

Telford and Wrekin Health and Wellbeing Board (HWB)

14th November 2012 at 2.00pm

Severn Room, Business Development Centre, Stafford Park 4, Telford

Key Decisions/Actions/Discussion:

Agenda Item	Discussion Points	Who
1.	<p>Attendees: Cllr Richard Overton (Chair and Deputy Leader TWC), Cllr Arnold England (Cabinet Member: Leisure & Wellbeing), Cllr Liz Clare (Cabinet Member: Adult & Social Care), Cllr Paul Watling (Cabinet Member: Children, Young People & Families), David Evans (Chief Operating Officer T&W CCG), Dr Catherine Woodward (PCT Director of Public Health), Clare Hall-Salter (TWC Partnership and Planning Manager), Jon Power (Delivery and Planning Manager TWC), Helen Onions (Public Health Specialist), Dr K Deacon (NHS Commissioning Board – LAT (Representing Graham Urwin)), Chris Brannan (Local Safeguarding Children Board), Lilian Owens (LINKS (representing Dag Saunders)), Christine Morris (T&W CCG), Andrew Nash (T&W CCG), Laura Johnston (Director of Children and Family Services T&W), Kit Roberts (Group Specialist Commissioner), Paul Clifford (Director of Adult and community Services TWC), Dylan Harrison (CCG Non-Executive Director), Kathryn Wood (Project Officer, Health & Wellbeing Board TWC) and Jayne Clarke (Democratic Services Support TWC), Dave Robson (Service Delivery Specialist Safeguarding TWC)</p> <p>Apologies: Dr Mike Innes (Chair of T&W Clinical Commissioning Group), Karen Kalinowski (Assistant Director: Care and Support TWC), Paul Taylor (TWC Assistant Director: Social Care Specialist), Dag Saunders (LINKS); Clive Jones (TWC Assistant Director: Family and Cohesion Services), Graham Urwin (NHS Commissioning Board LAT Director)</p>	
2.	<p>Action notes 12.09.12:</p> <p>CAMHS Update:</p> <ul style="list-style-type: none"> • Proposed agenda item for January 2013. <p>Health and Wellbeing Board Minutes:</p> <ul style="list-style-type: none"> • The minutes of the meeting would be circulated to the Cluster Board for information. <p>Health and Wellbeing Priorities - Officer Alignment</p> <ul style="list-style-type: none"> • The officer alignment had now been agreed at the HWB Advisory Group Meeting. <p>SARC Statistics</p> <ul style="list-style-type: none"> • The SARC statistics had now been circulated, for information. <p>Carers Strategy</p>	

	<ul style="list-style-type: none"> • The carers strategy would be brought to the January meeting. <p>Stroke Review</p> <ul style="list-style-type: none"> • Scrutiny were undertaking the Stroke Review and would report back to the HWB if appropriate. 	
3.	<p><u>Board Function:</u></p> <p>Health and Wellbeing Board Development</p> <p>Clare Hall-Salter presented a report on the development of the West Midlands Council's HWB Support and Development Programme together with the development of the T&W Health and Wellbeing Board.</p> <p>Cllr Overton had attended at the HWB Chairs Network in July and October and further meetings were to be held in December 2012 and March 2013. A simulation event was also planned in order that HWB Members could explore the challenges ahead. The HWB Network, which was supported by West Midlands Council Officers and Board Members had met three times and at its recent meeting had discussed the draft secondary regulations for the Health and Social Care Act 2012 together with Asset Based Commissioning and Board development and was a good forum to share best practice. Up to a total of four days support had been allocated until March 2013 in order to develop the role and the agenda of the Board, together with its structure and operation. Tight decision making was needed although HWB needed to ensure engagement from local people, groups, providers and partners was encouraged. A second Stakeholder event was proposed for 30th January 2013. The HWB had produced a newsletter and it as hoped that this would be continued in the future.</p> <p>Secondary legislation had been out for national consultation and would be laid in January 2013 and come into force on 1st April 2013. The HWB would become a Committee of the Council but would be modified by Section 194(12) of the 2012 Act and any modifications prescribed in the regulations. The new Committee would not be subject to the same voting restrictions as Council meetings. The Board was currently running as a Committee of the Council adhering to transparency, public awareness, standards regime, conflicts of interest and confidentiality.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Newsletter • Stakeholder event 30th January 2013 <p><u>RESOLVED</u> – that</p> <p>a) the update received in relation to the Telford and Wrekin Health and Wellbeing Board be noted;</p> <p>b) the feedback gained from the first LGA facilitated HWB Development morning and development tool is used as the basis for a work plan for the Board and Advisory Group be agreed;</p>	

	<p>c) the focus of future development sessions with the LGA be agreed;</p> <p>d) the production of a regular HWB newsletter be agreed;</p> <p>e) the hosting of a second HWB stakeholder event in January 2013 be agreed;</p> <p>f) the outcome of the consultation on the secondary legislation relating to HWB as a committee of the local authority be noted.</p>	
4.	<p>Health and Wellbeing Strategy Development</p> <p>John Power and Helen Onions presented a joint report on recent developments on both the Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy (JHWS).</p> <p>A draft Strategy had now been produced and was a working document. Asset mapping workshops for several of the priorities would be completed by the end of December. Following the Board's consultation response submission, publication of the Department of Health Guidance was currently awaited, although the Board were confident that they were going in the right direction.</p> <p>A Director-led working group met to discuss the JSNA in order to take this forward and to have a draft Strategy in place. It also needed to firmly underpin work and priorities and define the work programme. It was important that it was clear on its products and branding. Communication must be understood by the public. It was proposed that the JSNA Steering Group was re-established with its first meeting to be held in January 2013. This group would then report back to the HWB Advisory Group.</p> <p>A Terms of reference guidance would be reported back to the HWB Advisory Group at the next meeting.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • priorities • the use of asset mapping • signposting to physical activity <p><u>RESOLVED</u> – that the progress made in developing both the Joint Health & Wellbeing Strategy and the JSNA process be noted.</p>	
5.	<p><u>Other Areas of Focus</u></p> <p>Local Safeguarding Children Board (LSCB) Annual Report 2011/12</p> <p>Chris Brannan presented the Local Safeguarding Children Board Annual Report 2011-12.</p>	

	<p>There was now a statutory requirement to produce an annual report which reflected the progress of its business plan as well as to provide a realistic assessment of any challenges that remain. There were currently four priorities:</p> <ul style="list-style-type: none"> • Children abused through exploitation • Getting the right help at the right time • Missing children • Children and young people feeling safe <p>Ofsted had undertaken an inspection of Safeguarding and Looked after Children Services and overall had found them to be adequate. Some issues had been raised regarding performance management and the Council was taking any actions necessary to implement the recommendations identified by Ofsted. The Board offered an appropriate level of challenge to the Council and its partners and was well placed to ensure that the necessary actions were effectively implemented.</p> <p>A discussion took place and it was confirmed that the work of the LSCB would be continued by the HWB.</p> <p><u>RESOLVED</u> – that the role of the LSCB in driving change and improvement in response to the OFSTED ‘Inspection of Safeguarding and Looked After Children’ is acknowledged.</p>	
<p>6.</p>	<p>Vulnerable Adults Safeguarding Annual Report 2011/12</p> <p>Dave Robson presented the annual report of the Vulnerable Adult Safeguarding Board 2011-12.</p> <p>The report was to raise awareness of the Board’s role in promoting the safety and welfare of vulnerable adults in both Telford & Wrekin and Shropshire areas. The guidance contained in ‘No Secrets’ continued to form the basis of the protection of vulnerable adults. The Board is currently involved in the development of a new multi-agency policy and procedure for adult safeguarding which will be shared across 11 other local authorities across the region which will enable benchmarking and like for like comparisons. Wide ranging and complex investigations had taken place including those of nursing and domiciliary care. A local Dignity Network had been developed. Training had been undertaken which had delivered a range of programmes across the two local authority areas. A report of the Deprivation of Liberty Safeguards (DoLS) had been incorporated within the report and included comparative data across the West Midlands authorities.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Legislation for Adult Safeguarding • Whistleblowing • Criminalisation of children • Trends following the austerity measures • Financial abuse 	

	<p><u>RESOLVED</u> – that</p> <p>a) the Board acknowledged the role played by the Vulnerable Adults Safeguarding Board in overseeing the safeguarding of vulnerable adults in our area; and</p> <p>b) that the contents of the report be noted.</p>	
7.	<p>Adult Social Care Local Account 2011/12</p> <p>Clare Hall-Salter presented the Adult Social Care Local Account 2011-2012 which demonstrated what Adult Care and Support were doing to improve the lives of people in Telford and Wrekin.</p> <p>The work of Adult Social Care had been heavily regulated in the past and the Care Quality Commission (CQC) had relied on annual self-assessments. The Coalition Government has now abolished these layers of assessment and has replaced them with a new regime encapsulated within ‘Transparency in Outcomes: A Framework for Quality in Adult Social Care. This framework proposed a more transparent and locally accountable system, a key part of which was the Local Account. The Local Account was intended to be an annual statement of outcomes and priorities and opened up information which could be easily accessed by the community. The account was to be an entirely local product and there would be no guidance issued on the content or the format. It was proposed that the Local Account would continue to be based on that of the 10/11 format, it would need to be short, easy to read, easily accessible and be aimed at the public as its primary audience. The 2011/12 Local Account included a consultation on the draft version and used the feedback to influence the design and content of the final document. This would be published following endorsement from the HWB.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • A picture version of the Local Account produced by Taking Part • Public knowledge of the Local Account • Accessibility of the Local Account <p><u>RESOLVED – that the 2011-2012 Local Account be endorsed.</u></p>	
8.	<p>Update on CCG Authorisation and NHS Commissioning Board Development (Presentation)</p> <p>David Evans gave an update on the CCG Authorisation and NHS Commissioning Board Development by way of a presentation.</p> <p>The CCG were currently mid way through the Authorisation process and a final decision was expected in January. A site visit had taken place in November 2012 with a desk top review. There were 119 criteria which were given either a red or green mark. A period of two weeks had been given to</p>	

	<p>look at the marks and pass over any comments and to turn any red markers to green. Overall first impressions were that the Commission continues to look a very GP led organisation with good clinical engagement and a coherent governing body. The strengths were noted in the quality of engagement and GP engagement. A total of twelve out of 56 points were red, but this was subject to slight change after review and the CCG were expecting approximately 10-12 red marks. This was considered a fair reflection of where the CCG was currently at and it was expected that the red markers could quite easily be turned green within the next four weeks and nothing substantial had been found. The CCG remained fairly confident that they would be authorised by 31st March albeit with or without conditions.</p> <p>The new structure for the NHS Commissioning Board was ongoing and the Local Area Team Directors had now been appointed. It was hoped that PCT and SHA posts within the new structure could be slotted or advertised and people appointed and it was expected that appointments would be completed by the end of November early December 2012.</p>	
9.	<p>Public Health Transition Progress Update</p> <p>Catherine Woodward and Paul Clifford presented an update on the Public Health Transition Project and the transfer of public health functions and responsibilities from NHS Telford and Wrekin to the Council and highlighted both the progress made over recent weeks and key areas of activity or concern.</p> <p>The Commissioners had evaluated each of the existing contracts let by the PCT and had used an open and fair framework in order to make decisions regarding future contracts. Officers of the Council have worked with Public Health colleagues to explore the best procurement options keeping within timescales and the risk of a legal challenge to a minimum.</p> <p>The public health funding allocation was still awaited and a modelling exercise working on the worst case scenario had been undertaken in readiness for the notification in December 2012.</p> <p>A legacy document was being prepared in readiness for handover from the PCT to the Local Authority's Local Area Team. This was currently 100 pages of records and this document would remain live until the point where the Department of Health are assured that the handover has happened. The Legacy document would then remain part of the document as a permanent record.</p> <p>Main issues emerging were the management of clinical issues ie school nursing, sexual health and substance misuse.</p> <p>Department of Health Guidance was still awaited</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Funding and uncertainty regarding budgets • Workforce planning 	

	<ul style="list-style-type: none"> Proposals to consultation <p><u>RESOLVED</u> – that the progress with regard to the Public Health Transition Project be noted.</p>	
10.	<p>Health Performance Update</p> <p>Christine Morris and Catherine Woodward presented a joint update on the Telford and Wrekin CCG Health Performance which demonstrated the performance of Telford and Wrekin CCG against national targets.</p> <p>Each month data was submitted to show the position from a variety of sources in order to ensure that providers were delivering their targets.</p> <p>There were only two areas where the providers had not delivered their targets during August which were:</p> <p>18 week referral to treatment A&E 4 hours</p> <p>Action plans had been put in place in order that these targets could be met.</p> <p>A recommendation was made that the reports go forward to the HWB Advisory Group and the reporting framework maps to HWB priorities.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> Reporting Framework and terminology Transparency and information of report once it becomes a Committee of the Council <p><u>RESOLVED</u> – that the report be noted.</p>	
11.	<p>NHS QIPP Savings and Council Savings Update</p> <p>Andrew Nash and Paul Clifford gave a joint update on NHS QIPP savings and the Council savings.</p> <p>The PCT/CCG were informed by national policy. It was hoped that savings could be made through the prescribing policy and generic drugs as well as local policies of the JSNA and local soft and hard intentions. Savings made to date were ahead of schedule and highlighted the challenges ahead. Action needed to be taken towards QIPP savings for 2013/14.</p> <p>The net budget was £200m with QIPP savings for next year being £3.8m. A year on year saving of £4m was expected.</p> <p>A report would be brought to the next meeting of the HWB regarding Children and Adults services once the funding position had been clarified. There were tough front-loaded targets with adult care having significant funding cuts of £9.5m. The phasing of staff and non-staff savings had been delivered this</p>	

	<p>year and will continue up to 2014/15 with potentially higher targets. Continuing health care by the CCG was protected by one-off funding of £5m. The funding position was tight due to the growing population. It was no longer possible to fund the shortfall from the corporate pot and it would be difficult to sustain a balanced budget.</p> <p><u>RESOLVED</u> – that the report be noted.</p>	
<p>12.</p>	<p>Adult Learning Disability: Health and Social Care Self Validation Frameworks (for information)</p> <p>Kit Roberts presented a report on the Adult Learning Disability framework.</p> <p>The report provided information about 2 validation processes undertaken by Telford and Wrekin Council (TWC) and NHS Telford and Wrekin (PCT) of services for adults with learning disabilities.</p> <p>The TWC and PCT work closely together to support adults with learning disabilities living both within the Borough and those living out of the area. National reports outlined the neglect of NHS Services relating to learning disabilities. During the current validation process the Learning Disability Partnership Board concluded that overall progress was good in the areas of housing and health but improvements could be made with regard to employment. A draft JSNA statement had been prepared and needed to include data collection, healthcare, engagement and safeguarding. The self assessment structure was considered good overall but there was room for improvement. It also demonstrated that both the HWB and the CCG engaged with the area and were interested. A designated lead was needed particularly in the CCG.</p> <p>From 2013 the validation process would be merged into a single document making the assessment process more efficient. Leads would need to be identified in order to progress the self-assessment and ensure a clear statement regarding learning disability was included in the JSNA. An annual report would be brought to the HWB and CCG.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • CCG Lead needed to be a non-officer • Work Programme of the Steering Group • Limited resources of CCG • Behaviour Review of Learning Needs <p><u>RESOLVED</u> – that the report be noted.</p>	
<p>13.</p>	<p>Dates of future meetings:</p> <p>SHWB meeting 23rd January 2013, 2pm – 4pm, venue TBC SHWB meeting 13th March 2013, 2pm – 4pm, venue TBC HWB meeting 15th May 2013, 2pm – 4pm, venue TBC</p>	

The meeting ended at 3.32pm

Signed

Dated

BOROUGH OF TELFORD & WREKIN

HEALTH AND WELLBEING BOARD – 23 JANUARY 2013

HEALTH AND WELLBEING BOARD ENGAGEMENT

REPORT OF THE PARTNERSHIP AND PLANNING MANAGER

1. SUMMARY

1.1 The report updates HWB members on:

- The HWB key provider engagement workshop
- HWB stakeholder engagement event
- Second edition of HWB Newsletter

2. RECOMMENDATIONS

2.1 Members note the updates received in relation to the Telford and Wrekin Health and Wellbeing Board engagement

2.2 Agree the proposed next steps for provider engagement

2.3 Agree the agenda for the second HWB stakeholder engagement event in January 2013

3. INFORMATION

3.1 HWB Provider Engagement Workshop

A provider engagement work shop was held on 9th January 2013, facilitated by Liam Hughes and Francis Stickland, as part of the 4 days development support offered by the LGA to HWBs. Senior representatives of 7 key health provider organisations were invited to discuss their thoughts around future engagement with the HWB and the possible mechanisms for this engagement.

It is clear from the discussions and feedback during the work shop, that the providers are keen to be involved in early engagement around the HWB priorities and that we ensure that all future engagement and communication is both appropriate and effective.

The Voluntary Sector would like greater input into the development of the JSNA, in terms of their involvement in identifying the needs of the local community.

Providers did not request to have a seat at the Board, or request to be present at each Board meeting.

There was potential for some 'joining up' across geographical boundaries, if appropriate, in terms of some future engagement with both Shropshire and T&W HWBs.

It is therefore proposed that the key providers are encouraged to attend the stakeholder engagement event on 30th January, and that additional representation from their

organisations is also encouraged, in order to ensure that their respective contribution to the asset mapping and delivery against the agreed HWB priorities can be captured.

3.2 HWB Stakeholder Engagement Event January 2013

Our second HWB stakeholder engagement event will be held on Wednesday 30th January. The draft agenda has been developed (Appendix 1) in order to provide an update on progress on those areas that were discussed at our first stakeholder event in July 2012, and to launch the HWB strategy, its priorities and principles. During the event, workshops will be held to inform the asset mapping around our priorities, including an update on the priority from the Priority Lead Officer, and seeking answers to the following questions from our stakeholders:

- How can you contribute to the priority?
- What are you currently doing that can contribute?
- What strategies/action plans are you involved in / aware of that can contribute?
- What Boards or Steering Groups exist that can contribute towards this?
- Where are the gaps? Can you help to address these?

Each attendee will be given the opportunity to choose two priority areas to work with the Priority Leads and Board Members during the event.

At the end of the event there will be the opportunity for stakeholders to put any 'relevant' questions to the HWB members who are present.

3.3 HWB Newsletter

The first HWB newsletter was produced and published in October. It was agreed at the November HWB that a regular newsletter is produced which highlights the work of the Health and Wellbeing Board.

It is proposed that the second HWB newsletter will be published in March, in advance of the Board becoming statutory and following the January Board meeting and engagement events held with providers and stakeholders.

4. PREVIOUS MINUTES

- 4.1 Shadow Health and Wellbeing Board Governance report 22nd February 2012.
- 4.2 Board Structure/Representation/Role report 12th September 2012.
- 4.3 Health and wellbeing Board Development 14th November 2012.

5. BACKGROUND PAPERS

- 5.1 Health and Social Care Act 2012.

Report prepared by Clare Hall-Salter, Partnership and Planning Manager
Telephone 382016 Email clare.hall-salter@telford.gov.uk

THE FUTURE OF HEALTH AND WELLBEING IN TELFORD AND WREKIN

STAKEHOLDER ENGAGEMENT EVENT

Oakengates Theatre @ The Place

Wednesday 30 January 2013

DRAFT AGENDA (v4):

9.00am:	Registration	
9.30am:	Welcome and Introduction	Cllr Richard Overton and Paul Clifford
	Update on Progress:	
	<ul style="list-style-type: none">• Governance• Healthwatch• Public Health Vision• Clinical Commissioning Group	Paul Taylor Christine Harrison Catherine Woodward David Evans
10.20am:	Launch of Telford and Wrekin HWB Strategy – The Priorities and the Principles that guide it.	Jon Power and Helen Onions
10.35am:	Working together to deliver our Priorities – Session 1	Workshop – Karen Yates
11.25am:	Break	
11:45am:	Working together to deliver our Priorities – Session 2	Workshop – Karen Yates
12.35pm:	Opportunity to ask questions to our Shadow Health Wellbeing Board Members	Paul Taylor
12.50pm:	Next Steps and Close	Paul Clifford

A light lunch will be available in the foyer



Telford and Wrekin
Clinical Commissioning Group



**HEALTH & WELLBEING BOARD
JANUARY 23 2013
PROGRESS REPORT HEALTH & WELLBEING STRATEGY AND JOINT STRATEGIC
NEEDS ASSESSMENT
REPORT OF DELIVERY & PLANNING MANAGER AND PUBLIC HEALTH SPECIALIST**

Purpose

To report progress in the development of the Health & Wellbeing Strategy and the Joint Strategic Needs Assessment

Recommendations

That the Board:

- **Agree the process to allocate Board Sponsors to Health & Wellbeing Priorities**
- **Consider the proposal to adopt 'Ensure people have a positive experience of health and care services' as a cross-cutting principle rather than a priority**
- **Consider the proposal to create separate priorities for smoking and for drugs and alcohol misuse.**
- **Consider the proposal to develop an annual Making it Happen focus for the Board**

Developing Our Health & Wellbeing Strategy and Joint Strategic Need Assessment

The development of our strategy and JSNA have been underpinned by reference to relevant national guidance and reviews of best practice since the outset. This review has continued in the light of the publication of the national Operating Principles for JSNA and JHWS in November 2012¹. These new guidelines, which confirm our robust approach to both JSNA and JHWS outline:

Three overarching themes –

- Engagement
- Ownership
- Leadership

Six operating principles -

- Review and learn from previous JSNA and JHWS
- Agree the vision and scope
- Build a comprehensive picture of needs and assets
- Enable stakeholder involvement throughout
- Identification of strategic priorities
- Making it happen

¹ <http://www.nhsconfed.org/Publications/reports/Pages/OperatingPrinciplesJointStrategicNeedsAssessmentsandJointHealthandWellbeingStrategies.aspx>

Key points for JSNAs and JHWSs from the national operating principles include the following:

JSNA and JHWS:

Are not ends in themselves, but a means to identify the priorities for commissioning to improve health and wellbeing outcomes and reduce health inequalities.
Need to be strategic and take account of the needs of the entire population within the area.

They should be owned jointly by all members of health and wellbeing boards. Should involve ongoing dialogue with communities, to ensure their needs, assets and experiences are understood, and that priorities reflect what matters most to them. Real gains can be made if health and wellbeing boards look beyond needs to examine how local assets can be used to meet identified needs.

Are key to understanding inequalities and the factors that influence them, such as poor housing, environmental quality, worklessness, substance misuse or crime. Are not just about services, but are about understanding the determinants of health and wellbeing, and will be aided by wider partnerships.

Health and wellbeing boards will need to consider their organisation's equality duties. Equal attention should be given to physical and mental health and wellbeing.

JHWSs should prioritise the issues requiring the greatest attention and where the greatest impact can be made within available resources of health and wellbeing board members and wider stakeholders.

During 2012/13 the processes in Telford and Wrekin for JSNA and JHWS development have focussed particularly on two of the national operating principles: enabling stakeholder involvement and identification of strategic priorities.

The case studies of best practice highlighted in the national operating principles have been reviewed in the context of development of our local processes. There are numerous examples where best practice has been adopted in Telford and Wrekin, including:

- Establishment of the JSNA website
- Development of an assets-based approach for our priorities
- Publication of mental health and wellbeing assessment (for the Healthy Hub at First Point)
- Development of ward profiles and GP-practice profiles
- Extensive engagement and consultation process undertaken with key stakeholders and the public

In 2013/14 the national best practice examples will be used further to develop both the JSNA and the strategy further. The key areas for Telford and Wrekin JSNA and JHWS development in 2013/14 are being considered as follows: (based on best practice examples and case studies)

- Annual update of products and outputs, including succinct summary of key messages which turns data into intelligence to shape strategic priorities and commissioning intentions
- Engaging the wider community in the development of the JSNA, to ensure communities have a voice in agreeing the priorities
- Development of a continuous process so that, as data is released throughout the year, the JSNA is updated and interested stakeholders are notified on an on-going basis
- Review and refresh of the JSNA website, including mapping the data set to the Marmot life course framework to embed health inequalities

- Reference to the evidence of effectiveness and efficiency of interventions, such as NICE standards and guidelines, providing the most up-to-date evidence on what works to improve the public's health, including research and good practice, as well as services, information and advice responsive to local need (part of the asset mapping approach)
- Further use of mental wellbeing impact assessment (MWIA) enabling people and organisations to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental wellbeing
- Engaging stakeholders and the community in prioritisation and investment decisions

Health & Wellbeing Strategy

The draft Health & Wellbeing Strategy identifies a set of priorities which the Board will focus on overseeing the delivery of. The priorities and their allocated lead officer(s) are:

- **Reduce excess weight in children & adults** – Clare Harland
- **Improve life expectancy and reduce health inequalities** – Helen Onions/Louise Mills
- **Reduce teenage pregnancy** – Chris Marsh
- **Improve emotional health and wellbeing** – Michael Bennett
- **Support people with autism** – Richard Smith
- **Reduce number of people who smoke and misuse alcohol and drugs** – Vicky Pike/Michael Bennett
- **Support people to live independently** – Karen Kalinowski
- **Support people with dementia** – Kim Grosvenor
- **Ensure people have a positive experience of health and care services** – Karen Kalinowski/Chris Morris
- **Improve children and adult carer's health and wellbeing** – Chris Harrison

In December, Priority Leads met to commence 'asset map' each priority to understand how they are currently being delivered. All of the priorities are pre-existing as they are established goals to improving the health and wellbeing of the Borough's population and have established strategies or are part of delivery processes - although some are currently being refreshed.

The asset mapping process identified two issues for which the Board's views are sought:

- **That 'ensure people have a positive experience of health and care services' should be considered as a cross-cutting principle rather than a Priority.** Leads felt that this priority was in fact an essential element in the design and of **all services** and should be considered as part of Commissioning assurance processes. Adoption of this proposal would mean that all commissioners would have to demonstrate how they are assessing and improving service users' perception and experience of services.
- **For the Board to identify two or three themes on an annual basis to provide critical challenge and take forward and support the development of new models of delivery.** Whilst the Board's performance framework will provide regular updates on delivery of priorities, the establishment of the Clinical Commissioning Group and the Health & Wellbeing Board offers an exciting opportunity to develop new, more efficient and effective approaches to delivery. To achieve this, it is proposed that each year as part of the annual refresh of the Health & Wellbeing

Strategy, the Board should identify a maximum of three 'Making it Happen' themes, which may include:

- Tackling financial pressures e.g. through pooled budgets to address shared cost pressures
- Targeted action on specific inter-related issues – for example more effectively joining together work on different priorities to improve outcomes.

The forthcoming stakeholder engagement event 30 January, is an opportunity to explore what these 'Making It Happen' themes could be for the 2013/14 Health & Wellbeing Strategy. It is proposed that the Board will identify these themes as part of the sign-off of the Strategy in March.

Priority Sponsors

It is proposed that each of the agreed Priorities should have a Board Member as a sponsor. Their role would be:

- To act as a Board champion for the priority
- To support in a mentoring and advisory capacity the priority lead officer, meeting up on at least a quarterly basis, but also being available more reactively as issues demand
- To QA and sign-off priority assurance reports produced by the officer lead before presentation to the HWB, CYF and CCG Boards
- The Board Sponsor will not discharge a line manager role for the officer lead (unless already acting in that capacity). Any performance issues will be dealt with by respective line managers, having been raised by the Board Sponsor

On-going Development of Joint Strategic Needs Assessment

Our focus in taking the JSNA forward is to refresh the governance model for the JSNA. It is proposed that a JSNA Steering Group will meet in February to commence the process to agree a work programme to April 2014 – this will focus on ensuring our resources are targeted at developing our understanding of our most important issues and challenges. This programme will be developed in consultation with the Health & Wellbeing Board Advisory Group and the CCG Performance, Planning & Quality Committee. Once established, this programme will be presented to the Health & Wellbeing Board.

The second key area of development for the JSNA, is to work to engage with the voluntary and community sector. Many of these organisations, can bring an important view of 'need' in the community. It is important that these views are heard and more effectively fed into our JSNA.

BOROUGH OF TELFORD & WREKIN

HEALTH AND WELLBEING BOARD – 23 JANUARY 2013

HEALTH AND WELLBEING BOARD AS A STATUTORY COMMITTEE OF THE COUNCIL

REPORT OF THE ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST

1. Summary

1.1 This report sets out our current understanding of the rules that appear to apply to Health and Wellbeing Boards as a Committee of the Council from 1 April 2013, when authorities take over a number of public health functions. However we are still waiting for the Regulations to be laid before Parliament and this report is subject to those Regulations and Guidance that will follow.

1.2 The Health and Wellbeing Board is asked to make provisional recommendations for approval through the Council's Constitution Committee and Council in respect of:

- Establishing the Health and Wellbeing Board as a Committee of the Council
- The proposed membership of the Board including political proportionality
- Delegation of functions and decision making responsibility
- Possible creation of any Sub-Committees of the Board
- Endorsing Scrutiny arrangements for Health and Social Care functions of the Council
- Development of appropriate protocols for public involvement

2. Information

2.1 As you are aware the Health and Social Care Act 2012 (Section 194) places a statutory responsibility on the Council to have a Health and Wellbeing Board in place from the 1 April 2013. Up until this point the Board has been meeting in shadow form but in preparation for the 1 April the Board needs to be established as a formal Committee of the Council in accordance with statutory requirements and guidance.

2.2 The proposed structure of Health and Wellbeing Boards do not align with the traditional local authority executive/committee structures. To deal with this the Department of Health is planning to implement regulations governing the operation of Health and Wellbeing Boards (as per Section 194 (12) of the Health and Social Care Act). It is planning to lay the regulations before Parliament in January 2013, and they will come into force on 1 April 2013.

2.3 The Council is having to develop its thinking on this in the absence of the regulations being laid before Parliament but the Department of Health has published a paper outlining the issues it intends to include in the regulations. The regulations will allow Health and Wellbeing Boards to function as a committee of the local authority. However there will be some opportunity for local determination.

2.4 The key points at this stage appear to be:

2.4.1 Establishment of sub-committees and delegation

Unless a local authority directs otherwise, a committee can establish a subcommittee to discharge any of its functions. It is proposed that the regulations will enable Health and Wellbeing Boards to be able to establish subcommittees and delegate functions to them. Whether or not to establish sub-committees will be a matter for local determination.

2.4.2 Voting restrictions

Current legislation means that any members of a committee who are not members of the local authority should be treated as non-voting members, except in relation to a specified set of committees. The regulations are intending to remove this barrier and to enable local authorities to empower all key members of the board to vote alongside the elected representatives. This could also apply to any additional board members appointed in addition to the statutory membership set out in the Health and Social Care Act 2012.

2.4.3 Political Proportionality

Seats on local authority committees and sub-committees are normally allocated to reflect the prevailing political proportionality of the local authority. The Department of Health is proposing to disapply the provisions of the existing legislation requiring political balance in relation to Health and Wellbeing Boards so that the question of political proportionality of Health and Wellbeing Board membership is left to local determination.

2.4.4 Disqualification for membership

The current legislative framework states that any person who would be disqualified from being able to stand for election as a councillor shall be disqualified from being a member of a committee or sub-committee of a local authority. The Department of Health has indicated that its general policy intention is to retain the disqualifications, but the regulations will ensure the disqualifications do not apply to Health and Wellbeing Boards in so far as they cover disqualifications in respect of members of the board:

- Holding any paid employment or office in the local authority
- Being the subject of a bankruptcy restrictions order or interim order
- Having been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine

2.4.5 Application of a code of conduct and declarations of interest

The Council has adopted a code of conduct.

The new regulations will apply this code of conduct to members of the Health and Wellbeing Board even if they are not elected members. However, the Department of Health is exploring whether a modification is necessary in relation to Clinical Commissioning Group participation in discussions and decisions in which they could otherwise potentially be excluded.

2.4.6 Application of transparency provisions

There is a strict set of rules governing access to documents and meetings of local authority committees and sub-committees, and there are prescribed situations in which the public can be excluded from meetings and when local authorities can withhold documents from inspection. The regulations will not disapply or make any modifications to the existing provisions, which will apply to Health and Wellbeing Boards unchanged.

2.5 However even with these regulations in place the Council will need to make appropriate decisions about its local Health and Wellbeing Board such as:

- Establishment of the Health and Wellbeing Board as a Committee of the Council – this needs to be agreed by full Council.
- The decision making delegated to the Committee by full Council?
- Establishment/power to establish any sub-committees it may choose to have
- Membership of the Board and voting rights – see Appendix 1 proposed members
- Political Proportionality – It will be proposed that the Councillor members of the Board will be the Deputy Leader (Chair) and cabinet Members for Adult Social Care, Children and Families and
- Development of appropriate protocols for public involvement

2.6 It is recognised that several organisations have asked for a seat on the Board but to date membership has not been extended. However the H&W Board need to make a specific decision about a request from the West Midlands Criminal Justice Board to allow the local T&W Criminal Justice Board and its members to have one seat on the Health and Wellbeing Board. This request has come through Richard Partington, the Council's Managing Director who sits on the West Midlands Board.

2.7 In addition to the above areas the members of the Health and Wellbeing Board have been asked to provide a view on the Scrutiny arrangements for Health and Social Care. The Health and Social Care Act vests responsibility for deciding local health and social care scrutiny arrangements with full Council. The Health and Wellbeing Board are asked to endorse the recommendations that Council delegates the health scrutiny function and powers to the relevant Scrutiny Committee and that the power of referral to the Secretary of State is also delegated to this Scrutiny Committee. The board may also wish to comment on the view of the Department of Health that in a delegated arrangement it is right that full council should be fully sighted on how the powers for which it is accountable are being exercised. E.g. that the HOSC notify full council of an intention to refer a matter to the Secretary of State before a referral is made.

2.8 The formal route for approving the final recommendations is:

Senior Management Team – 4 Feb 2013
Policy Review – 14 Feb 2013
Council Constitution Committee – 19 Feb 2013
Council - 7 March 2013

2.9 In due course the Health and Wellbeing Board needs to give consideration to:

- Template development for reports
- Advisory Group – Terms of Reference

Report prepared by: Paul Taylor, Assistant Director – Social Care Specialist
Paul.taylor@telford.gov.uk
01952 381200

APPENDIX 1

TELFORD AND WREKIN HEALTH AND WELLBEING BOARD MEMBERS

Local Authority Elected Cabinet Members:

- Cllr Richard Overton (Chair HWB) (Cabinet Member responsible for wider Health services and Deputy Leader TWC)
- Cllr Liz Clare (Vice Chair HWB) (Cabinet Member for Adult and Social Care)
- Cllr Paul Watling (Cabinet Member for Children, Young People and Families)
- Cllr Arnold England (Cabinet Member for Leisure and Wellbeing)

Clinical Commissioning Group (CCG):

- Dr Mike Innes (Chair CCG)
- Dylan Harrison (Non Executive Director CCG)
- Dave Evans (Chief Operating Officer)

Local Authority Officers:

- Paul Clifford (Director responsible for Adult Social Care)
- Laura Johnston (Director responsible for Children's Services)

Public Health (currently NHS but will transfer to local authority by April 2013):

- Dr Catherine Woodward (Director of Public Health)

LINK – representative of patient and service users:

- Dag Saunders (Chair LINK)

NHS T&W/NHS Commissioning Board:

- Graham Urwin (Local Area Team Director NHSCB)

Can you feel it?

Karen George Lead Nurse Care Homes

Eunice Foster Assistant Director
Shropshire and Staffordshire Heart and
Stroke Network



Introduction

- Pilot study conducted within identified care homes
- Incentive introduced - highly qualified district nurse i.e. case manager visited both homes during week to monitor/observe residents, detect early signs/symptoms of illness commencing treatment if required or referring to GP
- Training programme developed for care workers - aim to reduce ambulance call outs, reduce hospital admissions, empower care home staff, develop more proactive approach to management of illness.



Introduction cont

- Educational programme developed with no additional resource, incorporated within Karen's current role
- There are 170 care homes across Shropshire with a bed provision of 4700
- There is a workforce of approx 8000 staff who potentially require training within stroke care and management



DATA

- Data has been assessed from 14 care homes
- Number of Staff trained to date 125
- Number of homes actively taking pulses and sending data equates to 23 in November 2012



Analysis of data

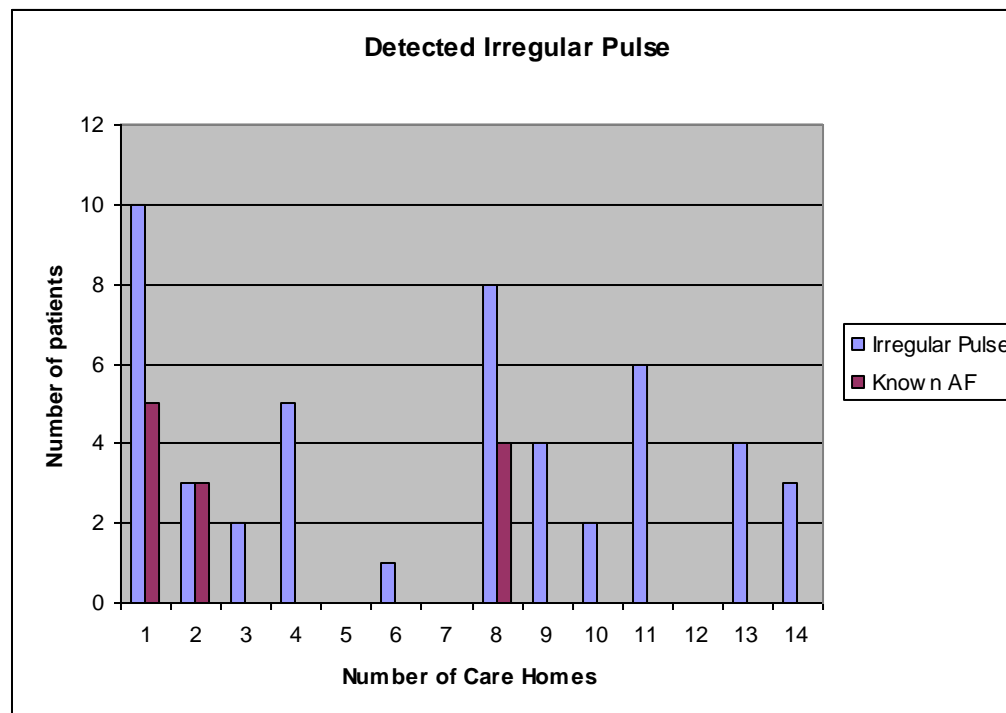
The data quality is poor which is due to a number of reasons:

- IT systems are not in place
- Care home staff are not skilled in the use of computers
- There may be only 1 computer within the care home and this sits within matron's office
- The data spreadsheet needs to be further developed to be able to obtain relevant data



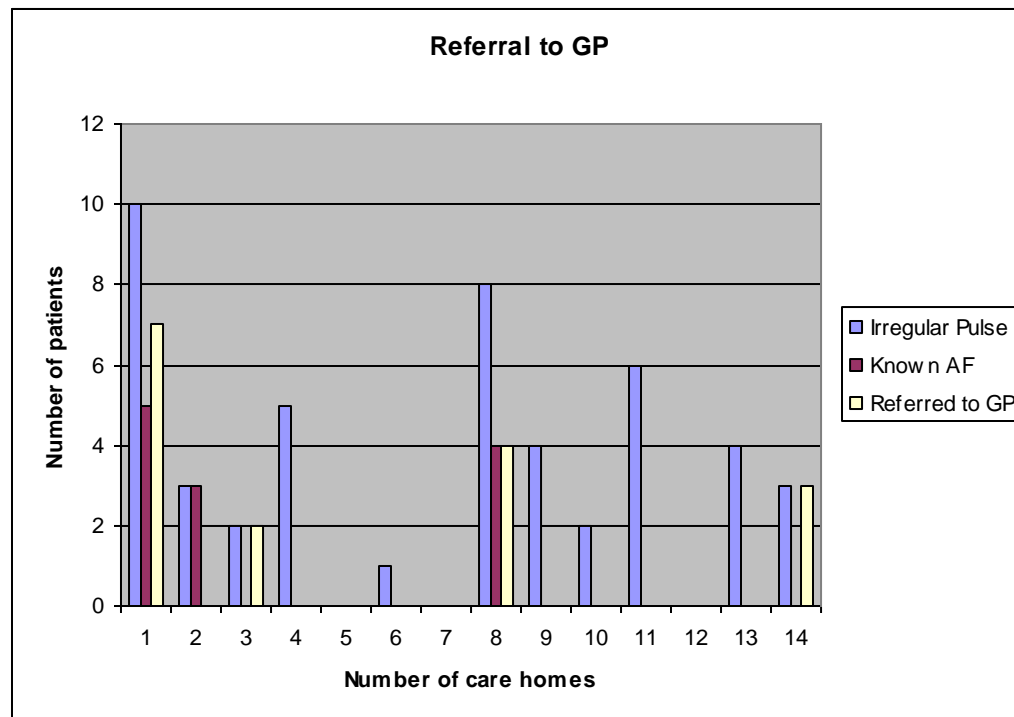
Data Analysis

Table 1 Demonstrates number of irregular pulse detected



Data Analysis

Table 2: Demonstrates that there needs to be improvement in those with an irregular pulse being referred to a GP for management



New European Stroke Clinical Guidelines 2012

- “The efficacy of stroke prevention with aspirin is weak, with a potential harm, since the risk of major bleeding with aspirin is not significantly different to that of OAC especially in the elderly”
- Anticoagulation should be with either well controlled Warfarin (currently standard treatment) or one of the NOACs

Stop aspirin start thinking OAC

- Key message that Warfarin is first line treatment for atrial fibrillation

For stroke prevention in your moderate to high risk atrial fibrillation patients

STOP
thinking aspirin

START
thinking oral anticoagulant

Oral anticoagulation is three times more effective at preventing stroke than aspirin*
It is estimated that there are over 230,000 AF patients treated with aspirin*

Discover how the new AF QOF Indicators benefit your patients and your practice – go to the website for further information

www.stopstart.org.uk
An online resource for stroke prevention in atrial fibrillation for UK Healthcare Professionals

SMF ACADEMY
Developed and funded by
Healthcare Improvement
Partnership
NHS.uk

*Stroke Prevention in Atrial Fibrillation (STOP AF) Study Group. JAMA. 2011;306:1706-1713.

