carers who are hidden or do not formally identify themselves as a as undertaking this role.. Through the Carers Centre, specific work is being undertaken in raising awareness at Princes Royal Hospital, Pharmacies, and within general practices to ensure carers receive information, advice and support at the right time in their life. In addition the development of Carer Ambassadors within general practices, linked to patient user groups will help to break down barriers and profile carer awareness.

Through the Carers Centre a large piece of work is on going to ensure the young carers service identifies young carers who do not recognise they are caring or who don't want to tell anyone. They are currently working closely with all secondary schools, where monthly drop ins are offered informally during lunch times for young carers who are know to the service to call in and bring along a peer who may also be taking on a caring role.

Our primary schools have been approached and offered carer aware training within assemblies or staff team training.
Close links with colleagues in early intervention teams seeing an increase in referrals received December 12-March 13.

4. Accessibility

What are the barriers to accessing services currently provided? Are the reasons for 'non-use' understood?

Through the Carers Centre, and other carer related commissioned services the common principle of making every contact count is being promoted.

In addition to ensuring publicity materials remain relevant, the revision of web material and use of social networking sites could lead us to cohorts of carers who would not normally access information, advice and support through the more traditional methods.

Our relationship with local media particularly Radio Shropshire has assisted to share good news stories. In addition we have a range of interest from carers to lead on and contribute to working groups linked to the Carers Partnership Board. Currently cares are contributing to work on education and employment and well being through a healthy eating initiative.

The young carers service is promoted regularly through local media through good news stories of local support by independent companies, local hotels and rotary clubs within the area. This year sees young carers being the charity of the year for Park Inn, Leek Building society and receiving a nomination to be a charity for the tree of light in December.

The first point of referral to the Carers Centre for Young Carers is through Family Connect.

5. Quality

What are the key performance measures for this priority? How is the service currently performing? Do we understand why the service is performing at the current level?

All service level agreements provide evaluation material which allows us to measure the impact of the service on carer's lives. In addition case studies from a variety of service providers provide qualitative evidence of the impact each service brings to the individual.

With specific services such as recreational respite carers are asked to measure their well being prior to accessing services and this process continues through each contact and when the period of intervention ceases.

The quality standards, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following frameworks:

- The Adult Social Care Outcomes Framework 2013–14
- The NHS Outcomes Framework 2013–14
- Public Health Outcomes Framework for England 2013–16
- Ofsted Framework for the inspection of Local Authority arrangements to protect children,

including the effectiveness of early identification and help for children, young people, their families and carers

Quality standards support the role of HealthWatch as a consumer champion. www.healthwatchtelfordandwrekin.org.uk

The Adult Social Care Outcomes Framework (ASCOF) carer quality of life measures for Telford and Wrekin obtained form the survey are as follows:

ASCOF outcomes
1D Carer Reported Quality of Life
3B Overall satisfaction of carers with Social Services
3C The proportion of carers who report that they have been included of consulted in discussions about the person they carer for.
3D The proportion of people who use services and carers who find it easy to find information about services.

Young Carers outcomes achieved across all tiers (accumulating)

	Q1	Q2	Q3	Q4 Tier 1	Q4 Tier 2/3
Increased attendance	14	14	16	7	11
Improved family relationships	33	32	38	12	31
Maintained caring role	32	35	35	10	32
Greater emotional wellbeing	51	56	65	16	51
Engaged in education and training	16	18	23	9	15
Engaged with other agencies	30	29	35	13	28
Increased engagement in community	46	48	55	10	46
TOTAL	**222**	**232**	**267**		**291**

Increased Confidence	**Q1**	**Q2**	**Q3**	**Q4 Tier 1**	**Q4 Tier 2/3**
Through activities	71	74	78	10	73
Through 1-to-1	27	27	33	14	22
TOTAL	**98**	**101**	**111**		**119**

Increased Resilience	**Q1**	**Q2**	**Q3**	**Q4 Tier 1**	**Q4 Tier 2/3**
Bullying	20	21	24	6	22
Increased support networks	65	66	74	15	66
Coping better	42	43	48	11	49
Managing stress	14	15	18	8	14
Decreased risk of harm	4	4	5	1	6
TOTAL	**145**	**149**	**169**		**198**

Enhanced Knowledge	**Q1**	**Q2**	**Q3**	**Q4 Tier 1**	**Q4 Tier 2/3**
Housing	3	3	5	4	3
Benefits/finance	12	13	14	6	9
Illness/disability	16	14	17	10	10
Parenting	3	3	3	0	3

Caring for others	16	18	19	11	14
TOTAL	**50**	**51**	**58**		**70**

Social Skills	**Q1**	**Q2**	**Q3**	**Q4 Tier 1**	**Q4 Tier 2/3**
Peers	51	53	61	8	58
TOTAL	**51**	**53**	**61**		**66**

Lifestyle Improvement	**Q1**	**Q2**	**Q3**	**Q4 Tier 1**	**Q4 Tier 2/3**
Healthy eating	15	16	17	7	13
Sexual health	6	6	6	2	4
Alcohol/substance misuse	4	5	5	2	3
Sleeping stress	15	15	18	10	12
Hygiene	6	7	7	1	6
Life skills/independence	21	22	26	13	18
Keeping self safe	17	17	18	11	14
E-safety	5	5	6	4	3
Fitness	9	11	13	1	11
TOTAL	**98**	**104**	**116**		**135**

Friendship Groups	**Q1**	**Q2**	**Q3**	**Q4**	**TOTAL**
Peers	63	63	72	14	65
TOTAL	**63**	**63**	**72**		**79**

Is current service provision based on best practice or other evidence of effectiveness? Please list the relevant NCIE guidance/national guidelines etc

National Guidance focuses on the carer and their wellness and ability to continue in their care giving role.