Benefits

- A number of patients with Atrial Fibrillation (AF) have been identified and are now on an anticoagulant
- There is data to prove that a significant number of AF patients are being managed on Aspirin rather than Warfarin
- Patients who have AF and suffer a stroke cost individually £11900, this project has potentially saved £190,400, unfortunately, due to the poor data quality this cannot be substantiated at this time. The aim is to firm up data collection.

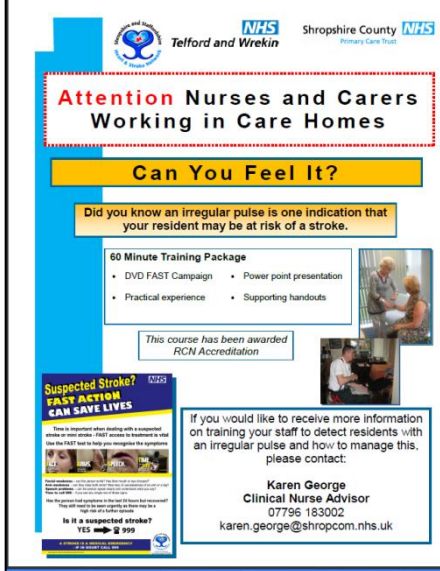
Communication process

- Inform CCG Chairs about this project and share with GPs across Shropshire/Staffordshire
- Some feedback from GPs questioned
“Why would we put elderly people on Warfarin?”
- Promoted training at Care Home Conference
“Independence Day” 4 July at SECC
- Shared with All Parliamentary group at House of Commons
- Share with Health and Well Being board

Communication process

- Links made with Social Care Training – Can you feel it now part of this!
- Poster presentation at the 2011 Stroke Forum Conference Glasgow
- Supported by National Improvement Lead for AF Vanessa Brown
- Flyer developed to send round to all care homes
- Patient information leaflet being produced

“Can you feel it?”
Training Package



Attention Nurses and Carers Working in Care Homes

Can You Feel It?

Did you know an irregular pulse is one indication that your resident may be at risk of a stroke.


60 Minute Training Package

- DVD FAST Campaign
- Power point presentation
- Practical experience
- Supporting handouts

This course has been awarded RCN Accreditation

Suspected Stroke? FAST ACTION CAN SAVE LIVES

There is something wrong if they are with a suspected stroke or even stroke - FAST action to treatment is vital. Use the FAST tool to help you recognise the symptoms.

Is it a suspected stroke?
YES  999

If you would like to receive more information on training your staff to detect residents with an irregular pulse and how to manage this, please contact:

Karen George
Clinical Nurse Advisor
07796 183002
karen.george@shropcom.nhs.uk



“Can You Feel It?”

Objectives

Background

Definition

FAST Training Package

AF Detection

Stroke Prevention

Stroke Management

Stroke Awareness

Stroke Support

Stroke Recovery

Stroke Rehabilitation

Stroke Research

Stroke Statistics

Stroke Facts

Stroke Myths

Stroke Prevention

Stroke Management

Stroke Rehabilitation

Stroke Research

Stroke Statistics

Stroke Facts

Stroke Myths

Stroke Prevention

Stroke Management

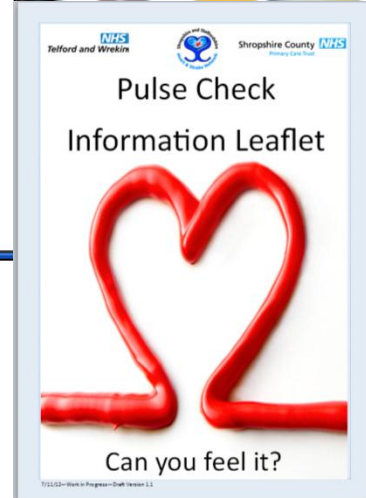
Stroke Rehabilitation

Stroke Research


Stroke Statistics

Stroke Facts

Stroke Myths



Pulse Check
Information Leaflet



Can you feel it?

© 2011 NHS. All rights reserved. Version 1.1

Outcome

- Increased knowledge of AF within Primary Care
- Increased *equality* important issue
- Are our elderly population being disadvantaged if residing in care homes?
- Cost to the PCT/CCG is increased if someone with AF suffers a stroke i.e. £11900K
- Falls in care homes will decrease, unfortunately we have no data to quantify this
- Less admissions to hospital

Achievements

- Training Package developed and on website
- Data report produced
- Flyer to all nursing homes to publicise project
- Patient Information leaflet produced
- Competency Framework developed
- Action Plan demonstrates achievements
- RCN Accreditation achieved; funded by T&W PCT
- UKFST endorsement
- Independence Day Conference 4 July
- BP machines which detect AF – Social care have purchased 15
- Train the Trainer package developed

Future

- Met with Boots' educational lead from Nottingham Head Office have agreed to put AF training into their e learning package in **April 2013**. 65% of care homes receive training currently from Boots
- Abstract submitted to International Forum on Quality and Safety in Healthcare, invited to present poster at the conference in April 2013 in London
- E learning package put onto the Shropshire OD Website www.shropscommunityhealth.nhs.uk;
- Negotiating putting E learning package onto Local Learning Website at the SHA
- Patient information leaflet to be distributed

Final thoughts.....

- Patient groups within care homes are the very elderly within our society, their needs are not always identified. This project puts them at the forefront of the campaign to ensure all those with AF are detected and managed appropriately and a STROKE is prevented.



Any Questions?

- eunice.foster@nhs.net
- 07909521876
- karen.george@shropcom.nhs.uk
- 07796183002



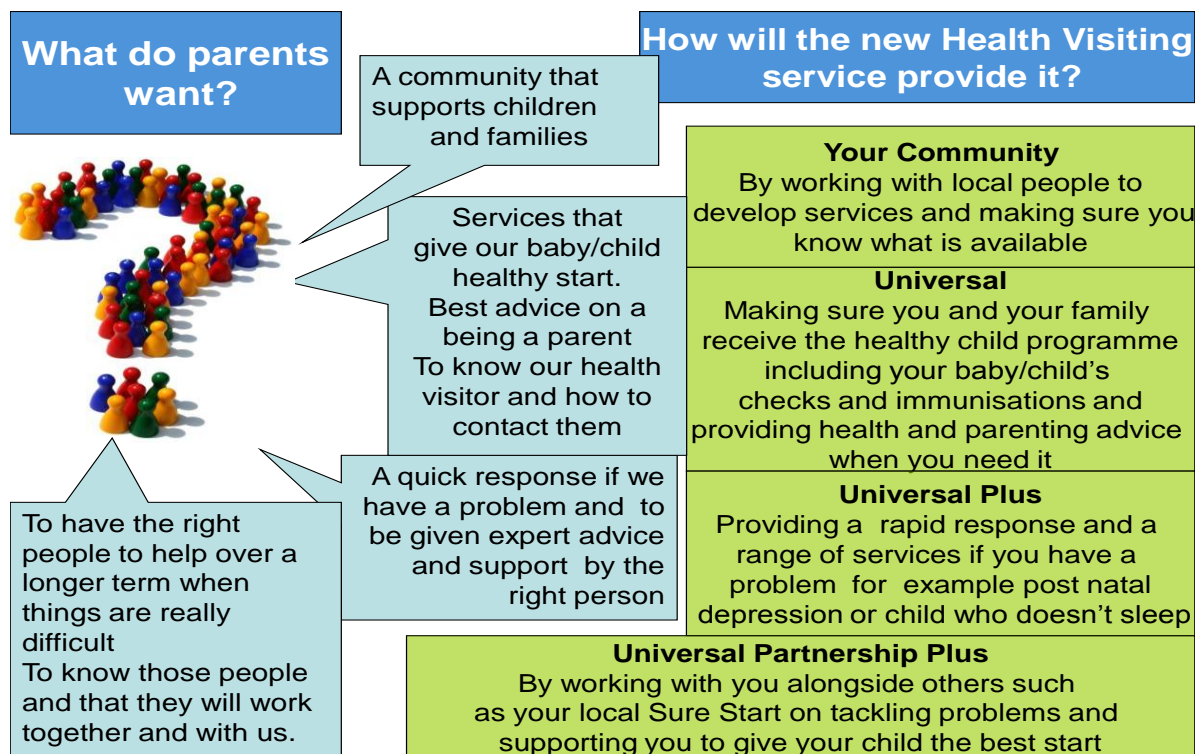
Health Visiting and Family Nurse Partnership

1. INTRODUCTION

1.1 The aim of this paper is to give the Health and Wellbeing Board an overview of the Health Visiting and Family Nurse Partnership Service provision in Telford and Wrekin

2. OVERVIEW

2.1 The Health Visiting Implementation Plan 2011-15: A Call to Action published in January 2011 set out the commitment for a larger, re-energised Health Visiting profession to lead and deliver improved services to achieve the best possible outcomes for children, families and communities. This is a challenging agenda to transform the Health Visiting workforce, which includes both a significant increase in numbers of registered Health Visitors and a redesign of the service to deliver the four key offers for families and communities (Community Development; Universal Services - including the Healthy Child Programme; Universal Plus and Universal Partnership Plus). (See diagram 1 below)



2.2 The Family Nurse Partnership programme developed in the United States is an intensive home visiting programme offered as an alternative to health visiting provision through a different model of working, which is reflecting in the skill set and training of the team.

3. HEALTH VISITING

3.1 National Drivers

As detailed in the national documentation the vision for health visiting provision is one of progressive universalism detailing a core service element to be received by all families based on the healthy child programme. Below is a short description of what families can expect from health visitors and their teams – it is this service vision that the profession, the early years sector, and provider organisations recognise and support and are working to deliver across England by 2015

- 3.1.2 Your Community has a range of services, including some sure start services and the services families and communities provides for themselves. Health Visitors will work to develop these and make sure families know about them.
- 3.1.3 Universal services from the health visiting team to provide the Healthy Child Programme to ensure a healthy start for children and family (for example immunisations, health and development reviews), support for parents and access to a range of community services/resources.
- 3.1.4 Universal plus gives a rapid response from your HV team when specific expert help is needed, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.
- 3.1.5 Universal partnership plus provides ongoing support from the HV team plus a range of local services working together to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership.
- 3.1.6 The service will be available in convenient local settings, including Sure Start Children's Centres, and health centres, as well as through home visits.
- 3.1.7 The White Paper 'Healthy Lives, Healthy People: Our strategy for public health in England', set out a bold vision for a reformed public health system in England. Health visitors will have a role in helping to develop local approaches to public health, provide links between public health and the NHS and provide leadership in promoting good health and addressing inequalities. So, as capacity in the workforce grows, we will see health visitors leading and contributing to:
 - greater reach and influence in the wider community, promoting health lifestyles and social cohesion

- improved planning of local services to reduce health inequalities
- reduction in the variation in quality of service provision and coverage of the Healthy Child Programme
- families feel supported and able to make positive changes to their health and wellbeing
- children and families are offered preventative services tailored to their needs and all families can access evidence-based programmes.
- families reporting a high level of satisfaction with health visiting service provided.
- early intervention leading to reduced number of children requiring formal safeguarding arrangements.
- improved maternal mental health and well being
- increased uptake of immunisations, breast-feeding
- early identification of need and appropriate response to meet need.

3.2 Local Context

- 3.2.1 The whole time equivalent (w.t.e.) health visiting workforce in May 2010 was 36.1. Commissioners have agreed an uplift of **5.6 w.t.e. by 2015** to a total health visitor workforce for Telford and Wrekin of 41.7 w.t.e.
- 3.2.2 The workforce figure includes non-case loading health visitors such as Family Nurses, Safeguarding Named Nurses, Designated Nurse for Looked After Children and Health Visitor co-ordinators
- 3.2.3 Caseload numbers will reduce from **373 children to 311 children per whole time Health Visitor by 2015** based on the population figures used by the strategic health authority to calculate required growth. (10,557 in 2010 to 10572 in 2015),
- 3.2.4 Total growth in Health Visitor numbers across Shropshire including Telford and Wrekin is 25.83 WTE
- 3.2.5 In order to support the workforce growth across the Strategic Health Authority area Health Visiting providers are required to take a quota of health visiting students both to support the sustainability and growth of the local workforce and that of the Strategic Health Authority Area. Students are clinically placed within team for a 12 month period and require a qualified Clinical Practice Teacher (CPT).
- 3.2.6 We have two CPT posts in Telford and Wrekin and five in total across the Community Trust. The table below details the student intake requirement for the Community Trust:

Year	Student Placements
2011/12	16
2012/13	25
2013/14	25
Total	66

3.3.1 Early Implementer Site

- 3.3.2 In March 2011 the DoH established 20 Early Implementer Sites, to begin a step-change in the way health visiting services were provided across the country.
- 3.3.3 NHS Telford and Wrekin and Shropshire County PCT were one of six additional Early Implementer Site (EIS) identified in September 2011.
- 3.3.4 As part of implementing the new service, sites have focussed on the transition to parenthood and improving uptake/effectiveness of the Healthy Child Programme review at 2 to 2 ½ yrs, reflecting wider government priorities. The sites are also testing and piloting a range of things including the Build Community Capacity training module in preparation for national rollout.
- 3.3.5 As the universal public health programme for children, delivering the Healthy Child Programme largely defines the health visitor's role, developing the role of an "applied clinical leader" for the Healthy Child Programme is an important step in enhancing local coverage and quality.
- 3.3.6 Through the local Implementation plans, all communities will deliver, through a staged approach signed off between commissioners and providers, a delivery plan in place by March 2012. Full implementation is to be achieved, as workforce capacity increases, towards 2015
- 3.3.7 Progress towards delivery of and readiness to progress to the full offer has been monitored through returns to the Department of health on the following areas:
- Service specification reflecting the HCP in place
 - Outcome measures identified within the service specification
 - A named HV on every children's centre advisory board
 - Families uptake of 2 year review
 - Community Practice teachers signed up to the new vision
 - Workforce growth known & agreed
 - Recruitment to commissioned posts
 - Development and Implementation of a Communications strategy
 - Evidence of the Health Visitor's leading the HCP
 - Work with midwives to strengthen antenatal pathway

4. Family Nurse Partnership

“Every child deserves the best start in life. The first years of life have a long lasting impact on a child’s future health, relationships and happiness.

We know that early intervention – as provided by the Family Nurse Partnership programme – can help young parents to look after their children better, and can help break inter-generational patterns of disadvantage. And it can improve the health and wellbeing of the parents themselves – they are reducing smoking during pregnancy, are coping better with pregnancy, labour and parenthood and are improving their confidence and self esteem. The evidence base for expanding this programme is clear.

That’s why I want to see the numbers of families who get this intensive support to double by 2015. This, together with our plans to put 4,200 new health visitors into the workforce, will ensure that more and more young families – particularly those living in disadvantaged areas – get the help they need.”

Minister for Health statement at national conference (13/01/2011)

- 4.1 The Family Nurse Partnership (FNP) Programme has been commissioned in Telford and Wrekin since 2009 to work with a caseload of 100 first time parents under the age of 19 from the time of booking of pregnancy with midwifery service until the child is 2 years of age.
- 4.2 There are a team of 4 Family Nurses and a Family Nurse supervisor currently employed by Shropshire Community Health NHS trust working with a caseload across Telford and Wrekin.
- 4.3 The Family Nurses have small caseloads (25 families/1 WTE) and with additional training are able to deliver an intensive home visiting programme using well-tested theories and methodologies.
- 4.4 FNP is an evidence based approach developed in the United States purchased in licence by the Department of Health, the local team are monitored by the National FNP team in behalf of the Department of health to ensure fidelity with the programme and performance against a range of outcome measures.
- 4.5 Over 30 years of rigorous research has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes including:
 - improved early language development, school readiness and academic achievement
 - improvements in antenatal health
 - reductions in children’s injuries, neglect and abuse
 - improved parenting practices and behaviour
 - fewer subsequent pregnancies and greater intervals between births

- increased maternal employment and reduced welfare use
- increases in fathers' involvement
- reduced arrests and criminal behaviour for both children and mothers.

4.6 An international review by The Lancet in 2008, the FNP was named as one of only two programmes shown to prevent child maltreatment.

4.7 Cost savings in the US are substantial, ranging from \$17,000 to \$34,000 per child by the time they reach 15, with a \$3-5 return for every \$1 invested.

4.8 Evidence in England to date:

- There are early signs that clients now have aspirations for the future and cope better with pregnancy, labour and parenthood
- Reduction in smoking during pregnancy - 40% to 32% (20% relative reduction.)
- Breast feeding initiation rate higher than national rate for same age group (FNP = 63% UK under 20s=53%)
- They also had significantly improved mastery, a form of self esteem linked to positive behaviour change, at the end of the programme compared to the start.
- Clients were returning to education and employment, making regular use of effective birth control methods and spacing subsequent pregnancies.
- FNP children also appear to be developing in line with the population in general which is very promising as this group usually fare much worse.
- parenting stress similar to that in the normal population.
- Graduates of the programme are very positive about their parenting capability reporting high levels of warm parenting and low levels of harsh discipline

4.9 Family Nurses encourage clients to use these services, particularly in preparation for the end of the programme when children reach two. Family Nurses also work closely with health visitors and midwives and professionals from other services for children, young people and families where additional needs are identified, particularly in relation to social care and safeguarding.

4.10 The Government has committed to double the number of places on the FNP programme to 13,000 (at any one time) by 2015. Consideration to extending the current programme locally will be within the remit of the newly configured commissioning arrangements via the NHS Commissioning Board Local Area Teams (Staffordshire and Shropshire).

4.11 In line with national requirements a local Family Nurse Partnership Advisory Board (FAB) has been convened to meet quarterly. Key stakeholder representation and robust reporting arrangements is currently being clarified.

4.12 A case study is attached in appendix 1 (to follow), to demonstrate the role and experiences of FNP in Telford and Wrekin

Appendix 1

Family Nurse Partnership Case Study

Telford and Wrekin Health & Wellbeing Board

The following is a case study completed by the Family Nurse to reflect the work with a young mother who was at relatively increased high risk of her child going into care. The case study is based on reflections through working with the Client, ongoing FNP supervision of the Family Nurse, discussions at FNP case reviews with the team's Psychologist and Named Nurse, observations made during joint visits between the Family Nurse and Family Nurse peers to the Client in addition to discussions with and feedback from the Client.

1. Overview of the Client

Kelly was 15 and living at home with her mother, step father, sister and younger half brother. Kelly has several older siblings who had left home with various vulnerabilities such as substance misuse and antisocial behaviour. The house was an 'open house' for friends and neighbours and Kelly reported she was often unable to go to sleep until 2-3am. Although on first impressions Kelly lived in a fairly clean and comfortable home, Kelly complained that she could not eat properly as there was limited food and that which was available was of very poor nutritional quality. Kelly reported her mother went to bingo 3-4 times per week, as she had a compulsion to gamble, and this meant money for essentials was very limited.

Kelly had very poor school attendance throughout her life, often truanting and never finished school. Kelly had an ankle tag due to an offence of assault. Kelly also had a YOT worker and a social worker. Kelly's family had moved house (and area) approximately 15 moves in as many years. The family had a long history of social services involvement. As a child, Kelly and her sister were sent out to beg by their mother and, as they got older, they started to burgle houses, of which some of the proceeds their mother took.

Kelly had a history of domestic violence with her partner (baby's father).

Kelly struggled to engage with other professionals such as social workers.

2. Intervention

Initially it was very difficult to engage Kelly with and in the visits. Kelly was mistrustful of any professionals. However, with persistence and resilience on the

part of the Family Nurse (fuelled by the comprehensive supervision and psychology support provided to the Family Nurse within the FNP programme), the Family Nurse was able to develop and model a safe, secure and trusting therapeutic relationship with her, holding any prior knowledge or assumptions.

Engagement was facilitated by consistency in all of the following points:

- Length and frequency of visits in line with the original FNP model, affording time for clients and knowledge of and familiarity with the Family Nurse and client
- Flexibility by the Family Nurse with regard to time/ day of visits
- Predictability of visits for the client, modelling safety and routine to the client (same Family Nurse, visit schedule, visit structure and approach)
- Conducting visits at a venue most comfortable for Kelly
- Comprehensive, varied and interesting engagement and learning materials and resources within the FNP programme.
E.g. the smart choices facilitators were used which are cartoon based 'lessons' around many varied aspects of managing healthy positive relationships, helpful to Kelly as she had some relationship difficulties in her life. Details of further resources are included in section 7.
- The Family Nurse's skills in guiding the client as opposed to directing and following. (Family Nurses are trained in Motivational Interviewing and other advanced Communication skills). Kelly felt properly listened to.
- The Family Nurse elicited Kelly's true 'heart's desire' which is to have a healthy child and be a good mother to her baby as she felt that she had not had that herself and to gain a job in the future to provide for Rianne as her own mother had not.
- Equally the Family Nurse was able to hear Kelly's anxieties, as she listened for 'change talk' (such as 'would she cope and be a good mother?') and help Kelly manage these with strategies such as compassionate minds so that her HADS (Hospital Anxiety and Depression Scale) were not adversely affected.
- True (not tokenistic) client focused, strengths based working
- True 'agenda matching' (as the programme allows time for delivery of the comprehensive content of the programme within the 6 holistic FNP domains whilst meeting the needs of clients (as the client sees them) as they arise
- Emotional and physical availability and appropriate self disclosure on the part of the Family Nurse (supported for example by robust supervision processes, team based work around client boundaries, limited caseload size, holding the client in mind in between visits, facilitated by varied communication media e.g. text messaging/ greetings cards)
- The Family Nurse advocating fully for Kelly due to her deep understanding of the client's perspective

After a while Kelly began to open up and tell the Family Nurse about her history and share her concerns about the home conditions and the poor influence that

she felt her family would have on her ability to parent her baby well. Kelly also shared concerns about her own ability to parent. She was highly aware of the poor level of parenting she had received and was keen to learn how to be a good mom. Kelly was receptive to information and advice provided by the programme.

3. Rationale for the Intervention

The FNP model is designed to be replicate the original NFP model tested in the 3 Randomised Controlled Trials (best possible evidence base) in the US, as this yields the best chance for the same varied short, medium and long term health and social outcomes for young parents and their children to be attained outside of research conditions. The Family Nurse performed well in striving to replicate this model with Kelly by embracing all aspects of the model in her work with Kelly, as the benefits of the programme are only found when the model is adopted and replicated in it's entirety. Kelly received the prescribed number of visits, at the right time, of the prescribed duration and content.

Attachment is an integral theory on which FNP is formulated. FNP uses the concept of 'parallel process' throughout the programme. Family Nurses 'model' components of a good attachment relationship with clients, so that they can provide this for their babies. The Family Nurse was able to provide Kelly with a consistent alternative role model figure to enable Kelly to parent effectively. The FNP programme is well thought out so that there is the infrastructure to support the parallel process concept and 'way of being' with clients *all* of the time. This ethos also continues up the system also with the same characteristics modelled to Family Nurses by the Supervisor and Psychologist with a mix of supervision processes for maximum value. Attachment was deeply assessed within the programme and areas for growth to further promote this continually were seized and worked with also by the various programme elements which complement each other to provide a total model for insight, celebration and change.

These approaches all promoted Kelly's sense of self efficacy (sense of self agency/ locus of control). A high level of self mastery is one of the measured outcomes of the FNP programme. The greater an individual believes they can achieve something is more of a predictor of success than the objective truth. The Family Nurse believes in Kelly and demonstrated this and Kelly's sense of self belief improved as her FNP journey progressed.

The approaches also acknowledged the wider determinants on health and wellbeing for Kelly and her baby, but worked with what systems Kelly could influence within her world. This is the basis of human ecology theory.

For a therapeutic relationship and also effective behavioural change, communication skills where a client's intrinsic motivators are sought and developed are known to be most effective. Family Nurses (and all other actors in the system) require high level motivational interviewing skills. Kelly responded

well to being asked and listened to deeply about what she thought and felt about all aspects of her life, in the context of a sustained relationship.

Social referencing enabled trust and engagement to be developed with others once a blueprint for a positive relationship was formed with the Family Nurse.

High anxiety in pregnancy is known to adversely affect cortisol levels which can then bear a negative influence on the architecture of the developing baby's brain at a very sensitive window of opportunity. Anxiety is also a strong predictor of postnatal depression. Depression is known to have negative outcomes for mothers and their babies, particularly with regard to attachment and communication the foundations for future learning. HADS are therefore completed in partnership with the client at various milestones within the programme and there is a pathway in place with resources to address client's ability to regulate their emotions for example relaxation CDs, compassionate minds.

4. Outcomes

Rianne was born normally at term of a good birth weight.

When Rianne was born Kelly completed a voluntary placement at a mother and baby unit, although she struggled with being out of area and her relationship with the staff, she completed the placement successfully. Soon afterwards, Kelly ended the abusive relationship she was in. However, she endeavoured to keep the baby's father informed of the progress of her pregnancy and he subsequently was enabled to be involved with care of the child. However, he no longer has any contact and has a child with someone else. Kelly's moods were regulated with help from the Family Nurse and FNP materials so that despite adversities there were no adverse outcomes for the child, despite stressors occurring in Kelly's life.

Kelly secured a tenancy in supported housing as soon as she turned 16. She has maintained this tenancy appropriately and plans to move out into her own rented property when she is 18.

Kelly has a new partner and they have been together for over 12 months. The relationship continues to go well, her partner is supportive and he has also developed a sensitively involved relationship with the baby.

During the programme, Kelly has made a number of changes in her life which include the following:

- Improved diet: Kelly has learned to cook home made meals regularly for her family
- Improved money management skills: Kelly is now able to budget and ensures her baby and she always have the essentials
- No longer partakes in antisocial/ risky behaviours

- No longer drinks alcohol
- Attended college for a while, however, she left for a while to spend more time with her baby, and is now returning to resit GCSE's as she wishes to undertake an Access Course
- Attended social groups with Rianne eg Bump to Baby group
- Has long acting reversible contraception in situ

Rianne is now approaching age 2. She is a content, sociable child who is bright-consistently attaining high scores in her Ages & Stages development questionnaires. Kelly ensures Rianne has a good routine, including regular good quality meals. Kelly attends all health appointments and seeks help and support appropriately. Kelly and her child share a secure attachment, which is highly evident when observing them together.

5. Conclusions

From early in the programme, Kelly began to develop a strong bond with her baby and was keen to ensure her baby had a good start to life. This bond has ensured that Kelly has always prioritised her child and also enabled Kelly to become a sensitive parent who meets all of her child's needs.

There have been some very challenging periods during the time the Family Nurse has worked with Kelly. However, the purposeful, therapeutic relationship that developed throughout enabled the Family Nurse to support the client through these challenges and facilitated the client to find her own solutions.

Kelly has found the Family Nurse to be a constant in her life, despite numerous changes she has been involved with, some of which she has had some influence with and others she has not. The Family Nurse has found it a privilege to be Kelly's Family Nurse and observe the positive changes she has made in her life. Kelly has matured into an excellent mother and Rianne has grown into an intelligent, content and happy little girl who has definitely experienced the best start in life that her mother could provide.

Kelly has a sister who also has a young baby and the outcomes have not been similar to Kelly and her baby.

Before enrolling on FNP, Kelly was not engaging well with other agencies. There were a number of concerns and universal services would not have been able to provide the level or breadth of intervention to address or buffer the levels of risk, vulnerability and adversity facing this young person and her child. There was a high likelihood that Kelly's baby could have gone into care. It appears to be the synergy of the FNP intervention that seems to make a difference.

7. Resources used by the Family Nurse Programme to support the 6 FNP domains:

- Maternal Role
- Personal Health
- Environment
- Friends and Family
- Lifecourse Development
- Health & Human Services

7.1 Partners in Parenting Education (PIPE)

PIPE 'lessons' where development is promoted with a focus on building a strong attachment emotional development in an interesting and fun way.

7.2 Dyadic Assessment of the Care-giver Child Naturalistic Experience (DANCE)

A strengths based tool used in partnership with Kelly to affirm her areas of strength with regard to her interactions with her child and also assist the nurse to comprehensively assess and manage any risk illuminated from her deep observations,

7.3 Ages & Stages questionnaires (ASQ) and the Ages & Stages social and emotional ASQ SE questionnaires

Kelly enjoyed the strengths based ASQ/ ASQ SE developmental tool, which enabled her to anticipate Rianne's development requirements and equip her with the knowledge and skills to be able to help Rory meet his development needs.

7.4 FNP Guidelines contained information pitched on pertinent issues relevant to the client:

- on building attachment with baby,
- healthy and not so healthy relationships,
- many aspects of keeping baby safe,
- managing anger,
- healthy eating and weaning,
- looking after herself physically and emotionally,
- healthy pregnancy and labour,
- improving support networks,
- all aspects of caring for a baby,
- roles of a positive parent,
- aspiration work for the future and planning short medium and long term goals

TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD - 23 January 2013

DEVELOPMENT OF A LOCAL HEALTHWATCH

REPORT OF – ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 As previously reported there is a requirement under the Health and Social Care Act 2012 to develop a local Healthwatch. The council who has the lead commissioning responsibility has been working with key stakeholders to develop a service specification and embarked on a procurement exercise in early October 2012. This report provides an up-dated position regarding the procurement process and the development of a local Healthwatch.

1.2 The last report to the Board (dated 12th September 2012) provided details of the procurement process and associated key milestones. Unfortunately however, the tender outcome did not result in securing a preferred provider and the decision was made to re-tender. The retender process commenced on the 18th December, with a revised closing date for tender on the 18th January 2013. The prospective tender submissions will be evaluated during January and February. It is anticipated that we will be able to notify of the outcome of this process by 20th February.

2. RECOMENDATIONS

2.1 Board members note the current position regarding the procurement of a local Healthwatch.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	<p>Council's priority:</p> <ul style="list-style-type: none"> Improve the health and well-being of our communities and address health inequalities. <p>Health and Well- being priority:</p> <ul style="list-style-type: none"> <i>Vulnerable children, young people and adults are safeguarded form harm and neglect.</i> <i>Ensuring people have a positive experience of care and support</i>
	Will the proposals impact on specific groups of people?	
	Yes	Healthwatch will be a consumer champion for those people who use health or social care services
TARGET COMPLETION/DELIVERY DATE	Healthwatch is required to be in place by 1 st April 2013.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<p>Set up funding:</p> <ul style="list-style-type: none"> Start up funding (2012/13 anticipate will be available from February -£10,228) Transition pathfinder funding available on contract award £4,000. <p>Base line budget allocation for 2013/14:</p> <ul style="list-style-type: none"> Base line budget- £114,000 current funding allocated to LINKs carried forward. Additional funding £53,648- to reflect additional functions of Healthwatch. <p>These are the figure which has been included in the revised tender documentation.</p>
LEGAL ISSUES	Yes	Duty to establish a local Healthwatch is set out in the Health and Social Care Act 2012.

		Delegated authority to enter into a contract with the preferred provider following a tender process has already been approved by the Councils Cabinet (29 th March 2012)
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	The initial tender did not result in a successful tender award. The panel sought feedback from prospective bidders as to why they had not submitted a tender. This feedback has been considered and acted on in the revised tender. Therefore we are hopeful that the revised tender will result in a greater response. In addition a contingency plan is being developed if, despite the revisions made, a contract, award is not made. This is being developed in conjunction with the regional lead for Healthwatch.
IMPACT ON SPECIFIC WARDS	Yes/No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 A report was presented to the Health and Wellbeing Board on the 12th September 2012. The procurement process and key milestone detailed within this report resulted in one tender submission, although there were ten interested parties who had downloaded the tender.

4.2 Following evaluation of the tender submission, the panel agreed that the bid was not sufficiently robust measured against the evaluation criteria. Detailed feedback was provided to the unsuccessful bidder to enable them to address issues in any future tender submission. More general signposting of what was considered important in any future bids was also incorporated in the revised tender. This was sent to all previous bidders and up-loaded for any new potential providers to consider.

4.3 Feedback was also sought from prospective bidders who did not submit a tender to more fully understand the reasons why bidders had not submitted a bid. One key issue was the financial liabilities associated with the TUPE transfer, in particular the director post. Subsequent negotiations have resulted in this post no longer forming part of the TUPE schedule by mutual agreement between the post holder and the council. This material change has been incorporated into a revised tender .

4.4 The revised tender milestone dates have been attached, as per Appendix 1. The revised tender was up-loaded on the 18th December, with a closing date of 18th January. Evaluation of submitted bids will be undertaken during January and February with notification of outcome by 20th February 2013. Contract negotiations to be concluded during March with a go live date of 1st April 2013.

4.5 If this tender process does not result in the appointment of an approved provider the Council would consider it has met it's competitive procurement obligations and therefore would be in a position to consider other options to move forward such as grant aid and/or working with interested parties in a supportive relationship and recognise that a fully functional local Healthwatch will develop incrementally through 2013/14. This approach is being taken by a number of Councils who are in a similar position.

5. PREVIOUS MINUTES

5.1 Cabinet report- 22nd December 2011- NHS Transformation and Implications for the Council.

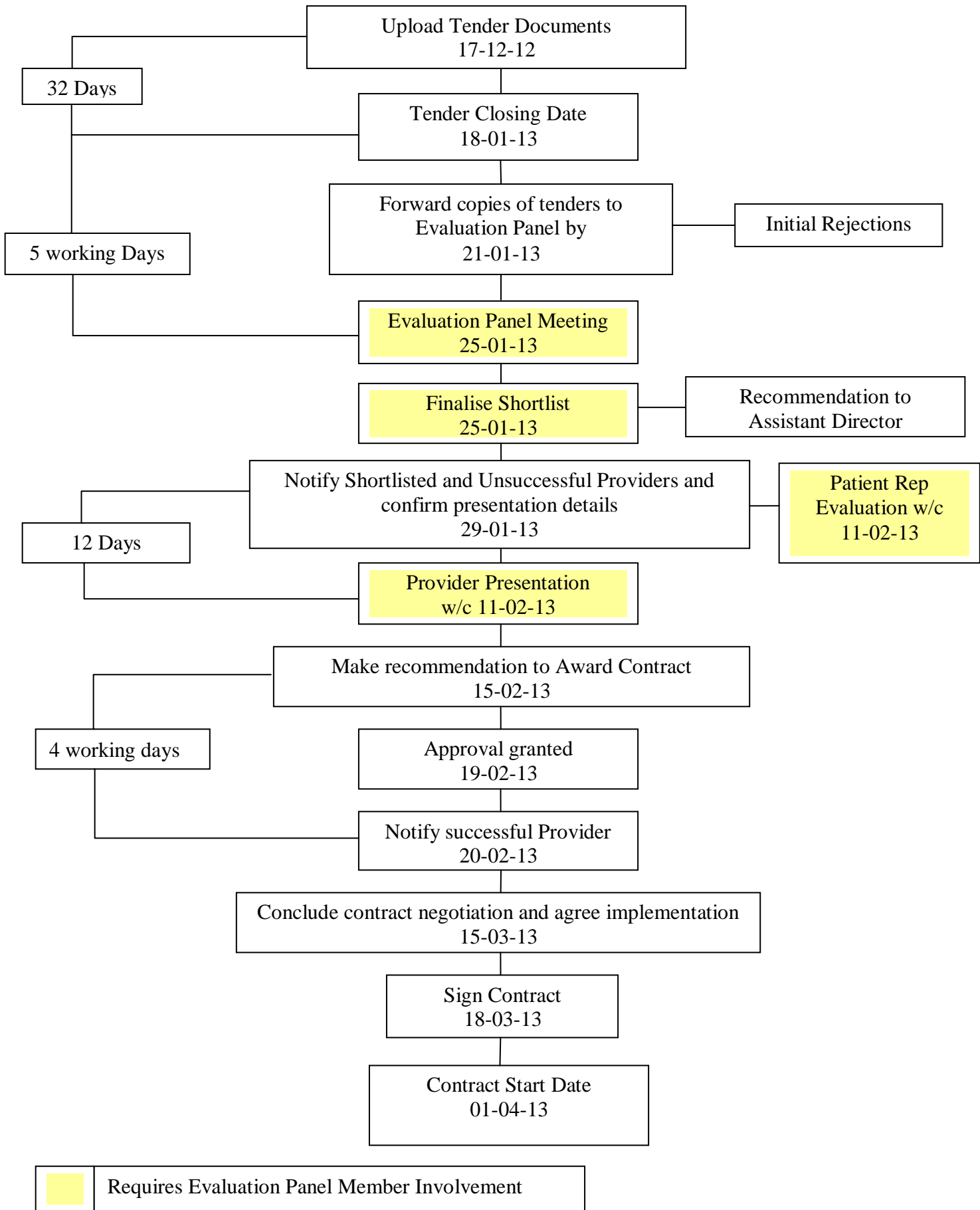
5.2 Health and Wellbeing Paper- LINK and Healthwatch transition, 22nd February 2012.

5.3 Health and Wellbeing Paper-development of local Healthwatch, 12th September 2012.

**Report prepared by
Christine Harrison
Service Delivery Manager
Commissioning and Contracting
01952 381205
Email - Christine.harrison@telford.gov.uk**

Healthwatch Tender #2 2012

Appendix 1- Tender Time table for Healthwatch



UPDATE ON THE UNSCHEDULED CARE PROGRAMME

DR MICHAEL INNES

1. PURPOSE

To inform HWB Board members on progress with the Unscheduled care programme of activity across all of Shropshire

2. RECOMMENDATIONS

That the Board:

- **Note the progress to date and focus on the main themes**
- **Note the next steps to deliver transformational change in Unscheduled care**

3. BACKGROUND

3.1. The Unscheduled care programme of work has been in progress for almost two years. It was formed as an early focus for the developing CCGs. The aim was for it to take a bottom up approach and to be collaborative across all of Shropshire involving population representatives, healthcare and social care from the outset.

3.2. The work has been driven by population needs especially derived from patient groups, articulated by a number of statements as follows:

- Be 'joined up' and responsible for my care
- Help me understand the Urgent Care service
- Let me access it appropriately
- Assess and treat me promptly and in the right place
- Admit me to hospital only when necessary
- Make my stay in hospital short, safe and effective
- Try to care for me at home, even when I am ill

3.3. Nineteen different streams of work were identified, which have been managed with a common framework (Table 1.). These have each had a dedicated group which has met regularly and reported to bimonthly unscheduled care network meetings and quarterly unscheduled care stakeholder meetings. Each Group has an identified project sponsor and lead manager. The project sponsor is largely a clinician from a provider organisation, Shropshire or Telford CCG.

4. SUMMARY OF ACTIVITY AND PROGRESS

4.1. Over time, with further work and discussion, it has been clear that the groups sit within clear themes. These are described in the table below.

Table 1. Workstreams in the Unscheduled care programme with associated themes

No.	Project Descriptions	Strategic Theme
2	Demand and Capacity Management (Winter 9)	Demand and Capacity Communications Hub
3	111 – Local Implementation	
4	DOS including NHS Pathways	
1	Education & Publicity	Access
5	Walk in Centres/MIUs Reconfiguration	
6	GP Surgery Urgent Care Audit -> Primary Care Access	
13	Paramedics & MIU's co-location -> Ambulance destinations	
16	A&E	
8	Mental Health Liaison	Mental Health Liaison (RAID)
14	Emergency Ambulatory Care	Flow
9	Pathways for Urgent Care Diagnostics	
15	Case Management & Discharge Planning	
17	Delayed Transfer of Care (DTC)	
18	Reablement	Reablement/Joint Commissioning
7	Acute Frail & Vulnerable Pathways	Frail and Complex Service
10	Virtual and Community Hospitals	
19	Active Case Management	Case Management
11	End of Life Care	
12	Clinical Support to Care Homes	

4.2. Each group has made progress at a varying rate and not all groups were initiated at the start. Collaborative working across the boundaries between providers, commissioners, health and social care has been strongly encouraged.

4.3. It has become clear with time that it is important to focus on the large scale challenges and so much attention more latterly has been to develop work to address the themes.

4.4. The main areas of activity that are making significant progress are:

- Frail and complex care
- Demand and capacity management for unscheduled care
- Mental Health Liaison – Rapid Access to Intervention and Diagnosis (RAID)
- Flow – this is more difficult to tie down but the groups looking at the Walk in Centres and Emergency Departments (A&E) have been developing

Brief reports on the progress of each of these is detailed below.

5. Frail and Complex care

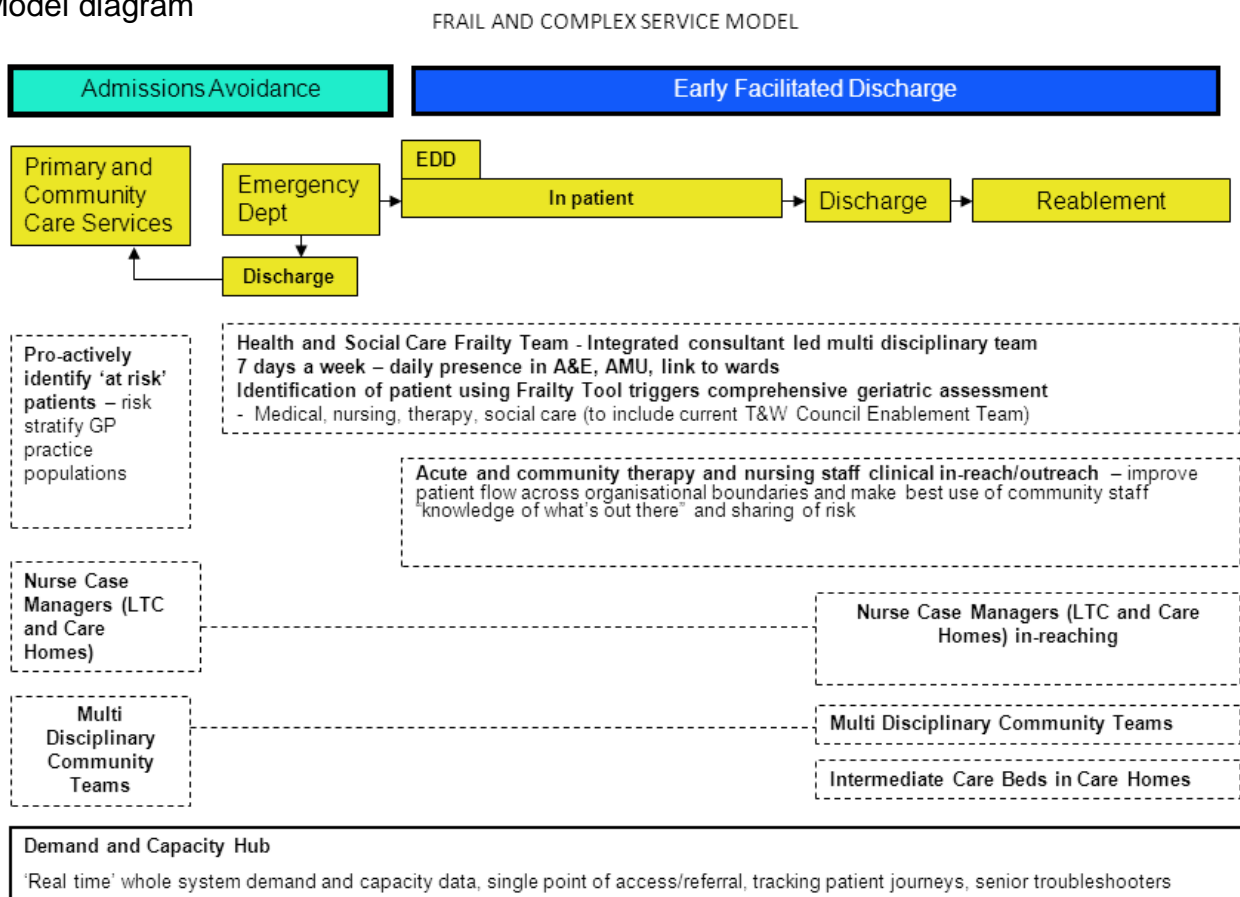
5.1. Driven by increasing numbers of elderly people with increasingly complex health and social care needs.

5.2. AIM: *to redesign working practices to deliver services that truly follow the patient journey across organisational boundaries to improve patient safety, quality, effectiveness and patient flow.*

5.3. Components agreed to be:

- Pro-active approach to early identification of 'at risk' patients;
- Community case management (including care homes);
- Dedicated integrated Frailty Team;
- Upskilled and increased acute and community therapy and nursing staff providing clinical in-reach/outreach.
- Demand and capacity management for unscheduled care

5.4. Model diagram



5.5. The model for Telford will develop over time as we are wanting to integrate Frail and complex with our enablement services as we have different arrangements to Shropshire.

5.6. For RSH and Shropshire, the senior medical support will come from clinicians who previously worked in DAART, the senior medical cover for the PRH site is still being arranged. Currently trying to recruit consultants in care of the elderly to staff the team, but it is proving hard.

5.7. Telford's approach to frail and Complex is one which sees both the medical / health and social components of care as being important. We have committed additional Winter funds monies to joint enablement team and for the purchase of bed based community assessment and treatment.

6. Demand and capacity management for unscheduled care

6.1. Driven by need to manage movement in and out of the acute trust in particular, with a need to know about all movements and all possible services that can be used as alternative pathways of care.

6.2. It will assist in the coordination of response to high level escalation pressures, and in proactively managing the system, to prevent, where possible, increasing levels of escalation occurring frequently.

6.3. Locally, working between Health and Local Authority to maximise the opportunities that exist e.g. a 'joint localised hub' to link with the centralised one.

6.4. Activities to deliver this will encompass the following:

- locate Local Health Economy data within one data repository to enable aggregation, cross referencing and reporting
- develop links to enable the sharing of information with the Local Health Economy
- create a reporting framework across the Local Health Economy that provides timely and relevant data and information to furnish commissioners and management within provider organisations for the purposes of resource allocation and planning
- create data and information sources for health professional to direct patient care and treatment
- ensure continuity and sustainability is built into the long term solution

6.5. Funding has been secured to support this for the winter 12/13 at least. This includes provision of more appointments for walk in patients at the walk in centres this winter.

7. Rapid Access to Intervention and Diagnosis (RAID)

7.1. This comes as one of the schemes to deliver Quality, Innovation, Productivity and Prevention (QIPP).

7.2. It follows a model pioneered and proved in Birmingham and focuses on the Acute Trust (SATH)

7.3. It entails the use of an early intervention team to do two things. Firstly, to identify people who are at risk of dementia and mental health issues early and to intervene to prevent or manage these problems earlier than previously. Secondly to train all hospital staff to have a greater competence in this role.

7.4. It has been running since the early Autumn and progress so far has been good with cost efficiency already attributed to it.

7.5. Major activity so far has been as follows:

- Service started 9-5 6 days a week from end of October in PRH. Key feature of 1 hour response for referrals (95+ % success at that response time),
- Existing MH Liaison staff transferred to RAID, Consultant psychiatrist working full time across PRH and RSH from December, Clinical Psychologist in post full time,
- 12 hour/7 days a week from this week; moving to 16 hours and then full RAID provision 24 hours at end of the month across PRH and RSH
- 2 cohorts of training (40 SATH staff) completed. 2 more half way. One more planned before end of March. intention to ensure SATH staff from all key departments, CT and Social Care staff receive training
- Cascading document being developed by Stafford Univ to support sharing RAID across SATH and other organisations. Will be available online to improve access
- Junior doctor to be taken forward. Challenge to recruit junior doctor identified
- RAID pathway agreed. Model includes 16+ and alcohol assessments so linking with Alcohol Liaison and CAMHS for 16-18 year olds. Developing protocols with other MH teams CT, SCC and TWC to ensure timely discharge
- Stafford Univ working with SATH to carry out evaluation from April 2013
- QIPP savings identified. At end of October (month 7) £209k savings (£43k ahead of target to date)

8. Flow

8.1. This has been harder to define and manage as one stream of work. A large element of this is about 'the front door' to the Acute Trust (SATH).

8.2. Work from two of the workstreams (Walk in centres and Emergency department groups) is coming to similar conclusions.

8.3. Put simply, this argues for a consistent 'offer' to the population across the whole of Shropshire and Telford and Wrekin.

8.4. Whilst not all sites will be offering all services (e.g. Community Hospitals will not offer Emergency Departments), it will be clear which ones they are offering and the service offered will be consistent everywhere.

8.5. The idea is to make a distinction between 'Emergency Care', 'Urgent Care' and 'Ambulatory Care'. This will be embodied in the service offered, the labelling of that service and even the physical provision of each service.

8.6. It requires the separation of 'Emergency' from 'Urgent'.

8.7. It also requires that provision by staff is based upon competence for to offer that service, not the provider, or even department where the member of staff sits.

For example, it may be that the Walk in centres can be used more effectively in a different way. The contract for the Walk in centres has two further years to run and there still needs to be some clarity about where that contract is held – the Local Area Team or The CCG. Until this is clarified, it is going to be difficult to make any changes.

9. ISSUES AND FUTURE PLANS

9.1. One of the issues that has arisen during this co-creation of a transformational change is the risks of transferring costs and burden of workload. This is especially sensitive between Health and Social Care because of the difference in funding (including differential cuts) between the two. This is a point of ongoing discussion.

9.2. Work on these and the other projects continues. The Unscheduled care programme has received a lot of praise from outside agencies who have appraised it.

9.3. It is going to be important to join this to the greater work of transformation that needs to happen across the whole health and social care landscape.

TELFORD AND WREKIN ALL AGE AUTISTIC SPECTRUM CONDITIONS STRATEGY

2012 - 2015

CONTENTS

1. Executive Summary
 - 1.1 Context
 - 1.2 Telford and Wrekin Goals and Action Plan
 - 1.3 Local Autistic Spectrum Conditions Group
 - 1.4 Autism Spectrum Conditions Partnership Board
2. Introduction
 - a. What is Autism?
3. Why do we need a strategy?
 - a. National context
 - b. Local context
4. Scope
5. Aims
6. Stakeholders
7. Prevalence data
8. Objectives from the national strategy
9. Current service provision
10. Monitoring and Review
11. Autistic Spectrum Conditions Strategy Action Plan
12. Annex One - What is currently available in Telford specifically for able people with autism?
13. Annex Two - ASC Prevalence

1. EXECUTIVE SUMMARY

1.1 Context

This strategy focuses on the needs on the population of Telford and Wrekin and has been written in response to the Autism Act 2009 and following the national strategy 'Fulfilling and Rewarding Lives'. The document has been developed at a time of economic and financial restraint when it will be necessary to achieve outcomes within existing resources and work jointly with partners around service re-design. This may, however, have an impact on timescales.

The national strategy focuses on five core areas of activity:

- Increasing awareness and understanding of autism among frontline professionals
- Developing a clear, consistent pathway to ensure ease of diagnosis in wanted
- Improved access to the services and support which people with autism need to live independently within the community and receive help when it is needed
- Helping people with autism into work
- Enabling local partners to plan and develop appropriate services for people with autism to meet identified needs and priorities

The Telford and Wrekin Strategy has been developed with the aim of addressing these objectives. Children services had developed a Children's Disabilities Strategy 2009-12, which included a Multi-Agency Autistic Spectrum Disorder (ASD) Strategy. In order to ensure an all age approach this Strategy has incorporated the needs of children, young people and adults.

1.2 The Telford and Wrekin Goals and Action Plan

Four priority areas have been identified for the **children:**

- Effective engagement and consultation with young people with ASC and their families
- Ensuring provision of co-ordinated, high quality services based on assessed needs and where possible enabling children and young people with ASC to lead ordinary lives, encompassing the five *Every Child Matters* outcomes.
- Stimulating, developing and sustaining partnership working in the provision of services to meet the needs of children and young people with ASC.
- Workforce Development

Five priority areas have been identified for **adults:**

- Training of staff who provide services to people with ASC
- Data collection and identification of people with autism and assessment of needs for relevant services
- Development of a care pathway for Telford and Wrekin.

- Transition planning in relation to people with autism moving from children's to adults services
- Local planning and leadership in relation to the provision of services for people with autism (including transition)

The actions needed to achieve these goals are set out in the action plan at the end of the document in Section 9.

1.3 Shropshire, Telford and Wrekin Autistic Spectrum Conditions Steering Group

This Steering group has been established to develop and produce a local autism strategy and to shape the development of the local delivery plan. It meets regularly and has representation from the NHS, Council, third and independent sector, carers and individuals with ASC.

The group will feed into the Shropshire and Staffordshire wide (NHS and Council representation from Staffordshire, Stoke-on-Trent, Shropshire and Telford and Wrekin) Adult Autistic Spectrum Conditions Partnership Board.

1.4 Staffordshire, Stoke-on-Trent, Shropshire and Telford and Wrekin Adult Autistic Spectrum Conditions Partnership Board

This Adult Autism Partnership Board has been established, in line with national guidance, to develop and produce the local overarching autism strategy and lead the planning and implementation of the local delivery plan for Staffordshire and Stoke-on-Trent, Shropshire and Telford and Wrekin.

The Board is responsible for overseeing the commissioning, planning and provision of autistic spectrum conditions services across the two Counties including low level preventative services.

Shropshire and Telford and Wrekin are part of the Board as some services are commissioned from the same providers, (for example, mental health and learning disabilities services are provided by South Staffordshire and Shropshire Healthcare NHS Foundation Trust) and there are relationships between voluntary sector providers. Having a joint Board provides a basis for partnership working, sharing of ideas, consultation and information and an excellent model for joint commissioning.

1.5 Children & Young People ASC Task & Finish group.

The children strategy 2009 – 2012, came to an end this year, was developed by Children & Young People ASD Task & Finish group.

2. INTRODUCTION

This strategy has been developed by Shropshire, Staffordshire, Stoke and Telford Partnership Board. Its purpose is to provide the strategic direction for statutory health and social care organisations in Telford and Wrekin with regards to supporting adults and young people with an Autistic Spectrum Condition.

The document sets out:

- The objectives and outcomes for the autistic spectrum condition services in Telford and Wrekin in line with the National Autism Strategy published in April 2010
- National guidance published in December 2010 and the Essential Outcomes Framework published in April 2011.
- An action plan of how the work programme will be taken forward over the next three years.
- The national and local drivers, prevalence statistics and stakeholders who need to be involved in the development work.
- A framework of how we want to monitor and evidence service quality to ensure that it will support the achievement of national and key local targets and performance indicators.

2a. What is Autism?

Autism or Autistic Spectrum Condition (ASC) is also sometimes referred to as Autistic Spectrum Disorder (ASD). It is recognised that different individuals and groups prefer to use a number of other terms including Asperger syndrome, Autistic Spectrum Difference and Neuro-Diversity. For ease of reference Autism and ASC will be used within this document.

Autistic Spectrum Condition (ASC) is a lifelong condition that affects how a person communicates with and relates to other people and impacting on social interaction and social relationships. It also affects how a person makes sense of the world around them. The word “spectrum” is used because the characteristics of the condition vary from one person to another and varying degree of impact on the individual.

The three main areas of difficulty experienced by all people with autism are:

- Social communication, particularly using and understanding facial expressions, tone of voice and abstract language;
- Social interaction – recognising or understanding other people’s emotions and feelings and expressing their own
- Social imagination – understanding and predicting other people’s behaviour, making sense of abstract ideas and imagining solutions beyond their own perspective.

Individuals struggle in different ways depending on how the condition affects them. Many people with an ASC may also experience some form of sensory sensitivity or under-sensitivity to sounds, touch, taste, light or colours and often prefer to have a fixed routine.

3. WHY IS A STRATEGY NEEDED

a. National Context

For far too long people with autism have been failed by a system that doesn't treat them as an individual and excludes them because they do not with the way services are structured locally. The Autism Act 2009 aims to put an end to this' Paul Burstow MP and Secretary of State for Care Services October 2009.

During the last few years there has been a strong message from Central Government and people within autism communities that there is a need for local services to meet the needs of adults and young people with ASC. The statutory guidance placed a duty on NHS commissioning bodies, local authorities and NHS Foundation Trusts to meet the needs of individuals with ASC within their respective areas and there will be an expectation or requirement that local commissioners will commission, redesign and will provide such services to comply with guidance. The Autism Act is to improve the provision of services and the strategy is the local implementation and realisation of improvements for young people and adults.

Key events and dates:

Children

- Valuing People: A New Strategy for Learning Disability for the 21st Century (2001)
- Together from the start: Practical Guidance for Professionals Working with Disabled Children and their Families (2002)
- Every Child Matters – The Next Steps (2004)
- Removing Barriers to Achievement: The Government's Strategy for SEN (2004)
- National Service Framework for Children, Young People and Maternity Services (2004)
- Aiming High for Disabled Children: Better Support for Families (2007)

Adults

- Services for Adults with Autism Spectrum Disorder without Learning Disability in Shropshire (2007 Gerry Coulson SSSFT)
- 'Better services for people with an autistic spectrum disorder' (2006)
- Valuing People Now (2009)
- Supporting People with Autism through Adulthood, National Audit Office (June 2009)
- Autism Act (November 2009)
- Department of Health publish Adult ASC Strategy 'Fulfilling and Rewarding Lives' (March 2010)
- National Institute Clinical Excellence (NICE) begin to work to develop a clinical guide for ASC in Adults (July 2010)
- Statutory guidance published for Local Authorities and NHS organisations to support the implementation of the Autism Strategy December 2010

- The Standard Contract for Mental Health and Learning Disabilities for 2010/2011 explicitly requires service providers to explain how reasonable adjustments for people with autism are made
- 'Fulfilling and Rewarding Lives' Evaluation progress Essential Outcomes Framework published (April 2011)
- By 2013 there will be a pathway to diagnosis in every local area

A Summary of Key Themes from the national ASC Strategy

The 'must do's'

- Improve access for adults with ASC to the services and support they need to live independently within the community
- By 2013 – a clear, commissioned, multi-agency pathway to diagnosis to improve ease of diagnosis
- Local appointment of a senior professional lead on the development of pathway and to develop a local diagnostic and assessment service
- Standard contract for Mental Health and Learning Disabilities for 2010/2011 explicitly requires explanation of how 'reasonable adjustments' will be made
- Ensure adequate training is available and delivered to key staff within health care, local authority and independent sector settings
- Local partners to develop a local commissioning plan for services for adults and children and young people with ASC
- Consider the establishment of local ASC Partnership Boards
- Family Carers to be involved in planning

The document makes reference to best practice, particularly the need to:

- Increase awareness and understanding of ASC across health and social care
- Develop a clear, consistent pathway of diagnosis of ASC
- Help adults with ASC to gain a sustainable lifestyle which includes maintaining work and suitable accommodation
- Enabling local partners to develop and maintain relevant services for adults with ASC to meet identified needs and priorities
- Greater involvement of users of services, parents, carers and partners of, personal assistants and interpreters
- Commissioning services based on adequate population data

National Indicators and outcomes:

The Department of Health (DH) published a list of 10 outcomes that should be achieved by the strategy. Individuals with ASC should:

- Achieve better health outcomes
- Be included and economically active
- Live in accommodation that meets their needs

- Benefit from the personalisation agenda in health and social care, and can access personal budgets
- No longer managed inappropriately in the criminal justice system
- With their families and carers are satisfied with local services
- Be involved in service planning

Additionally from national guidance:

- Local authorities, NHS and partners know how many children and adults with autism live in the area
- A clear and trusted diagnostic pathway is available locally
- Health and social care staff make reasonable adjustments to services to meet the needs of individuals with ASC

The outcomes are identified within the national adult strategy and guidance. They are equally applicable to children and young people.

The outcomes are set out within the in Monitoring and Review section below.

b. The Local Context

While national drivers have set the scene for how organisations should progress, all local statutory organisations are operating in a fluid local environment, which is beginning to offer opportunities to review our service delivery systems. There is a need to take account of the emergence of learning from elsewhere and challenge earlier assumptions about system-wide efficiency.

Historically, services have developed disparately and unevenly across the local health economy, which has led to inconsistencies in the services that users might expect and physical surroundings which are not fit for purpose. All the factors above provided possibilities to re-look and redesign how services might be delivered in the future. We would wish to see a range of outcomes from re-designed service models:

- A truly user and carer led service
- Locally rooted services with care closer to home
- Services that offer early recognition and intervention, that encourage and facilitate recovery and maintaining independence
- A review of the workforce skill base
- Development of training programmes for staff to enable them to deliver high quality, effective services

Shropshire, Staffordshire, Stoke and Telford statutory organisations are committed to working together to improve services for people with ASC and/ with their carers. The care pathway will be drawn up to include provision of support and prevention for all people with ASC and recognise the greatest are of unmet need which is for individuals with ASC without a learning disability.

Although falling outside of existing care provision, people with ASC often receive services provided for people with learning disabilities and/or mental health

services. Although prepared to meet the demands of individuals with ASC these services struggle to meet the needs of individuals. People may not meet the disability criteria for care services and if they do, the right type of service may not be available to them.

ASC is a Health and Well-Being Board priority for Telford and Wrekin and will be closely monitored by the local partnership.

The local action plan is intended to focus on specific priority areas for children, young people and adults:

- Workforce development/ training of staff who provide services for people with autism across children's and adult services
- Assessment of needs, identification and formal diagnosis of ASC if wanted
- Having an effective ASC pathway in place for children, young people and adults
- Development of co-ordinated high quality services so that individuals of all ages with ASC can lead ordinary lives
- Planning in relation to the provision of services as individuals with ASC move from children to adults (Transition planning)
- Local planning and leadership for the provision of services including data collection; meaningful engagement and consultation with children, young people, adults, families and carers

4. SCOPE

The strategy document includes key priorities for action to address service gaps for those who fit the definitions of Autistic Spectrum Conditions.

It includes specific services commissioned and mainstream services such as leisure, housing and education. The strategy and action plan reflects the four key themes of the national autism document 'Fulfilling and Rewarding Lives'.

- Training of staff that provides services for people with autism.
- Identification and diagnosis of autism in children and adults
- Planning in relation to the provision of services to people with autism as they move from children to adults
- Local planning and leadership in relation to the provision of services for people with autism.

The main focus of the strategy is on health and social care but also includes key areas which can have a positive impact on the lives and wellbeing of adults with autism. These include:

- Employment (paid, voluntary or work experience)
- Housing (that takes into account of individual needs and longer term requirements)
- Criminal Justice System and Safety
- Planning around Carers

The strategy sets out specific key actions to improve these services and promote choice and inclusion for people with autism.

5. AIMS OF THE STRATEGY

The aims of the Autistic Spectrum Condition Strategy are to:

- Ensure a planned and open approach to commissioning of services for people with all ages of an autistic spectrum condition, making use of information about demand, unmet needs/service gaps, resources and involvement of the third, independent and voluntary sector.
- Ensure that services are centred on service users' needs and where appropriate family carers.
- Develop approaches that engage individuals and family carers in quality assurance, training of staff, recruitment and co-production of service development
- Ensure a transparent relationship with stakeholders in the commissioning and provision of services.
- Provide direction and structure for both Health and Social Care provision within Telford and for other mainstream services such as Housing, Leisure, Education/School and Training.
- Continue to review service requirements identified through the Joint Strategic Needs Assessment with due regard to available resources and the need to work within existing decreasing budgets for the main Stakeholder organisations.

6. STAKEHOLDERS

The stakeholders in this strategy are:

- Children and adult with autism living in the borough of Telford and Wrekin
- Carers and family members of children and adults with autism
- Shropshire Community Trust
- NHS Telford and Wrekin
- Telford and Wrekin Council
- South Staffordshire and Shropshire Foundation Trust
- Local advocacy services
- Shropshire Partners in Care (SPIC representing independent residential and domiciliary providers)
- Family Carers and Carers Support services supported by CVS
- Providers of day time activities and education e.g. local authority, third, independent and voluntary sector services
- Telford College of Arts and Technology (TCAT)
- Supported Employment Providers and Employers
- Job Centre Plus Disability Employment Advisors
- Registered Social Landlords and other housing providers
- Police, Probation and Criminal Justice services
- GPs
- Third, independent and voluntary sector organisations

- Carers Support Services
- Prison services

7. PREVALENCE DATA

It is estimated that 1 in every 100 adults will be on the autistic spectrum. The estimated numbers have been worked out from the population of the UK as given in the 2011 census 58,789,194 of whom 13,354,297 were under 18.

Literature on the provision of services for people on the autistic spectrum repeatedly states that statutory organisations do not collect data on many people they are providing for or how many live in the catchment area.

Estimates of the proportion of people with autistic spectrum conditions who have a learning disability (IQ less than 70) vary considerably and it is not possible to give an accurate figure. It is likely that over 50% of those with ASC have an IQ in the average to high range and a proportion of these will be very able intellectually.

Projected number of those with ASC across the United Kingdom based on the agreed prevalence.

	2009	2010	2011	2012	2013	2014	2015
Children (aged 0-19)	43,700	43,900	44,000	44,300	44,800	45,200	45,800
Adults (aged 20+)	125,000	126,300	127,600	129,400	131,100	132,800	134,500
Total population	168,700	170,200	171,600	173,700	175,900	178,00	180,300

Information from Telford & Wrekin Population Estimates & Projections 2009. Delivery & Planning Telford & Wrekin Council ⁶

Telford and Wrekin estimated prevalence of ASC based on current accepted prevalence figures of 1:100.

	2009	2010	2011	2012	2013	2014	2015
Children (aged 0-19)	437	439	440	443	448	452	458
Adults (aged 20+)	1250	1263	1276	1294	1311	1328	1345
Total population	1687	1702	1716	1737	1759	1780	1803

Therefore we would be expecting around 1600 people with some form of ASC in Telford & Wrekin.

Further break down is 0-19 years = 393

Office of National Survey (ONS) 5 – 16 year olds = 237

For further prevalence data, see Annex Two.

8. OBJECTIVES FROM THE NATIONAL STRATEGY

Objective One

Make sure people can get a diagnosis if they want one

Children's Services have a defined diagnostic pathway, for children aged 3-18, based on refinement of existing assessment processes, e.g. Common Assessment (CAF, Children's Development Centre (CDC), which ensures that the holistic needs of the child, young person and their families are assessed. This is being reviewed.

Currently there is no defined diagnostic pathway in once an individual reaches 16 or leaves school. A referral for a diagnosis will usually be to mental health or learning disability teams. On occasion individuals will pay for private consultation.

For some individuals with an undiagnosed condition of ASC, the desire to have a formal diagnosis is very important. It can begin to answer many questions and assist them and their family carers in beginning to understand why they behave, react and respond to situations in the way that they do and to develop coping strategies.

Without a formal diagnosis, individuals have less evidence of having a disability which can affect their ability to claim welfare benefits and access appropriate support. .

Objective 2 - The identification of adults with ASC

Staff working across stakeholder groups receive the appropriate level of training to more accurately identify potential signs of ASC in adults and are able adapt their behaviour and communication as appropriate.

Objective 3 - The assessment of the needs of people with ASC for relevant services

Diagnosis or identification of ASC is not enough: the most important outcome is that, where appropriate for the individual, a diagnosis leads to an assessment for care and appropriate post-diagnostic support and/ or signposting to other relevant services or support. Diagnosis of ASC would also be recognised as a catalyst for a carer's assessment.

Objective 4 - Planning in relation to the provision of relevant services to people with ASC as they move from being children to adults

Through school, children and young people with ASC and their families and carers will have access to support which helps them achieve and be included. Effective transition planning will ensure that support remains in place once people with autism reach adulthood as appropriate to the individual.

Effective transition planning will include career preparation up to age 16 and plans for education, employment, independence living skills, training, transport, housing and leisure from 16 to 19 and beyond. Transition plans will be individually tailored to the need and wishes of the individual young person and reviewed and updated each year. If an individual has a Special Educational

Need the Council has a responsibility to provide support up to 24 years old, as set out in new guidance.

Objective 5 - Other planning in relation to the provision of services to people with ASC

This objective ensures appropriate planning of services for people with ASC ranging from locally based community services through to the provision of specialist or dedicated ASC services, and including access to universal services, in line with locally identified needs and priorities

Objective 6 - The training of staff who provide services to people with ASC

This objective is to ensure that training around autism is provided to all public service staff – but particularly for those working in health and social care. This includes general autism awareness and refresher training, and highly specialised training for staff in a range of roles that wish to develop their knowledge of autism and carers. This will also be available for staff to continue their professional development.

Objective 7 - Local arrangements for leadership in relation to the provision of services to people with ASC

Our objective is to ensure there is effective leadership, drive and sufficient time allocated that ensures that the needs of people with ASC in Telford and Wrekin are met.

9. CURRENT SERVICE PROVISION FOR CHILDREN AND ADULTS

Services for children and young people with ASC are provided through a range of agencies including:

- Health care
- Social Care
- Education
- Community services
- Third, Independent and voluntary sector
- Leisure services
- Housing
- Criminal Justice services including Probation

Children with a disability (including ASC)

The services that children and young people with ASD access vary according to their level of disability and need. In order to meet a child's needs services are delivered across a number of levels or 'tiers':

- **Tier 1** – Universal. These are inclusive mainstream services accessed by children with ASC. This will include information, advice and signposting to appropriate support

- **Tier 2** – Targeted. These are services targeted at those children with ASC known to require additional support.
- **Tier 3** – Complex. These are specific specialist services, usually delivered by multidisciplinary teams to manage more complex and severe needs.
- **Tier 4** – Acute / Regional. These are services for highly complex needs and relate to admissions to specialised units.

Our aim is that as many children and young people with ASC as possible are able to access universal service provision with appropriate and adequate levels of support, as needed.

Services are delivered according to the assessed need of the child. The services required to meet a child's needs may change over time according to the changing level of need.

Health Care services:

Health services are commissioned by NHS Telford and Wrekin and delivered by Shropshire Community Health NHS Trust across both universal and specialist teams to meet the needs of disabled children, including those with ASC. Services include:

- Children's Community Nursing Team and Specialist Nurses, including for Special Schools
- Therapy Services (physiotherapy, occupational therapy and speech and language therapy)
- The Child Development Centre
- Community Paediatricians
- Continence Service
- Community Equipment Service, Wheelchair Service,
- CAMHS and CAMHS-LD,
- Jigsaw Project
- Acute hospital services
- Audiology
- Ophthalmology
- Specialist regional facilities.

Universal services include access to GP's, Health Visitors and School Nurses.

Social Care:

The Autism Co-ordinator, is a Telford and Wrekin PCT, commissioned post co-ordinating services for children and families with ASC working within the Disabled Children's team and linking with all agencies involved in autism services. This post collates all children and young people diagnoses with ASC and provides advice, information and support.

Social Workers are based within the Disabled Children Team (who work closely with the Child Development Centre, Special School Nurses, Record Co-ordinator and inclusion and support practitioners). This team of social workers care manage disabled children (including those with ASC) with the most complex needs attending special schools (The Bridge, Haughton and Southall). The

service has been developed to include disabled children who attend mainstream schools, in order to promote inclusion.

Social Workers lead on safeguarding procedures for disabled children and providing a range of support interventions – including access to short breaks. Some disabled children may also be known to Social Workers in the Assessment and Case Management Teams.

Occupational Therapy assessments and interventions to provide home adaptations and equipment are provided through social care within the adult occupational therapy team.

Education:

Education services for disabled children are delivered through the Local Authority, across both mainstream and special schools combined with additional support services. These services, managed within one Service Delivery Unit, include:

- Educational Psychology
- Special Educational Needs team
- Learning Support Advisory Service
- Behaviour Support Team
- Special Schools Outreach Service
- Sensory Inclusion Service.

An Access Panel is in place to provide dedicated resources to ensure access to schools both in terms of the curriculum and the physical environment.

The Service provision is managed within Family & Cohesion Services (F&CS), with close working relationships with other F&CS, School Improvement, Safeguarding, Adult Services and Health Services.

The intention is to develop a local ASC Specialist school for children and young people with ASC. The plans to develop this model are currently being progressed within an independent provider - Jigsaw

Local Authority:

Leisure and Community Services are accessed by some disabled children. Leisure services have an existing Disability Key Worker Scheme and projects such as Every Day Swim, which specifically target disabled children, have successfully been implemented and provide ongoing opportunities for future development.

Leisure and Community Services are key partners in supporting Short Break provision.

Community, Third, independent and Voluntary Sector services:

A number of groups support disabled children and their families from parent led support groups and 'condition specific' groups to organisations. These include:

- Homestart

- A4U
- Parents Opening Doors (PODs)
- Parent Partnership.

A number of disabled children with palliative care needs also access services provided through Hope House and Acorns hospices, and residential short breaks through Action for Children and Mencap (commissioned through Shropshire Council)

Adults

Individuals with ASC receive a range of services in various settings. There is not a specific service for ASC and this group of individuals access mainstream services, mainly through learning disability or mental health teams.

However, it is difficult to determine an accurate picture of those with ASC accessing services. There have been no statutory or performance indicator requirement to keep this data; organisations use differing recording systems and methods of coding activity. To identify likely numbers of individuals with ASC manual examination in a number of areas would need to take place:

- Caseloads of learning disability teams and workers
- Caseloads of mental health teams and workers
- People within services provided by the two specialist Mental Health and Learning Disability Provider Trusts
- Caseloads of Consultant Psychologists/Psychiatrists
- Attendees of learning disability day opportunities
- Attendees of mental health social inclusion services
- Attendees voluntary sector groups
- Short break and respite services
- Those living in independent sector residential and nursing homes
- Those living in supported tenancy schemes

The range of services are identified below

Health Care services

South Staffordshire and Shropshire NHS Foundation Trust (SSSFT) provide specialist services for individuals with mental health and learning disabilities. Identified Consultant Psychiatrists provide assessments and diagnosis for ASC. Individuals with ASC are managed within existing community mental health teams and community learning disability teams.

Shropshire Community Trust employ Community Learning Disability Nurses would provide specific interventions to individuals, including those with ASC within the community learning disability teams.

Social Care

Social Care have specific Service Delivery Units (Access and Enablement and Assessment and Case Management) where services are provided through. Individuals with ASC and their carers are currently assessed by the appropriate teams. Where appropriate, joint assessments with NHS staff take place.

A Transition service for 15-25 years is in place to ensure effective transition of those in Children's services and needing ongoing support into adulthood. This includes those with ASC within community settings, special schools and placements.

This model of service delivery is to ensure that there is wider knowledge and skills to work effectively with the range of complex needs that individuals will present with, including ASC. Identified individuals within service areas have a lead role for ASC to build on across all service areas, the work undertaken by the specialist ASC post.

There is a specialist ASC post until March 2013 providing advice, support, signposting, interventions, supporting training and staff development. This post has worked closely with mental health and learning disability services to identify individuals who have alternate diagnoses but have ASC, and facilitated more effective care and support. This role has helped to develop a pre-diagnostic pathway for ASC.

Local Authority

A range of services provide support for those with ASC are part of their provision to the borough as a whole. These include:

- Housing
- Leisure services
- Inclusive Services

Identified individuals within service areas have a lead role for ASC.

Community, Third, independent and Voluntary Sector services

The Carers Contact Centre provide support to carers including those who care for children and adults with ASC. Shropshire and Telford Autism Carers supports (STACS) is a separate

Autonomy is a voluntary sector organisation providing regular support and advocacy to individuals with ASC across Telford and Shropshire. The Telford Aftercare Group (TAG) also provides advice and guidance to other providers in their care and support for those with ASC.

Telford College of Art and Technology (TCAT) provide specialised support into education, training and support.

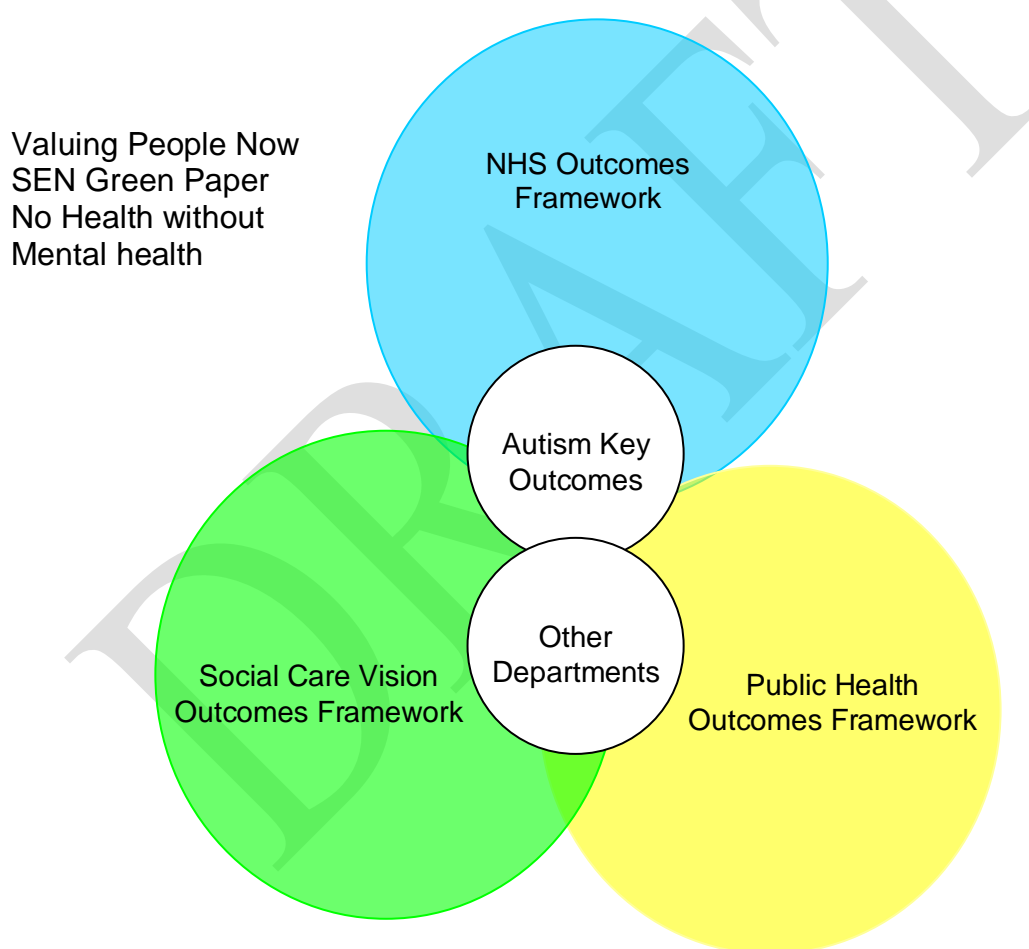
10. MONITORING AND REVIEW

The Autism Partnership Board will have overall responsibility for monitoring and reviewing the strategy on an annual basis and seek assurance that the action plan is progressing and updated. The local Steering group will report to local governance groups including the Health and Well-Being Board, Clinical Commissioning Group Board, Children's Board, Social Care and Scrutiny Committees,

In line with the DH document launched in April 2011, 'Evaluating Progress'; there is a commitment to a clear focus on and transparent approach to outcomes.

The diagram below highlights how the outcomes frameworks align with each other and other national policies/initiatives.

From targets to outcomes – aligning the outcomes frameworks:



In the 'Fulfilling and Rewarding Lives' Evaluating Progress released on 1st April 2011 provides guidance on measuring progress towards implementation after one year for the following seven areas:

- Adults with autism achieve better health outcomes
- Adults with autism are included and economically active
- Adults with autism are living in accommodation that meets their needs

- Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets
- Adults with autism are no longer managed inappropriately in the criminal justice system
- Adults with autism, their families and carers are satisfied with local services
- Adults with autism are involved in service planning

Although there is no similar evaluation of the outcome for children the principles will be applied, where appropriate.