6. Engagement & Positive Experience

What are service users' views on current provision? How have service users' views been used to inform current provision?

Carers contribute in a variety of ways, from a strategic level via the Carers Partnership Board which has senior managers and Cabinet members, and meets bi monthly. This Board is chaired by a Carer and supported by the Commissioning and Contracts Team. The Board is currently considering how to seek contribution from young adult carers and young carers by revising the times when the Board meets.

In addition the chair is a member of the Health Round Table. A range of carers have actively contributed to the commissioning of services including , Emergency Response Service, Admiral Nursing and more recently Healthwatch.

The Carers Centre facilitates a Carer Forum whose agenda is shaped by a group of carers who form the Carers Forum Advisory Group. The forum which is promote through the Carers Centre newsletter and web pages is available to all carers to attend and meet four times a year.

Commentary from the forum is fed back into the Carers Partnership Board.

From a grassroots level, Support Group, Patient User Groups within general practices collate the concerns presented by the individual carer. It is this level of engagement which requires further consideration, to ensure the core messages/concerns/suggestions are fed back into the Forum and Partnership Board governance arrangements.

Carers views are also sought from the carers survey, which is a national survey run bi annually. Previous surveys were undertaken in 2009 and 2012 and cover a sample of carers who are aged 18 or over and who are helping or looking after someone aged 18 or over.
http://www.hscic.gov.uk/article/2214/User-survey-guidance-Carers-2012-13

Young Carers regular engage in consultation exercises within the context of OFSTED inspections etc and the views of the children and young people are gained informally through post it note boards at Youth Club.

The 'voice' of Tier 1 carers is captured through the key worker. The key worker will ask 'how can we make your life better in your carer role?' and 'what would work better to help other children in a caring role?' This information is monitored and acted upon.

7. Early Intervention and Prevention

What provision is in place to reduce future demand for this service/intervention?
Please describe the preventative or early intervention approach being adopted and the rationale?

As iterated within Section 3 (Equity) we need to understand who we can support those carers who are marginalised, isolated with our local community. The top three priority outcomes identified during the consultation process will assist to identify routes into identifying and supporting carers. The three outcomes were:

- Information advice and support
- Planning for the future
- A life outside caring

Ina addition, other areas were also requested to be considered

- Promotion of well being
- Meeting diverse needs-

In addition the principle of working with local organisations and communities to develop carer friendly environments in parallel with the creation of dementia friendly communities will go some way to in reaching to carers who are often ignored thereby avoiding crisis planning and breakdown in relationships and well being.
Current preventative initiatives include a 'healthy eating and 'a life outside caring' working groups. Both groups are headed up by a Carer and report into the Carers Partnership Board

- *Healthy eating: (10.3 Promotion of well being*) A series of pilot cookery workshops are being delivered in conjunction with Council Catering Services, Public Health and Carer Centre. The first workshops are focussing on male carers (menu planning, bulk cooking and confidence skills), Young Adult carers(budgeting/menu planning and shopping) and women who find it difficult to cook after caring. This group will focus on skill sharing and socialisation.

- *A life outside caring: (10.7)* Carers while they are actively caring and those who role has ceased often find it difficult to access employment and education. In addition financial impact of caring

can reduce drastically life style choices. This working group is focussing on employment, education, income maximisation and Housing issues which all influence on the role carers have and the contribution they make to the local community.

The developments within our Family Connect service mean that young carers should be identified at the earliest opportunity to support the family to avoid the need for more intensive support thereafter.

The development of a bank of trained volunteers and be-frienders to work on a one to one basis with individuals supports young carers at an early opportunity and also reduces the demand on the service.

8. Safeguarding

How does current provision, ensure the safety of its most vulnerable clients?

All commissioned services are obligated, under contractual agreement to follow the policies and agreements written in the Telford & Wrekin Multi-Agency Adult Protection Policy. For further information, please visit http://www.telford.gov.uk/downloads/731/protection_of_vulnerable_adults

Where vulnerable adults are identified Carers are supported and signposted to the most appropriate service to support the identify situation. The service is aware of Family Connect and the Multi-Agency Safeguarding Hub (MASH) which is a customer service single point of contact providing information, advice, guidance, assessment and or support at the earliest opportunity.

The Young Carers services are obligated, under contractual agreement to follow the following policies and agreements: Child Protection Policy, Every Child Matters,' compliance and understanding of the relevant provisions of the Children Act 1989, Health & Safety, Valuing People, Anti-Oppressive Practice, Equal Opportunities, Complaints Procedure, Confidentiality, Disciplinary and Grievance Procedure, Dignity at Work Procedure, Recording Accidents and Emergencies, Whistle Blowing, Volunteer Policy, Lone Worker Policy.

9. What difference/added value can the HWB make to this priority in 13/14 and how?

Endorsement and recognition of the Health and Well Being Board of the value carers bring to the local health and social care economy.. Locally carers are saving the locally economy in the region of £340 million.(Ref Carers UK 2007)

The Health and well-being Board can promote and support carers priorities and ensure connection across a range of other priorities.

The needs of carers can be championed and connected across a number of partnership Boards which more strongly reflect an holistic approach to both adult and younger carers.

To inform and reflect priorities as captured by the developing Joint Strategic Needs Assessment (JSNA) for carers.