Telford and Wrekin will work towards these long term outcomes to make a real difference to the lives of children and adults with ASC, their families and carers. Three key ambitions will be embraced:

- Local authorities, NHS and partners know how many children and adults with autism live in the area
- A clear and trusted diagnostic pathway is available locally
- Health and social care staff make reasonable adjustments to services to meet the needs of individuals with ASC

Monitoring of progress will be in line with the Self Assessment Framework 'Essential Quality Outcomes for local self assessment'.

11. GAPS IN SERVICE BASED ON SELF ASSESSMENT

Though the Self Assessment required by the SHA and local evaluation, a number of gaps within existing services have been identified. These will be addressed through the strategy action plan.

Children	Adults
<ul style="list-style-type: none"> • Access to a wider range of activities eg social group for 13+, sibling groups, peer support etc • Whole system Workforce issues – skills, training • Data collection – ASC Co-ordinator mapping services, collecting data • Housing • Practical Support • Parenting support • Child minding with appropriate support 	<ul style="list-style-type: none"> • Access to leisure and fun/sport • Workforce issues – skills, training • Data collection – clear process to identify all adults with ASC in all services to support JSNA and future service planning • Housing and accommodation • Practical support • Support to carers (Survey needed to determine baseline) • Users involvements in all aspects of planning. • Inpatient and Respite care • Transition worker (children to

<ul style="list-style-type: none"> • Specialist team • Nurse prescriber (16-17 year olds) • Mainstream school support • Transition worker (children to adult) • Residential provider list • Base for older young people (16-17) 	<ul style="list-style-type: none"> adult) • Specialist workers with teams • Nurse prescriber • Support to employment • Review demand and capacity • Personalisation agenda • Pathway into and out of criminal justice. • Inpatient and community based Short Break provision • Use of assistive technology • Low level preventative services
---	--

12. AUTISTIC SPECTRUM CONDITIONS STRATEGY IMPLEMENTATION PLAN

The plan is included below and progress will be regularly tracked through monitoring. There is a need to focus on building capacity and capability at local level to enable local partners to develop relevant services for people with autism to meet identified needs and priorities and the local area therefore also needs to develop its own commissioning plan for services for people with ASC.

12a. ACTION PLAN (Children's)

Priority 1 - Understanding the needs and wishes of children and young people with ASC and their families through effective engagement and consultation.

Outcome 1 - Children, young people and families are able to make informed choices and be in control

	Action	Lead	Target Date	Progress	RAG Rating
1.1	Develop systems and processes for effective data collection and analysis across the range of multi - agency provision involved in delivering services for children and young people with ASC.	ASC Co-ordinator. Information Officer		Service directory database has been developed. Any new information is added to the database and reviewed regularly. A database of children and young people with a diagnosis of autism or Asperger's but is subjective to information provided. Re-launch of Children with Disability Record	
1.2	Develop a robust process for effective engagement and consultation with children and young people with ASC and their families.	Community Engagement Team and Commissioning Specialist for C&YP		Through engaging with PODS, parents are involved with development plans. Further working is needed to build on engagement with children and young people.	
1.3	Review and maintain within funding restraints the range of short breaks available for children and young people with ASC.	Short Breaks Co-ordinator Commissioning Specialist for C&YP		There is an extensive short breaks programme available to children with ASC through ica2. Ongoing work is needed to ensure any future plans continue to meet the need of children with ASC.	

1.4	Develop in consultation with children and young people with ASC and their parents a range of resources to promote services and support available.	ASC Co-ordinator. Information Officer			
-----	---	--	--	--	--

Priority 2 - Ensuring provision of co-ordinated, high quality services based on assessed needs in the right place at the right time in the right way, and where possible enabling children and young people with ASC to lead ordinary lives, encompassing the five Every Child Matters outcomes .

Outcome 2 - Children and young people's needs will be met in a timely and effective way based on competence and appropriateness.

	Action	Lead	Target Date	Progress	RAG Rating
2.1	Improve co-ordination of services for the provision of ASC interventions for children and young people, including the use of CAF/TAC processes.	ASC co-ordinator & ASC operational group.		Early Intervention services provide support to families with an identified need. Family Connect will provide triage and screening for ASC.	
2.2	Develop appropriate parenting programmes specifically targeted at parents of children with ASC.	Commissioning Specialist for C&YP		More investigation is needed to understand the continuation of Early Bird Programme.	

2.3	To develop and agree definition of ASC and eligibility criteria for access to services.	ASC Steering Group		Pathway is being developed. Identifying different terminology across agencies to work towards consistent terminology.	
2.4	Map tools used for screening, diagnosis and interventions across all agencies as a way to standardise process.			The ASC strategic group are mapping screening tools in line with best practice.	
2.5	Identify accommodation needs for young adults with ASC and ensure the views of individuals are taken into account.	Adult Commissioning		Developing transition protocol	
2.6	Monitor and evaluate the effectiveness of service provision in delivering positive outcomes for children & young people with ASC.	ASC operational group			
2.7	Develop good practice in relation to personalisation including the use of individualised budgets.	ASC operational group		Need to gain a better understand of the potential of individualised budgets and person centred planning.	
2.8	Review transition protocol to ensure it reflects the needs of young people with ASC.	ASC operational group			

2.9	Work with ASC groups and individuals to gain feedback on transition planning.				
2.10	In consultation with children and young people with ASC and their parents, develop resources to support the transition stage.				

Priority 3 - Stimulating, developing and sustaining partnership working in the provision of services to meet the needs of children and young people with ASC and their families.

Outcome 3 – Children, young people and families will have perception of being supported by a service through seamless pathways

	Action	Lead	Target Date	Progress	RAG Rating
3.1	Re-establish a children and young people ASC operational group reporting to the all age ASC strategic group to monitor and inform future service developments.	ASC strategic group			

Priority 4 – Workforce development

Outcome 4 – The individual needs of children and young people with ASC will be met through effective service delivery enhancing their health and wellbeing.

	Action	Lead	Target Date	Progress	RAG Rating
4.1	Undertake mapping exercise across organisations to identify training opportunities and training needs of staff group.	ASC operational group		Some mapping work has been completed.	
4.2	To establish a comprehensive multi-agency training programme for practitioners and managers to recognise and understand characteristics of ASC and to provide direct interventions.	ASC operational group			
4.3	Arrange a comprehensive programme of CPD and outreach.	ASC operational group			
4.4	Introduce the Inclusion Development Programme (IDP)	ASC operational group			

12b. ACTION PLAN (Adults)

Priority 1 – Training of staff who provide services to people ASC

	Action	Lead	Target Date	Progress	RAG Rating
1.1	Undertake mapping exercise across organisations about training carried out	Training Leads	July 2011 – Feb 2012	Mapping carried out in 2011 and 2012 to identify needs for training. All services (NHS, Council, Probation, Police, Prison etc) identified need for training. Mapping also identified likely expertise to deliver training.	
1.2	Establish Autism Training Sub Group with reps from Social Care and Health to agree work programme	Training Leads	August 2011	Participated within the Sub-group. Local agreement to develop training locally. Three levels of training were to be developed. Awareness training developed and rolling out across LA front line services. Developing on-line training programme	
1.3	Review Department of Health on line materials and local programmes to identify best practice	Autism Training Sub Group	Autumn 2012	Reviewed and supported local training development Also linked to Autism WM training	
1.4	Agree content of Autism awareness training	Autism Training Sub Group	Autumn 2012	Awareness training programme content agreed, developed and being implemented. On-line training being developed Level 2 and Level 3 training to be developed and implemented	
1.5	Develop a training plan for implementing	Autism Training Sub	Autumn 2012	Awareness training being rolled out across the Council.	

		Group		Autonomy providing training to identified front line services.	
1.6	Identify key priority groups for training and make links with independent sector	Autism Training Sub Group	Autumn 2012		
1.7	Review model of training to identify best practice	SSSHFT/CT Autism Leads	Autumn 2012		
1.8	Agree content of specialist training and who should receive it	Autism Training Sub Group	Autumn 2012	Level 3 training to be developed. Identified CMHT and Learning Disability teams staff to receive the training	

Priority 2 – Identification and diagnosis of autism in people, leading to assessment of needs for relevant service

	Action	Lead	Target Date	Progress	RAG Rating
2.1	Organise a Shropshire, Telford and Wrekin wide workshop to map out a model care pathway for the area	Telford and Wrekin	December 2012	Workshops held in September, October, November and December 2012 to develop the pathways for children and adults	
2.2	Review existing best practice and other models across the country	Autism Partnership Board		Review of Specialist Practitioner Review evidence for low level preventative services eg Drop In Hub	
2.3	Each LA should appoint a lead professional to develop diagnostic and assessment	Autism Partnership Board	Sept 2011	Lead for SSSFT Juli Crocombe. Clinicians diagnosing include Claus Langmaack and John Langton.	

	services for people with autism in their area. Agree where this responsibility should rest			Geoff Watts to identify resources for diagnostic pathway Consider the link with West Midlands Diagnostic and Support Centre	
2.4	Await NICE guidance and review local model against this	Autism Partnership Board	July 2012	NICE guidelines in place for children and adults	
2.5	Work with NHS and LA partners to ensure sign up to local Care Pathway across organisations	Autism Partnership Board	December 2012	Workshops held from September to December to develop pathway. Membership included SSSFT, SCC, TWC, third and independent sector. Pathway agreed in principle from stakeholders and circulated for wider support.	
2.6	Inform statutory organisations about the pathway – Social Care & Health, Health, 3 rd Sector	Autism Partnership Board	Sept 2012	Organisations invited to workshops to develop pathway	

Priority 3 – Planning in relation to the provision of services to people with autism as they move from children to adults

	Action	Lead	Target Date		RAG Rating
3.1	Review Transition Protocol to ensure it reflects the needs of people on the autistic spectrum	Autism Partnership Board	November 2012		
3.2	Work with Autistic Spectrum	Local	November		

	Disorder Children's groups to ensure feedback mechanisms in place around transition planning	Transition Leads	2012		
3.3	Work and share information with Telford and Wrekin Transition Strategic Planning meetings	Local Transition Lead	November 2012		
3.4	Collect data of young people in transition and provide an annual update	Transition Lead	November 2012		

Priority 4 – Local planning and leadership in relation to the provision of services for people with autism

	Action	Lead	Target Date		RAG Rating
4.1	Identify autism commissioner leads in Staffordshire, Shropshire, Stoke On Trent and Telford and Wrekin.	Autism Partnership Board lead	May 2011	Commissioners identified for each organisation	
4.2	Develop autism strategy and action plan		September 2012	Draft strategy developed in March 2012, consulted on and redrafted. Redrafted consulted on in August. Final draft completed in January 2013	
4.3	Consult family carers, service users and local interest groups in autism planning as part of the strategy work	Autism Partnership Board	July – October 2011	Local steering group held regular meetings throughout 2011 and 2012. Feedback from the Expert Reference group included within the strategy comments.	

				Strategy circulated for comments to family carers and interest groups. Commissioners and LA managers met with STACS to share progress.	
4.4	Collect data on total numbers of people with autism through the Joint Strategic Needs refresh		December 2011		
4.5	Consider establishing a virtual team using existing skills from Mental Health and Learning Disabilities.	Autism Partnership Board	December 2011		
4.6	Continue to raise wider public awareness and profile of ASC across Telford and Wrekin	Autism Partnership Board	March 2012		
4.7	Work with wider partners including Employment and Housing to raise awareness about support and advice and services available	Autism Partnership Board	December 2012		
4.8	All stakeholders make explicit their ability to make reasonable adjustments to support people with autism	Autism Partnership Board	March 2013		
4.9	Develop a local integrated commissioning plan for autism	Commissioners/ Director for Adult Social Care	March 2013		
4.10	Identify and implement				

	assistive technologies that would support those with ASC to live independently				
4.11	Develop low level preventative and domiciliary services to support ASC individuals to live as independently as possible				
4.12	Ensure effective independent advocacy services are in place to support individuals with ASC				

Priority 5 – Employment

	Action	Lead	Target Date	Progress	RAG Rating
5.1	Improve links with Inclusive Services to ensure equality of access to employment opportunities are in place				
5.2	Ensure people with ASC are included in the Learning Disability and Mental Health strategies	Commissioners			
5.3	Ensure awareness training is available to Inclusive Services and other providers of training and employment				

5.4	Ensure people with ASC are able to access the Council Apprenticeship Scheme				
5.5	Ensure people with ASC are able to receive support from the Employment Development opportunities and programmes to gain training, voluntary or paid employment				
5.6	Raise awareness with Employment Stakeholders about the advantages of employing people with ASC support available				

Priority 6 - Housing

	Action	Lead	Target Date	Progress	RAG Rating
6.1	Strengthen links with the Housing services – Cohesion services, Planning and Registered Social Landlords.				
6.2	Identify the accommodation needs of people with ASC and ensure the views of individuals				

	with ASC and their families and carers are taken into account.				
6.3	Improve partnership working with Housing stakeholders and housing advice/options service providers e.g. housing associations.				
6.4	Ensure awareness training is provided to Housing departments and providers.				
6.5	Ensure Housing advice needs are more readily available and even if voluntary sector organisations are not directly involved in providing housing support services they need to be aware of who to signpost people to.				

Priority 7 – Criminal Justice System and Safety

	Action	Lead	Target Date	Progress	RAG Rating
7.1	<p>Make links Cohesion Services to address Hate Crimes. This may also include members from:</p> <ul style="list-style-type: none"> • West Mercia Police • Crown Prosecution 				

	<p>Service</p> <ul style="list-style-type: none"> • Victim Support • Trading Standards 				
7.2	Consider investing in Autism Alert Cards for people with Autism within Telford and Wrekin				
7.3	Make links with the Criminal Justice Leads from SSSFT to ensure appropriate identification of ASC individuals and support is in place				
7.4	Improve communication with West Mercia Police in relation potential arrest of ASC individuals to ensure an effective pathway away from custody can be implemented				
7.5	Improve communication with Prison commissioners and Specialised Commissioning services to ensure appropriate identification of local individuals with ASC is in place	Commissioning			

Priority 8– Planning around Carers

	Action	Lead	Target Date	Progress	RAG Rating
8.1	Make links with the Carers Partnership Board				
8.2	Make stronger links with the following carers associations: <ul style="list-style-type: none"> • Carers Contact Centre • STACS 	Commissioning	On-going	STACS involved within the Partnership Board, Expert Reference Group, local Steering Group and Pathway development workshops. Commissioners have regular contact to update on progress on the strategy	
8.3	Ensure close working with Carers Officer to ensure ASC carers needs are highlighted				
8.4					

Annex One

What is available in Telford specifically for able people with autism?

1. **Senior Practitioner for People with Asperger's Syndrome** – advice, support, signposting, strategies: Contact Sara Heath 01952 381420 or email: sara.heath@telford.gov.uk
2. **Autism Co-ordinator** – Co-ordinating services for families and individuals with autism, providing information and signposting to services, training and groups across Telford and Wrekin and nationally: Contact Michelle Troth 01952 567356 or email: michelle.troth@telford.gov.uk
3. **Telford Asperger's Group (TAG)** – is an invitation only social and discussion group for adults with AS or seeking a diagnosis of AS meets from 2-4pm in Wellington on the first and third Tuesdays of the month. Contact Sara Heath on 01952 381420 or email: sara.heath@telford.gov.uk
4. **National Autistic Society Social Group** is an open group for adults with a diagnosis of AS. It meets twice a month from 7-9 on a Thursday evening in Telford. Contact Beth Jones 07974067833 or email beth.jones@nas.org.uk
5. **Asperger's Support Group (ASG)** is an invitation only discussion group for adults with a diagnosis of AS. It meets once a month at in Shrewsbury at the Roy Fletcher Centre, Shrewsbury, contact Alison Laing or Paul Moloney, on 01952 381420 or email alison.laing@sssst.nhs.uk
6. **Autonomy** – is an open self help and social group which meet from 7:30pm on the first Monday of the month in Telford. Contact Eric Heath via the Autonomy main number 01743 821363 or email autonomyshropshire@yahoo.co.uk.
7. **Autonomy Chess Club** – is an open social club run for people with AS by people with AS who wish to play or learn to play chess. It meets on a Wednesday from 7:00-9pm in Wellington. Contact: Matt Joyce via the Autonomy main number 01743 821363 or email autonomyshropshire@yahoo.co.uk.
8. **Aspergers Mentoring Service** – one to one mentoring by an individual with ASC for others with ASC requiring support

Awareness Training

9. **Training in Awareness of Asperger's Syndrome** – is also available from Shropshire Joint Training. Contact: Joint Training Co-ordinator on 01743 254733 or visit:
10. <http://www.shropshire.gov.uk/schtraining.nsf/open/DBDF577A74AAE0EF8025710E00387A7E>
11. **Learning about Asperger's Syndrome** – Workforce Training and Development, Telford & Wrekin Council. Contact Michelle Hutchison: 01952 384918 email michelle.hutchison@telford.gov.uk – Michelle is no longer in this role
12. **Open College Network 10 week accredited course in Understanding ASCs.** Contact Paula Costin on 01952 642237 email: paula.costin@tcat.ac.uk
13. **TCAT community courses, An Introduction to Autism** (6 weeks, day times) – contact Cathy Addison, Community Outreach Worker, Community Education on 07887661847 or email: cathy.Addison@tcat.ac.uk

Carers' support:

14. **Support Telford Autism ADHD (STAA) Group for parents and carers of children with ASD (autism), ADHD and associated difficulties** meets on the second Thursday of each month at Houghton School in Madeley (term times only). Contact Julie Collins (PPS Officer): 01952 457439 or email julie@pps-shropshireandtelford.org.uk or Lesley Perks (PPS Officer): 01952 617758 or email lesley@pps-shropshireandtelford.org.uk
15. **STACS group for Parents and Carers of People with Asperger's Syndrome** meets in Wellington on the first Wednesday of every other month. Contact: Louise Griffiths 01952 262064, email: louise.griffiths@carerscontact.org.uk or Barry Brown 01952 254594
16. **Parents Opening Doors (PODS)** - Parents Opening Doors is a voluntary forum for parents and carers who have a child with a disability or additional need of any kind. PODs parents committee has a great wealth of experience of children with autism. Contact Jayne Stevens 07775342092 or email: info@pods.org

17. **Carers Contact Centre**, The Poplars, Lightmoor, Telford: Mental Health Carers' Support Officer offers support for carers of people with Asperger's syndrome. Contact Louise Griffiths 01952 262064 email: louise.griffiths@carerscontact.org.uk

Other

18. **Telford and Wrekin Library Service** -The Library Service is proud to hold the STACS collection of over sixty books on autism and Asperger's syndrome. Contact: Marilyn Higson 01952 382997
19. **The Information Hub** - The Information Hub is a drop in service based at the Stepping Stones Centre, Malinslee, available to all families of disabled children across Telford and Wrekin. This is a free service and helps families to access information regarding all aspects of disabilities for children and young people. The Information Hub holds information on autism and related service for families to access. Families can access autism resources within the hub and make appointments with the Autism Co-ordinator or Information Officer to discuss any information. Contact The Information Hub on 01952 567402 or email: ican2information@telford.gov.uk
20. **CHEC Healthshop**, Madeley, Telford - CHEC houses the only 'Health Shop' in Telford. The Health Shop provides professional, friendly and impartial advice, sign-posting & information on health and social issues. The Health shop has resources on autism that can be loaned out to individuals. Contact Terriane on 01952 583 779 or email: terriane@btconnect.com

Annex 2

National Population Growth and ASC Prevalence

Based on current accepted prevalence figures

Country	2008	2013	2018	2023	2028	2033
United Kingdom	61.4	63.5	65.6	67.8	69.8	71.6
England	51.5	53.3	55.3	57.2	59.1	60.7
Wales	3.0	3.1	3.1	3.2	3.3	3.3
Scotland	5.2	5.3	5.4	5.4	5.5	5.5
Northern Ireland	1.8	1.8	1.9	1.9	2.0	2.0

Note: Figures may not sum due to rounding

Estimated and projected population of the United Kingdom and constituent countries, 2008-2033 (Office of National Statistics)

(In millions)

	2008	2013	2018	2023	2028	2033
United Kingdom	614,000	635,000	656,000	678,000	698,000	716,000

Projected number of those with ASC across the United Kingdom based on the agreed prevalence.

	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>
Children (aged 0-19)	43,700	43,900	44,000	44,300	44,800	45,200	45,800
Adults (aged 20+)	125,000	126,300	127,600	129,400	131,100	132,800	134,500
Total population	168,700	170,200	171,600	173,700	175,900	178,000	180,300

Information from Telford & Wrekin Population Estimates & Projections 2009. Delivery & Planning Telford & Wrekin Council
6

Telford and Wrekin estimated prevalence of ASC based on current accepted prevalence figures of 1:100.

	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>
Children (aged 0-19)	437	439	440	443	448	452	458
Adults (aged 20+)	1250	1263	1276	1294	1311	1328	1345
Total population	1687	1702	1716	1737	1759	1780	1803

Transition Service Implementation Plan

<i>OVERARCHING ACTIONS</i>					
ACTION	Success Criteria	Timescale	Lead	Progress	RYGB
Identifying leads from each organisation	Clear leadership within each organisation	October 2012	Ted Wilson Neil Brimblecombe	SSSFT and CT identified leads: Lesley Crawford and Geoff Watts Jo Banks, Sara Vale and Jacqui Pointon	Green
Clear programme management from planning to full implementation	Ensure effective implementation of the new service model	12 th December and on-going	Michael Bennett	Clinical sub-group 21/11/12 9-11am Operational sub-group 19/11/12 2-4pm Steering group 12/12/12 2-4 (all venues to be confirmed DEVELOP DETAILED PROGRAMME PLAN Implementation Plan updated 28/11/12 <u>28/11/12</u>	
Provider Implementation Plans in place	Effective plan in place, agreed by partners and implemented	Mid-December 2012	Geoff Watts Jo Banks		
Revise CAMHS review action plan	Ensure progress of the overall CAMHS review	On-going	Michael Bennett		
Full engagement of CT and SSFT to deliver the new service model	Demonstrate commitment for collaborative working to develop new service model	On-going	CT SSSFT	Draft MoU developed AGREE TIMESCALES AND MEET THEM Feedback received and MoU updated <u>28/11/12</u>	
Clarify clinical management arrangement for the Transition service	Agree clinical leadership for the service Clarify internal management arrangements for each organisations staff	End of January 2013	Geoff Watts Susan Meredith		

	Clarify governance arrangements for each organisation				
Development of integrated/ collaborative working with Council services	Effective health and social interventions Maximise efficiencies in service delivery	February 2013	SSSFT CT T&WC SCC	Initial discussions with Councils within CAMHS Operational Group on 5/11/12. Councils to identify representation for Clinical, Operational and Steering group	
Implementation of new Transition on service	Operation service in place	July 2013	SSSFT CT		
<u>HUMAN RESOURCES</u>					
ACTION	Success Criteria	Timescale	Lead	Progress	RYGB
Engagement with Unions	Awareness and support from Unions	November - mid December 2012	Gina Billington Kim Taylor		
Sharing of policies	Consistent HR policies in place to support new service model	November - mid December 2012	Gina Billington Kim Taylor		
Clarify model of management for the new service	Agreed management arrangements for the teams within the new service model	December 2012	Michael Bennett Jo Banks Geoff Watts		
Skills audit	Detailed awareness of the skills and training needs of staff	December	Gina Billington Kim Taylor		
Management of Change process commenced	MOC completed within timescales to deliver service model within timescales	Commenced February 2013	Gina Billington Kim Taylor		
Workforce development plan	Immediate needs	March 2013	Gina Billington		

completed	identified. Longer term development needs identified		Kim Taylor		
Implementation of training of identified needs	Staff skilled to deliver new service model	June 2013	Gina Billington Kim Taylor		
On-going communication with staff teams	Staff engaged in change process	On-going		Presentation and discussion with CAMHS team on 26/11/12. <u>28/11/12</u>	
<u>LEGISLATIVE, POLICY, NICE REQUIREMENTS</u>					
ACTION	Success Criteria	Timescale	Lead	Progress	RYGB
Ensure safeguarding processes in place within new service provision	Safeguarding processes in place in with local policies and national guidance	On-going			
Include legislative requirements for young people and adults within new service model	Legislative requirements for young people and adults included within new service model	February 2013	Clinical Leads Jo Banks Geoff Watts Michael Bennett		
Consider national policy and NICE guidance in the development of the model	Relevant policies and NICE guidelines included within new model	February 2013	Clinical Leads Jo Banks Geoff Watts Michael Bennett		
Identify and address PbR implications	Implications of PbR addressed through service specifications, outcome measures and	February 2013	Michael Bennett Erica Crisp		

<u>GOVERNANCE / LEADERSHIP AND MANAGEMENT ARRANGMENTS</u>					
ACTION	Success Criteria	Timescale	Lead	Progress	RYGB
Identify governance needs that need to be addressed within each service	Ensure individual organisations have effective governance arrangements in place	January 2013	J Banks Geoff Watts		
Clarify leadership arrangements for each team within the model	Agreed management arrangements of each team	January 2013	Jo Banks Geoff Watts		
Develop effective governance and management arrangements for service delivery	Shared and individual Provider Governance and management arrangements in place	March 2013	Jo Banks Geoff Watts	Working group being set up with SSSFT and CT representation	
<u>FINANCE RELATED ISSUES</u>					
ACTION	Success Criteria	Timescale	Lead	Progress	RYGB
Identify indicative budgets/ budget lines for the new service areas	Robust financial model in place to support new service models	November 2012	Jo Banks Geoff Watts		
Agree shared financial/ pooled budget arrangements as determined as necessary to develop the service	Determine need for pooled arrangements to deliver service effectively	End of January 2013	Jo Banks Geoff Watts		
<u>STAFFING, CAPACITY AND DEMAND</u>					
ACTION	Success Criteria	Timescale	Lead	Progress	RYGB
Identify activity of 5-14 years service	Indicative contacts 2011/12 and Q1 and 2 2012/13or: CAMHS and CAMHS LD	Mid December 2012	Jo Banks		
Identify activity of 15-25	Indicative contacts	November	Jo Banks	JO BANKS AND GEOFF WATTS TO PROVIDE NEEDS	

Transition service	2011/12 and Q1 and 2 2012/13or: CAMHS and CAMHS LD EIP Psychological therapies Learning Disabilities	2012	Geoff Watts	AND CAPACITY ANALYSIS ON 12 DECEMBER	
Identify staffing into Health Visiting team	Capacity of the team identified	Mid December 2012	Jo Banks		
Identify staffing of the Holistic Learning Disability Service	Capacity of the team identified	Mid December 2012	Jo Banks		
Identify staffing into The 5-14 years service	Capacity of the team identified	Mid December 2012	Jo Banks		
Identification of staffing for Transition service	Determine capacity of the Transition service	January 2013	Jo Banks Geoff Watts		
Develop the Placement Stability team	Placement Stability team operational	December 2012	Jo Banks		
<i>CLINICAL SERVICE DEVELOPMENT</i>					
ACTION	Success Criteria	Timescale	Lead	Progress	RYGB
Clarify role of preventative service	Role of preventative services identified	February 2013	Michael Bennett		
Clarify age range for each element of the new model	Age range for each service identified	Mid-December	CCG Leads		
Agree inclusion and exclusion criteria for 5-14 years 15-25 years services	Agreed criteria for all areas	January 2013	Michael Bennett		

Agree service specifications for the new service and identified within contracts for 2013/14	Develop service specifications and outcomes for new provision and indicate within new NHS Contracts	February 2013	Michael Bennett		
Develop service delivery models for new provisions	Clear pathways for implementation developed and agreed. Locations for implementation agreed (accommodation)	End of February 2013	SSSFT CT		
Agree outcome measures	Outcomes and KPIs identified within specifications and contracts	February 2013	Michael Bennett		
<u>SINGLE POINT OF ACCESS DEVELOPMENT</u>					
ACTION	Success Criteria	Timescale	Lead	Progress	RYGB
Develop the Single Point of Referral into Transition service in Telford	Streamlined referrals into the Transition service	End of February 2013	SSSFT CT T&WC		
Develop the Single Point of Referral into Transition service in Shropshire	Streamlined referrals into the Transition service	End of February 2013	SSSFT CT SCC		
<u>COMMUNICATION</u>					
ACTION	Success Criteria	Timescale	Lead	Progress	RYGB
On-going discussion with stakeholders	Stakeholders aware of changes and provide feedback			Discussion with Donnington Voice 26/11/12 <u>28/11/12</u>	

CAPITAL LETTERS relate to actions that need to be **considered further** to address identified issues within the work-stream

BLUE **Blue** rating identifies action that is **progressing on schedule** but not completed

RED **Red** rating identifies action that is **behind plan** or not made progress

YELLOW **Yellow** rating identifies action that is a **future action** or not started to date

GREEN **Green** rating identifies **action** that has been **completed**

DEVELOPMENT OF THE TRANSITION SERVICE

1.0 Introduction

In order to clarify the future direction and delivery of CAMHS services two reviews were carried out during 2011. Additional market assessment was completed to further consider how CAMHS needed to be developed for the future. The recommendation within the Telford and Wrekin review and market assessment was to develop an Adolescent (15-24 years) service across the two main providers and re-design services to meet emotional health and well-being needs of young people.

From the review of Procurement options for the new service model the recommendation is to develop this with Shropshire Community Trust and South Staffordshire and Shropshire NHS Foundation Trust cooperate and collaborate to develop the Adolescent Service and redesign of the under 14yrs CAMHS including LD with current provider.

Initial needs assessment identified potential activity for the Service but further work is being taken forward to fully understand the resources and skills needed for the proposed new service model.

1.1 Purpose

The purpose of this paper is to provide the Health and Well-Being Board with a summary of the outcomes of the Child and Adolescent Service (CAMHS) Review and Market Assessment; set out the model for future delivery planning towards that goal and outline the Implementation plan.

The agreed way forward was for the providers (Shropshire Community Trust (CT) and South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)) to cooperate to develop the Adolescent Service (15yrs-24yrs) and redesign of the 14 years and under CAMHS including LD with current provider.

Comprehensive CAMHS is defined by four tiers, which incorporates prevention and intervention. The local implementation of these tiers and breadth of services that deliver can be found at appendix 1. There are also elements of multi-disciplinary CAMHS service that are resourced through the Council which have been included as part of the commissioning requirements and will be taken forward as an integrated CAMHS model.

1.2 Background – CAMHS currently

NHS Telford and Wrekin and Shropshire County PCT currently commission a single Provider (Shropshire Community Health Trust) to deliver a local CAMHS service for children aged 0-18 years.

CAMHS is a multi disciplinary service which incorporates Social Workers employed by the two Local Authorities which are coterminous with the PCTs. The current Service Specification includes provision for:

- Two specialist tier 3 teams – one in Shropshire, one in Telford & Wrekin (which includes seconded social workers)
- A specialist CAMHS Learning Disability Service
- Staff deployed in Looked After Children's Teams
- Staff deployed in the Joint Youth Offending Service
- Senior Primary Mental Health Workers integrated with Local Authority Early Intervention Teams
- Looked After Children Service
- Tier 3 plus - Reaching Out Service

Telford and Wrekin and Shropshire are rural areas with highest level of deprivation being focused in the geographic area of Telford & Wrekin, but also significant levels of urban deprivation in parts of Shropshire. Figures show that Shropshire County and Telford & Wrekin PCTs are responsible for

around 107,500 children in the age group 0 to 19 years; Shropshire has approximately 64,300 and Telford and Wrekin has approximately 43,200 children (Exeter April 2011).

The service is provided across the whole of Shropshire and Telford & Wrekin with approximately 66 GP practices, universal child health services, dedicated specialist clinic accommodation in Shrewsbury and Telford & Wrekin and the Acute and Community hospitals.

The effective delivery of a comprehensive CAMHS is dependent on positive partnership working and seamless pathways. The concept of four discreet tiers of provision in a 'Comprehensive' service is used to distinguish between children and young people with emotional problems (tier 1 & 2) and those with more complex and enduring mental disorders and illnesses (tier 3 & 4).

2.0 CAMHS Review

Child and Adolescent Mental Health Services (CAMHS) have changed considerably over the past 20 years. The old model was based on a child guidance model managed by the Local Authority which essentially covered areas such as emotional well being, bed wetting and school phobia. This model, at its most fundamental level, included school counselling services with an emphasis on pastoral care, social workers delivering family therapy and therapeutic interventions for children and young people. However, with national guidance, CAMHS expanded to include a mental health model, managed by the NHS with an emphasis on diagnosis and treatments for a range of conditions including depression, early onset psychosis (mainly delivered by Early Intervention in Psychosis team within SSSFT), ADHD, ASD Spectrum, eating disorders and self harm. Without a clear national direction CAMHS services are not delivered in a standardised way nationally.

The change of emphasis and lack of national direction resulted in confusion about the core function of CAMHS. In addition there has been growing local dissatisfaction, expressed by GPs, stakeholders and parents about how the local service operated. To explore these issues in more detail commissioners led two reviews across Telford and Shropshire during 2010/11.

The findings from both reviews were consistent and their recommendations used to develop a local action plan with emphasis on improving both the commissioning of and the provision of CAMHS. Specifically, CT was required to develop a Service Improvement plan, (SIP) and commissioners to complete a Market Assessment/Request for Information exercise to inform the design of the future service delivery model and commissioning intentions.

The SIP was finally shared with commissioners earlier in July. The provider addressed 'quick wins' including providing more feedback to referrers about outcomes of referrals at an earlier stage, but anecdotal feedback suggested limited improvements to date.

The market assessment exercise facilitated development of key proposals for service redesign recommendations:

Develop an Adolescent Service (15yrs to 24yrs). This has advantages of:

- Strengthening the competence of the service to support young people with the more serious mental health problems and over a more relevant age range.
- Reducing duplication and fragmentation, such as the service for Early Intervention in Psychosis, currently provided by SSSFT in many cases overlaps with CAMHS.
- Providing consistency through transition (cited by parents as a key problem) managing the emphasis from current practice which relies on clinic based appointments, to a more user centred approach with outreach and support in home and community settings
- Facilitating greater developmental opportunities for CAMHS clinicians who are currently isolated from Adult Mental Health expertise.
- Facilitating expertise for supporting other colleagues and partners, e.g. Health Visitors (as required in model below), schools etc

The service for under 14s would also need to be re-designed to respond to local needs more effectively, set out below.

Simultaneously redesign of services to meet emotional and well-being needs, often linked strongly with family relationships and difficulties. In future we propose these are addressed by;

- Mainstreaming support for emotional well being and tackling behavioural/relationship problems through age appropriate services already working with the child, young person and family, particularly Health Visiting and School Nursing, and;
- Expansion of the Targeted Mental Health in Schools (TaMHS) programme based on the very successful Shropshire model across Telford & Wrekin.
- Given opportunities created by current increase in Health Visiting capacity and development of similar models across the country where HV capacity is used more proactively, we could strengthen the emphasis of the service on parenting and reinforcement of interventions building resilience without additional resources.
- School nursing capacity may need some expansion.

Establish a single point of access, e.g. Family Connect in Telford & Wrekin (First Contact Point would be alternative in Shropshire). This has advantages of:

- Improving partnership working in each LA/PCT area
- Allowing deployment of shared definitions of who does what within 4 tiers of need
- Facilitating speedy progression of referrals to the 'right service, right place, right time, whether that be a Children's Centre, Speech, or medical appointment
- Ensuring consistency of triage and screening arrangements
- Using resources more efficiently by streamlining processes

Finally, given current gaps in needs analysis for children and young people with emotional and mental health problems locally, this should, in future be built into JSNA either annual or on a 3 year cycle.

2.1 Criteria for a new model

Through the CAMHS review patients, stakeholder and clinicians highlighted the importance of a set of a set of criteria which must underpin any new model for provision. The principles of the new provision were identified as:

- Prevention and early Intervention
- Single point of Access and seamless pathway
- Holistic Approach
- Effective transition across each developmental stage
- Clinical Effectiveness
- Delivers Change quickly
- Value for money

2.2 Needs Assessment

Information from the provider (CT) about current caseloads (see appendix 2) indicates that very few under 5's are currently receiving a service. The reasons for referral of those accepted in this age group are mostly for challenging behaviour with sleep and "other development" issues.

For 5-14 year olds the most common reasons for referral (in order of prevalence) are:

- ADHD
- Challenging behaviour
- Autism
- Neuro-developmental disorder
- Family relationships.

For 15-18 year olds the most common reasons for referral (in order of prevalence) are;

- Depression
- ADHD
- Self-harming behaviour
- Autism
- School refusal
- Anxiety

Roughly equal numbers of referrals are received for the age bands 5-14 and 15-18.

There are some noticeable differences within the age bands regarding reason for referral. For the younger age group referral about challenging behaviour, family relationship, neuro-developmental disorder predominate depression, self harming behaviour and anxiety predominate for older age groups. There are some areas where relatively large numbers are seen in both age bands such as ADHD and Autism. Often children with ADHD can be seen (reviewed over) many years and may not be discharged until beyond their 18th birthday.

To enable us to determine the level of resource and skills required across the age bands we will require further activity data from the current provider. This will need to include:

- Reason for referral data for CAMHS tier 2 in ages 0-4,5-14 and 15+
- Reason for referral data for CAMHS LD in ages 0-4,5-14 and 15+
- Length of treatment by age and reason for referral/diagnosis

3.0 CAMHS Model for the Future

The proposed CAMHS model is outlines below

3.1 Overview of Model

The new model for CAMHS moves the service into a position where it will be better able to allocate resources in a focused way and improving efficiency and effectiveness, with a renewed emphasis on partnership working on whole system redesign.

The overarching model recognises the need for a holistic but specific focus on need with the understanding that the different developmental stages of children and young people have significant impact on the range of skills, knowledge and experience that is required. Within each aspect of delivery evidence-based intervention and agreed thresholds will underpin the implementation with integrated or aligned service delivery.

There are two distinct approaches that underpin this model taking of account stages of development:

- Parenting – skills and techniques that are required by parents, carer and professional to enable children to reach their potential and to function within society (primarily with 0-14 years)
- Independence/supported living – recognising the life stage of a young person and the skills and knowledge they need to become as independent as possible and able to make the best choices for themselves in the future (primarily with 15-25 years)

Child and Adolescent Mental Health Service Model for the Future – 2012/13

**Focus on parenting (carer)
0 – 15 yrs old**

**Focus independence and supported living
14 – 24 yrs old**

Holistic Learning Disability Service 0 – 15 yrs old		Young Peoples Mental Health Service 14 – 24 yrs old	
Health Visitor Service 0 – 4 yrs olds	Mental Health Service 5 – 15 yrs old	Including: <ul style="list-style-type: none"> • CAMHS including LD • Adult Mental Health including LD • EIP 	
Multi-disciplinary Looked After Children Service			

First Referral point of access will be;

- Family Connect – Telford
- First: Point of Contact - Shropshire

Aligned Services:

- Substance Misuse
- YOS
- Education Psychology
- Transition Team
- CDC and Paediatrics
- School Nursing

Since going through this major redesign the integration of CDC and paediatrics (addressing the 0-5 years Holistic Learning Disability provision) may be required to facilitate the delivery of a hub and spoke model with Stepping Stones in Telford and Monkmoor in Shropshire. The emphasis of this will be multidisciplinary delivery and a holistic approach providing consultation to professionals and family with direct work with children.