HEALTH & WELLBEING STRATEGY PRIORITY POSITION STATEMENT: MAY 2013

Priority 8:
Improve life expectancy and reduce health inequalities

Specific Focus for 2013/14:

- The focus for this priority is the prevention, early detection and treatment of cardiovascular disease (CVD) and cancer. This focus has been chosen as the JSNA indicates cancer and CVD make the most significant contribution to reduced life expectancy and associated inequalities.
- It is well acknowledged that the lifestyle risk factors smoking, alcohol misuse and overweight and obesity influence the development and progression of both CVD and cancer. These three risk factors are HWB priorities in their own right and as such action to tackle these is not repeated as part of this priority.
- Deaths from suicide and accidental deaths also have the potential to make a significant contribution to reduced life expectancy due, despite their number being small. This is because these causes of death tend to affect younger adults disproportionately, so the younger age at death of people dying from these impacts on life expectancy figures.

Specific areas of work will include:

- Development and agreement of the Telford and Wrekin Long Term Conditions Strategy (incorporating the local response to the national call to action on reducing premature mortality and CVD strategy)
- Review of the local cancer services action plan, including age expansions for breast and bowel screening
- Awareness raising plan for prevention opportunities e.g. screening, immunisation and Health Check
- Making Every Contact Count
- Update of the JSNA profile for life expectancy and health inequalities
- Review of the Health Inequalities National Support Team (HINST) recommendations for CVD

Lead Officer, Organisation & HWB Member Sponsor:

- Board Sponsor: Richard Overton, Health and Wellbeing Board Chair
- Lead Officers: Helen Onions, Consultant in Public Health, Louise Mills, Head of Inequalities and Lifestyle

1. Integration

What services are currently commissioned and on what basis? Who are the key partners? What partnership arrangements/governance is place? Is there any informal service provision (e.g. self help groups)

Range of services for CVD and cancer (and other LTCs) are commissioned by HWB partners as follows:

- Local authority: Health Check programme
- NHS England: primary care e.g. identification and management of LTCs in general practice (CCG in their provider role), referral for patients with suspected cancer. In addition public health commissioning role for screening and immunisation e.g. breast and bowel cancer screening and 'flu immunisation
- CCG: outpatient and inpatient acute care

2. Financial Sustainability

What is spent by each partner? Is the current level of spend sustainable or is the investment at

risk? Are any savings required against this budget in 2013/14?

- Local authority: Health Check, budget for 2013/14 is circa £457k
- Further work will be undertaken to understand the current levels of expenditure currently invested by the CCG and NHS England

3. Equity

How has current provision been designed to meet the differing needs from across the community?

Are there any known equity issues apparent? e.g. inequalities in the provision uptake or outcomes for services?

- Health inequalities in life expectancy are clearly demonstrated in Telford and Wrekin. There are geographical areas where premature mortality rates are significantly worse than the national average, as indicated in the JSNA
- There are variations in the treatment of cardiovascular disease in primary care across general practice and these inequities need to be ironed out to reduce health inequalities
- There are variations in the uptake of cancer screening and 'flu immunisation (for all 65 year olds and also for those patients in risk groups, such as those with chronic diseases)

4. Accessibility

What are the barriers to accessing services currently provided? Are the reasons for 'non-use' understood?

- Further work is required to understand the barriers to accessing services.
- A programme of work will be agreed with partners during April-June 2013 and implemented during July-September, the outcomes will inform service improvement plans.
- Awareness raising is considered important, particularly for the Health Check programme which is relatively new

5. Quality

What are the key performance measures for this priority? How is the service currently performing? Do we understand why the service is performing at the current level?

A series of performance measures will be selected, these will include measures from the NHS and Public Health Outcomes Framework, including:

- Premature mortality rates
- Health Check programme performance indicators (% of eligible population offered and % take up of checks)
- Cancer waiting and treatment times targets
- Management and treatment of patients with CVD in primary care (% of patients treated appropriately for hypertension, high cholesterol and any other relevant LTC indicators)

Is current service provision based on best practice or other evidence of effectiveness? Please list the relevant NICE guidance/national guidelines etc

- Identifying and supporting people most at risk of dying prematurely (PH15)

- Prevention of cardiovascular disease (PH25)

6. Engagement & Positive Experience

What are service users' views on current provision? How have service users' views been used to inform current provision?

- Evaluation of services during 2013/14 e.g. for Health check
- Using CCG patient involvement groups
- Working with Council engagement processes, including use of the community panel

7. Early Intervention and Prevention

What provision is in place to reduce future demand for this service/intervention?
Please describe the preventative or early intervention approach being adopted and the rationale?

The vision for early intervention and prevention is to design services that promote good health. Communities will become actively engaged in improving their own health and everyone, throughout their life, will be encouraged to adopt a healthier lifestyle and informed of how to avoid preventable disease. A vital part of this vision is directing services to people with long-term conditions to ensure patients are supported to stay healthy with improved quality of life.

Local service provision includes:
Healthy Lifestyles Hub - provides members of the public with access to: health information; over the phone advice and signposting; face to face brief interventions; health trainer support; and onward referral to specialist programmes. A vital part of the service is providing a central point of contact for professionals referring patients for support to adopt a healthier lifestyle.

Lifestyle risk management service provision includes services for: weight management, physical activity, smoking cessation, alcohol and emotional health and wellbeing.

All 22 General Practices are delivering the NHS Health Check Programme and have been provided with additional resources to manage the lifestyle risk factors of patients with a higher risk score.

8. Safeguarding

How does current provision, ensure the safety of its most vulnerable clients?