The service delivery model for the 15-25 years service will include:

- Identified CAMHS including LD and the Reaching Out Service clinical staff working together with Early Intervention in Psychosis team as a multi-disciplinary team as the dedicated provision for this age group
- Identified resources for psychological therapies across young people and adults (eg IAPT, psychological therapists) would be identified and included within the team. Some referrals for adults may remain within primary care or IAPT following an agreed pathway, referral and monitoring process
- Dedicated consultant psychiatrists within the team working across the whole age spectrum
- Delivery of a range of skills to meet clinical guidelines and evidence- based practice for the 15-25 years population
- Clinical models would be in place to support the developmental and functional conditions to ensure effective outcomes. The clinical model would primarily be an assertive engagement approach for functional conditions
- Supporting the Placement Stability Team through training, consultation or assessment and intervention
- Referrals routinely being received through the Single Point of Access to ensure effective triage
- Clear pathways and operational policies in place setting out relationships and response times to other teams eg 5-15 years team, CR/HT, RAID, Council Transition team
- Clear pathway into the CMHT when individuals reach 25 years or when appropriate
- Accommodated together as one team in both Telford and Shropshire

Multidisciplinary working would see:

- Integrated working across current adult and young people services to meet the mental health and well-being needs
- Psychiatrists carrying out direct work with children and young people and adults with mental health disorders and offering training and support to other professionals
- Psychological approaches being provided through direct work with children and families and providing support and training to other professionals. CAMHS nurses carrying out direct work with children, young people and families
- Reaching Out Service focusing on reducing admissions and external placements and early discharge/bringing individuals home.
- Senior Mental health Practitioners who carry out a triaging function, consultation to other non-mental health practitioner and direct work with children, young people and families
- Social Workers within the 15-25 years service carrying out a combination of crisis management and therapeutic intervention
- A greater shift away from clinic based appointments to assertive outreach and engagement in family/community settings (time taken for travel etc to be balanced against reduced DNA's)

3.2 Evidence base for developing the Transition service

A number of benefits were identified from guidance documents related to the Transition service:

- Specific focus on those in CAMHS who need transition
- Meets needs of some who experience transition but not currently in service eg condition emerge as family support diminish
- Continuity/ procedures for consistency
- Person-centred plans
- Reduced costs

There is some evidence that risks are reduced by implementing a Transition service. This is due to having a range of biological, social and psychological changes that can be managed more holistically; 'Breaking the Cycle' (2004) identified range of needs including homelessness, unemployment and problems associated with leaving care, substance misuse, learning disability that more addressed more effectively. Late adolescence is a particularly high risk time and is within this teams domain.

Evidence from the Young Adult Advice and Support Project service evaluation in Manchester indicated that young people:

- Improved mental health and well-being
- Increased confidence and support
- Improved life skills
- Reduced social isolation
- Engagement in constructive activity
- More able to deal with difficult situation
- Increased security of accommodation

3.3 Resource Allocation

The intention is to deliver the new model within the existing envelope of investment. Therefore there is significant work required to accurately identify and allocate resources to ensure this model is as effective and efficient as possible. The detail will require working closely with providers using detailed data and taking into account of Local Authority resources into CAMHS both currently and in the future.

The outcome will be the effective allocation of resources across the two provider organisations with

- Identified outcomes
- Performance measures

- Within existing resources for CAMHS and adult mental health

4.0 Developing the Transition service

Contract Providers (CT and SSSFT) have agreed to cooperate to develop an Adolescent Service (15yrs-25years) and redesign of the under 14 years CAMHS including LD with current provider.

Emotional, Well-Being and Mental Health services for children aged 0 to15 will remain with CT as lead. There will be changes to service specifications for the 5-14 years service and development of the service model.

A service specification for the 15-25 years service has been developed and awaiting comments before further revision.

4.1 Rapid Improvement Event

The event, suggested by the Providers after they were formally informed of the intention to commission the Transition service, was held on 19th November 2012. It included representation from managers, clinicians, HR and IT of the two providers to develop. (The notes of the Event are included as a separate document). The intention was to highlight areas that needed to be addressed to ensure the Transition service is developed. The areas considered included:

- Activity and Capacity: analysing activity to determine the what level of capacity is needed for each part of the service
- Staffing: identifying numbers and roles of staff for each team
- HR issues: what formal consultation, management of change or other processes need to be considered including workforce development
- Legislative requirements and policy requirements of young people and adults and implications from NICE guidelines: ensure legal and policy requirements are met for staff and users
- Governance arrangements: individual Provider and shared governance related to the new service model
- Leadership and management arrangements for the new service: which Provider manages aspects of the service
- How the service would develop or relate to a single point of contact: how to work with the Councils to ensure an effective SPoA is in place
- Developing the criteria, specifications and pathways: agreeing in detail, and gaining agreement from partners/ stakeholders

A detailed Implementation Plan (included as a separate document) has been developed incorporating the feedback from the Day. This will be the document where both organisations are monitored on progress within the planned, monthly Steering groups).

Programme management

The detailed Implementation plan has been developed and will be the key monitoring document of progress: monitored through the monthly Steering groups (the first Steering group was 12th December) and sub-groups as required.

A Risk log will also be developed. Providers will be expected to develop their respective action plans.

Michael Bennett

Head of Commissioning Mental Health and Children

14th January 2013

Local Organisations and service provided as “Comprehensive CAMHS” in Shropshire

Professionals and organisations providing the service include:		Services Provided re EHWB
Tier 1: Mental health promotion and early intervention		
<ul style="list-style-type: none"> • G.P’s • Midwives • Health visitors • Teachers • School nurses • Education welfare officers • Youth workers • Social workers • Youth justice workers 	<ul style="list-style-type: none"> • Foster carers • Police officers • Connexions advisors • Voluntary sector workers (inc RISQ, Relate, Victim Support) = Shrop T2 • Children’s centre staff • Family support services <p>In addition to the above, Shropshire lists:</p> <ul style="list-style-type: none"> • Health: NHS direct • Educ: TAMHS, PSHE education, school counselling • VCS: Homestart, child line bereavement counselling 	<ul style="list-style-type: none"> • EHWB promotion and prevention • Identification of mental health problems early in their development • Referral to more specialist services • Social and emotional aspects of learning (SEAL) in curriculum
Tier 2: Services provided by specialists working in community and primary care settings in a uni-disciplinary way		
Professionals and organisations providing the service include;		Services Provided re EHWB
<u>Provided by Specialist CAMHS</u> <ul style="list-style-type: none"> • Senior mental health Practitioners • Clinical psychologist (for parenting) not listed in Shrop • YOS CAMHS worker in Shrop T3 • LAC CAMHS worker (currently vacant) 		<ul style="list-style-type: none"> • Consultation for families • Training and consultation for other professionals • Outreach to identify severe or complex needs • Assessments to support treatment and service delivery • TAMHS initiatives (central cluster only – further details below)
<u>Provided by other agencies</u> <ul style="list-style-type: none"> • Educational psychologists • Paediatricians • Community nurses • Looked after children (LAC) nurse • Housing/ homelessness workers 	<p>In addition Shropshire lists:</p> <p>SC: Family Group Conferencing</p> <p>Educ: behaviour support service,</p> <p>VCS: Therapy for abused children, young carers project,</p>	

Professionals and organisations providing the service include:		Services Provided re EHWB
<ul style="list-style-type: none"> • Substance misuse workers • Teenage identified midwives • Parenting team • Safeguarding social workers • Family Nurse Partnership • Family Intervention Teams • Learning Mentors 	parent partnership, teenage pregnancy service	
Tier 3: Specialist multi-disciplinary services for those with more severe, complex and persistent disorders (usually based within a community mental health clinic or child psychiatry outpatient centre)		
<p>Tier 3 Specialist CAMHS Service (multi-disciplinary team. NSF outlined this could include child and adolescent psychiatrists, clinical psychologists, community psychiatric nurses, social workers, occupational therapists, family therapists, speech and language therapists, child and adolescent psychotherapists.)</p> <p>Within T&W & Shrop we have a Tier 3 specialist team, CAMHs LD team, Reaching Out Service (tier 3+ admittance avoidance service) and a designated service for Jigsaw (not in Shrop). Outside but linked to CAMHS tier 3 we have a targeted Paediatric Psychology Service.</p> <p>NSPCC (specialist dual remit service working with young people who have been sexually abused and young people displaying sexually harmful behaviour- further details below)</p>		<ul style="list-style-type: none"> • Assessment and treatment of child mental health disorders • Assessments for referrals to Tier 4 acute mental health services • Contribution to consultation and training at Tiers 1 and 2
Tier 4: Highly specialised services for children and young people with the most serious problems		
<ul style="list-style-type: none"> • Multi-disciplinary specialists (these services are currently commissioned on a regional basis by the Specialised Services Agency). 		<ul style="list-style-type: none"> • Child and adolescent in-patient units • Secure forensic units • Eating disorder units • Specialist services (e.g. for sexual abuse or neuro-psychiatric problems)

Table 1.

Reasons for Referral: Tier 3 open cases Pan Shropshire/Telford 2012/13			
Reason	0 to 4yrs of age	5 to 14yrs of age	15 - 17 yrs of age
Anxiety	less than 5		35
Abuse & Neglect		0 less than 5	0
ADHD		0	153
Anger & Aggression		0	30
Anorexia		0 less than 5	28
Autism		0	138
Challenging Behaviour	15		145
Chronic Illness		0 less than 5	5
Deliberate Self Harm		0	8
Depression		0	8
Eating Problems	less than 5		11
Family Relationship		0	81
Fostering & Adoption		0	28
Grief & Loss		0	6
Language & Speech Delay		0	6 less than 5
Neurodevelopment Disorder		0	132
OCD		0	22
Other Developmental		5	62
Other Life Events		0	6
Parent Mental Health		0	5 less than 5
Post Abuse		0	5
Psychotic		0	0
PTSD	less than 5		6
School Refusal		0	26
Self Harming Behaviour		0	10
Sibling Conflict		0 less than 5	0
Sleep		6	22
Soiling		0	9 less than 5
Substance Misuse		0	0 Less than 5
Temper Tantrums		0	25
Tic/Tourettes		0	6 less than 5
Total excluding numbers less than 5	26	985	931

From today I want

Full service model

Workable model

Clarity re: transition service

Where EI sits in the model

Clarity on technical requirements

How we integrate systems

Clear way forward

Fact find

Coherence

Action plan

Setting ground work to improve services

Activity and Capacity

What we know

Current levels of activity

WTE of teams

Activity - IPM/Hybrid

Adults

Number of referrals

Number of FTF contacts
Breakdown by care cluster (expectation of certain interventions)
Reporting target to monitor
Minimum datasets to monitor
Care plans up to date
Demographics
Breakdown activity by age, by care cluster, know what capacity and skill set needed < 25's

Children

Number of referrals (can breakdown, accepted)
Reason for referral
Number of contacts (FTF, phone, multi-professional)
Unregistered consultations (Shropshire only)
Which team - YOS, LAC, CAMHS LD, Tier 2/3
ICD 10 codes (does this translate to GP read codes)
Source of referral
Demographics

5 - 15 - Referrals and contacts

15-18 - Referrals and contacts

(Breakdown by teams, diagnosis data inconsistent (often reason for referral code isn't updated))

What we don't know

Children

How to split teams (skills) across the age split - county
Need - don't know diagnosis of children in CAMHS thus what interventions (skills) they need

Actions

Map needs of < 25's;

- Last 3 years data - 55% - 15-18 contacts
- 46% - 15-18 contacts

- Current open cases by age group - incomplete data
- National data

Each Manager of team to do needs analysis and skills analysis

- figures/activity/needs clients
- skills of teams
- information back to Jo and Geoff
- Jo/Geoff to pull together into needs analysis and capacity/skills analysis. Report for meeting on 12 December 2012.

Urgent issues to address. Time CAMHS spend receiving and responding to what end up being inappropriate referrals done to perceived lack of early intervention services (especially in Shropshire).

- Single point of referral agreement - Fran and Julian
- LAC - what will be the model.

Criteria, specifications and pathways

What we know

Tier 3

Severe, persistent, complex, pervasive

What is being done now

Risk?

Tier 2 - MH concern, emotional well being

Need firm access criteria

Actions

Need partner engagement

Access criteria

Define Tiers 2-3 - agreeing what they mean

Clear criteria for both

Getting preventative services to identify their role and part to play

Safeguarding - Sec 20

Governance Arrangements/Leadership and Management

What we know

Good examples available

Shared governance models already developed

What we don't know

We don't have a structure, we don't have a function (options 1 and 2)

Clinical governance

Actions

Appoint a small team (clinical leads) to work up skills/competencies needed

(AN/JO/KH/Anton Dias/Jane Hambleton/Kevin Mansell/Sam Kearns)

HR Issues: HR Governance, new roles, MoC etc

What we know

CAMHS, Shropshire and Telford and Wrekin - 1 team in 2.
Geographical areas.

Respective workforce

HR process and policy

We need a skills analysis and workforce plan

Current workforce numbers: 56 WTE - total broadly of all
staff across both organisations based on activity/age range.

What we don't know

Who is affected?

Will roles change?

Will job descriptions change?

Will the Manager change? Teams, service.

If it's a change in job - change in Management process (max 4
months, min 1 month)

What does the structure look like?

If we need to review JD's - Agenda for Change

Do we have the skills?

What are the accommodation issues?

Turnover implications

Lead names and timelines

HR - Gina (SCHT) Kim (SSSFT)

Jo Banks/Geoff Watts

Timeline

From now to mid December - engage with staff side

Mid December - share policies

End December - Clarity re model/management and agreement

Early January - Skills audit

February - Moc papers to respective s/side meetings - launch any process

End March - Workforce/training/OD plans

30 June 2013 - Implimentation

Actions

Share HR policy and procedure

Develop a structure based on Activity/Workforce

Engage with staff side early

Undertake a skills audit - develop a workforce plan

Develop an OD plan and on-going support for teams

Legislative, policy, NICE requirements

What we know

Consent

MHA: CPA

Capacity, Dols

Parental responsibility

Safeguarding/POVA

Statutory Assessments (statementing)

Children's Act

Statutory guidance for LAC

Every child matters

Off license prescribing

Non admission at Under 18's to adult psychiatric wards

European court of Human Rights

CCG's

Health and Social Care Bill

There's no Health without Mental Health

Working Together

CAMHS review

NSF's

No decision about me without me

Valuing people

Monitor

CQC

Ofsted

Mental Health Act Commission

NICE guidelines

Depression/Anxiety: Access to psychological therapies prior to medication

ADHD: Parenting programmes prior to safe prescribing (medical investigation)

Conduct: Parenting behaviour programmes

Eating Disorders: Family Therapy, Medical Investigation, Treated by skilled up clinicians, CBT

ASD: Pathway, Appropriate diagnostic assessment

Borderline Personality Disorder: DBT

Legislative, policy, NICE requirements

What we don't know

We don't know the adult side?

Realistic demand and capacity

LD partners from Adult side

How the Health and Social Care bill (cherry picking) will pan out

What will the transition be like for the younger child
Is this going to make the patients journey better?
Next years SIPs? More losses?

Actions

Clinical pathways

See NICE guidelines

Lead names and timelines

Breaking up the clinical pathways

What does the model look like

Care pathways

ROS

LD

Prioritising risk

Need clarity - clear vision

Model notes/issues

Age ranges/structure critical element

5-14? 15-25? Need clarity

Need to make sure that we address the review findings and not just create a new model

Need to look at other partners - council etc

Family connect - different needs T & W and Shropshire

May still need two different systems with same access point.

Councils may want different models

This model is T2 and T3

The link with care clusters

PBr

Single point of contact

What we know

Time wasting due to multi-assessments

Referrals screening

Telford single point

Shropshire single point

Shropshire developing early help offer

Need to be clear what model in place locally to meet the needs in Telford/Shrewsbury and outer areas?

Pathway

Shropshire

111 - Mini mash (excl CAMHS) - Early help panel - Early Intervention or 15 - 25 (eligibility criteria)

Pathway

Telford

111 (first point) - Family Connect - Early Intervention or 15 - 25 (eligibility criteria)

Actions

Commissioning - LA - what is single point to look like

CAMHS - Looking at single point

Access model that is working with both CAMHS and LA

LA will need to be on board with this

Staffing issues

Actions

Skills audit and gap analysis

Joint training

The model (needs to be worked up following skills audit)

Team Manager

Clinical Lead (adults)/Clinical Lead (children)

Option 1 - 15 + Team for AMH

NS (11.2)

C (11.2)

SS (11.2)

TE (11.2)

TW (11.2)

Option 2 - 15 + Team for AMH

T (22.4)

S (33.6)

Discussion

Morning Session

The pathway was mapped

An acronym buster was suggested to be written up

The IT systems used to enter data are Lorenzo and Graphnet.

For adults information is also entered on the Hybrid system

which will be moving to RIO in July

All medical records etc are going to be entirely electronic in July 2013.

CPA data is currently used with Adults but not CAMHS.

Benefits of effective transition - Discussion

Alistair Neale was worried that they need to do more on top of what they are already doing without extra funding and CAMHS are already struggling. It was discussed however that things can be streamlined but Shropshire can put the right plan in place using the right skills and interventions. We need to use models that are right for the Service Users now and in the future. We can't yet address the capacity issues but can try

to find out what the issues are. Data is also needed to tell us where we are at.

Afternoon Session

Actions

The project steering group is taking place on 12 December 2012.

It was agreed that this group can populate what the model will look like as we have less than 7 months to get to a working service.

Action plans from each area need to be sent to Michael Bennett before 12 December 2012.

In January/early February a half day needs to be organised where feedback is given to show where we are up to now.

Michael Bennett agreed to attend any team meetings or management meetings to discuss developing a new model.

Jacqui Pointon agreed to speak to IT regarding a system similar to Sharepoint where all relevant papers can be populated and shared between the different organisations involved in this process.

It was confirmed that all teams need to pull together activity and relevant data to be sent to Jo Banks and Geoff Watts.

SERVICE SPECIFICATION

Service Specification No.	To be agreed
Service	Transitions Service: 15-25 years
Commissioner Lead	Michael Bennett
Provider Lead	Geoff Watts/ Jo Banks
Period	To be agreed
Date of Review	To be agreed

1. Population Needs

National/local context and evidence base

To date there are no specifically commissioned service for young people and young adults (15-25 years) with serious mental health problems. Services are delivered by two providers who deliver a CAMHS and Early Intervention in psychosis service. The Transition service has a number of benefits:

- Strengthening the competence of the service to support young people with the more serious mental health problems and over a more relevant age range.
- Reducing duplication and fragmentation, e.g. the service for Early Onset Psychosis is currently provided by SSSFT and in many cases overlaps with CAMHS.
- Providing consistency through transition (cited by Parents as a key problem) managing the emphasis from current practice which relies on clinic based appointments, to a more user centred approach with outreach and support in home and community settings
- Facilitating greater developmental opportunities for CAMHS clinicians who are currently isolated from Adult Mental Health expertise.
- Facilitating expertise for supporting other colleagues and partners, e.g. Health Visitors

Establish a single point of access with each council, e.g. Family Connects in Telford and Wrekin/First Contact Point in Shropshire has advantages of:

- Improving partnership working in each LA/PCT area
- Allowing deployment of shared definitions of who does what within 4 tiers of need
- Facilitating speedy progression of referrals to the 'right service, right place, right time, whether that be a Children's Centre, Speech, or medical appointment
- Ensuring consistency of triage and screening arrangements
- Using resources more efficiently by streamlining processes

The principles of the new provision were identified are:

- Prevention and Early Intervention
- Single point of Access and seamless pathway
- Holistic Approach
- Effective transition across each developmental stage
- Clinical Effectiveness
- Delivers Change quickly

- Value for money

2. Scope

Aims and objectives of service

Aims:

The aim of the service is to meet the mental health needs of young people and adults between the ages of 15 and 25 by offering specialist mental health services through a multi-disciplinary approach. The service aims to bring together the Tier 2 and 3 CAMHS services and aspects of the Early intervention in Psychosis team, CMHT and psychological therapies and address all transitions between the two age groups.

The service will meet the statutory requirements of young people and ensure effective age - appropriate interventions are provided.

The Transition service will work flexibly to meet the range of mental health needs for individuals between 15 and 25 years across current Tier 2 and Tier 3 boundaries to meet individuals needs, including supporting those within the Placement Stability team / Looked After Children/ Children in Need.

Objectives:

The objectives of the service relate to those indicated within the National Service Framework for Children, Young People and Maternity Services Standard 9 and Policy Implementation Guidance for Early intervention in Psychosis, NHS Plan and national mental health strategy 'No Health Without Mental Health'.

To work within a bio-psycho-social approach that is delivered intensively and sensitively during the episode of intervention and treatment and provided in the least restrictive and stigmatising environments, that emphasises choice and promotes recovery.

All staff working directly with young people and young adults has sufficient knowledge, training and support to promote the psychological well-being of young people and young adults and their families and to identify early indicators of difficulty. Also, arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.

Protocols for referral, support and early intervention are agreed between all agencies and evidence of effective multi agency working arrangements is demonstrable. Early identification and preventive interventions will mitigate against poor longer term social, psychological and mental health outcomes for people.

Reduce the length of time young people remain undiagnosed and not receiving appropriate interventions and treatment, providing early interventions and emphasise need for social as well as symptomatic recovery.

Provide a range of interventions to young people and young adults and their families who are experiencing a mental health problem including a first episode of psychosis, embracing diagnostic uncertainty, managing At Risk Mental States (ARMS) neurotic and psychotic symptoms/experiences. The needs of young people and young adults with complex, severe and

persistent behavioural, psychosocial and mental health needs are met through a multi-agency approach.

Ensure the services and interventions provided for each young person and young adult and family is orientated to culture, age and gender.

An approach with an emphasis upon developing meaningful and sustained engagement based on an assertive outreach principle - in which failure to engage should not automatically lead to case closure. Provide sustained and intensive evidence based interventions, particularly in the early phase of a person's psychosis or other mental health need.

Increase stability in the lives of people, facilitate development and provide opportunity for personal fulfilment. Provide a user centred service i.e. seamless service available that effectively integrates child, adolescent and adult mental health services and works in partnership with primary care, education, social services, youth and other services with an emphasis on normal social roles and individuals developmental needs, particularly in education, training and employment

Children and adolescent mental health (CAMH) professionals provide a balance of evidence based indirect and direct services including but not limited to; individual and family work for example: Cognitive Behavioural Therapy, Behaviour Therapy, Family therapy, Systemic therapy, Psychotherapy, Play therapy and post-abuse therapy

Specialist adult professionals (EIP, CMHT and/ or psychological therapies practitioners provide a range of evidence based interventions in line with Policy Implementation, evidence-based and/ or NICE guidance. This will include motivational interviewing, CBT, coping strategy enhancement as well as medical interventions.

The Transition service will be flexible where young people and young adults and their families are seen in order to improve access to high levels of the Transition service. There will be close collaboration and working with the Councils Transitions and Early Intervention teams.

Young people and young adults are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day. This may include utilising the Reaching Out Service or CR/HT where appropriate.

The Transition service will meet the needs of young people and young adults 15-25 years where appropriate ensuring the best use of resources, clinical expertise and transition.

All young people and young adults with both a learning disability and a mental health disorder have access to appropriate Transition service interventions.

Young people and young adults who require admission to hospital for mental health care have access to related care in an environment suited to their age and development. This will mean liaison with the NHS Commissioning Board for Tier 4 beds for under 18 years or admission to the Redwood Centre

When young people and young adults are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuation of care is ensured by use of the 'care programme approach'.

To provide support to families including involving in assessment, care planning and reviews of individuals care.

Key Principles

The patient experience will be underpinned by young people and young adults remaining central to the service. Key principles to support this include:

- Young people and young adults and their carers will receive high quality, safe, accessible, equitable, and timely Mental Health services;
- Services will be responsive and based on the views and needs of young people, young adults and their carers;
- Problems will be addressed at the lowest tier of service;
- Promotion of Mental Health well-being and the prevention of Mental Health problems will be fundamental to the service;
- Services will take into account best available evidence of effectiveness and efficiency, deliver the best possible outcomes and will be delivered by a competent and skilled workforce;
- Practice will be holistic, including key partner agencies in the assessment and planning of services.

What the Transition service will do

- Advice giving - information and signposting
- Consultation - supporting other clinicians
- Opinion-giving - assessments and clinical opinion to responsible teams
- Shared Care - including with 5-15 service, Placement Stability team/ Looked After Children team, primary care, CMHT
- Care responsibility - care manage and provide interventions
- Clinical interventions, diagnosis (eg of ADHD, ASD, functional and psychotic disorders)

Service description/care pathway

The service will operate flexibly from 9am - 5pm for referrals requiring transition assessment in line with current contract.

Referrals will be processed through a single point of access.

Referrals will be acknowledged within 48 hours of receipt of referral

Individuals will be allocated to team members with the most appropriate skills to meet individuals needs.

Individuals will be discharged thoughtfully, when Recovery is evident or transferred to other specialist teams (eg CMHT) when clinically appropriate eg after 3 years for EIP service model and maintained within specific care clusters.

The Transition will provide an 'out of hours' service and respond to urgent need of those known to service. The Transition team will also work closely with the Reaching Out Service, RAID and CR/HT to ensure individuals needs met within community settings wherever possible.

Assessments will include appropriate standardised assessment tools.

The Transition service will ensure joint planning / solutions with Council services

Referrals will be accepted through the single point of referral. This may include a CAF, triage and/ or multi-disciplinary assessment.

Referrals will be received in a standardised way, to be determined.

Response times

- Priority 1/ Emergency: same day. These individuals will include, but are not limited to the following presentations: psychosis, severe depression, serious suicidal attempts, and eating disorders with sustained rapid weight loss and a BMI under 16)
- Priority 2 (acute and severe risk) within 3 days
- Priority 3 (medium risk) within 7 days
- Priority 4 (low risk) within 20 days (4 weeks from referral to assessment and a further 7 weeks to commencing treatment.)

- All referrals will be acknowledged via letter to the referrer within 48 hours of receipt
- All referrals will be date registered upon receipt
- All referrals will be screened and prioritised as either priority 1,2, or 3 cases
- Priority 1 cases out of office hours will be dealt with by the on call services including the Reaching Out Service, CR/HT and on-call psychiatrist.

Population covered

Telford and Wrekin and Shropshire Council boundaries and those with a GP within the geographical boundaries.

Any acceptance and exclusion criteria

Inclusion criteria:

All individuals between 15 and 25 with a mental health need

Individuals who meet Current Tier 2 and tier 3 CAMHS criteria including Looked After Children/ Children in Need

Individuals with a first episode of psychosis

Individuals of Telford and Shropshire in a placement

Autistic Spectrum Conditions

Behavioural Conditions that have not been resolved by other interventions

Exclusion criteria:

Interdependencies with other services

Family Connect/ First Contact Service (Single Point of Access)

Council Transition team and Early Intervention Services

5-15 years service

Placement Stability team/ LAC team

CAMHS Learning Disability Team

Reaching Out Team

CR/HT
Community Mental Health Team
School services eg Education

3. Applicable Service Standards

Applicable national standards eg NICE, Royal College

Applicable local standards

The Transition service will be fully conversant with local Safe Guarding procedures for Children and Adults.

Service evaluation will be through customer feed back via 'listening to you' and via the review / monitoring process.

4. Key Service Outcomes

HoNOSCA (Health of the Nation Outcome Scales for Child and Adolescent Mental Health) improvements

Adult related Outcome scales improvements

CQUIN for Care Planning achieved

CQUIN for Carer Feedback achieved

Service User Feedback

Carer Feedback

Reductions in admissions to SATH for DSH

Reduction in Tier 4 admissions

Reductions in length of admission

Reduced re-admissions

Improved age appropriate interventions

Increased social inclusion: training, opportunities for volunteering, employment, permanent accommodation

Wider range of evidence-based interventions used

Reductions on placement breakdowns of Looked After Children/ Children in Need

Reductions in Out of County Placements

Meeting current performance indicators for CAMHS, EIP, CMHTs, Psychological therapies

5. Location of Provider Premises

The service will be delivered within locations to be agreed within Telford and Shropshire

6. Individual Service User Placement

1. PURPOSE

To inform HWB Board members on the ongoing development of the Clinical Commissioning Group (CCG) and to point to future focus for the CCG.

2. RECOMMENDATIONS

That the Board:

- **Note the progress to date**
- **Agree to take a major role in a transformational process for our local health economy.**

3. BACKGROUND

3.1. Authorisation of the CCG to be the statutory body commissioning healthcare in Telford and Wrekin requires the completion of an assessment process, which has several facets.

- The three lead members Chair, COO and Chief Finance Officer had to be assessed personally and an adjudication made about their suitability,
- there was a multisource feedback process considering the whole CCG and a report from the Strategic Health Authority and
- the CCG had to demonstrate competence across 119 separate measures of performance. Competence was assessed initially from documents submitted by the CCG and then at a 'panel day'.

4. SUMMARY OF ACTIVITY AND PROGRESS

4.1. Following satisfactory completion of the first two bullets, on the 1st November the CCG entertained a panel of assessors for a day.

4.2. The panel attended with express aim of examining in more detail the elements of development that were less clearly articulated in the documentation submitted in the early autumn.

4.3. 56 of the 119 measures were judged to need more information, which was fairly average for the wave of CCGs that were being authorised at the same time (Wave 2 of 4).

4.4. On the Panel day, the CCG performed extremely well. At the end the Chair reported that the panel felt the CCG had strengths particularly relating to its focus on quality and also patient engagement.

4.5. The outcome was a judgement that there were 13 of the measures that needed further development before they could be approved as being ready. These related to process largely on four areas: demonstration of Safeguarding governance, demonstration of working agreements with two partners – Shropshire CCG and the commissioning support unit, and demonstration of a longer term plan with the capacity to deliver it.

- 4.6. The CCG had two weeks to submit further evidence between the 11th and the 24th December.
- 4.7. With this evidence submitted, the CCG is awaiting adjudication from the National Commissioning Board (NCB). The NCB will decide both if the CCG can be authorised, and what conditions might be attached to that authorisation.
- 4.8. A preliminary review by the NCB suggests that authorisation is certain and that there might be three conditions still to be discharged: The 2 agreements with our partners and the longterm plan.
- 4.9. The CCG expects to be able to discharge at least two, if not all three conditions before end March (should that be the number).
- 4.10. If the NCB does decide the CCG is authorised, effectively the CCG will be the statutory body from the end of January, though this will not legally be the case until 1st April 2013.
- 4.11. The PCT in the form of the Cluster met in December as a Board and stood down all committees except the legally necessary ones of the Board and the remuneration committee.
- 4.12. Transfer of all staff is now complete and all staff bar a very small number have been retained in one organisation or another. There has been some natural loss on the way with people finding other jobs.
- 4.13. The CCG is in the process of reorganising the estate to accommodate the CCG, some of the Community trust, some of the Commissioning support staff, some of the Local Area Team, Public Health and joint commissioning.

5. FUTURE ACTIVITY

- 5.1. The legal process of closing the PCT and handing over is being developed with the help of our legal advisers Mills and Reeve.
- 5.2. It will be necessary to meet in March and April for the formal hand over as well as an inaugural meeting to adopt all our policies.
- 5.3. Apart from managing the day to day working of the health service, in partnership with Shropshire CCG, the CCG intends to embark upon a process of transformation for the local health economy that will include social care and primary care.
- 5.4. This is necessary to address the financial challenge of the next five years and it will be the major piece of work for the CCG in the first stages of its autonomous existence.
- 5.5. Both the Health and Wellbeing Board and Scrutiny will play a big part in this process of consultation and transformation.

1. PURPOSE

To inform HWB Board members on the Financial situation of the Clinical Commissioning Group (CCG).

2. RECOMMENDATIONS

That the Board:

- **Note the situation for the current year**
- **Note the work that is happening for the future**

3. BACKGROUND

3.1. The CCG has held delegated responsibility for a large part of the commissioning budget for NHS Telford and Wrekin for the last 18 months. Having taken over the responsibility mid-way through the financial year of 11/12, the CCG oversaw the delivery of a balanced budget with a £1M surplus as required.

3.2. The change to the NHS brought about by the Health and Social Care Act (2012) requires a split of the current PCT budget to match the split of services as they are moved to their new homes.

4. SUMMARY OF ACTIVITY AND PROGRESS

4.1. Throughout this financial year, the CCG has balanced three financial challenges that have substantial interaction.

- Delivery of a further sum of savings under the Quality Innovation Productivity and Prevention (QIPP) initiative from the Department of Health (carrying on with the day job);
- Delivery of an organisational structure and function to fit with the large reduction in funds available. The funding has remained imprecise for a large part of the year;
- Development of plans to deliver ongoing savings in the next five years as the Telford and Wrekin contribution to the estimated £20Bn savings needed nationally over five years (the Nicholson challenge).

Each of these will be covered in turn.

5. QIPP 2012/13

5.1. The CCG has been required to deliver £5M savings through the focus on Quality, Innovation, Productivity and Prevention.

5.2. This programme was designed to make changes both in secondary, and primary care.

5.3. Because the projects involved the development of new services in large part, the savings were projected to fall in the second half of the year.

5.4. The projects identified for QIPP 2012/13 are set out below.

- | | |
|---|--------|
| • Planned Care | £1.55M |
| • Urgent Care (Frail and Complex Service) | £1.57M |
| • Medicines Management | £0.50M |
| • Rapid Assessment Interface and Discharge (RAID) | £1.00M |
| • Management cost reduction | £0.35M |

5.5. Because of the delay in presentation of the monthly figures (necessary for validation and agreement), progress against the projected savings has been hard to follow. However, performance is still following the projected figures.

5.6. The CCG is working to bring further projects into play that will consolidate the QIPP savings this year and will also go towards QIPP for next year (which is expected to require a similar saving).

5.7. We are predicting the CCG will deliver balanced accounts again this year with a further £1M surplus as required.

6. ORGANISATIONAL COSTS

6.1. The CCG has been required to reduce the administrative costs of the organisation substantially.

6.2. Historically, the PCT operated on a figure of £45 per head of population roughly equating to a total budget annually of £7.5M

6.3. The CCG is required to operate on a figure of £25 per head of population, roughly equating to a total budget of £4.25M.

6.4. Put in the context of the total projected budget for all healthcare that the CCG is responsible for of £180M, the CCG administrative allowance equates to 2.5% of the total budget.

6.5. Delivery of this challenging target has required both a reduction in administrative activity, and sharing of functions with the local authority, our neighbouring CCG and with our chosen commissioning support unit (CSU) – the Shropshire and Staffordshire CSU.

7. FUTURE PROJECT PLANS

7.1. Whilst the detail on next year's financial allocation has yet to be determined, the CCG has started considering plans for next year and the medium to long financial position. This has been limited by delayed detail about the split of PCT funding for the different receiver organisations: The National Commissioning Board, The CCG, Public Health (within the LA).

7.2. **For the coming year**, the CCG is required to make savings of about £5M again. We will also have to decide on priorities for investment and development. Most of which will need to address the priorities of the health and Wellbeing Strategy.

7.2...1. Historically, there has been a scoring exercise to decide on activity, that is beyond the 'routine' provision of care, to be commissioned in the coming year.

7.2...2. For the coming year, the CCG has pursued a similar process:

- providers and commissioners were invited to submit ideas and proposals to be considered. This resulted in a 'long list' of 45 possible developments
- This long list was screened by lead commissioners, the quality team, the finance team and public health.
- Each proposal was assessed by the clinically led Planning and Prioritisation Panel in mid December.

- Projects were rated as Green (recommended), Amber (needs further work to decide) and Red not recommended.
- The resultant 18 projects, which include the mandatory 111 programme, have been presented to the GP practices for their view on the priorities.
- The potential projects can be grouped into several themes: Development or expansion of services in primary care or community care as an alternative to secondary care (11 suggested projects), refinement/change of secondary care services (3 projects), Medicines management changes (1 project), joint commissioned/provided service with social care (1 service). There are two other national projects: expansion of Health Visitor numbers and the development of 111.
- These need to be decided upon by 25th January at this high level, before they are reviewed and approved by the region.
- The CCG also needs to nominate and deliver on three local priorities to be able to earn a “Quality Premium” payment.

7.3. **In the Medium term**, it is estimated that the CCG will have to make savings of £28M in the next five years.

7.3...1. If the whole health economy of Shropshire and Telford and Wrekin is considered, estimates put this figure at anything from £100M to £250M.

7.3...2. It is clear that this level of saving will only be achieved by substantial ‘whole system’ transformation.

7.3...3. The two local CCGs are embarking on a programme of activity to manage this in the current year. This will necessarily involve social care as well as health care.

APPENDIX 14 - PUBLIC HEALTH SERVICE & SAVINGS

1. Introduction

1.1 From the 1st April 2013, under new statutory arrangements set out in the Health & Social Care Act, T&W Council will be responsible for a range of Public Health functions, previously commissioned or provided by T&W Primary Care Trust. To fund these new responsibilities the Council will receive a ring-fenced grant but announcement of allocations has just been deferred yet again by Department of Health until some time in January. Previous DoH announcements indicate that this area will see its level of funding cut over an unspecified period while others like Shropshire will receive increases.

1.2 The functions we will be responsible for fall largely into the following categories:

- Health Improvement – such as nutrition, obesity & physical activity; smoking cessation; dental public health; children’s health; health check for older adults and wider health and wellbeing
- Health Protection – planning to protect the local population against a range of threats and hazards to health and life
- Public Healthcare advice – providing a core offer of public health advice to the NHS locally

1.3 In addition two largely treatment related functions (with elements of health improvement and preventative activity linked to them) are also being passed to local authorities as part of the new Public Health package:

- sexual health and
- drug and alcohol treatment.

1.4 In Telford & Wrekin these functions have not previously been commissioned under a public health remit.

1.5 Some elements of the above functions are mandatory as follows, though quality and quantity are not prescribed:

- NHS Health Check Programme
- National Child measurement Programme
- Local Authority role in Health Protection
- Public Healthcare advice
- Sexual Health

2. Financial Summary

2.1 The PCT have indicated that they had a budget of £10.4m across all of these services, though we have not received from the PCT a fully detailed, financial breakdown as to how this sum has been arrived at. To date we have only been able to project likely spend in 2012/13 of around £9.1m on services that pass to the Council as per the table below (a detailed analysis of spend is set out later in this report).

:

T&W PCT 2012/13 Public Health budget	£10.4m
Unutilised budget in 12/13 (assumed contingency)	(£1.0m)
Possible T&W CCG responsibility 2013/14	(£0.3m)

T&W Council responsibility 2013/14	£9.1m
------------------------------------	-------

2.2 In the continuing absence of clear information from the Department of Health the working assumption at this point, is for a ring-fenced grant payment next year of £8.2m, a shortfall therefore of £0.9m based on existing spend. The announcement of the grant has now been deferred to some time in January which does not help with robust service planning and consultation.

2.3 Although we will receive a single grant we must then prioritise, the preferred distribution across three components:

- a component to support mandated services
- a component to support drugs services which are currently commissioned by DATs through the Pooled Treatment Budget (PTB) formula. These drugs services are non-mandated
- a component to support non-mandated services, other than drugs services

2.4 Very late in the day it has been announced that a Health Infection function will also pass to local authorities. This paper has not been able to take account of costs associated with this function or any grant increase that relates to it.