Within all relevant commissioned programmes (e.g. those commissioned by the CCG, NHSE and LA) the contracts include measures to ensure the safeguarding of vulnerable people, within specific contract schedules with standard requirements

9. What difference/added value can the HWB make to this priority in 13/14 and how?

- Using wider partner organisations to raise the profile of CVD and its importance to reduced life expectancy and health inequalities
- Provide strategic oversight for the priority as key HWB partners have direct commissioning responsibilities across pathways, e.g. for CVD – LA has role for Health Check which aims to identify risk and manage risk, NHSE commissioning of primary care for the treatment of those with established CVD and the CCG is responsible for commissioning outpatient and inpatient care for those requiring further treatment

- Ownership of the Health Inequalities National Support Team visit plan across the health and social care system

HEALTH & WELLBEING STRATEGY PRIORITY POSITION STATEMENT: MAY 2013

Priority 9: Support People to live independently

Specific Focus for 2013/14:

Maximising people's independence is shown to prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability and delay the need for more costly and intensive services.

The Government's aim is for people to live independently for as long as possible, ensuring that people who need care and support have as much choice, control and freedom over decisions and services as they want.

The specific focus of supporting people to live independently is predominantly older people, although it is acknowledged strategically an all age approach is adopted.

This priority areas is linked to other Health and well-being priorities and in particular priority areas:

- 7(Improve carers Health and well-being),
- 10(Support people with Dementia), an
- 3(Emotional Health and wellbeing).

The priorities within Telford and Wrekin areas follows:

- Prevention- working with the voluntary, community and independent sectors to help people helping themselves. this will involve asset mapping with partners, combined with signposting of information and advice
- Fall prevention
- Support to the independent care sector in particular residential/ nursing care homes to support timely discharge and hospital avoidance.

Lead Officer, Organisation & HWB Member Sponsor:
Christine Harrison – Lead Commissioner
Sponsor Dr Catherine Woodward

1. Integration

What services are currently commissioned and on what basis? Who are the key partners? What partnership arrangements/governance is place? Is there any informal service provision (e.g. self help groups)

The Rehabilitation and re-ablement strategy was endorsed by both the council and health in June 2011. The strategy articulated an overall aim of rehabilitation and re-ablement which is to actively promote the restoration and improvement of a person's physical, emotional or social state, lost or impaired through the effects of disability, disease or injury.

There is a wide range of services which are currently commissioned to support this priority area, which includes, health, social care, voluntary and independent care sectors.

Evidence tells us this is best achieved through health and social care services working together across professional and organisational boundaries with sign up to a core set of principles;

- Co-located Health and Social Care Teams
- _Multi-disciplinary working
- _ A local Telford & Wrekin Focus
- _ Aligned Management and Budgets
- _ Resources focused on rapid, intensive re-ablement
- _ Constructive relationships

- _ Common aims and pathways

Rehabilitation services cover a wide range of essential support, from short – term interventions to longer term support for older people. For example, helping adults return to work after an illness and older people
to live as independently as possible in their own homes.

Re-ablement can be described as an approach or a philosophy within home care services – one which aims to help people do things for themselves, rather than having things done for them. Home care reablement services provide personal care, help with activities of daily. living and other practical tasks for a time-limited period (normally up to a maximum of six weeks). Support is provided in such a way that
individuals are enabled to develop confidence and practical skills to carry out activities themselves.

The Council's Service Transformation Programme – Putting People First has put a greater emphasis on prevention and re-ablement. Service redesign has shifted resources to support the strategy and all people who have the potential for rehabilitation will receive rehabilitative support for a period of up to six weeks.

It should also be noted that there are strong strategic links to Long Term Conditions, Dementia, Mental Heal and Public Health prevention.

2. Financial Sustainability

What is spent by each partner? Is the current level of spend sustainable or is the investment at risk? Are any savings required against this budget in 2013/14?

Prevention, early intervention and rehabilitation and re-ablement is at the heart of future care and support. Promoting independence will deliver greater efficiencies in health and social care and provides better outcomes for people and carers. To be most effective, health and social care services must work together. This is particularly important at a time when demand is increasing and there is a reduction in funding

Pooled budget (Section 75 Agreement) is in place to support ten Intermediate Care beds. In addition a Section 256 Agreement supports a number of service areas including: therapy and care support into the integrated rehabilitation and enablement team, nine intermediate care beds, low level preventative services and assistive technology.

3. Equity

How has current provision been designed to meet the differing needs from across the community?
Are there any known equity issues apparent? e.g. inequalities in the provision uptake or outcomes for services?

An Equalities Impact Assessment has been completed as part of the development of the Rehabilitation and Re-ablement strategy and no significant issues have been highlighted. The strategy has been progressed in collaboration with key stakeholders and reflects a partnership approach across the Health
and Social Care economy taking in to account evidence of best practice and the local context**.**

The principles that guide the development of rehabilitation and re-ablement can be summarised

as:

1. Putting people at the heart of planning and developing services.
2. Adopting a person centred approach to service planning.
3. Integrating services across departments and organisations.
4. Increasing choice and control.
5. Prevention - supporting people before the point of crisis.
6. Flexible and inclusive– being able to change to meet diverse and changing needs of people.
7. Treating people and their carers with respect and dignity
8. Accessible – being clear about what services are available and how these are accessed.

4. Accessibility

What are the barriers to accessing services currently provided? Are the reasons for 'non-use' understood?

There is evidence that:
Most older people seeking assistance from adult social care do so after a crisis of some kind, which makes them and/or their carers feel that they can no longer cope. The crisis is often an illness, injury or fall or a sudden event such as the death of a partner or experience of crime. This usually represents a low point in the person's life. A period of recovery, rehabilitation and rebuilding of confidence is usually needed before
longer term care and support needs can be accurately identified. Therefore promotion of prevention and self help is critical.