3. Public Health Services and related spend

3.1 The main areas of public health related activity can be categorised as: spend within a staffed public health unit (transferring to the Council) and externally commissioned services covering nutrition, obesity & physical activity; drug and alcohol misuse; smoking cessation; children 5-19; NHS health check programme; sexual health; and other health improvement & wellbeing as set out below. In summary:

Area of Activity	Estimated 2012/13 Spend (£000)
Public Health staff & overheads (mandated)	1,171
Nutrition, Obesity & Physical Activity	812
Smoking cessation	827
Children 5-19	583
NHS Health Check Programme (mandated)	506
Misc Health Improvement & Wellbeing	985
Drugs & Alcohol Support (treatment)	2,910
Sexual Health (mandated/treatment)	1,335
TOTAL	9,129

3.2 More detail is set out in the table below:

Public Health Services and Spend			
Service	Description	Budget/ Spend £000	Status M = Mandatory NM = Non-mandated P = HWB Priority T = Treatment OF = Impact on indicator within PH Outcomes Framework

Public Health Team	<p>Director of Public Health (DPH) and 17 staff responsible for Health Protection, Public Healthcare advice, information & Intelligence, and commissioning of Public Health services – Currently employed by T&W PCT and will transfer to T&W Council</p> <p>Salary costs and other related support expenditure</p>	<p>£1,170k</p>	<p>DPH = M Health Protection = M Healthcare advice = M</p>
Public Health commissioned services	<p>Nutrition, Obesity & Physical Activity: A wide range of lifestyle risk management services across all ages, targeting alcohol prevention, emotional health & wellbeing, weight management, nutrition, physical activity, healthy eating and breastfeeding.</p> <p>Includes:</p> <p>National Child Measurement Programme (NCMP – provided via School Nursing Service see “Children 5-19” below), weight and life style management, healthy eating & physical activity interventions, walking & cycling schemes and breastfeeding support provided by the SCT NHS Trust (634k)</p> <p>“Lets get moving”, physical activity interventions and “Five a day” scheme provided or supported by the Council (179k)</p>	<p>£812k</p>	<p>NCMP = M All remainder other than Breastfeeding = P Most = OF</p>
	<p>Smoking Cessation: Primarily service to help people stop smoking through one to one and group behavioural support and pharmacotherapy provided by:</p> <p>Shropshire Community Trust (contract currently out to re-tender) including interventions to quit and stop smoking in pregnancy (£700k)</p> <p>SATH – interventions to quit for in/out patients (£38.6k)</p> <p>Malling Health (£30k)</p> <p>Solution 4 Health (£50k)</p> <p>Website support and advertising (£8k)</p>	<p>£827k</p>	<p>NM P OF</p>

	<p>Children 5-19: School nursing (£398k) including Human Papilloma Virus (HPV has been linked cervical cancer) vaccination for girls in secondary schools (£26k). HPV vaccines (30k) National Child Measurement programme (£6k) and health promotion and interventions (£148.5k) provided by SCT.</p>	£583k	NCMP component = M School Nursing – P Health promotion interventions - NM
	<p>NHS Health check programme: A targeted approach to all adults aged 40-75 years who are not already known to have diagnosis of heart disease, stroke, kidney disease or type 2 diabetes on a 5-year rolling programme basis (invite 20% of relevant population per year and achieve 50% uptake). Provided primarily through GP practices by GPs (£84k – though £100k required for 2013/14) and Healthcare Assistants (£236k though current value £201k)</p> <p>But also spends in respect of:</p> <p>Lloyds Pharmacies (£48k) Health Intelligence (£38k) Graphnet (£26.9k) Telehealth (£850) Alere UK (£71.6k)</p>	£506k	M
	<p>Misc Health Improvement & Wellbeing:</p> <p>Public Mental Health: Mind (£30k) My Time (£10k) SCT (£120.7k) Suicide & Harm Prevention – SSSFT (£40k)</p> <p>Variety of general Health Promotion activities & Health Trainers: SCT (£762.6) T&W Council (£73k) Healthy warmth (£25k) and Health Trainers (£47k) Birmingham PCT – Health Trainer performance monitoring (£4.8k) Less CCG responsibilities £56k</p>	£985k	NM

Sexual Health Commissioned Services	<p>Community Contraception and Sexual Health Services (including Genito-Urinary Medicine (GUM) and Sexually Transmitted Infection (STI) clinics, sexual/psycho sexual counselling and targeted outreach to vulnerable groups), Chlamydia Patient Tests results service and HIV Prevention & Support Service</p> <p>The main provider is currently Shropshire Community NHS Trust (though this service is currently out to tender because of quality concerns) - £986k</p> <p>Supported by: Enhanced Services provided by GP Practices - £200k Pharmacies - £27k Shropshire PCT - £16k Terrence Higgins Trust (HIV service) - £71k Gum Out of Area payments - £35k</p>	<p>£1,335k</p>	<p>M T</p>
Total Budget/Spend		<p>£9,129k</p>	

4. Public Health Service Providers

4.1 From this table you will see that the majority of the contracted spend is with a small number of local NHS/health providers or the Council. Smaller voluntary sector and/or social enterprises receive £703k in total. Spend by provider is summarised below:

Provider	Spend £m
Shropshire Community NHS Trust	4.10
SATH NHS Trust	0.46
SSS NHS Foundation Trust	0.04
GP Practices	0.61
Pharmacies	0.37
T&W Council	1.26
Voluntary Organisations – Social Enterprises	0.70
Other	0.36
TOTAL	7.90
Public Health unit	1.20
Total Budget	9.10

4.2 Historically public health related contracts with NHS providers have been part of the wider contracts the PCT held with these providers in itself adding complication to “disaggregation”

4.3 However every contract that has been let has been on the basis that they end at 31 March 2013. Therefore though a contract transfer scheme has been put in place as part of the national transition arrangements, legally there are no contracts which will automatically transfer to the Council though we are sure there is an expectation that they will.

4.4 As part of the national arrangements there is scope for the Council to approach the PCT Cluster team (now being overseen by the Local Area Team director as part of the emerging NHS Commissioning Board) to seek their agreement to extend specific contracts beyond the 31 March 2013 thereby allowing them to be novated to the Council.

4.5 Officers have indicated to the LAT Director that we are likely to want to use this route, though not for all contracts and probably not at the full value. All providers have received an initial letter jointly signed by the local Director of Adult & Community Services and Director of Public Health informing them that there is no guarantee of their existing PCT contracts being taken over by the Council.

4.6 We now urgently need to move on and make firm decisions about all of the contracts against the background of the grant being less than the current spend and an understanding that Public Health will find a share of the additional savings facing the whole Council. The sooner we do this the better as some contracts may have clauses requiring up to 6 months notice to be given, particularly relating to staff related costs. However until now we have not been in a position to make these decisions without fully understanding the services we are inheriting and though still without definite information about the ring fenced grant to be received we need to move forward with our planning and consultation.

4.7 Budget and savings options are set out below.

5. Budget options

5.1 Council Officers with Public Health, Sexual Health and Drugs & Alcohol NHS Commissioners have been looking how the spend on public health services can be reduced to:

(a) bring spend down to the ring fenced grant total – required reduction of £0.9m (assuming grant will be £8.2m) and in addition

(b) make a further contribution of £1.2m towards the overall Council savings strategy target - with a view to substituting existing council funded services that are public health related and deemed to be a higher priority, therefore allowing the full ring fenced grant still to be claimed.

5.2 As a result of this work savings proposal has been put together which if accepted would reduce spend on current activity by £2.1m in 2013/14 to enable protection of key front line universal services that make a major contribution to the health and well being of our local community. (£2.7m in a full year 2014/15) as summarised below.

If implemented then these proposals would eliminate the potential shortfall in grant funding and contribute £1.2m towards overall budget strategy savings in 2013/14 rising to £1.8m in 2014/15. This would then leave a further £0.7m ongoing savings to be determined during 2013/14 for the 2014/15 strategy though this will vary depending on the actual 13/14 and 14/15 PH grant allocations when these are known. Robust consultation and impact assessments will now be required.

Area of Activity	2013/14 Savings (£000)	2014/15 Saving (full year effect) (£000)
Public Health staff (mandated)	0	0
Nutrition, Obesity & Physical Activity	344	459
Smoking cessation (includes 50% reduction in available "quit" sessions)	450	450

Children 5-19	111	188
NHS Health Check Programme (mandated)	49	49
Misc Health Improvement & Wellbeing	354	471
Drugs & Alcohol Support (treatment)	487	720
Sexual Health (mandated/treatment)	323	373
TOTAL	2,118	2,710

5.3 A more detailed analysis of these proposals by area, provider and associated risks is set out below.

Service Area	Savings Proposals	Risks	£ Impact (Saving)
Nutrition, Obesity & Physical Activity:	1. Specialist weight management activities– (SCT £39.5k) 2. Weight management – (SCT £105k/+35k) 3. Physical activity brief interventions – (SCT £76k/+25k) 4. Walking & Cycling – (SCT £20k/+7k) 5. Community Food – (SCT £34k/11k) 6. Breastfeeding – (SCT £79k/+26k)	Will be a reduction in general health promotion initiatives but we will look to mitigate through directing current Council services and capacity	£353k – 13/14 £458k – 14/15
Smoking Cessation:	1. Promotion work (£8k) 2. Saving built into to Integrated Service tender (£105k including - £30k Mailing Health & £50k Solution for Health) 3. 50% reduction on core contract activity currently being tendered- then to be reviewed during the year in terms of area wide impact on smoking levels (£337k)	1. Can be provided through Council's own specialist resources. 2. Reliant on procurement process but is achievable with little risk 3. Failure to reach targets. Some increased risk to health of population.	£450k – 13/14 £450k – 14/15
Children 5-19:	1. Health Promotion & Prevention for young people – (SCT £111k/+40k) 2. School Nursing Service – 10% reduction in overall cost by 2014/15 through contract re-negotiation/workforce review	1. Reduced program for children and young people, including targeted groups. Mitigate through role of School Nurse/other Council services. 2. Minimal impact if it can be delivered through efficiencies	£111k – 13/14

			£188k – 14/15
NHS Health check programme:	<ol style="list-style-type: none"> 1. Pharmacy Project with Lloyds (£48k) 2. Telehealth – cardiopod (<£1k) 	No significant impact.	£48.8k
Misc Health Improvement & Wellbeing:	<ol style="list-style-type: none"> 1. Mental Wellbeing – (SCT £46k/+15k) 2. General Health Promotion – (SCT £259k/+86k) 3 Workplace & mens’ health – (SCT £49k/+16k) 	Will be a reduction in general health promotion initiatives but use of existing Council resources to mitigate impacts	£354k – 13/14 £471k – 14/15
Tier 1, 2, 3 & 4 Drugs and Alcohol support and treatment services	<ol style="list-style-type: none"> 1. Various lower level activities/initiatives (£147k-day visit rehab services) 2. After care & TACT (£15k) 3. Tier 1 Alcohol Prevention – (SCT £35k) 4. NACRO & IMPACT contract reductions (£65k) 5. DARS Treatment Service- efficiencies available to deliver current level of service with deletion of unfilled posts (£225k in 2013/14, Further £200k in 2014/15 following full service review) 	<p>No significant Treatment risks. All service users will continue to have a service. Small risk of not meeting recovery KPI</p> <p>Risks will increase in 14/15</p>	£487k – 13/14 £720 – 14/15
Sexual Health Commissioned Services	<ol style="list-style-type: none"> 1. GP Lead for Sexual Health (- £23k) 2. Sexual Health Tender – Contract savings and improved services (£215k + additional savings to be discussed £50k rising to £100k in 2014/15) 3. GUM out of area (35k) 	No significant risks in respect of most. However a little more work is required to understand whether additional £100k saving on contract can be achieved through efficiencies alone	£323k – 13/14 £373k – 14/15
TOTAL Saving			£2.118m 13/14 £2.710m 14/15

Care & Support Budget Savings Update and Proposals

This appendix provides an update on the financial position of care and support in respect of the cumulative savings now required of the service from 2013/14 onwards. It describes the implications of the actions being taken in respect of the existing savings requirements and proposals for addressing the additional target including the ongoing £1.365m overspend from the current year.

The further savings required of the service are summarised in the table below:

	<u>2013/14</u>	<u>2014/15</u>	<u>Total</u>
	<u>£m</u>	<u>£m</u>	<u>£m</u>
2012/13 budget strategy savings	1.901	1.102	3.003
Ongoing overspend from 2012/13	1.365		1.365
Additional target 2013/14 budget	<u>0.317</u>	<u>1.957</u>	<u>2.274</u>
Total	3.583	3.059	6.642

In addition the service is facing funding pressures from demography and inflation which effectively means that further savings are required in order for the council to be able to meet its statutory duty to provide care for eligible unmet needs. The delivery of the above savings together with the current in year savings detailed below represents 27% of the service budget and inevitably will, if implemented in full, result in a reduction in the care provided to individuals.

Context – Current Year 2012/13 Savings

In the current financial year the service is delivering £2.546m of non staff savings and £2.251m of staff savings, a total of £4.797m.

These savings are being delivered through a complete remodelling of service delivery. The new personalised model of service delivery is based on 4 key actions:

- Establishment of enablement and reablement for the vast majority of service users prior to assessment for ongoing service eligibility and care planning with the objective of reducing or, where deterioration is occurring, stabilisation of pre-existing care package costs
- Utilisation of assistive technology as a preventative measure and as an alternative to personal care provision
- Development of personal budgets and self directed support by individuals as an alternative to council led service determination.
- Signposting and direction of individuals to community and voluntary sector based support as an alternative to council funded provision.

In delivering this remodelling of service delivery the service currently has the following workstreams underway:

- Business Processes - new processes to meet Personalisation and transformation agenda.

- Systems - Adult Care & Support System requirements linking to ICT Corporate Plan including equipping staff with ICT equipment .
- MyLife Portal – providing effective searching, information and guidance to enable signposting as needed through one system rather than multiple systems. Intended as alternative initial access for people which would signpost to alternative service provision as well as Council funded.
- Resource Allocation System - (RAS) -the RAS will be used to assist the council to calculate a fair and equitable allocation of Council financial resource for each service user and provide greater choice and control.
- Self Directed Support (Personal Budget Support Service) -the SDS budget management system will be used to assist the Council to monitor and manage it's financial resources effectively and provide information to service users on the application of their personal budgets
- Information and Advice – Directory of Resources to help people live their own lives as they wish without necessarily recourse to the council.
- Assistive Technology, Community Alarms & Telecare
- Enablement and Prevention - commissioning/ strategy development in partnership with Health partners
- Transition & Leaving Care Service - development of a Transition service for 16-25 yr old for young people who may need support from Adult Social Care services
- Provider Services - to consider and review the role of our in house services in future delivery of care for ALD and other service users. To agree the future purpose, structure and resources for the in house services which currently include:- Shared Lives, Residential Care, Community Support, Day Opportunities
- Market and Community Development - -development of small local care and support providers and the development of a homecare framework agreement to reduce unit costs
- Supporting People – realignment of service provision to floating support not accommodation specific provision so support is only provided to those with a clear eligibility need.
- Advocacy development
- Autism strategy and action plan implementation
- Review of meals on wheel

In addition the following specific savings actions have been implemented:

- Implementation of care cost funding calculator for all adult with learning disability residential placements
- Low level preventative Service – implementing full cost recovery rate
- Holding of inflation on existing placement contracts below level of inflation provision. However this position will not be sustainable for the forthcoming year without risk of seriously destabilising the care market.
- Implementation of charging policy revisions including: removal of maximum contribution, disability related expenses to be supported by care plan.

Whilst work is progressing on these workstreams to deliver the service savings required, three significant factors are offsetting the savings being delivered.

- Firstly the impact of the PCT's 75%+ reduction in NHS funding for Continuing Health Care since 2009/10 (funding for people with long term conditions and therefore more severe health and care needs) continues to have a huge financial impact on the service. The additional costs now being met by the reducing funds available to the Council are some £8-9m per year and rising and despite the receipt of some non recurring funding from the PCT, mean that the savings arising from the new model of service delivery are being more than offset by this pressure. These clients, by their very nature of having previously been CHC funded or being eligible for consideration, have very high level and complex needs which puts them at the top end of the cost spectrum.
- Secondly the increased rate of hospital discharges has put significant pressure on our resources. People are being discharged earlier and consequently with higher levels of need. This results in increased demand and also higher care costs for social care as well as increasingly complex health demands for care service providers to manage.

The council's average unit cost for care provision has risen and continues to rise as a consequence of the above two factors.

- Thirdly, as part of the service restructure the service area became responsible for the transition of young people in care. In taking operational responsibility for the service an overspend of £500k has also been transferred from children's to adults services.

Consequently in spite of significant savings being delivered, the service overall is currently forecast to overspend by £1.365m in 2012/13 and this has had to be addressed on a non recurring basis by the use of the remaining service reserves. These will not be available in future so the additional costs must be addressed by further ongoing savings within the service.

Actions to address the original £1.9m target for 2013/14 (rising to £3.003m in 2014/15)

It was anticipated that the completion of the Workstreams listed above would deliver the additional savings required for 2013/14. Whilst work has progressed on the Workstreams there has been slippage which reflects the impact of the 20% reduction in staffing achieved as part of the service restructure. Steps have been taken to address this through the utilisation of one off resources through the invest to save initiative in respect of implementing a framework for the domiciliary care market and the development of a health and social care economy wide assistive technology strategy to realise the full potential of savings .

In order to address the shortfall a number of further actions will be required;

- Imposition of a funding ceiling (either through the application of the RAS or through a ceiling linked to the alternative cost of residential care) for community based care packages. This will significantly reduce the choice for individuals and a significant number will have to go into residential provision and will not be allowed to continue to live in their own homes.
- The review of provider services currently underway will be required to deliver a savings target representing some 10% of its running costs (£500k). This is in the context of it having already contributed to the delivery of the savings targets for 2012/13.
- Review of policy provision/revision of expectation in ALD and Transition service areas to clarify that basis of future accommodation provision will be on shared basis only

- Peer review will be sought to identify potential areas for further action to deliver savings
- Additional support is being sought to accelerate and broaden the systems and process review workstream.

Actions to address the 2012/13 £1.365m ongoing overspend

As discussed above there are three key issues contributing to this overspend and actions are proposed to address these:

- An invest to save bid has been approved and advertisement is underway for two social worker posts who will focus entirely on CHC. The posts will have the required expertise and knowledge to be able to challenge the current application of the criteria locally.
- Ongoing discussions are underway with the CCG with a view to addressing on a longer term basis the impact of decisions which have already been made and to mitigate the impact of potential future decisions.
- In partnership with children's services a review of transition arrangements will be undertaken with particular focus on the nature and cost of placements made for children in the two years prior to the transfer of responsibility to Care & Support at 16. The reduction in costs which can be achieved post transfer need to be time shifted back to avoid the higher costs being incurred initially. This will require significant work by both commissioning and operational staff in both service areas in order to address the legislative constraints which would appear to be a fundamental factor in the cost of these placements (section 20 children have to be accommodated in regulated services and similarly the cost of foster placements is significantly higher than associated adult shared lives costs)
- A panel process will be introduced to review and agree all ongoing care packages to ensure consistency and utilisation of alternative less costly forms of service provision such as assistive technology.

Action to address the Additional Savings Targets £0.317m in 2013/14 rising to £2.274m in 2014/14

Implementation of all the above actions should address the original savings targets and the overspend but they will not be sufficient to meet the increased demographic demand and the full value of the additional targets now issued. Implementation of the actions outlined in the various sections above will reduce the cost and volume of care packages delivered and will enable the 20% reduction in staffing to be implemented without an adverse impact on the safe delivery of care services. They should also enable the additional saving of £317k in 2013/14 to be met. However the additional £1.957m in 2014/15 will not be deliverable without reducing even further the amount of services delivered.

This can only be achieved by reviewing and reducing the level of support currently provided. Turnover within services is not sufficient to enable this to be achieved by application to new cases alone which would also leave us open to challenge on grounds of equality. It also requires the acceptance (albeit unwillingly) of the service users of change on a legally valid basis. In order to achieve this we may have to consider consulting on a review of the level at which we set our eligibility criteria during next year.

TELFORD & WREKIN COUNCIL

CABINET – 10 JANUARY 2013

HEALTH AND WELLBEING BOARD – 23 JANUARY 2013

SERVICE AND FINANCIAL PLANNING 2013/14 TO 2015/16

REPORT OF THE MANAGING DIRECTOR AND THE CHIEF FINANCIAL OFFICER

(Abridged:Main report plus 3 of the 15 Appendices covering the position on Children’s and Adults’ Social Services and Public Health (ahead of delayed grant announcement))

PART A) – SUMMARY REPORT

1. SUMMARY

Over recent years, Telford & Wrekin has faced unprecedented cuts in Government grant and made significant savings equivalent to more than £500 for every household. But despite the financial challenges, our mission is clear.

We’re attracting new jobs and investment and promoting growth in the borough, while seeking to protect as far as we are able many priority front-line services working co-operatively with our residents and partners. However given the scale of the Government’s cuts to the Council’s budget, some service reductions are inevitable.

While many other councils have already implemented very significant cuts to essential front-line services and stopped major building projects, we continue to invest in projects to ensure the future prosperity of the area and its residents:

- Our £250m Southwater scheme, kick-started by Council investment – this time next year new bars, restaurants, an 11-screen cinema and hotel creating around 200 new jobs will be about to open, creating a big regional leisure attraction
- Refurbishment of Telford Ice Rink and improvements to Telford Town Park
- Nearly £200m invested in Building Schools for the Future which will see seven new secondary schools re-built, alongside new or refurbished community leisure facilities
- We're making it even easier for businesses to come here and grow, offering support to attract new firms and help create new jobs
- Safeguarding our children and young people, particularly in the current climate where economic pressures on many families are growing, and our most vulnerable adults
- Investing in land stability schemes to protect the Ironbridge Gorge – the area's biggest tourist attraction and the West Midlands region's only World Heritage Site
- We're continuing to regenerate areas such as Brookside, Hadley and Oakengates

We're also protecting as far as possible key services. We are committed, working co-operatively with our residents, parish and town councils and other partners to:-

- High quality waste collection and recycling services
- Good standards of litter collection and maintenance of roads and pavements
- Providing a good level of library provision and enhancing customer service by including "First point" services in our main libraries
- All council-owned car parking spaces are free in all the Borough Towns for our residents and we're committed to keep it this way – unlike many other councils
- We're enhancing not cutting our leisure centres so that everyone in the community can use these helping us to improve the health and well-being of local people
- We offer free swimming for under 16s
- For the first time ever, we have given a 3 year core grant settlement to our key voluntary sector partners; co-operating with them for the benefit of our residents.

Continuing to deliver economic and housing growth is vital if we are to seek to continue to protect and maintain many services across the Borough at their current level. Also, creating employment opportunities is essential, not just to grow the local economy, but to give many people and families opportunities to address the financial difficulties that the Government's welfare reforms will undoubtedly bring them.

This report sets out a proposed service and financial planning strategy for the period 2013/14 to 2015/16 with specific budget proposals for 2013/14 and a schedule of planned engagement and consultation activities with the community around the proposed strategy.

The Council's Service & Financial Planning strategy for the period 2012/13-2014/15 was approved by full Council on 1st March 2012. This strategy was set in the light of the most challenging Government grant settlement ever received by the Council. Whilst the average reduction for Government Departments over the 4 year CSR period is 8.3%, the average reduction for local government over this period is 27%, more than three times as much.

However, the distribution of these cuts has not been even. Appendix 1 demonstrates this graphically and shows that out of 324 council areas in England, Telford & Wrekin is in the worst quarter in a league table showing the estimated change in funding by local authority area from 2010 to 2013.

This area also has comparatively low property values. In a league table of "tax base strength" produced by Stoke-on-Trent City Council, we rank 229th lowest out of 324 English local authorities. As well as low property values, we also have comparatively low council tax levels with Council tax at Band D in Telford & Wrekin being the third lowest in the Midlands region (only 1.1% more than Birmingham which has the lowest). If Telford & Wrekin levied a council tax equal to the average in the Midlands region we would generate an additional £5.58m p.a.

A further factor that has reduced resources in this area is "grant damping" whereby grant that the Government has calculated should be paid to this council is withheld and used to support spending in other areas. During 2012/13 a total of over £3m of grant that should have been paid to the Council was held back by the Government. At least £1.6m of this loss is now perpetuated in the new baseline funding settlement for the Council for the foreseeable future.

The Council also continues to suffer from a population undercount. We believe that the Office for National Statistics undercounts our population by around 4,000 people which has resulted in a further loss of grant of around £1.6m pa. in recent years.

The combined impact of:

	£m
A comparatively low level of council tax	5.6
Grant damping figure for 2013/14	1.6
The population undercount	<u>1.6</u>
	8.8

results in even greater pressure on the Council's budget on top of a disproportionate share of the grant reductions made by the Government.

Our strategy is to continue to fight for a "Fair Deal" for the Borough and to do all that we can to continue to protect front line services. So far, we have focussed as far as possible on eliminating waste, removing duplication and unnecessary bureaucracy, streamlining management and improving procurement processes.

The Council has already taken the following measures to reduce its costs:-

Staff

- Since 2009 the Council has already reduced staffing levels by around 850 jobs. This saves over £20 million each year.
- We've reduced the number of senior managers by 55%
- Staff pay has been frozen since 2009
- We have cut the pay of the Council's most senior post by almost 20% and the pay of the next most senior tier of managers

Council buildings

- We are disposing of 24 council properties
- We have reduced our office space by one third, slashing running costs

- After paying for the smaller offices we have taken on in Telford Town Centre, which have lower running costs, this leaves us with several million pounds of capital money to reduce council debt and our debt repayment costs
- Overall this will help us save a further £2 million a year

“Back office” costs

- Since 2009 we’ve cut “back office” costs by over 35% – saving £6m. a year

Procurement

- We have saved £2.5m through renegotiating and retendering contracts. For example with our commissioning strategy for children in care we have focussed our attention on managing the market through strategic planning with our regional colleagues with the objectives of increasing the market; ensuring we have services of a good standard in the region and managing fees. As part of the West Midlands Commissioning Partnership we have embarked on a number of collaborative arrangements using our strength in buying power and now have two framework agreements in place, one sub-regional foster care framework contract with 6 local authorities and one regional residential contract across 13 local authorities.

Councillors

- Cabinet members voluntarily reduced their allowances by 10%
- A £40k. reduction in the cost of councillor allowances and expense claims in 2011/12 compared to 2010/11.

Shared Services

The Council continually review delivery options for its services to ensure value for money. A number of services are provided in partnership with other local authorities and statutory agencies. Examples include:-

- the recently established West Mercia Youth Offending Service established in partnership with Worcestershire, Hereford, Shropshire, health, police and probation. This will deliver savings exceeding £100k in 2013/14 for Telford. The new service will work closely with The Police and Crime Commissioner with genuine integrated working practices ensuring improved outcomes at a lower cost for one of our most vulnerable groups.
- Membership of a joint energy procurement consortium consisting of 4 upper tier authorities.
- We have for some years delivered some specialist services through a joint arrangement with Shropshire Council. Telford hosts educational psychology, sensory inclusion and portage whilst Shropshire provides a pan Shropshire adoption service.

- We also work with authorities across the West Midlands through our links to IEWM to put in place regional procurement contracts for agency foster care and residential accommodation
- Through a series of service reviews and by working with other local authorities we continue to explore further options for sharing services where it can be demonstrated that these will offer greater value for money.
- Working co-operatively with our Town and Parish Councils such as the Parish Environmental Teams and Library provision in Brookside and Stirchley, Great Dawley and other areas.
- Sharing the administrative costs of the pension scheme by participating in the Shropshire wide superannuation scheme

Clearly it is becoming increasingly difficult to make savings which will not have direct service impacts. It has to be noted that some 85% of the Council's budget is spent on Adult Social Care, Children's Services and Neighbourhood Services so, given the scale of cuts being made by the Government to local government, some cuts in these areas are inevitable. The Council has a legal responsibility to set a balanced budget and in the face of an unprecedented period of significant and sustained year on year cuts to the funding it receives from the Government needs to identify ongoing savings or additional income sources to ensure that this requirement is achieved.

The Autumn Statement announced on 5th December made it clear that the outlook for public finances is not improving and the Council should expect the squeeze on public spending to continue for several years to come. At the same time as pressures on the national economy result in reductions in the level of central support for local authorities, the economic situation is continuing to place considerable additional pressures on the demand for local services for example council tax benefit payments are at peak levels (and the Government have transferred responsibility for these costs to the Council whilst cutting the associated funding) and the number of looked after children and cost of care is increasing. The Council is also facing increasing demands for services for older people as the number of older people in the Borough increases and has to fund continuing healthcare costs transferred by the Primary Care Trust. Difficult choices therefore need to be made between further cuts to frontline services and levels of council tax.

In January 2012, 2,287 residents took part in a consultation on the level of Council Tax increase. The majority of respondents (63%) supported a strategy of increasing Council Tax by between 2.5% and 3.5% (and rejecting a Government Grant available to freeze Council Tax in 2012/13). Based on the views of local people, the level of Council Tax was increased by 2.5% in 2012/13 and the Council agreed a strategy of increasing council tax at that level for the following 3 years.

However, our proposal for 2013/14 is to increase Council Tax by 1.9% (an increase of 2% or more would now result in the Council having to carry out a referendum at a significant cost, of around £250,000, to Council Tax payers). This is a long-term strategy to ensure that our budget is sustainable, as the available Government grant (equivalent to a 1% Council Tax increase) for the next 2 years is less than half the rate of inflation and would leave us with a further significant budget shortfall in the short term and when the grant ceased to be paid. A 1.9% increase is equivalent to 32p a week for the average (Band B) home in this area.

The proposals in the report have been developed in the light of the extensive consultation with the community that was undertaken last year and Appendix 15 of this report is a schedule of further consultation activities on the proposals included in this report.

The position over the next three year period can be summarised as follows:-

Projected Budget Gap	13/14 £m	14/15 £m	15/16 £m
Base Budget gap (including impact of further grant losses assumed as a result of the Autumn Statement and 2013/14 grant settlement)	10.034	23.993	33.737
Add back one-off contingency (re. public health uncertainty over grant allocation and new function)	0.800	0	0
Savings proposals issued in September 2012 (Appendix 3 – after leakage)	-5.376	-8.370	-8.929
Further savings (Appendix 4 – after leakage)	-3.235	-6.714	-6.714
Funding protecting key services that address the wider determinants of Public	-1.200	-2.500	-2.500

Health			
Commercial income/business winning” approach	-0.100	-0.600	-0.750
Effect of 1.9% council tax increase each year for next 3 years	-0.914	-1.845	-2.794
Restated shortfall before use of general balances	0.009	3.964	12.050

These figures are based on the information currently available from CLG on the **provisional** local government finance settlement for 2013/14. Although the Right Honourable Eric Pickles MP, Secretary of State for Communities and Local Government made an announcement of the provisional settlement in the House of Commons on 19th December 2012 it took many days for the required data to be posted on CLG’s website and unfortunately on many occasions data that was been posted was later withdrawn and replaced with updated information due to errors having been reported by the local government community. At the time of publishing this report, essential parts of the grant announcement have still not been announced (for example the Public Health Grant which Eric Pickles, in his speech on 19th December, said would be made available later that day) with no clear indication being provided of when the data will finally be made available for this significant grant which we estimate will be in the region of £8.2m to £10.4m. Clearly this is therefore proving to be a very difficult provisional settlement to analyse given the significant changes made by the Government to the local government finance system, the lateness and partial nature of the data all combining to make financial planning very difficult.

The report also proposes a number of significant investments. The proposed Capital Programme totals £288m over the period 2012/13 to 2015/16. This includes a new one-off £1m Commercial & Business Fund which supports our budget principle of ‘adopting a more commercial, entrepreneurial approach to income generation opportunities’. Funding will be used for one-off set-up costs for new commercial ventures and to ‘invest local’, for example to invest in businesses in the Borough in return for a share of future profits. The report also proposes a £150k one-off revenue investment in “Destination Telford” linking to our priority to be a ‘Business Supporting, Business Winning Council’. The fund will be used to fund initiatives and events that will

promote Telford & Wrekin as a place to visit, live, work and invest in. This investment recognises that Telford & Wrekin is in direct competition with other areas and that promoting our 'whole offer' is critical to long-term economic growth and prosperity. Other investments include £150k ongoing revenue funding for further spending on Winter Maintenance of the road network and a £0.6m increase in the revenue budget in 2013/14 to protect children at risk

2. RECOMMENDATION

2.1 Members are asked to approve the service and financial planning strategy set out in this report for consultation with the community.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific priorities?	
	Yes	<i>The service and financial planning strategy is integral to ensuring that available resources are used as effectively as possible in delivering all corporate priority outcomes.</i>
	Will the proposals impact on specific groups of people?	
	Yes	<i>The proposals contained in this report will impact on specific groups of people. An Impact assessment, on identified savings proposals, highlights equalities, environmental and economic impacts which is included as Appendix 5. Due to the complexity of the budget setting process with a large array of proposals for savings there is potential for a number of small changes to have a large cumulative effect. We will conduct a full impact assessment of all of the budget proposals, to be considered by Cabinet on the 28th February 2013.</i>
TARGET	<i>A series of borough wide public consultation</i>	

COMPLETION/DELIVERY DATE	<i>activities will be undertaken during January. The proposals contained in the report will also be subject to Member scrutiny during this period. Final proposals will be considered by Cabinet on 28th February 2013 who will make recommendations to full Council on 7th March 2013. The final agreed recommendations will be implemented during 2013/14 and future years.</i>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<i>This report sets out the service and financial planning strategy for the council for 2013/14 and the medium term.</i>
LEGAL ISSUES	Yes	<i>This report develops the proposals for the Council's budget and policy framework which will be consulted upon in accordance with the Constitutional budget and policy framework procedure rules and related Council decisions that will, in due course result in the Council setting its budget and council tax levels by the March deadline laid down by the Government</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<i>This report sets out the strategy framework which includes consideration of the corporate risk register – particularly in relation to the</i>

	<p><i>availability of balances.</i></p> <p><i>Environmental assessment is a procedure that ensures that the environmental implications of Council decisions are taken into account. The principle is to ensure that plans, programmes and projects likely to have significant effects on the environment are made subject to an environmental assessment.</i></p> <p><i>The Environmental Assessment aims to provide a level of protection to the environment and to contribute to the integration of environmental considerations into the preparation of projects, plans and programmes with a view to reducing their environmental impact. The environmental assessment detailed in Appendix 5b and 5c provides information on the environmental impacts of the budget proposals. Overall, on balance the environmental assessment of the budget proposals is positive.</i></p> <p><i>The economic impacts of the proposals are also detailed in</i></p>
--	---

		<i>Appendix 5b and 5c.</i>
IMPACT ON SPECIFIC WARDS	Yes/No	<i>Borough-wide impact.</i>

PART B) – ADDITIONAL INFORMATION

4.0 OUR CONTEXT

Last year the Council engaged in very extensive consultation exercises with local people which involved 7,442 contacts with local people. In response to what the community have told us during these engagement activities and the challenges facing the Borough, the Council identified a series of priority outcomes to inform both short to medium term planning and also longer term thinking about the future shape of the Borough to 2020. These are:

- 1. Put our children and young people first;**
- 2. Protect and create jobs as a 'Business Supporting, Business Winning Council';**
- 3. Improve local people's prospects through education and skills training;**
- 4. Protect and support our vulnerable children and adults;**
- 5. Ensure that neighbourhoods are safe, clean and well maintained;**
- 6. Improve the health and wellbeing of our communities and address health inequalities;**
- 7. Regenerate those neighbourhoods in need and work to ensure that local people have access to suitable housing.**

The Council Plan will be considered by Cabinet in February alongside the final service and financial planning proposals and will set out our proposals in respect to each of these priorities. However, as well as making progress in delivering these priorities, the Council's service and financial planning strategy has to be prepared in the context of the most challenging economic situation it has ever faced and very significant changes to the local government finance system as well as the transfer of significant new responsibilities to local government.

4.1 NATIONAL PRESSURES

4.1.1 The Comprehensive Spending Review and Cuts to our Grants from Government.

The Government announced a Comprehensive Spending Review (CSR) covering the four year period 2011/12 to 2014/15 on 20th October 2010. This was set in the context of a very significant national budget deficit and considerable uncertainty in the world economy. The CSR set out targets for ongoing cuts to public spending over the period of the CSR to eliminate the structural budget deficit. This set the framework within which the Revenue Support Grant and other grant and capital settlements affecting the Council would be determined during this period.

It was clear from the CSR that Communities and Local Government, the Government department from which the Council receives most of its funding could expect very significant budget reductions – over 3 times the level of spending reductions compared to the average reduction across all Government departments (over 27% cuts for local government compared to an average of 8.3%). These reductions would be in addition to the “in-year” grant reductions made in June 2010, shortly after the last general election, which totalled £3m revenue and £1m capital for this Council. After allowing for inflation, over this period these cuts amount to around £40m.

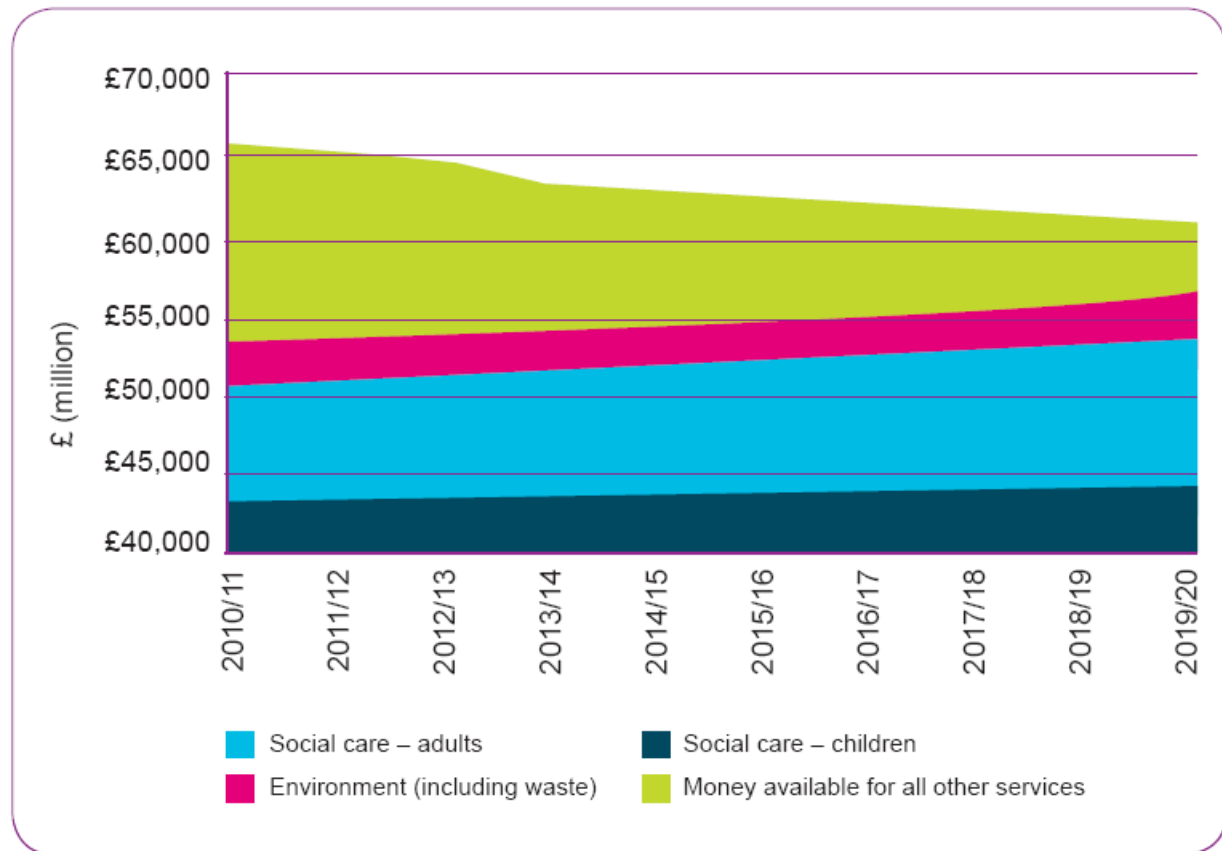
Whilst the position for local government over the period of the current CSR is extremely challenging, the impact of the cuts to Government funding are not felt uniformly across the country. There are very significant differences in the impact of the grant cuts announced so far with the north of England much more affected than the South East and Telford & Wrekin more significantly affected than neighbouring authorities. Appendix 1 contains a “Heat map” produced by Newcastle City Council on behalf of the Association of North East Councils which demonstrates this graphically. Telford & Wrekin is in 245th place out of 324 council areas in England. Our neighbouring local authority areas of Shropshire and Stafford are in 175th and 198th place respectively.

In June 2012, the Local Government Association (LGA) produced a report “Funding outlook for councils from 2010/11 to 2019/20”. This report highlighted that councils were cut much earlier and harder than the rest of the public sector as the Government began to implement its deficit reduction programme. The report modelled what would happen to local government services if the same pattern of cuts to public spending is replicated in the next spending review and makes clear that if this happens councils will not be able to offer many existing services at the end of the decade.

The LGA predicted a likely funding gap of £16.5bn pa by 2019/20. On the assumption that social care and waste services are fully funded, all other services would face cash cuts of more than 66% by the end of the decade. If capital financing and concessionary fares are also funded in full, the LGA’s modelled cash cut for remaining services rises to over 90%.

Clearly the announcements in the next spending review will be critical in determining what services this council will be able to deliver in future. It is also important that the Council reduces its dependency on government grant and develops independent sources of income. Government policy encourages councils to be “pro-development” with the payment of new homes bonus for up to 6 years for each additional home built in their areas and from 2013/14 the opportunity to retain a share of additional business rates generated from new commercial and industrial development. This council will also investigate opportunities for acting in a more commercial way in some new areas of activity if these activities are likely to generate profits that can be used to help protect services to local people.

A graph from the LGA’s “Funding outlook for councils from 2010/11 to 2019/20” report is reproduced below with permission of the LGA. This identifies the potential changes in the level of funding available nationally for council services during the current decade.



4.1.2 Autumn Statement.

The Chancellor, George Osborne, delivered his Autumn Statement on 5th December 2012. After the annual budget statement each March, the Autumn Statement is the most important economic statement of the year as it updates estimates of growth, inflation, tax receipts, Government spending and the overall budget deficit.

The Chancellor announced that the UK deficit will be higher than forecast from the 2013/14 financial year onwards although lower in the current financial year. He also extended the deficit recovery period by a year to 2017/18.

Year	Previous Forecast of UK Deficit £bn	Updated Forecast of UK Deficit £bn
2012/13	120	108
2013/14	98	99
2014/15	75	88
2015/16	52	73
2016/17	21	49
2017/18	0	31
Total over period	366	448

In its analysis of the Chancellor's Autumn Statement, the economics think-tank, The Institute for Fiscal Studies, said "The further year's consolidation from April 2017 means budgets for public services – other than the protected NHS, education and international development areas – face a 'torrid time'".