Older people suffering from ill health and disability are twice as likely as those in good health to suffer from depression. This is usually related to the impact their health problems have on their capacity to undertake every day tasks and maintain their social networks. The onset of depressive symptoms and anxiety initiate a downward spiral, resulting in further reductions in activity and social interaction, leading to poorer health and a worsening mental state. Depressed older people are at high risk of increased physical disability and functional decline. Depressive mood together with poor physical function causes progressive
impairment in the physical and psychological health of older people. Mortality and morbidity are more strongly related to the experience of control over one's own life than exposure to health risks, per se
Rehabilitation should focus on preventing or delaying this downward spiral of increasing dependence, declining physical and mental health and poorer quality of life. Interventions need to address physical aspects (e.g. mobility, physical functioning, pain management etc) and mental health and the factors which promote it (e.g. social relationships and support, self esteem, self efficacy).

5. Quality

What are the key performance measures for this priority? How is the service currently performing? Do we understand why the service is performing at the current level?

The following frameworks provide the strategic quality and performance context covering this priority area:

- The Adult Social Care Outcomes Framework 2013–14
- The NHS Outcomes Framework 2013–14
- Public Health Outcomes Framework for England 2013–16

Quality standards support the role of HealthWatch as a consumer champion.
www.healthwatchtelfordandwrekin.org.uk

The performance framework for this area is within the context of the following outcomes:

- Promote and maintain independence and improve quality of life
- Prevent the unnecessary admission to hospital
- Reduce the number of people admitted to long term care
- Facilitate speedy and coordinated discharges from hospital.
- Reduce the number of re-admissions to hospital or inappropriate referrals to community services

Is current service provision based on best practice or other evidence of effectiveness? Please list the relevant NCIE guidance/national guidelines etc

6. Engagement & Positive Experience

What are service users' views on current provision? How have service users' views been used to inform current provision?

In developing the rehabilitation and enablement strategy comprehensive engagement was undertaken with key stakeholders.

Department of Health Survey annual survey- This survey forms part of the ASCOF framework and consider the quality aspects of services.

Some services are required to be Registered with the Care Quality Commission (CQC). Service user perspectives are sought as part of the inspection programme.
Services under contract regularly carry-out service user and patient satisfaction surveys as part of their contractual obligations .

Healthwatch the new consumer champion will be responsible for capturing the service user voice in registered CQC services, as well as wider signposting, information and advice.

Carers views are also sought from the carers survey, which is a national survey run bi yearly. Previous surveys were undertaken in 2009 and 2012 and cover a sample of carers who are aged 18 or over and who are helping or looking after someone aged 18 or over.
http://www.hscic.gov.uk/article/2214/User-survey-guidance-Carers-2012-13

Both the CCG and the Council supports a number of representative groups such as the Senior Citizens Forum, Age UK , Listen not Label and advocacy support.

7. Early Intervention and Prevention

What provision is in place to reduce future demand for this service/intervention?

Please describe the preventative or early intervention approach being adopted and the rationale?

Prevention- working with the voluntary, community and independent sectors to help people helping themselves. this will involve asset mapping with partners, combined with signposting of information and advice
Directory of services examples include: Directory of adult Social Care, Alzheimer's dementia directory, Carers Directory, Council My- Life Portal,
The CCG and the council is working with the voluntary sector to develop a collaborative approach to the delivery of information and advice and the delivery of low level preventative services .

Fall prevention
Demographic pressures of people 65years + will increase pressures on services. Falls related injuries are the leading cause of death due to accident in older people and have a significant impact on physical and mental health, independence and life expectancy. Targeted interventions can identify and reduce risk factors. (Reference Falls and Bone Health Business Plan May 2013)
Good information and advice about reducing the risk of falling, multi agency approach to assessing risks and promotion of exercise for all focusing on older people

Support to the independent care sector in particular residential/ nursing care homes to support timely discharge and hospital avoidance.
Further develops initiatives of support to the sector to reduce hospital admissions and support timely discharge, such as use of assistive technologies, proactive nurse care support and flexible rehabilitation and enablement support.

8. Safeguarding

How does current provision, ensure the safety of its most vulnerable clients?

All commissioned services are obligated, under contractual agreement to follow the policies and agreements written in the Telford & Wrekin Multi-Agency Adult Protection Policy. For further information, please visit http://www.telford.gov.uk/downloads/731/protection_of_vulnerable_adults

Contracted services are proactively monitored and intelligence is gathered from a variety of sources to inform safeguarding for example, reviews, site visits, CQC, Healthwatch, family/carers etc.

9. What difference/added value can the HWB make to this priority in 13/14 and how?

Promote the co-ordination and integration of health, social care and public health to support older people's prevention and enablement initiatives.

To inform and reflect priorities as captured by the developing Joint Strategic Needs Assessment (JSNA)

To more strongly connect to the Public Health, Council and Health prevention agendas.

To ensure the priorities identified are resourced and supported

HEALTH & WELLBEING STRATEGY PRIORITY POSITION STATEMENT: MAY 2013

Priority 10: Support people with Dementia

Specific Focus for 2013/14:

- **Public Awareness of Memory Problems**
- **Information**
- **Early Identification and Diagnosis**
- **End of Life**

Lead Officer: **Kim Grosvenor, Specialist Commissioner, Telford & Wrekin Council**
Sponsor: **Dr Mike Innes, Chair, Telford & Wrekin Clinical Commissioning Group**

1. Integration

What services are currently commissioned and on what basis? Who are the key partners? What partnership arrangements/governance is place? Is there any informal service provision (e.g. self help groups)

A wide range of services are commissioned in Telford & Wrekin to support a person's journey with dementia and that of their family carers. This includes, health, social care, Voluntary and wider community support services. Please click on the following link to view the Telford & Wrekin Dementia Pathway http://www.telford.nhs.uk/Telford-and-Wrekin-CCG/Services/Dementia1/