A further spending review was announced which will take place during the first six months of 2013 and will update spending allocations between Government departments through to 2015/16. The Institute for Fiscal Studies commented that 'The big decisions over spending allocations for 2015/16 are promised in a Spending Review next year. But the outline of that review is beginning to take shape. Yesterday's cuts will reduce benefit and tax credit spending by some £3.5bn in 2015/16. Protection for the NHS, schools and overseas aid was confirmed for another year. Roll forward to 2017/18, and if the NHS and schools continue to be protected, and no more welfare cuts or tax rises are found, then these unprotected spending areas – police, local government, defence, environment, transport – face cumulative real terms cuts of 16% in the three years to 2017/18'.

Other key points in the Autumn statement for local government included:-

1. The Department for Communities & Local Government (CLG) will not have to find the 1% extra cuts that other Government departments have been asked for in 2013/14 but will have to find the 2% in 2014/15.
2. The Government is still aiming to achieve 80% of the deficit reduction through spending cuts and 20% from tax increases over the medium term.
3. Total overall public spending in 2015/16 and 2016/17 will fall in line with the trend in the 2010 CSR.
4. The additional savings from Government departments and from only increasing welfare benefits for working age claimants by 1% rather than in line with inflation will be used to fund £5bn of capital spending. This will include:-
 - £1bn to be spent on roads – mainly 3 large projects but £333m available for essential maintenance of the national and local road network and £42m for cycle infrastructure. In a subsequent announcement, made on 18th December 2012, the Department for Transport issued the provisional allocation of additional highways maintenance funding to the Council of £0.481m in 2013/14 and £0.257m in 2014/15 provided that the Council commits before the end of January to publishing a statement of how and where this funding has been spent and how it complements the wider planned highways maintenance spending by the Council. This additional allocation is reflected in the Capital Programme at Appendix 6.
 - £1bn for investment in schools – includes enough funding for 100 new academies and free schools as well as expansion of “good” schools in areas experiencing the greatest pressure on places with councils able to bid for this.
 - £310m extra for the Regional Growth Fund.
5. From November 2013 a new concessionary Public Works Loans Board interest rate (0.4% below standard rate) for an infrastructure project nominated by each LEP capped at £1.5bn nationally.
6. Funding for growth schemes – (details awaited) but to include:-
 - £60m for enterprise zones
 - £225m to accelerate large stalled housing sites.
 - £190m to “de-risk” public sector land and enable quicker disposal of surplus sites for new homes.
 - £100m to bring forward public sector owned sites for development.
7. LEPs to be given a strategic role in skills policy and will determine how European Union strategic framework funds including European Social Fund are used locally. £10m to be provided for capacity building within LEPS.

8. £120m for flood defences

9. Business Rates

- The temporary doubling of small business rate relief to be extended for a further 12 months to 31 March 2014.
- Government will exempt all newly built commercial property completed between 1 October 2013 and 30 September 2016 from empty property rates for 18 months.

10. Employees

- Regional pay will not be implemented but schools will be given discretion to link pay to performance rather than length of service.
- TUPE regulations to be reviewed to make the labour market “more flexible”.
- Public sector pay to increase by an average of 1% pa in 2013/14 and 2014/15. However, as the Council’s budget projections do not allow for pay awards any increase will have to be found from within existing budgets through further spending cuts.

4.1.3 Changes to the Local Government Finance System

As well as the uncertainties over funding levels, the council is also facing major changes to the local government finance system which are being introduced with unprecedented speed. These include:-

4.1.3.i A new Business Rates Retention Scheme

The Business Rates Retention Scheme will replace the Formula Grant system of local government funding in 2013/14. Currently business rates are collected by local government, pooled by central government and then redistributed to local authorities as part of their funding through formula grant.

Formula Grant which consists of re-distributed business rates and Revenue Support Grant (RSG) is allocated to authorities based on an assessment of needs determined through a complex set of formulae. Individual allocations of Formula Grant are normally announced annually in the Local Government Finance Settlement in December.

Formula Grant currently funds around 53% of the Council's net revenue spending and therefore changes to the funding mechanism can have a very significant impact on the Council's overall financial position.

	£m	
Total net spending 2012/13	126.254	
Funded by:		
Formula Grant	66.645	(53%)
Council Tax	57.819	(46%)
Balances/Collection Fund	1.790	(1%)

In the current year, a total of £64.101m of business rates is due to be collected in this area whilst we receive £65.378m back from the Government i.e. in the current year we are receiving £1.227m more back than is collected in the area.

The principles of the Business Rates Retention Scheme were outlined in a number of consultation documents during the summer. The Government published a policy statement (its response to the consultation) in November 2012 with the final scheme proposals. The details of the Business Rates Retention Scheme and the actual funding implications for the Council were announced as part of the Local Government Finance Settlement on 19th December 2012- although not all information was released for some considerable time after the settlement.

The Business Rates Retention Scheme includes a number of components which are complex and inter-related which are explained below.

Under the new system authorities will retain 50% of locally collected business rates (retained business rates). The other 50% will be paid over to central government to fund Revenue Support Grant and other Specific Local government grants.

In simple terms, under the new system Local Authority funding will be made up of:

- 50% retained business rates income - 1% payable to Fire Authority (including Top Up or Tariff – see below)
- Revenue Support Grant

This is a marked change from the current system with the council's funding being directly impacted by actual business rates income collected during the year. The Local Government Finance Settlement will provide an estimate of business rates based on national statistics, however this must be compared to our local estimates to assess the actual funding available for the Council's budget. Therefore, unlike the current system where a set amount of business rates funding was provided through Formula Grant, under the new system the level of business rates income will vary throughout the year (for example if businesses close or move away or new businesses open) and this will have to be closely monitored. Business rates are accounted for through the Collection Fund. Under the new system any surplus or deficit on the Collection Fund is shared between the billing authority, central government and relevant precepting authorities.

In future years' authorities will also retain 50% of any growth in business rates, however this is subject to **levies** which will be charged where there is a "disproportionate" benefit. Levy rates will be calculated for each individual authority on a 1:1 basis (so a 1% increase in business rates income only produces a corresponding 1% increase in revenue). There will be a maximum levy of 50p in the pound. Levy payments will be calculated at the end of the financial year. The proceeds from the levy will be collected nationally and used to provide a **safety net** for authorities who experience unforeseen falls in their business rates. The safety net will be set at 7.5% below an authority's baseline funding level – this means the authority will have to fund any shortfall until the fall in income is such that the safety net is reached transferring significant risk to the Council from the Government. Safety net payments can be made in year (based on forecast rating income and then adjusted at year end) or after year end (based on audited data).

To establish a fair starting point at the beginning of the new system, **tariffs** and **top-ups** will be calculated. A **baseline funding** level will be set for each authority (i.e. an assessment of funding need). This will use the 2012/13 funding formulae methodology as a starting point (with certain elements updated, such as the treatment of concessionary travel, sparsity and data). An individual authority's **local business rates baseline** will also be set. This will be 50% of the Government's estimate of the total national business rates collected (less top slices) apportioned across individual authorities on a proportionate basis (using average business rates income collected). Where an authority's business rates baseline is greater than its baseline funding level a tariff will be paid

to Central Government; where the business rate baseline is lower than the baseline funding level it will receive a top-up from Central Government. Tariffs and top ups will be fixed for the next 7 years with only an RPI increase (until 2020 when the system will be “re-set”).

To ensure that the Government’s overall Spending Controls are adhered to the amount of funding distributed to local authorities as RSG will be the difference between Local Government Spending Control totals and the locally retained rates i.e. the Local Government Spending Control total will equal retained business rates income plus Revenue Support Grant.

It is already clear that the new scheme is significantly more complex than the current scheme, that it transfers risk to local from central government and that some of the original intentions of the new system such as encouraging councils to support growth in their areas have been watered down by the proposed “resetting” of the scheme in 2020 and the retention of only 50% of growth in business rates up to a level deemed to be “disproportionate” beyond which no additional growth would be retained locally.

4.1.3.ii Council Tax Support Scheme

The Council currently administers the nationally prescribed council tax benefit scheme and receives a subsidy grant from the Department of Works and Pensions (DWP) in relation to benefits paid out, together with a grant towards the administrative costs of the scheme. The system is demand led i.e. an increase in eligible claimants leads to increased council tax benefit being paid and increased subsidy grant received by local authorities. Spend on Council Tax Benefits in this area was £14.7m in 2011/12.

As part of the 2010 Spending Review the Government announced that the current national Council Tax Benefit Scheme would be abolished and local authorities would be required to establish their own Local Council Tax Support (LCTS) scheme by 31st January 2013, for implementation in April 2013. It was also announced that in making this change, the Government would cut the amount of grant paid to councils by 10%. Pension age claimants will be protected i.e. they will not experience a reduction in support as a result of these changes. Local Authorities have the freedom to design a scheme for working age claimants and to decide how to manage the impact of the reduction in funding.

Council Tax Support is to be given as a council tax discount (i.e. a reduction in the council tax bill similar to a single person discount) with funding being provided via Government Grant. However, the grant is to be distributed through the new business rates retention scheme rather than being given as a separate identifiable grant so after the first year of the scheme we will not be

able to identify how much grant we are receiving specifically for the new local support for council tax scheme. However, the amount of grant transferred into the business rates retention mechanism will only be 90% of the Government's forecast of the 2013/14 subsidy.

The Government's forecast has no allowance for inflation (i.e. assumes that no council will increase council tax) and is based on an assumption of reduced caseload volumes (2.3% reduction presumably due to an assumption that the economy is starting to grow). Local caseloads indicate a trend of around 2% p.a. increases and this, together with the impact of a potential council tax increase and the negative impact on collection levels gives an estimated funding shortfall of £3.1m for this council in 2013/14.

As the Government does not have a mechanism to provide funding to Parishes through the Business Rates Retention Scheme, the amount of grant attributable to Parish Councils will be paid to Local Authorities. Consultation about the funding for local precepting authorities proposed that Parishes would use a tax base excluding the LCTS discounts in their council tax setting calculations and Local Authorities would transfer the Parishes element of the LCTS grant into the Collection Fund which would compensate for the reduced council tax income resulting from the LCTS scheme. This approach would provide certainty in funding to Parishes and would be relatively simple to administer.

However, the Government's response to the consultation was issued on 26 November and despite 97% of respondents agreeing with the consultation proposal, an alternative approach has been announced: Parishes will use the adjusted council tax base in their calculations and through a voluntary arrangement, billing and precepting authorities should agree the amount of funding to be passed on. The funding allocations published by the Government are intended as a starting point for discussion. In line with the localism agenda, there will not be a statutory duty to pass on funding, however it is clear that the Government expect local authorities to do this.

Town & Parish Councils need some early certainty about their tax base for next year in order to determine their budgets and precepts for 2013/14. There is therefore very little time to engage in a dialogue on the appropriate treatment of the grant. Despite waiting until 19th December for the Government to issue the local government finance settlement, when this was eventually announced, it was incomplete and a number of data tables that were released on 19th December and subsequent days were later withdrawn as they contained significant errors. At the time of drafting this report, the Council is still waiting for clarification of what the actual amount of its LCTS scheme grant is attributable to town and parish councils. However, in order to give the town and parish councils as much notice as possible we contacted them with indicative figures on 21st December rather than delay further.

The Council therefore proposes that the relevant amount notified as part of the local government finance settlement should be passed on in full to Parishes, in recognition of our valued relationship with town and parish councils and in line with our cooperative working principles. This will be on the basis of a cash limited grant which will reduce the level of precept required and mainly offset the reduction in tax base caused by the introduction of LCTS discounts. As a Borough Council we do not need to pass this on, but we appreciate and respect the work that Town and Parish Councils do in our community.

We intend that the method of determining how the allocation should be made between parishes will reflect LCTS caseload data. As the council will only be notified of the relevant amount in 2013/14, the quantum to be distributed between parishes will be varied in line with the overall percentage change in the Council's revenue support grant in future years and the distribution between parish areas will be varied in line with changes in the incidence of LCTS payments

Telford & Wrekin's Local Council Tax Support scheme was approved by Council on the 22nd November 2012 and proposed that the funding gap would be met through a combination of changes to council tax exemptions and discounts and by applying a percentage global reduction in support given to less-vulnerable claimants. Current estimates indicate that overall this will mean a reduction in council tax support of around 21% for working age, non-vulnerable claimants. It is also proposed that a one-off £0.065m is earmarked to award discretionary discounts in cases of extreme financial hardship and this has been included in the 13/14 budget strategy.

In October 2012 The Department for Communities and Local Government (DCLG) announced an additional £100m funding available for one year to support local authorities in developing their local council tax support schemes. Telford & Wrekin could apply for £0.336m of this transitional grant. Although this would reduce the initial funding gap to around £2.8m the limitations and criteria imposed to the design of the scheme would result in a funding shortfall in 2012/13 of around £0.680m which would have to be met from savings elsewhere across the Council on top of the other existing very challenging targets. Further, as the funding is only one off the shortfall would increase to just over £1m in future years. Changing the proposed scheme at this late stage would also require further consultation which would result in additional costs. The Council will therefore not apply for transitional grant funding.

The proposed scheme is likely to have an impact on council tax collection levels as some claimants who previously received 100% council tax benefit will in future receive council tax support of around 79% and they will therefore have some council tax to pay.

Council tax is accounted for in the Collection Fund and any surpluses/deficits are shared between the billing authority and major precepting authorities. Collection levels will therefore need to be monitored closely in 2013/14 as the financial risk is higher than previously.

The Council also receives an administration grant which covers both council tax and housing benefits administration and we have received notification that this will be reduced by £0.110m to £1.4m in 2013/14 which has been included in the 2013/14 budget strategy. The grant is likely to further reduce in future years as housing benefits transfer to Universal Credit which is to be administered by DWP.

The introduction of Universal Credit is one of a number of changes to the welfare system in the Welfare Reform Act 2012. The Universal Credit is a new single payment for people looking for work or on a low income. It will cap the total amount of benefit that can be claimed and will restrict Housing Benefit entitlement for social housing tenants whose accommodation is larger than the Government deems them to need. The introduction of Universal Credit will be going live in pathfinder areas in early 2013 and then will be rolled out nationally from October 2013 on a geographical basis, to be fully implemented by 2017. Some claimants may find budgeting more of a challenge due to a change from weekly to monthly payments. It is also likely to impact on the Council, both directly as set out above and as a result of increased demand for other services from those suffering financial hardship.

Another significant change is that from April 2013, elements of the Social Fund budget (Community Care Grants and Crisis Loans) will be devolved to upper tier councils who will need to develop localised implementation plans. The main issue arising from this is whether or not funding devolved will be sufficient to meet local needs.

DCLG have stated that funding will be made available to local authorities, under the principle of new burdens, for the administrative costs of moving to local council tax support schemes and initial funding of £30m was made available nationally to assist local authorities with the change (circa. £0.080m for each Billing Authority).

4.1.3.iii Transfer of Public Health Responsibilities from the PCT.

As part of changes being made by the Government to the NHS, Public Health functions are due to transfer to either upper tier Local Authorities, or 2 new NHS national bodies-Public Health England and NHS Commissioning Board. The transfer of this additional

responsibility to local government takes effect from April 2013 when PCTs are abolished and will be funded by a new ring fenced grant which can only be used for Public Health activities.

In June 2012 the Government issued a consultation document “Healthy Lives, Healthy People: Update on Public Health Funding” which set out proposals on how the £2.2bn, estimated to be the amount of funding that should transfer to local government, could be allocated to different Councils out of £5bn available nationally for Public Health. Under these proposals, taking into account inflationary information provided by the Department of Health and proposed additional adjustments, Telford & Wrekin estimated that we could receive an allocation of between approximately £8.2m and £10.4m. However the actual announcement has been deferred yet again by Department of Health to sometime in January which is not helpful for planning or consultation.

The position is further confused as the current budget identified by the PCT for the Public Health functions which will become the Council’s responsibility is £10.4m, though recent analysis indicates spend of around £9.1m this year on those functions plus a further £0.3m spend remaining with the new Clinical Commissioning Group. The remaining £1m represents a contingency amount. The basis of the £8.2m projected allocation was a financial return for Public Health Spend in 2010/11 completed by the PCT, but the Council and the PCT made a joint representation to the Department of Health on what they considered to be a flawed national exercise. The PCT in addition to making further investment in the Public Health budget in 2011/12 also underspent significantly in 2010/11 so the return gave an understated position of the actual level of budget required for current service levels and this was communicated to the DoH in April 2012. It is still unclear whether this will be taken into account in the allocation.

Council and PCT officers have been working closely to ensure a smooth transition of Public Health functions. Information on existing contractual commitments, staffing and existing budgets is being considered to assist with the development of the first Council Public Health budget at a detailed level. Appendix 13 details proposals for savings options to deal with the ongoing uncertainty around the level of PH grant allocation plus the need to contribute to the overall Council savings strategy which results from the government grant cuts of 27%+ over the current CSR period faced by local government. Clearly with the transfer of a significant new area of responsibility to the Council and with considerable uncertainty over the level of grant available, it is prudent to replicate, in part, an element of the contingency referred to above.

4.1.4 Local Government Grant Settlement

Whilst the Autumn Statement sets the strategic financial overview for the Government as a whole over the medium term, the provisional local government finance settlement sets out the specific proposals affecting local government for 2013/14 with details for each council being provided. It is only when this announcement is made that the Council can accurately predict its likely financial position for the coming year. Fundamental changes are being made to the local government finance system from 2013/14 and despite persistent requests for an early settlement from across the local government community so that effective financial planning could be undertaken, the settlement was not announced until 19th December 2012.

This extremely late announcement makes planning and forward projections extremely difficult and compresses the time available for consultation. There have been long delays in the provision of key information even after settlement day and a number of the files initially issued by the government have been recalled as they contained significant errors which have combined to make this settlement very challenging to analyse.

The Secretary of State announced that local authorities will face an average reduction in spending power of 1.7%; and that no local authority would experience a decrease of more than 8.8% to its “revenue spending power” – a definition which encompasses an individual authority’s:

- New Efficiency Support Grant (see below)
- Council Tax
- Start-up funding assessment
- Specific Grants
- NHS funding for social care.

Comparative information for Telford & Wrekin Council is shown below:

Adjusted 2012/13 Spending Power	£149.614m
2013/14 Spending Power	£148.423m
Year on Year Change - £	-£1.191m

Year on Year Change - %	-0.8%
-------------------------	-------

The Secretary of State also announced:

- Local Authorities will be able to use proceeds from the disposal of assets from 2012/13 to fund equal play claims.
- That the Secretary of State for Health would be announcing Public Health funding allocations alongside the provisional local government finance settlement. However, it now appears that a final decision has not been made regarding the allocations and the announcement will be delayed until sometime in the New Year.
- Confirmation of the previously announced council tax freeze grant offer: i.e. an amount equivalent to a 1% increase in funding for 2013/14 and 2014/15, for a 0% council tax increase in 2013/14; and up to a 2% increase being allowable before a referendum is required.
- An allowable £5 increase in council tax (even if it is above the 2% threshold) for Shire Districts, Police and Crime Commissioners and fire and rescue authorities whose 2012/13 council tax was in the lower quartile of their category of authority.
- Subject to consultation, the government propose that there will be no access for councillors to the Local Government Pension Scheme in England from April 2014.
- The government will pay a revenue grant (Efficiency Support Grant) to 7 Local authorities in 2013/14 and 2014/15 who would otherwise have seen a reduction in 'revenue spending power' of more than 8.8% in 2013/14. The grant will be offered to these authorities, providing they sign up to conditions for 2013/14 e.g. joint working. This grant will not be offered for 2014/15 to an authority if it fails to deliver on the conditions agreed upon.

Telford & Wrekin Settlement Figures:	£m
Grants Rolled in using Tailored Distribution	5.655
Relative Needs Amount	48.700
Relative Resources Amount	-12.380
Central Allocation	23.275
Floor Damping	-1.579
Adjustment for Central Education functions within LACSEG	-3.717
Grants Rolled into Start Up Funding:	
Council Tax Freeze Compensation	1.399
Council Tax Support Funding	10.302
Early Intervention Funding	5.852
Homelessness Prevention Funding	0.087
Lead Local Flood Authority Funding	0.117
Learning & Disability Funding	7.004
Start Up Funding Assessment	84.715
Made up of:	
Revenue Support Grant	50.872
Retained Business Rates (CLG Estimate)	31.806
Top Up	2.037
	84.715

Telford & Wrekin Safety Net Threshold	£31.305m
Telford & Wrekin Baseline Need	£33.844m
Telford & Wrekin NDR Baseline	£31.806m

Percentage reduction in NDR before Safety Net Threshold reached	7.98% (£2.538m)
---	--------------------

A written statement was provided by the Parliamentary Under Secretary of State for Communities and Local Government (Brandon Lewis) relating to council tax. In this statement, he outlined how the level of council tax freeze grant would be calculated, the principles to be applied to calculate 'excessiveness' in the increase in council tax for 2013/14 and the applicability of these announcements to local precepting authorities.

The availability of council tax freeze grant for 2013/14 was announced on 8 October 2012. Further details of the level of grant that will be available and how it will be paid have now been provided.

- Those Authorities and Police and Crime Commissioners who do not increase their basic amount of council tax will receive a grant equivalent to 1% of the average Band D council tax for 2012/13, multiplied by its council tax base for 2013/14, *adjusted to exclude the reductions given to those receiving council tax support.*
- The council tax freeze grant will be provided for both 2013/14 and 2014/15 and be paid in 10 instalments in each financial year under section 31 of the Local Government Act 2003.
- The Secretary of State has determined that for those Authorities who increase their relevant basic amount of council tax in 2013/14 by more than 2%, must hold a referendum

Local precepting authorities will not be eligible for the council tax freeze grant, nor will principles for an excessive increase be applied by the Secretary of State for 2013/14. The Secretary of State has indicated that he will revisit this issue for 2014/15, based on experience of the level of council tax increase in 2013/14.

A period of consultation will be held on the provisional settlement until 15th January 2013 with a final announcement not being made until late January or early February 2013.

4.2 LOCAL CONTEXT

4.2.1 Grant cuts and savings already made.

The Council has already faced significant reductions in the amounts of revenue grants that it receives from Government. In 2010, shortly after the general election, the Government took the unprecedented step of implementing mid-year grant cuts. These totalled £3m immediately cut from the 2010/11 budget. Following the CSR in 2010, the revenue support grant settlement in December 2010 implemented further cuts to grants totalling £13.6m in 2011/12 and then a further reduction of £5.6m in 2012/13, i.e. cumulative annual grant reductions of £22.2m in cash terms (considerably higher when inflation adjusted) up to and including the current financial year.

In addition, the Council has had to develop proposals to make good an estimated funding shortfall of £3.1 m arising from the LCTS scheme which will be implemented next year.

It's anticipated that when the Council eventually receives its Public Health Grant this will also be set at a level significantly below the current level of spending by the PCT representing a further grant cut.

4.2.2 Savings programme.

Clearly the council has been making budget reductions for some time and many steps have already been taken that have focussed as far as possible in eliminating waste, removing duplication and unnecessary bureaucracy, streamlining management and improving procurement processes so that as far as possible we have limited the impact on front line services.

So far, the Council has taken the following measures to reduce its costs:-

Staff

- Since 2009 the Council has already reduced staffing levels by around 850 jobs. This saves over £20 million each year.
- We've reduced the number of senior managers by 55%
- Staff pay has been frozen since 2009
- We have cut the pay of the Council's most senior post by almost 20% and the pay of the next most senior tier of managers

Council buildings

- We are disposing of 24 council properties
- We have reduced our office space by one third, reducing running costs
- After paying for the smaller offices we have taken on in Telford Town Centre, which have lower running costs, this leaves us with several million pounds of capital money to reduce council debt and our debt repayment costs
- Overall this will help us save a further £2 million a year

Cutting council tax benefit payments

- As explained above, the Government is cutting the grant it pays to the Council for council tax benefits equivalent to a further £3.1million cut. The Council has therefore had to approve a revised support scheme which will be put in place from April 2013. We have to reduce the level of council tax benefit paid to working age people by around 21 per cent but are protecting pensioners and severely disabled people. This will affect more than 11,000 borough households.
- To help offset the Government's cut, we're also reducing council tax exemptions and reductions for people who have empty properties or second homes in the borough

Service reviews

- All Council services have been reviewed to find more efficient ways to provide their services – saving £3.4m a year

“Back office” costs

- Since 2009 we've cut “back office” costs by 35% – saving £6 m a year

Procurement

- We have saved £2.5m through renegotiating and retendering contracts. For example with our commissioning strategy for children in care we have focussed our attention on managing the market through strategic planning with our regional colleagues with the objectives of increasing the market; ensuring we have services of a good standard in the region and managing fees. As part of the West Midlands Commissioning Partnership we have embarked on a number of collaborative arrangements using our strength in buying power and now have two framework agreements in place, one sub-regional foster care framework contract with 6 local authorities and one regional residential contract across 13 local authorities.

Councillors

- Cabinet members voluntarily reduced their allowances by 10%
- A £40k reduction in the cost of councillor allowances and expense claims in 2011/12 compared to 2010/11.

Shared Services

The Council continually review delivery options for its services to ensure value for money. A number of services are provided in partnership with other local authorities and statutory agencies. Examples include:-

- the recently established West Mercia Youth Offending Service established in partnership with Worcestershire, Hereford, Shropshire, health, police and probation. This will deliver savings exceeding £100k in 2013/14 for Telford. The new service will work closely with The Police and Crime Commissioner with genuine integrated working practices ensuring improved outcomes at a lower cost for one of our most vulnerable groups.
- Membership of a joint energy procurement consortium consisting of 4 upper tier authorities.
- We have for some years delivered some specialist services through a joint arrangement with Shropshire Council. Telford hosts educational psychology, sensory inclusion and portage whilst Shropshire provides a pan Shropshire adoption service.
- We also work with authorities across the West Midlands through our links to IEWM to put in place regional procurement contracts for agency foster care and residential accommodation
- Through a series of service reviews and by working with other Local authorities we continue to explore further options for sharing services where it can be demonstrated that these will offer greater value for money.
- Working co-operatively with our Town and Parish councils such as the Parish Environmental Teams and Library provision in Brookside and Stirchley, Great Dawley and other areas.
- Sharing the administrative costs of the pension scheme by participating in the Shropshire wide superannuation scheme

Charging more for some services

- Charging more for some services, for example low level preventative care services and increasing some leisure charges – we have particularly focused on charges that have not increased for a number of years or where charges were significantly lower than other councils and providers

4.2.3 Service pressures.

The difficult economic situation continues to have a significant impact on the community. In addition to an increase in the cost of living, impacts include higher unemployment and short-time/part-time working resulting in an increase in Council Tax and Housing Benefit applicants and increased pressure on other services such as early intervention and homelessness.

- The number of homelessness applications is projected to be 25% higher compared to last year which was 28% higher than 2010/11. In total this is now around 350 applications.
- Unemployment in Telford & Wrekin for people aged 16-24, has gone up from 25.9% (June 2011) to 26.3% (June 2012) or 2,300 people. This follows the regional and national trend, both of which also went up. However Telford and Wrekin remains higher than both regional (23.2%) and national (21.2%) rates.
- The number of Council Tax and Housing Benefit applicants is at an all time high with an increase of 603 over the last year (a 3% increase) when comparing the caseload at 31 March 2011 and 31 March 2012. Our benefit expenditure was more than £4.2m higher (an increase of 5.4%) in 2011/12 compared to 2010/11. In addition, there was an increase of 46.7% in the number of 'change of circumstances' assessments processed by the Council in 2011/12 compared to 2010/11 mainly due to the DWP introducing a new system.

The Council has a key role to play in mitigating the effects of the economic downturn and planning for recovery, through supporting the growth of key economic sectors, promoting the Borough's business and leisure tourism offer, and creating a 'business friendly environment' with available employment land and an effective infrastructure.

In recent years, we have focused on securing long-term economic prosperity. The continued development of Telford Town Centre and regeneration of the Borough Towns are essential elements of our future budget strategy. It is important that we continue to show confidence, leadership and investment in the future of the area.

Whilst a number of services are experiencing increasing demand, there are particular pressures on social care services for children and adults.

- Childrens' Social Care** – in line with regional trends, we continue to have an increase in numbers of Children in Care. The Financial Monitoring report also on this agenda shows that we currently have 320 Children in Care and are now projecting an overspend in the current year of £2.8m. A differential approach to savings targets has been taken, rather than the previous across the board 20% target reductions, to recognise that safeguarding in particular is under considerable pressure and rather than remove funding from this service in 2013/14, the Council will invest an additional £0.6m in to the budget. However, even with this level of investment spending will have to be reduced considerably compared to the current financial year. The service and financial planning strategy agreed in March assumed that savings of £1.703m against budget would be made from the safeguarding budgets in 2013/14. This is clearly no longer a reasonable assumption as it would require savings totalling £4.5m to be achieved next year. The savings assumption will therefore be deleted for next year and additional funding of £0.6m will be built in to the budget. However, this will mean that savings of £2.2m will still be required against the current level of spend. An action plan has therefore been prepared which will be rigorously monitored with progress reported regularly to Members. The action plan is included at Appendix 2 of this report.

- Care & Support**

The table below summarises the savings required of the service

	2013/14	2014/15	Total	£m
£m				£m
£m				
Savings proposals issued in March 2012				
reiterated in September 2012	1.901	1.102	3.003	
Ongoing overspend from 2012/13	1.365		1.365	
Additional target 2013/14 budget	0.317	1.957	2.274	
Total	3.583	3.059	6.642	

In the current financial year the service is delivering £2.546m of non staff savings and £2.251m of staff savings, a total of £4.797m. The delivery of these savings plus the £6.642m identified above represents 27% of the services budget and inevitably will result in a reduction in the care provided to individuals.

In addition demographic and inflation pressures are likely to mean that further savings over and above those identified above will be required in order for the council to be able to continue to meet its statutory duty to provide care for eligible unmet needs.

The current year's savings are being delivered through a complete remodelling of service delivery. The new personalised model of service delivery is based on 4 key actions:

- Firstly the establishment of enablement and reablement for the vast majority of service users prior to assessment for ongoing service eligibility and care planning with the objective of reducing or, where deterioration is occurring, stabilisation of pre-existing care package costs.
- Secondly utilisation of assistive technology as a preventative measure and as an alternative to personal care provision.
- Thirdly the development of personal budgets and self directed support by individuals as an alternative to council led service determination.
- Fourthly signposting of individuals to community and voluntary sector based support as an alternative to council funded provision.

In delivering this remodelling of service delivery the service is implementing 15 separate workstreams covering both service delivery and process/systems redesign. It is also delivering a number of procurement savings.

Whilst work is progressing on these workstreams to deliver the service savings required three significant factors are offsetting the savings being delivered and represent significant ongoing pressures on social care budgets. Firstly the impact of the PCT's 75%+ reduction in NHS funding for Continuing Health Care since 2009/10 (funding for people with long term conditions and therefore more severe health and care needs) continues to have a huge financial impact on the service. The

additional costs now being met by the reducing funds available to the Council are some £8-9m per year and rising and despite the receipt of some non recurring funding from the PCT, mean that the savings arising from the new model of service delivery are being more than offset by this pressure. These clients, by their very nature of having previously been CHC funded or being eligible for consideration, have very high level and complex needs which puts them at the top end of the cost spectrum. Secondly the increased rate of hospital discharges has put significant pressure on our resources. People are being discharged earlier and consequently with higher levels of need. This results in increased demand and also higher care costs for social care.

The Council's average unit cost for care provision has risen and continues to rise as a consequence of the above two factors.

Thirdly as part of the service restructure the service area became responsible for the transition of young people in care. In taking operational responsibility for the service an overspend of £500k has also been transferred from children's to adults services.

The impact of these is an ongoing overspend of £1.365m. In the current year this has been addressed on a non recurring basis by the use of the remaining service reserves. These will not be available in future so the additional costs must be addressed by further savings within the service.

The actions proposed to address the additional savings required are detailed in Appendix 13. Implementation of all the savings outlined should address the original savings targets, the overspend and the additional target of £0.317m in 2013/14. As we move through next year then we will have to review our ability to deliver on the additional savings target for 2014/15 of £1.957m and whether this could require consideration of a process to review our level of care criteria.

Negotiations with the PCT and CCG over the scale and speed of transfer of the costs of Continuing Health Care cases to the Council will continue.

4.3 OUR STRATEGY

4.3.1 Overall Approach & Principles

At the heart of our strategy is a strong focus on what we can achieve rather than what we cannot. There are still many services and positive outcomes we can deliver despite the difficult financial situation we face. To do this, we need to ensure that resources are aligned to our Co-operative Priorities, as set out in Section 4.0. These priorities were developed following extensive engagement with the community and help us to decide which services should be safeguarded and where investment is most needed. We are committed to protecting and maintaining priority front-line services, for example:

- Keeping car parking free in Borough Towns for our residents;
- Keeping community libraries open;
- Protecting vulnerable children from harm, abuse and neglect; and
- Continuing free swimming for under 16s.

Our strategy is about proactively and positively building a long-term future for the Borough, rather than simply reacting with short-term cuts. Our focus is on economic growth and we believe that the Council can underpin this by providing the right services and making the right investments. We are therefore continuing to invest in the regeneration of Telford Town Centre, Brookside and Hadley, the transformation of secondary schools through the Building Schools for the Future programme, the improvement of transport infrastructure and land stability in the Ironbridge Gorge, the Borough's biggest tourist attraction.

Our strategy is guided by the following principles:

- Develop spending plans that address the community's needs and priorities and support the long-term economic growth of the Borough;
- Be transparent about how resources are spent across the Borough, but target spend at issues and areas where need is greatest;
- As a Co-operative Council, involve the community and partners in the budget-setting process;
- Seek to minimise the level of Council Tax increase, balanced against growing demands for Council services;
- Deliver efficiencies and savings, as far as possible minimising the impact on priority front-line services;
- Adopt a commercial, entrepreneurial approach to generating additional income and securing external investment;

- Like a business, it is prudent to set aside some money to deal with any unforeseen circumstances caused by the current economic situation (a contingency);
- Use reserves and balances responsibly, balancing the need to maintain services with financial prudence;
- Where possible cut our reliance on borrowing for some capital schemes so that expenditure on debt repayments can be reduced;
- Sell some of our land and property to reduce borrowing, cut running costs and to fund priority facilities and schemes.

4.3.2 Investments

Our strategy is based on the principle of ‘developing spending plans that address the community’s needs and priorities and support the long-term economic growth of the Borough’. We clearly cannot invest in everything, therefore we have identified where additional funding is needed to deliver our Co-operative Priorities:

Our capital investment programme is set out in Appendix 6.

New investment proposals include:

- a) **Destination Telford** – linking to our priority to be a ‘Business Supporting, Business Winning Council’, we are proposing to invest £150k revenue funding into initiatives and events that will promote Telford & Wrekin as a place to visit, live, work and invest in. As well as benefits to the local economy, for example through increased business and leisure tourism, encouraging more people, businesses and developers to come to Telford has direct financial benefits to the Council, for example through increased New Homes Bonus (a grant for Councils for increasing the number of homes in their areas) and the retention of a share of additional business rates in respect of new commercial or industrial premises. This investment recognises that Telford & Wrekin is in direct competition with other areas and that promoting our ‘whole offer’ is critical to long-term economic growth and prosperity. It will be funded by earmarking one-off balances following a review of one-off amounts set aside within the Council’s accounts.

- b) **Commercial and Business Fund** – the proposed capital programme includes £1m investment into a new Commercial and Business Fund. This investment supports our budget principle of ‘adopting a more commercial, entrepreneurial approach to income generation opportunities’. Funding will be used for one-off set-up costs for new commercial ventures (see information on Co-operative Commercial Projects in ‘Savings’ Section) and to ‘invest local’, for example to invest in businesses in the Borough in return for a share of future profits. This investment will be funded from £1m of capital resources. We will also continue to ‘pump-prime’ a range of ‘**Invest to Save**’ initiatives that will generate future savings or additional income. These will be funded from the Invest to Save Fund (current balance £0.29m) or prudential borrowing where the return to the Council’s revenue budget is greater than the cost of servicing the associated additional borrowing costs. Current ‘Invest to Save’ proposals include a new health and fitness suite at Oakengates Leisure Centre, energy efficient street lighting and a new crazy golf course in Telford Town Park.
- c) **Safeguarding** – As set out in section 4.2.3, we are also proposing to invest £600k additional revenue funding into the Safeguarding Service, in line with our priorities to ‘support and protect vulnerable children’ and to ‘put children and young people first’. This investment is needed to meet the growing financial pressures on this service as a result of high costs of placements for children in care. This investment will also enable us to fully implement the recommendations of the recent Ofsted Safeguarding Inspection. Whilst Ofsted noted the positive progress made and concluded that the service was ‘adequate’, we are committed to making further improvements to keep children in the Borough as safe as possible from harm, abuse and neglect.
- d) **Public Health** - When Public Health transfers into the Council in April 2013, we will receive grant funding from the Department of Health to invest in protecting and enhancing the health and well-being of the community. As flagged elsewhere in the report, unfortunately Department of Health has still not been able to announce allocations though it has said that allocations to this area will reduce over an unspecified period. The Council is thus having to plan savings options to manage within possible grant allocations plus contribute to the overall Council savings strategy. One of the Council’s key priorities is to ‘address health inequalities’. Although some key health measures are improving in Telford & Wrekin, such as

mortality rates from cardiovascular disease and cancer (under 75 years) and smoking-related deaths, outcomes remain worse than the national average and this gap is widening. We will continue to fund some public health programmes targeted at specific health issues. However, we will also look at the wider determinants of health and by 2014/15 will invest £2.5m of the available grant funding in protecting and enhancing services that address some of the underlying causes of poor health, such as leisure, housing and public protection. Our aim is a more holistic strategy that combines proactive and reactive investment to have a greater long-term impact on reducing health inequalities in the Borough. One of the ways we are looking to do this is through the launch of a new 'Telford Loyalty Card'. It is proposed that this new card will replace the current Flex card and will be free for anyone who lives in the borough. The card will have borough wide coverage and will be rolled out to every household in Telford and Wrekin. As with the current Flex card, card holders will have discounted rates on many activities at participating Telford and Wrekin leisure centres, as well as access to special offers throughout the year, from local businesses that have signed up to the scheme. The launch will coincide with the transfer of Public Health (under the banner of improving people's health & wellbeing), the aim being to encourage more people to 'get active' and 'shop local'.

- e) **Winter Maintenance** – linking to our priority to keep 'neighbourhoods safe, clean and well maintained', we are proposing to invest £150k additional revenue funding into our winter maintenance programme. Previous one-off resources that were held within reserves have now been exhausted. Prolonged periods of adverse weather in previous years have highlighted the importance of this service, both for the safety of residents and for the effective running of the local economy.

4.3.3 Savings

Over the last four years we have made £41.7m. of ongoing annual savings. The need for savings has increased each year due to Government grant cuts, inflation and other pressures including the transfer of significant costs in respect of Continuing Healthcare cases from the PCT. Savings delivered by year are detailed below:-

2009-10 £4.2m

2010-11	£6.7m
2011-12	£11.7m
2012-13	£19.1m

This is equal to around £250 per head for every person in Telford and Wrekin cut from Council services. In delivering these savings, we have applied the principle of ‘as far as possible minimising the impact on priority front-line services’. This principle remains at the core of our current strategy (see Appendix 3 and 4 for details of 2013/14 savings proposals).

Our starting point has been to focus on areas that do not have significant impact on front-line service delivery, such as:

- **Improving procurement** e.g. tight contract management, re-tendering contracts, challenging and re-negotiating existing contracts, making greater use of framework agreements and being robust in the award of all future contracts;
- **Property rationalisation and generation of capital receipts** – we have ambitious plans to invest in schools, regeneration and other capital projects to transform the Borough. In order to minimise the burden of ongoing debt repayments we are committed to a significant programme of asset sales totalling £114m over the medium term. The planned profile of these receipts is shown below:

	£m
2012/13	33.5
2013/14	40.1
2014/15	11.8
2015/16	12.4
2016 onwards	16.3
Total	114.1

Generation of these receipts is a key assumption within the service and financial planning strategy. The Council has an agreed schedule of asset disposals to address this and this schedule is regularly monitored and all the revenue

consequences of temporary financing pending these scheduled disposals are built in to the Council's base budget projections contained in this report. This dependency will therefore continue to be subject to close monitoring. If any delay is experienced in generating expected receipts, mitigation factors could include a combination of re-phasing some capital spending schemes, identification of other assets for disposal or additional borrowing on a temporary or long term basis although this would increase revenue costs and necessitate further cuts to other services or the use of additional one-off resources.