Services have been commissioned based on national evidence and best-practice, derived predominantly from the National Institute for Clinical Excellence (NICE), the National Dementia Strategy, https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy a local Joint Strategic Needs Assessment, the Prime Minister's Challenge on Dementia https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia and local patient and service user experience, although, other resources have been used, as appropriate. Plans for service development and improvement have been driven and implemented by a Joint Telford & Wrekin Dementia Strategy (2009 – 2013) and a Multi-Agency Carers' Strategy. Please follow this link to view the respective strategies and action plans: http://www.telford.nhs.uk/Telford-and-Wrekin-CCG/Services/Dementia1/

Key partners in the identification, treatment, support and good quality care of people with dementia include;

- South Staffordshire and Shropshire Healthcare NHS Foundation Trust South Staffordshire and Shropshire Healthcare Foundation Trust.
- Alzheimer's Society Alzheimer's Society
- British Red Cross Red Cross
- Age UK Age UK
- Carers' Centre Carers Centre
- Shropshire Community Health NHS Trust www.shropscommunityhealth.nhs.uk
- Telford & Wrekin Council Telford and Wrekin Council MyLife
- Shropshire and Telford Hospitals Trust Shropshire and Telford Hospitals Trust
- Shropshire Partners in Care www.spic.co.uk

Formal partnership arrangements are embedded within Contracts and Service Level Agreements and monitored through standard contract monitoring processes.

A pan-Shropshire, Telford & Wrekin, multi-agency group, (Health Economy Steering Group for Dementia) is the responsible group for implementing best practice in service improvements and is accountable to the Health and Well-being Board. This group meets bi-monthly. To view the Terms of Reference for this meeting, please visit: http://www.telford.nhs.uk/Telford-and-Wrekin-CCG/Services/Dementia1/. In addition, a Telford & Wrekin Dementia Provider Forum, meets twice-yearly, to ensure integration across the Dementia Pathway, whilst seeking to continuously drive quality standards and efficiencies, by working in partnership to deliver a seamless journey for people with dementia and their family carers.
There is a developing infrastructure of informal care and support being developed in Telford & Wrekin through our commitment to Dementia Friendly Communities. The Dementia Advisor Service, Dementia Adviser Service provides information about community-based support services and the newly published Telford & Wrekin Dementia Service Directory also contains information and signposting to self-help and other low-level support services, which includes information about the following:

- Telford Carers' support group
- Newport support group
- T42 (Wellington) support and activity group
- Singing for the brain group.

Please follow this link to view the on-line Dementia Services Directory Telford and Wrekin Council MyLife.

2. Financial Sustainability

What is spent by each partner? Is the current level of spend sustainable or is the investment at risk? Are any savings required against this budget in 2013/14?

Except in the case of specifically defined dementia services, aligned to contract values, there is still ambiguity about resource deployment and activity levels, across health and social care. This is because it is difficult to quantify with any certainty the resources allocated specifically to dementia by the Clinical Commissioning Group and Telford & Wrekin Council, by service type, by age, and sometimes by geography. For example, many services do not routinely collect diagnoses for coding purposes, therefore it is not possible to separate 'older peoples' services from, say, dementia services. Where diagnoses are recorded it is not uncommon for the primary diagnosis for admission to be recorded, (e.g. the broken leg/hip), but not the secondary one which may be the reason for the delayed discharge, (e.g. dementia). Similarly, services, contracts and performance measures are not always aligned and so it is often not possible to compare like with like. Services overlap geographic boundaries differently, some include Staffordshire or Shropshire with Telford and Wrekin and others are Telford-specific. This coupled with variable access criteria, hours of operation, differing funding and contract cycles, make capturing finance data incredibly complex and challenging. However, from existing available data in the Joint Strategic Needs Assessment of Dementia (2009), it was estimated that health and social care in Telford & Wrekin spent in excess of £10.5 million a year on dementia services. For more detailed information, please see: http://www.telford.nhs.uk/Telford-and-Wrekin-CCG/Services/Dementia1/

Risks

The annual cost of care for each person with dementia is higher than the median salary in the UK, and is higher than the annual cost of care for a person with cancer and cardiovascular disease (stroke and heart disease) combined. The costs of providing dementia care are largely those required to provide support and care for activities of daily life, rather than medical treatments, so the costs associated with it, are predominantly social care. However, poor coordination of health and social care services, leads to avoidable hospital admissions, prolonged length of stay as a hospital inpatient and increased need for residential care. Therefore, there is significant financial risk, relating to demographic increase and inappropriate crisis and use of unscheduled care.

This pressure, coupled with inadequate investment aligned with raising prevalence, will widen the gap of unmet need.

With increased diagnosis rates and improved quality of care, as the National Dementia Strategy and NICE/SCIE guidelines are implemented; cost savings may be possible within several years. In the meantime, implementation is likely to add to the total cost of care.

3. Equity

How has current provision been designed to meet the differing needs from across the community?
Are there any known equity issues apparent? e.g. inequalities in the provision uptake or outcomes for services?

The Dementia Joint Strategic Needs Assessment, (2009) considered the needs of a range of people with dementia, which included:

- Younger people with dementia - Numbers are relatively small in Telford & Wrekin rising from 44 estimated cases in 2009, to 51 cases in 2019. Small-scale services currently exist.
- People with learning disabilities - People with Down's syndrome are at high risk of developing dementia at a younger age; however, the Deep Dive analysis suggests that numbers in Telford & Wrekin will remain small, rising from 6 in 2009, to 7 in 2019. Commissioners continue to investigate good practice in models of care and local alternatives.

- People with alcohol-related dementia - Work is planned by Commissioners to define the level of need in Telford & Wrekin.

- People with other mental health problems (e.g. depression). The service re-design model for early intervention in dementia will address functional mental health issues such as depression and anxiety.

- People on low incomes and in poverty - The Older Adults' Strategy, (which includes Dementia) prioritises assisting people to access benefits and entitlements and Commissioners currently purchase specialist support from Age UK, Shropshire Telford & Wrekin. http://www.telford.gov.uk/downloads/file/2686/older_adults_strategy_refreshed_2010-2014

- Minority ethnic groups – Age UK, Shropshire Telford and Wrekin is commissioned to provide a BME Neighbourhood Contact Officer, who has received Dementia training. Wider connectivity occurs throughout health promotion and social care, to ensure engagement and access to services.

- People living in isolated rural areas – Age UK, Shropshire Telford and Wrekin provides a Dementia Neighbourhood Contact Officer, to identify people at risk of social isolation and support them in accessing mainstream and other services.

- Disabled people - Commissioners continue to lead on the transformation of rehabilitation and reablement services, which will provide access and support for people with dementia.

4. Accessibility

What are the barriers to accessing services currently provided? Are the reasons for 'non-use' understood?

It is well understood both from national benchmarking and local understanding that dementia is under-diagnosed in Telford & Wrekin. Lack of diagnosis is a large barrier to access to dementia services.

The stigma associated with dementia can lead to reluctance to address the possibility of an individual having dementia and to professional groups giving lower priority to the development of the skills needed to identify and care for people with dementia. Sometimes, wrongly, people attribute the symptoms of dementia to an inevitable part of the ageing process. There is a view shared by some professionals and members of the public that little can be done to assist people with dementia*, (Alzheimer's Society (2008) Worried about your memory?).* This leads to failure to recognise and refer people early in the illness, creating problems later, as individuals present for the first time when in a crisis.

The work-stream around public awareness of memory problems will support the early identification and diagnosis priority because it is well evidenced that as a result of improved awareness, people will report symptoms earlier to their GP, which is the gateway to a formal diagnosis.

5. Quality

What are the key performance measures for this priority? How is the service currently performing? Do we understand why the service is performing at the current level?

Key performance Indicators (National and Local) are embedded in local contract agreements with individual Providers of services and monitored and reviewed on a regular basis.

Suggested key performance milestones for this priority work-streams include;

1) <u>Public Awareness of Memory Problems</u>

This is linked to the early identification and diagnosis performance milestones. (See below)

A base-line understanding of stigma and barriers to accessing diagnosis will be investigated by Race and Fairness Telford, (RAFT) in a distinct project, which will feed into this priority work-stream.

In addition, public awareness is best improved by a targeted and clear campaign. As part of this work-stream, we will identify five or less features that typify early dementia and advertise these intensely, whilst measuring the before and after effect.

2) <u>Information</u>

Promoting choice

Quality statement in the 2010 quality standard on dementia

5 Decision making

3 Written and verbal information

Quality statement in the 2013 quality standard on supporting people to live well with dementia

2 Choice and control in decisions

4 Leisure activities of interest and choice

9 Independent advocacy

3) Early Identification and Diagnosis

Current performance:

In 2012, the number of people on the General Practice Quality Outcomes Framework Dementia Register with a diagnosis of dementia was 693. In line with predicted local prevalence, the estimated number of people with dementia (diagnosed and undiagnosed) in 2012 was 1784. The percentage of people with a diagnosis of dementia in 2012 was therefore, 39.3%. It is therefore estimated that 1,071 people were without a diagnosis in 2012. This position puts Telford & Wrekin, 149th worst performing CCGs out of a total of 178.

However, it is also one of the PCTs/CCGs showing the most improvement, demonstrating a 3.7% increase in diagnosis rates for 2010-11[2].

Milestone Target:

To increase diagnosis rates by 7% year-on year for the next 5 years.

4) End of Life

Quality statement in the 2013 quality standard on supporting people to live well with dementia

1 Discussing concerns about possible dementia

Palliative and end-of-life care

Quality statement in the 2010 quality standard on dementia

5 Decision making

[2] Improvement ranking of 29 (1=most improved, 163=least), Alzheimer's Society, *PCT dementia prevalence and diagnosis rates*

9 Palliative care needs

A local performance indicator could be developed linked to family experience of the death of their loved-one with dementia as part of this priority work-stream.

As part of this priority work-stream, health and social care will work in partnership to define and agree appropriate quality metrics to evidence the impact of these agreed actions.

Is current service provision based on best practice or other evidence of effectiveness? Please list the relevant NCIE guidance/national guidelines etc

Current service provision has been developed in-line with clinical evidence and best practice, including but not limited to:

NICE http://pathways.nice.org.uk/pathways/dementia,
NICE Guidance CG42 (Dementia: Supporting people with dementia and their carers in health and social care) http://publications.nice.org.uk/dementia-cg42
NICE Dementia Quality Standard (QS1) http://publications.nice.org.uk/dementia-quality-standard-qs1 This covers care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings.
NICE Dementia Quality Standard (QS 30) http://publications.nice.org.uk/quality-standard-for-supporting-people-to-live-well-with-dementia-qs30 This quality standard covers supporting people to live well with dementia. It applies to all social care settings and services working with and caring for people with dementia.

These quality standards, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following frameworks:

- The Adult Social Care Outcomes Framework 2013–14
- The NHS Outcomes Framework 2013–14
- Public Health Outcomes Framework for England 2013–16

Quality standards support the role of HealthWatch as a consumer champion.
www.healthwatchtelfordandwrekin.org.uk

For a comprehensive up-date of progress against implementation of the Commissioning Framework for Dementia please visit http://www.telford.nhs.uk/Telford-and-Wrekin-CCG/Services/Dementia1/

As part of this priority work-stream the Commissioning Framework will be up-dated by March 2014, which will include a list of achievements against the priority areas.

6. Engagement & Positive Experience

What are service users' views on current provision? How have service users' views been used to inform current provision?

In 2009, the Telford & Wrekin Senior Citizens' Forum, in partnership with the Alzheimer's Society interviewed 87 carers of people with dementia culminating in the report; Now You See Me, Now ---- ---'-. Though the report did highlight some good practice and positive experiences, it largely eluded to a disaggregated system of 'hit and miss' support and inconsistent delivery of good

quality of care.

Services under contract regularly carry-out service user and patient satisfaction surveys as part of their contractual obligations. In some cases, this is undertaken under the banner of a quality standard. In 2011, the South Staffordshire and Shropshire, NHS Healthcare Foundation Trust received an 'excellent' rating for the Shropshire, Telford & Wrekin Memory Service, with Accreditation by the Royal College of Psychiatrists for example.

More recently, patient and service user representation is captured in the Health Economy Steering Group for Dementia and Admiral Nurse Steering Group, which influences service re-design, development and drives service improvements. For example, patient and carer input has been pivotal to the design and implementation of the General Hospital Dementia Pathway, which strives to improve quality of care by a 'care-bundle' approach and minimising ward transfers. Further more, ad hoc consultation events have been undertaken to influence local commissioning plans, including but not limited to;

- Consultation events via the Mental Health Pathway Development Group
- Consultation events as part of the Dementia Deep Dive/Joint Strategic Needs Assessment
- Millbrook Day Centre Service Review & Questionnaire
- Community Service Reviews
- Review of the Older Adults' Strategy through the Older Peoples' Partnership Board
- Consultation on the Falls and Bone Health Strategy (including carers of people with dementia) through the Falls Prevention Network
- Consultation on the Rehabilitation and Re-ablement Strategy (including carers of people with dementia).

7. Early Intervention and Prevention

What provision is in place to reduce future demand for this service/intervention?
Please describe the preventative or early intervention approach being adopted and the rationale?

Up to 50 % of cases of dementia may have a vascular component, giving an option of prevention by promoting better cerebro-vascular health. Current health promotion for diet, lifestyle and health checks are therefore likely to have a positive impact, though the full extent of this impact is not yet known. *The National Dementia Strategy* suggests that even the possibility that these activities may help the overall impact of the campaigns, makes them worth pursuing.

Furthermore, there is an evolving evidence base around activities which slow the progression of cognitive decline and therefore, there is an opportunity to link this aspect of prevention across other Health and Wellbeing Board Priority work-streams, as well as to work more closely with Public Health in the exploration and commissioning of specific initiatives which support these outcomes.

Given the ageing demographic in Telford & Wrekin, dementia prevalence will increase significantly over the next 20 years and therefore, there will be an increase in demand on services. However, failure to diagnose early can lead to individuals in crisis presenting late and therefore needing to access services that are more intensive and costly than would otherwise have been required and which reduce their quality of life unnecessarily. Therefore, identifying, diagnosing and treating people, where appropriate will ensure both clinical and cost effectiveness. *Banerjee and Wittenberg, Clinical and cost effectiveness of services for early diagnosis and intervention in dementia, International Journal of Geriatric Psychiatry (2009).*

Telford & Wrekin Clinical Commissioning Group (CCG) is currently implementing a Primary Care Pathway, with the intention of achieving early detection of people with memory problems. Furthermore, the CCG commissions a Primary Care Liaison Nurse to support early identification of memory problems, whilst regularly reviewing and supporting people with Mild Cognitive Impairment. A range of service providers, such as the Alzheimer's Society Dementia Advisor and Age UK Dementia Contact Officer is also commissioned to raise awareness of dementia in the community and signpost to appropriate services, including the GP for an initial assessment.

Other target-driven incentives relating to early identification of dementia include the National Commissioning for Quality and Innovation (CQUIN) plan for hospitals to identify people with dementia, visit Shropshire and Telford Hospitals Trust to find out more. Furthermore, training has recently been delivered by the South Staffordshire and Shropshire Healthcare Foundation Trust in support of the NHS Health Check programme which will mean that from April 2013, people aged 65 to 74 will be given information on dementia and Memory Services. The intention is to raise awareness of dementia and highlight the relationship between the risk factors for CVD and dementia. For more information visit: http://www.nhshealthcheck.nhs.uk/

8. Safeguarding

How does current provision, ensure the safety of its most vulnerable clients?

All commissioned services are obligated, under contractual agreement to follow the policies and agreements written in the Telford & Wrekin Multi-Agency Adult Protection Policy. For further information, please visit http://www.telford.gov.uk/downloads/731/protection_of_vulnerable_adults

9. What difference/added value can the HWB make to this priority in 13/14 and how?

- Connect priorities across Health and Wellbeing Board work-streams for universal 'quick-wins' e.g. CVD and Dementia.
- Champion Dementia as a strategic priority across organisational and professional boundaries.
- To advocate for prioritisation of resources inline with expected prevalence rates.
- To advocate for prioritisation of training for the health, social care and Voluntary sector workforce, in contact with people with dementia, to improve professional awareness of the condition and the giving of high-quality information, care and support.
- To raise potential risks around disaggregation of joint-commissioning in-light of expectations around delivery and to identify appropriate clinical and non-clinical colleagues to work collaboratively within identified priority areas.
- To support the timely refreshment of the Joint Strategic Needs Assessment for people with Dementia.
- To consider developing a refreshed, multi-agency Dementia Strategy.