- **Driving down non-staffing costs that have minimal impact on service delivery** - reviewing and challenging budgets 'line by line' e.g. stationery, subscriptions etc to ensure we have exhausted as many options as possible before considering changes or reductions to services.

As a Co-operative Council, we also invite and consider 'savings suggestions' made by residents and employees.

However, given the scale of the financial challenge facing us, these options alone will not deliver sufficient savings and we need to identify new and creative solutions. The Localism Act 2011 gives local authorities a new 'General Power of Competence' that means we now have greater freedoms and flexibilities in how we can generate income. Therefore a key part of our service and financial planning strategy for 2013/14 and beyond is to 'adopt a commercial and entrepreneurial approach to generating income'.

Our proposal is to deliver a programme of **Co-operative Commercial Projects**. The aim is to benefit the Council and the community, both financially and socially. As well as looking at income potential for the Council which has to be a paramount aim, we will prioritise 'win-win' projects that have direct financial benefits for local people and/or organisations. We will also take account of the broader non-financial benefits and how projects can contribute to the delivery of our Co-operative Priorities.

We will also revisit existing **externally traded services**, including those provided to schools, to ensure that we are being as proactive and commercially aware as possible in meeting customers' needs and managing costs so that we can continue to win business and maximise income from these services.

Whilst it is expected that some of the Co-operative Commercial Projects will start to generate income £100k assumed in 2013/14 (£250k projected by 2014/15), this is a long-term strategy and some projects will take time to come to fruition and then to generate significant profits.

Therefore, some continued impact on service delivery is inevitable. Our approach involves:

- **Carrying out planned, long-term service re-design** not quick-fix options e.g.
 - Children's Services – better help for people in the early stages of difficulties and more targeted help for families with complex needs;
 - Adults' Services – 're-ablement' to help ill or disabled adults learn or re-learn how to live independently;
 - Reconfiguration of services to support being a 'Business Supporting, Business-Winning Council'. As well as improving the local economy, this has direct financial benefits for the Council by increasing New Homes Bonus and generating additional business rates which under the new local government finance system the Council will be able to retain a share of this additional income.

- **Working co-operatively with local people, organisations and partners** e.g.
 - Partnerships with Town and Parish Councils to secure environmental improvements;
 - Encouraging local people to recycle more and reduce waste disposal costs.
 - We will continue to investigate options for sharing services where appropriate, for example by establishing a West Mercia wide Youth Offending Service the Council will improve its service and make savings in excess of £0.1m pa

- **Prioritised review of fees and charges** – to identify whether the Council is subsidising the delivery of some services without good reason. Our initial focus will be on charges to businesses or partner organisations, including schools. The second phase will focus on discretionary services.

- A continuing **targeted service review and strategic review of capacity programme**. When carrying out restructuring, our aim is to actively seek applications for voluntary redundancy and to promote flexible working arrangements in order to keep compulsory redundancies to a minimum. As part of the planned programme of savings we launched a further time-limited Voluntary Redundancy opportunity on 6th December 2012. This is open to any employee, and is aimed at reducing the Council's pay bill and creating opportunities for employees 'at risk' of redundancy. The scheme enables individual employees to consider if the time is right for them to move on from Telford & Wrekin Council and enables us to further reduce the number of compulsory redundancies. Whilst we do not intend to apply a blanket recruitment freeze because of

the need to maintain staffing levels in key areas such as safeguarding, we will routinely challenge the need to recruit as vacancies arise and seek to retain maximum flexibility with the use of a mix of temporary and permanent contracts.

Appendix 3 is an updated schedule of savings originally released for consultation at Cabinet on 20th September 2012. A number of changes have been made to the proposals since they were issued:-

	2013/14 £m	2014/15 £m	2015/16 £m	2016/17 £m	Total £m
Total per Cabinet report 20 September 2012	7.481	4.109	0.559	0.058	12.207
Delete Care & Support contract inflation saving	-0.300	-0.150			-0.450
Delete Catering £15k (leakage)	-0.015				-0.015
Delete ICT £30k schools saving (leakage)	-0.030				-0.030
Delete Safeguarding Savings proposals	-1.703	-0.965			-2.668
Reduce “various youth activities” saving by £20k	-0.020				-0.020
Reduced saving to fund IGMT management support	-0.037				-0.037
	5.376	2.994	0.559	0.058	8.987

This shows that around £5.45m will be available from this schedule to support the service and financial planning strategy in 2013/14. An additional schedule of new savings is included at Appendix 4. Further work is ongoing developing proposals to meet savings targets that have been issued to most council service areas (excluding safeguarding). A differential approach to targets has been taken, rather than the previous across the board 20% target reductions, to recognise that safeguarding in particular is under considerable pressure and rather than remove funding from this service in 2013/14, the Council will invest an additional £0.6m in to the budget. However, even with this level of investment spending will have to be reduced considerably compared to the current financial year. Impact assessments and service user engagement will be undertaken during 2013 as more specific proposals are developed. During 2013/14, we will need to consider which services the Council may have to cease to provide in future years.

Wherever possible and practical, we will bring forward savings proposals from future years. Savings delivered early can be used to create one-off resources to fund invest to save initiatives and to build capacity to review services and support the development of more cost effective methods of future service delivery. They would also provide a contingency against unforeseen costs or the delayed or partial delivery of planned savings.

As results from public consultation, including on proposed savings and council tax levels, become available over coming weeks and further information on funding and budget pressures comes to light the budget projections will continue to be refined and proposals for addressing the remaining budget gap will be firmed-up. Updated projections and proposals will be presented to Cabinet in February and where necessary further public engagement will then take place.

4.3.4 Council Tax

Council Tax in Telford & Wrekin has historically been low compared to other councils. Appendix 7 is a graph comparing council tax levels across the Midlands region and demonstrates that council tax in this area is the third lowest in the Midlands region at Band D (£1126.09) and is only 1.1% higher than the Birmingham which is lowest (£1113.67). Appendix 8 compares our council tax to the other unitary authorities in England and shows that we have the 9th lowest council tax at Band D out of 55 unitary authorities.

If Telford & Wrekin Council had levied a council tax at the average level of Midlands authorities (£1234.75 at Band D) in the current year, we would have generated an additional £5.58m p.a.

As well as a comparatively low level of council tax, this area also suffers from comparatively low property values with our average property being in Band B. In a league table of “tax base strength” produced by Stoke on Trent City Council, we rank 229th lowest out of 324 English local authorities. Whilst this is relatively good news for local residents, although we appreciate that council tax bills are still significant cost for local households, it means that we do not have the same scope to generate income from council tax as many other parts of the country where council taxes have been much higher and average property levels are also higher.

A further factor that has reduced resources in this area is “grant damping’ whereby grant that the Government has calculated should be paid to this council is withheld and used to support spending by councils that would otherwise receive less grant e.g. as a result of reducing population numbers. During 2012/13 a total of over £3m of grant that should have been paid to the Council was held back as a result of this damping mechanism. Much of this loss is now perpetuated in the new baseline funding settlement for the Council for the foreseeable future.

The Council also continues to suffer from a population undercount. We believe that the Office for National Statistics undercounts our population by around 4,000 people which has resulted in a further loss of grant of around £1.6m pa. in recent years.

The combined impact of:

	£m
A comparatively low level of council tax	5.6
Grant damping figure for 213/14	1.6
The population undercount	<u>1.6</u>
	8.8

makes the disproportionate cuts in Government funding and rising demand for services even more of an issue in Telford & Wrekin than in some other areas.

Whilst we are continuing our campaign for a ‘Fair Deal for Telford & Wrekin’ by actively lobbying the Government, we again want to be proactive and positive in our approach to setting Council Tax.

In January 2012, 2,287 residents took part in a consultation on the level of Council Tax increase. The majority of respondents (63%) supported a strategy of increasing Council Tax by between 2.5% and 3.5% (and rejecting a Government Grant available to freeze Council Tax in 2012/13). Based on the views of local people, the level of Council Tax was increased by 2.5% in 2012/13 and the Council agreed a strategy of increasing council tax at that level for the following 3 years.

However, our proposal for 2013/14 is to increase Council Tax by 1.9% (an increase of 2% or more would now result in the Council having to carry out a referendum at significant cost, of around £250,000, to Council Tax payers). This is a long-term strategy to ensure that our budget is sustainable, as the available Government grant (equivalent to a 1% Council Tax increase) for the next 2 years is less than half the rate of inflation and would leave us with a further significant budget shortfall in the short term and when the grant ceased to be paid.

4.3.5 Base Budget, Balances and Contingencies

A summary of the Base Budget position is included at Appendices 9a and 9b which shows a net base budget of £142.465m for 2013/14 giving a base budget funding gap of £10.034m.

Appendix 10 summarises the overall balances position of the Council after taking account of the various earmarked reserves and the risks faced by the Council. This shows around £3.67m available as part of medium term budget strategy considerations.

Current available balances within the “Capacity Fund” of £0.42m and “Invest to Save Fund” of £0.29m are shown as committed as these are likely to be committed during the period of this medium term financial strategy.

The financial monitoring report on this agenda shows a projected underspend in the current year of £4.607m. Whilst much could change in the remainder of this year, it is reasonable to assume that it should be possible to carry forward at least £2.5m of this underspend to create a one-off contingency to support the budget in 2013/14. This will be a challenging year with further savings to be implemented, continuing pressure likely to be experienced on social care budgets and the uncertainties arising from and increased risks transferred as a result of the new localisation of business rates and local council tax support schemes. Any further underspend available at year end will be used to either supplement the one-off contingency or will be used to increase provision for

severance costs as it is likely that further posts will need to be deleted by the Council for the foreseeable future. Given the likely availability of a significant one-off contingency for 2013/14 and a fundamental review of budgets to ensure that for example key income budgets that have consistently reported shortfalls are put on to a sustainable basis, the ongoing contingency of £1.6m has been deleted in 2013/14 but will be replaced and increased to £2.5m from 2014/15. This is reflected in the forward projections for future years. An additional contingency of £0.8m is proposed in respect of public health given that the existing public health budget includes a contingency element of around £1m and this is a new significant responsibility transferring to the Council. No allowance has been made for any pay award in 2013/14 or future years nor has any allowance been built in for general inflation for 2013/14 or future years although some provision for contractually committed inflation has been made. This provision for inflation is currently held centrally as a specific inflation contingency pending confirmation of the minimum amounts that will need to be allocated to services in order to achieve a realistic budget during these years. As the Council is planning to implement single status with effect from 1st April 2014, the provision for additional costs arising from the anticipated single status settlement from April 2014 of £2.75m has been built in to the budget from 2014/15 onwards. However, £0.919m of this sum has already been allocated to fund the elimination of fixed point grades and the award of market pay adjustments to some social worker posts.

4.4 MEDIUM TERM GENERAL FUND STRATEGY

Projected Budget Gap	13/14 £m	14/15 £m	15/16 £m
Base Budget gap (including impact of further grant losses assumed as a result of the Autumn Statement and 2013/14 grant settlement)	10.034	23.993	33.737
Add back one-off contingency (re. public health uncertainty over grant allocation and new function)	0.800	0	0
Savings proposals issued in September	-5.376	-8.370	-8.929

2012 (Appendix 3 – after leakage)			
Further savings (Appendix 4 – after leakage)	-3.235	-6.714	-6.714
Funding protecting key services that address the wider determinants of Public Health	-1.200	-2.500	-2.500
Commercial income/business winning” approach	-0.100	-0.600	-0.750
Effect of 1.9% council tax increase each year for next 3 years	-0.914	-1.845	-2.794
Restated shortfall before use of general balances	0.009	3.964	12.050

4.5 EDUCATION FUNDING.

Compared to Local Authorities funding, schools funding has been comparatively protected and is broadly in line with our current modelling estimates.

From April 2013/14 a new school funding regime will be implemented. This follows detailed consultation by the Department for Education (DfE) with all the relevant stakeholders. The changes to be implemented required the general local formulae for schools to be simplified and the method of funding Special Educational Need to change to fit DfE requirements. These changes do not impact on Pupil Premium.

The local formula for Telford & Wrekin was developed after consultation with all relevant stakeholders and was agreed by Cabinet on 8th November 2012. This new formula is mainly driven by pupil numbers so, whilst schools are protected by a minimum funding guarantee per pupil, the implications are that schools with small or falling numbers on roll will see a reduction in the funding they received under the previous formula. It is anticipated that pupil numbers will rise as the Building Schools for the Future programme proceeds but there will be an interim period of a few years where funding will be an ongoing problem for some secondary schools and action will need to be taken by them to address these issues. Overall the estimated pupil numbers in Telford & Wrekin schools, including relevant Academies, has increased by 148 resulting in an expected £0.646m of additional Dedicated Schools Grant (DSG).

The changes in school funding result in differing per pupil rates being applied to the different sectors of education which prevents any like for like per pupil rate comparisons to 2012/13. A comparison of the global figure with what we could have expected under the old funding system, however, demonstrates a reduction in the Dedicated Schools Grant (DSG) of approximately £0.280m. The indicative DSG for 2013/14 for Telford & Wrekin is £120.780m including all Academies bar Madeley. This is now split into 3 blocks of funding as follows:

Schools Block, the majority of which is fully delegated to schools - £96.384m – this figure is calculated on the basis of £4367.31 per pupil.

Early Years Block, this funds education for 3 and 4 year olds in maintained nursery schools and classes as well as private, voluntary and independent nurseries - £6.991m. It is based on £4156.12 per pupil but is not a fixed total as it will be updated for actual pupil numbers throughout the year. In addition new funding has been transferred into DSG from the Early Intervention Grant. This relates to the Councils' statutory obligation to make provision for the education of about 40% of all 2 year olds from September 2014 – the new funding allocation for this purpose is £1.953m.

High Needs Block, this funds education for all those pupils in Maintained and independent special schools, Pupil Referral Units and other alternative education provision - £15.416m.

The DSG is supplemented by pupil premium of £900 per pupil giving a total of expected Pupil Premium for Telford and Wrekin of around £7m. As this is a mechanism to focus funding on disadvantaged children it tends to be largely attributable to schools with higher levels of deprived pupils.

The changes in the funding system have required a revision of school funding regulations, returns, approval processes and a significant exchange of information between the DfE and Local Authorities. As the pace of change has been so fast, with a high dependency of information flowing from the Government, there is still work ongoing on the funding arrangements for Special Education providers.

The changes to education funding have also resulted in more of the Dedicated Schools Grant flowing to schools; this directly impacts on centrally retained services. The Council must seek approval from the Schools Forum for specific funding amounts and levels to be retained. The additional amount being delegated to schools was approximately £1m and the Schools Forum has approved 25% of this funding to be retained by the Council for the continued provision of these services centrally. Further approvals will be sought before the end of January 2013 for centrally retained funding relating to SEN and Early Years.

It is the DfE's stated intention to implement a national funding formula for schools in the next funding formula and these changes are a step towards this aim. They have, however, confirmed that a "*Minimum Funding Guarantee will continue to operate in order to offer protection against unmanageable falls in school budgets*". In early 2013 the DfE will carry out a review of the impact of the changes and advise Ministers on the necessity for any adjustments.

Changes in the current arrangements for recoupment of Council funding for the impact of Academies are part of the changes relating to the formula grant and proposals for Business Rates Retention. These changes result in a separate Education function grant being payable to Councils and Academies, created from a top slice of the formula grant. The total value of this grant has been announced as £3.717m. This covers all pupils in all state funded schools and the grant will then be payable to each organisation based on their pupil numbers, the element that will be payable to the Council will not be confirmed until early in the New Year. This grant is intended to give a fairer reduction in Council resources in relation to the number of pupils educated in Academies in their area. The per pupil methodology does not lend itself to economies of scale and the Council is likely to suffer a disproportionate loss of funding compared to loss of responsibility and workload as result of this change. Work is still ongoing to determine the source data being used to calculate the grant but we currently expect any reduction for the Council to be broadly in line with the current estimate within the Budget strategy.

The transfer the funding for 2 year olds, currently within the Early Intervention Grant (EIG), to the DSG, a ring fenced grant along with a national top slice of EIG of £150m to be held back by the DfE for specific initiatives, has resulted in a loss of £2.440m to the

Council of un-ringfenced grant funding, approximately £0.206m more than anticipated. The level of loss is far above what should have been expected as the level of 2 year old funding transferred from EIG was well above the level of funding originally identified within it.

4.6 EQUALITY IMPACT ASSESSMENT, COMMUNITY ENGAGEMENT AND COMMUNICATION

Equality Impact Assessment is a tool that is used to ensure our decision making takes into consideration the protected characteristics with regard to the General Equality Duty (GED). In short we must demonstrate that we pay due regard to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations.

We need to assess and analyse the practical impact on those whose needs are affected by cuts or changes. We have adopted a proportionate approach that takes into account the relevance of a proposal with regard to equality.

This is a measured response recognising that our resources are best aimed at dealing with those proposals that could have the most significant impact. In order to accomplish this we have followed a process designed to stream proposals and ensure that they are fully explored.

In September 2012 Cabinet agreed additional budget savings proposals. Appendix 11 shows progress on those savings proposals which needed further exploration around the need for an equality impact analysis and/or engagement.

For proposals where implications have been identified and are at a sufficiently developed state a proportionate impact analysis was carried out. Appendix 5a details developed impact assessments. Where a proposal is still at an early stage of development, a plan has been put in place to ensure delivery of equality impact analysis and engagement during its development.

The budget consultation undertaken during 2011-12 helped to establish the principles and policy direction for a three year strategy. This required a broad range of inputs, over 7,000 comments and ideas were received from people across the borough which significantly influenced the overarching approach to service and financial planning.

During the Winter/Spring of 2012-13 we will be refining additional proposals and targets into specific savings. A scoping exercise to determine which new draft proposals require an equality impact analysis and/or engagement is shown at Appendix 12. Targeted engagement with service users and stakeholders tend not to involve large numbers of people because we are looking for a precise reflection of the service and the specific impacts that these types of changes can have.

During January 2013 we will be carrying out a communication and engagement programme to raise awareness of the draft budget strategy for 2012/13. Appendix 15 details this programme.

4.7 ENVIRONMENTAL AND ECONOMIC IMPACT ASSESSMENTS

Environmental assessment is a procedure that ensures that the environmental implications of Council decisions are taken into account. The principle is to ensure that plans, programmes and projects likely to have significant effects on the environment are made subject to an environmental assessment.

The Environmental Assessment aims to provide a level of protection to the environment and to contribute to the integration of environmental considerations into the preparation of projects, plans and programmes with a view to reduce their environmental impact.

The environmental assessment detailed in Appendix 5b and 5c provides information on the environmental impacts of the budget proposals. Overall, on balance the environmental assessment of the budget proposals is positive.

An economic impact assessment has also been undertaken for those proposals that have a significant individual economic impact (and is included in Appendix 5b and 5c. Clearly reducing spending by the council will impact on the local economy for example through fewer people being directly employed by the council and less business being placed by the council with local suppliers as spending cuts are made.

4.8 NEXT STEPS & TIMETABLE

As in previous years, communicating and engaging with the community on our future plans will be a key part of the budget process. We will be asking for views on our overall approach to ensure that it still protects and develops what the community thinks is most important and assessing whether there is broad support for the proposed savings and council tax strategy given the very challenging circumstances that we are now operating within.

Our approach is to begin communication and engagement immediately after the publication of the draft budget strategy on 4th January 2013 and formal consultation from after the Cabinet meeting on 10th January 2013. Our communication and engagement plan includes (further details are included in Appendix 15):

- Using “Your Voice” to communicate the main budget proposals with the aim of informing every household in the Borough;
- Signposting opportunities for people to get involved and give their views on the budget strategy;
- An online budget survey on the budget page of the Council website;
- Facebook, Twitter, write in, ring in or text in your views and comments;
- A postal survey of the Community Panel;
- Meetings with a range of groups and organisations;
- An open public meeting;
- Ongoing press releases;
- Formal consultation with the Budget & Finance Scrutiny Committee.

The consultation period will run through to 10th February 2013 in order that careful consideration can be given to the views expressed by the Council’s cabinet when preparing their final report and recommendations to full Council.

The Budget & Finance Scrutiny Committee should also have the opportunity to scrutinise any alternative budget proposals put forward by Opposition groups prior to Cabinet in February. The Chair of the Budget & Finance Scrutiny Committee will present the recommendations of the committee at the Cabinet meeting in February.

Due to the complexity of the budget setting process with a wide range of proposals for savings there is the potential for a number of small changes to have a large cumulative effect. We will therefore conduct a full impact assessment of the cumulative impact of all of the budget proposals, to be considered as part of the Cabinet report 28th February 2013.

Final proposals will be considered by the Council's Cabinet on 28th February 2013 and full Council will consider the recommendations from Cabinet and Scrutiny / Opposition Groups on 7th March 2013.

5. BACKGROUND PAPERS

- Comprehensive Spending Review Announcements – Treasury Website
- Autumn Statement – Treasury Website
- Public Finance E bulletin 7th December - Analysis of Autumn Statement.
- Revenue Support Grant Settlement Announcement – CLG Website
- Service & Financial Planning Report to Cabinet – 22nd December 2011
- Service & Financial Planning Report to Council – 1st March 2012
- Service & Financial Planning Update report to Cabinet – 28th June 2012
- Service & Financial Planning Update report to Cabinet – 20th September 2012
- LGA report “Funding outlook for councils from 2010/11 to 2019/20” published in June 2012.
- Association of North East Council's “Key Resource Issues for North East Local Government” report.
- “Mandate for Change”, issued by Stoke-on-Trent City Council November 2012.

Report prepared by:-

- **Ken Clarke, Assistant Director: Finance, Audit & Information Governance - Tel: (01952) 383100**
- **Felicity Mercer, Policy & Strategy Manager, Tel: (01952) 380136**
- **Andy Challenor, Community Engagement and Equalities Manager, Tel: (01952) 385103**

Appendix 2 - Safeguarding and Early Help – Cost Improvement Plan

December 2012

Agreed Aims

- To be in a position where there is no overspend in Safeguarding by the end of March 2014
- To make a contribution towards the overall Council savings target by the end of March 2015
- To make significant savings whilst improving the quality of service provided to children, young people and their families including satisfying requirements identified by OFSTED during our recent inspection of Safeguarding and Local After Children's services.

To reduce the average cost of placing a child in care or reducing duration in care

Underlying Principles

- All available options will be reviewed before making a decision to accommodate child/children.
- More children will be looked after by their families.
- Culture change initiated by the previous phases of the children and families service review will be key to our success
- Joint ownership will be fostered through more detailed action plans which will sit behind our agreed aims and fed through senior managers to the entire Children's Service workforce (both LA and partners)

- These aims assume that the impact of benefit reforms can be met from existing resources and that there will no demographic impact from these changes.

<p>Objective 1: Emma Wilcock (Karen Perry)</p> <p>Recruitment & Retention – develop recruitment and retention (workforce planning and development) strategy for children’s services social workers.</p> <p>Performance Indicator (PI) - number of agency social workers employed across children and family services. <i>Includes impact of over recruitment to avoid agency staff requirements (Current number of agency staff at the end of October is 12..7)</i></p>					
Max 6 Agency SWs by April 13	300	620 ¹	<ul style="list-style-type: none"> Market the concept of the Telford Social Worker (co-operative offer) (EW) Review approach to recruitment – “LEAN analysis of all parts of process” (RF) Using generic interview panels programmed in throughout the year (AW) Improved forecasting of timescales for taking up posts. (SDM’s) Maintaining a competitive advantage (Unique Selling Point) and pay parity with other local authorities (EW/HR) Improved management reporting - vacancies, appointments and agency cover (HR) Step Up students to be proactively targeted for recruitment (AW) spring/summer 2013 Explore SW to SSW progression by Assessment 	<ul style="list-style-type: none"> Preliminary discussion re workforce planning and development strategy held with Workforce Manager and Principal SW (PSW) – draft version to come to CFSLT early Jan Managers and PSW attended event at another LA to understand how they do Assessment days Young people produced poster of “what makes a good SW” and interviewed a SW to be used as promotional materials in recruitment and illustrative as part of co-operative offer Interviews dates for SW posts highlighted in advert to reduce lead time Last recruitment campaign filled all the SW vacancies and 2 of the 6 SSW posts, the Advanced SW Practitioner post and 1, possibly 2, of the 2 TM posts. Online recruitment tracking sheet accessible to all key stakeholders 	<p>April 13</p> <p>Sept 13</p> <p>April 14</p>
Max 2 Agency SWs by September 13.					
Max 0 Agency SWs by April 14					

Objective 2: Viv McKay/Angela Yapp (Karen Perry)

¹ Based upon appointing 5 social workers over establishment.

<p>Placement Strategy – review placement strategy to ensure that number of placements meet need.</p> <p>Performance Indicators - reducing residential placements (RP) by 10, drive down cost of placements, knock on effect on numbers of external foster placements by reduction in use of internal foster placements for babies, appointment of contract foster carer (LA employed carer).</p>					
40 RP by end of March 13.	1,192	1,413	<ul style="list-style-type: none"> Needs analysis by type of placement, modelling existing commitments and identifying best practice elsewhere. (VMcY) Predictive management information models for the early identification of likely requests for placement (VMcY) Using different commissioning approaches to procure lower cost placement solutions e.g. intensive foster care “Keep Model”. (VMcY) Reducing no. of babies fostered through use of potential adoptive parents (MW) Prioritising assessment of any prospective internal foster carers who show an interest in taking teenagers. (AY) Targeted marketing activity, including making links with employers with strong culture of social responsibility (AY) Using a JIGSAW house as an assessment centre if this is confirmed as a viable option (VMcY) Recruiting 2 contract foster carers (VMcY/AY) Consider external procurement of 	<ul style="list-style-type: none"> Provisional agreement from staff member to go forward as contract carer. Investigate possibility of recruiting further contract carers Completed initial scoping re CAMHS placement stability team; existing resources identified and priority brief for team agreed SW within fostering team identified for flexed caseload pilot of fast track assessments of foster carers Weekly fostering recruitment staff in town centre well established and providing an average of 1 high quality enquiry per week Feedback obtained from adoptive carers re potential arrangements for fostering to adopt, and initial discussions to identify potential (as yet unborn) babies; Telford staff meeting with Joint Adoption service before Christmas Attendance of Assistant Director at Local Strategic partnership produced some useful leads for follow-up; to be repeated Employer with strong culture of social responsibility identified and link made for future targeting visit CAMHS advice available to foster carers 	<p>March 13</p> <p>March 14</p> <p>March 14</p>
32 RP by the end of March 14					
30 RP by the end of March 14 (with 1 contract carer)					

			respite care <ul style="list-style-type: none"> • Advertise for foster carers for individual hard to place children “be my foster carer” • Recruit additional SSW in Family Placement to reduce disruptions family and friend’s carers and more capacity to assess mainstream carers. • Pilot new recruitment of foster carers model – flex SWs caseload to assessments and offer additional hours to part-time staff • Increase Children In Care Team SW hours from half to fulltime for 6 months to focus on getting YPs in residential care into foster placements 	via Family Connect from February 2013 <ul style="list-style-type: none"> • SSW Family Placement appointed – in post by Feb 2013 	
--	--	--	---	--	--

Objective 3: Karen Perry/Clive Jones Children in Care - Review approach /strategy for reducing CiC placements. Performance Indicators – Reduce number of CiC, reduce number of child protection plans (CP) and reduce time spent in care					
300 CiC by April 13	556	1,009	<ul style="list-style-type: none"> • “Family Support Model” in place. Early appropriate intervention and resolution and hence lower cost solution which may be longer term. <i>(DL)</i> • Targeted approach to dealing with most vulnerable families (SF Task Force) <i>(JB)</i> • Embedding culture of integrated safeguarding and early support practice 	<ul style="list-style-type: none"> • Analysis of involvement of F&C in complex safeguarding cases underway • Families who meeting SF criteria with whom SW teams involved identified • Draft thresholds document discussed at LSCB policy and procedures group and joint Safeguarding/F&C management meeting 	April 13 April 14

<p>April 13</p> <p>21 fewer CP Plans by April 14</p> <p>Average time spent in care reduced by 6 weeks by April 13</p>			<p>across the Borough on a multi-agency basis (Telford Compact) <i>(DL)</i></p> <ul style="list-style-type: none"> • System in place for monitoring impact of interventions <i>(DL)</i> • Learning culture in place - audit/review recent high cost admissions <i>(JBr)</i> • New “early support” approaches for children living with domestic violence or suffering neglect in place. <i>(JB)</i> • Resource Allocation Management Panel established for preventing non emergency admissions to care, especially teenagers <i>(KP/CJ)</i> • Reduced time in care (use of Permanence Panel) <i>(JBr)</i> • Predictive modelling/ review of approach for babies with disabilities/complex health needs who may become CIC and those in residential school who require 52 weeks support. <i>(VMcY)</i> • Council services working together to mitigate against bringing a child/s into care. <i>(KK/CJ)</i> • Implement Community Action Research Programme (part of Strengthening Families Task Force <i>(CJ)</i>) • Commission Morning Lane to undertake case analysis of recent admissions as part of externally funded support for safeguarding reconfiguration 	<ul style="list-style-type: none"> • 3 families (totally 14 children) recently CIC being analysed for joint audit at Childrens’ Service Improvement Team on 14th Dec • Weekly RAMP in place • Emerging model in draft for addressing Neglect. Pilot commenced for improvement in CP conferences and CP plans 	<p>April 13</p> <p>April 14</p> <p>April 13</p>
---	--	--	--	--	---

Objective 4: Viv McKay (Karen Perry)

Utilise commissioning approach to review in detail the following processes/services within safeguarding:

Performance Indicators – will be determined during the course of the review

	150	350	<ul style="list-style-type: none"> • Change delivery model for fostering, and contact and parenting assessments (Use of IEWM). (VMcY) • Provide better support to vulnerable pregnant mothers (JBr) • LEAN Review of key early help and safeguarding processes (VMcY) • Review value for money of existing arrangements for using translation service. (VMcY) • Fully understand cost differential (child/adult cost per place) and identify options for reducing cost per place where possible. (VMcY) • Investigate options for reducing cost of court ordered contact. (VMcY) • Review use of escort arrangements and opportunity for independent travel when transporting CiC (VMcY) 	<ul style="list-style-type: none"> • Set up meeting with external resource to review Fostering Service Planned for 14th December. • Visit to another LA to learn from their practice re better support to vulnerable pregnant mothers, plus submission of bid for funding from Dee • Potential SW attendees for Parenting Assessments Manual training (April 2013) being identified • Discussion re more cost effective arrangements for contact planned before Christmas 	April 13
Total	2.198	3,392			

Savings					
Proposed Investment	600				
Total	2,637				
Proposed Budget 13/14	2,798				

Risk Matrix

Risk	Mitigation
<ul style="list-style-type: none"> • Culture change within our workforce and across agencies will be resisted 	<ul style="list-style-type: none"> • Comprehensive engagement/communication strategy and plan put in place to support change • Detailed action plans to be shared and owned by workforce and agencies, starting with our own SDMs • Re-launch Telford Safeguarding and Integrated Services Early Help Training. • Invest in longer term “co-production” model with community through strengthening families and homelessness task forces. • Support and funding attracted from west midlands region to support this work.
<ul style="list-style-type: none"> • Reconfiguration uncertainty – Safeguarding review underway. 	<ul style="list-style-type: none"> • Comprehensive engagement/communication strategy and plan put in place • Ensuring social workers understand the need for change • The concept of the Telford Social Worker
<ul style="list-style-type: none"> • Lack of capacity at SDM level – previous reviews have reduced substantially capacity at manager level across 	<ul style="list-style-type: none"> • Use Capacity Fund and existing balances to provide additional one off capacity where needed

children and family service	<ul style="list-style-type: none"> • SDM taken on to support transformation and to ensure practice quality is maintained during change
<ul style="list-style-type: none"> • Lack of capacity in Commissioning & Family Placement teams 	<ul style="list-style-type: none"> • As above
<ul style="list-style-type: none"> • Some LA pay a premium or have concluded single status work resulting pay inequity across the region 	<ul style="list-style-type: none"> • Review inequity and make recommendations for addressing any inequity
<ul style="list-style-type: none"> • Adverse impact of benefit change on demand for children and family services. 	<ul style="list-style-type: none"> • Impact to be assessed by Strengthening Families and Homelessness Task Force. Not looking to drive savings out of this money. • Realistic targets regarding CiC numbers/CP plans and savings
<ul style="list-style-type: none"> • Shortage of foster carers nationally – there is a shortage of foster carers across the region, particularly for older teenage children in care. 	<ul style="list-style-type: none"> • Review package and support offered • Review marketing strategy as above
<ul style="list-style-type: none"> • Perverse incentives to make children subject of CP plans for children’s workforce who are not SWs and some SW teams as we are currently structured 	<ul style="list-style-type: none"> • LSCB develop and endorse Risk Model • More robust “Step Down” arrangements • Clear, well understood and endorsed models of alternatives to CP plans for (some) DA and Neglect cases • Reconfiguration of Safeguarding Service
<ul style="list-style-type: none"> • Impact of Family Law reform on capacity in ACM teams 	<ul style="list-style-type: none"> • Should be short term and pending promised national simplifications of care plans
<ul style="list-style-type: none"> • Lack of Business Support Officer (BSO) capacity 	<ul style="list-style-type: none"> • Review service requirements as part of the restructure

Appendix 1: Our Approach to Public Health in Telford and Wrekin

Our Ambition

Telford and Wrekin Council is committed to improving the health and wellbeing of our communities and addressing health inequalities by creating the conditions for residents to take greater control over improving their own lives.

Our Approach

Public Health services are an integral part of delivering our health & wellbeing ambitions and health and wellbeing strategy. To help make these ambitions a reality, we will develop an 'Assets Based Approach' to Health and Wellbeing priorities –this being one which focuses on the people and skills already in our community and what they can offer rather than seeing our local community just in terms of needs. We will work co-operatively and collaboratively with residents, communities and partners to address the wide range of factors which impact on health and wellbeing in Telford and Wrekin. This focuses on building on the significant improvements we have already made to health and wellbeing to develop innovative and new ways of delivery.

Equity and Fairness

People in different social circumstances experience different levels of health. In Telford and Wrekin we will focus on reducing these differences as a matter of fairness. To tackle inequalities the provision, uptake and outcomes of services will be equitable i.e. proportional to need, and proactively targeted towards the areas and groups within the community where they are most needed.

Integration: Health in All Policies

A broad range of issues have a significant impact on health. This means that building a healthier Telford and Wrekin will hinge on what is done to change policies that influence wider factors, such as economic opportunity, early childhood development, schools, housing, workplaces and the living environment. The current economic challenge to Telford and Wrekin means that social value must be created from investments to have a positive impact on health and wellbeing. Everyone has a role to play in promoting health and we expect everyone to play their part, including individuals and communities as well as the public, private and voluntary sectors. Services should be joined up, with all relevant partners working together to ensure patients, clients, service users and carers experience seamless journeys of support, care and treatment.

Public Health Functions

Health Improvement – such as nutrition, obesity and physical activity, smoking cessation, dental public health, children's health, health check for older adults and wider health and wellbeing.

Health Protection – planning to protect the local population against a range of threats and hazards to health and life.

Public Healthcare advice – providing a core offer of public health advice to the NHS locally. In addition two largely treatment related functions – sexual health and drug and alcohol treatment.

Mandated Services

Some of the above functions are mandatory. These include sexual health services, over 45's health check, weighing and measuring children; ensuring plans are in place to protect the health of our communities and provision of Public Health advice to the Clinical Commissioning Group.

Early Intervention and Prevention

There will be a strong focus on prevention, rather than treatment, to deliver greater overall increases in both life expectancy and quality of life, including an early intervention approach to supporting families, sustained lifestyle behaviour change, awareness raising of symptoms and early detection and treatment of risk factors which cause ill-health. We will extensively promote increasing social and physical participation and healthy, active lifestyles.

Empower Individuals and Communities: Engagement

We will put the public at the heart of service design. We will work in co-operation with residents to empower individuals and communities to be active in improving the health of people in our borough. This means that we will work with people to co-produce priorities and build on community assets to improve health. Information about the state of health and wellbeing in Telford and Wrekin and the ways that health can be improved will be made available to the public.

Quality and Financial Sustainability

Services will be safe and evidence based, providing value for money. We will focus on action which is supported by strong evidence as delivering real improvements to the health of people in Telford and Wrekin. This will help us to ensure that public money is spent on actions which will achieve good quality health and social care, empowered individuals and communities, and a reduction in health inequalities. Public resources will be used responsibly to deliver and develop services which demonstrate financial sustainability and value for money when we look at health impact outcomes.

Working Together

We will work together with the healthcare, voluntary and community sectors to support each other in achieving our health and wellbeing priorities, focusing on the potential of primary care services to support community wellbeing and work with partners to deliver services. We will work co-operatively to support the commissioning and delivery of effective and efficient health and social care services.

Protection

We will protect the Telford and Wrekin population from threats to health by ensuring that preparedness for emergencies, immunisation, screening and early detection and infection control programmes are in place.

Safeguarding

At the core of our approach to service design and delivery is the protection of vulnerable adults and children. This challenge will be overseen by our Adult and Children's Safeguarding Boards.

Our Resources

We will maximise the value that we can achieve with our resources, shaping and directing existing Council services to deliver improving public health outcomes-this includes our investments in driving local economic growth, sport, leisure, culture, regeneration, education, training and skills, public protection, social care and a host of other services. We will make effective use of the Public Health budget itself, and we will look at how our services can best work together with those of our partners to achieve better health and wellbeing in Telford and Wrekin.

We will work co-operatively and collaboratively with councils and partners across the West Midlands to share Public Health capacity to greater effect, achieve greater impact in public health actions, and advocate changes to national policies in order to achieve local improvements in health and wellbeing.

DRAFT

TELFORD & WREKIN COUNCIL

TELFORD & WREKIN HEALTH AND WELLBEING BOARD 23RD JANUARY 2013

PUBLIC HEATH TRANSITION: UPDATE REPORT

**REPORT OF THE DIRECTOR OF ADULT AND COMMUNITY SERVICES AND
THE DIRECTOR OF PUBLIC HEALTH**

1. Summary

As part of the NHS reforms, responsibility for key elements of the PCT's Public Health function transfer to Councils from 1st April, though they will receive less than half the funding available for Public Health spending nationally. Other elements will transfer to Public Health England (PHE) and the National Commissioning Board and once we move into running the new arrangements post 1st April, how the relationships and responsibilities between the 3 elements will actually work at an operational level should hopefully become clearer. Maximising the benefits of this change are intrinsic to the delivery of another new responsibility for the Council-taking leadership on Health & Wellbeing through the Health & Wellbeing Board. The Council and PCT Public Health staff have been working on the transfer arrangements for some months now though late delivery of key pieces of financial information –particularly the grant allocation-have hampered progress. There is still much to do but a successful transition should be achieved by April. Work stream updates are as follows:

2. Finance & Resources

2.1 A clearer view of the PCT's spend on the range of Public Health responsibilities coming to the Council was achieved in December and the delayed grant allocations were finally released on 10th January. At £10.6m for 2013/14 and £10.9m for 2014/15 the announced grant levels were above the projections used in formulating the overall budget strategy. While this area's allocations are still well above PHE target levels and will be brought closer to target every year, this has still generated a minimum increase from current budget levels rather than the reduction anticipated.

Following that late announcement of Public Health grants for the next 2 years, the savings proposals for Public Health have thus been revisited. Discussions with the Director of Public Health on the original proposals highlighted areas of concern underpinned by the evidence of local need and inequalities from the JSNA, relevance to the agreed Health and Wellbeing priorities and some local poor performance indicators in the recently published Public Health Outcomes Framework (PHOF) which the Council will be monitored against from April 2013. In summary this review resulted in a reduction in the proposed savings to protect investment in the following areas:

- Smoking cessation services, given high smoking-related mortality rates and early death rates from cardiovascular disease and cancer, which are key local causes of reduced life expectancy and related inequalities (relevant to numerous national Public Health indicators PHOF)
- Adult weight management programmes given the scale of the obesity challenge and impact on chronic disease (obesity prevalence will be tracked through the national Public Health indicators PHOF)
- Breastfeeding programme in light of marked inequalities and significantly poor breastfeeding rates (breastfeeding will also be monitored through the PHOF)
- Alcohol misuse services, specifically prevention programmes given the high mortality rates from preventable liver disease (a new liver disease indicator has been included in the PHOF)

2.2 Budget Summary

The overall proposals are outlined below :

	2013/14 (£000)	2014/15 (£000)
Current Spending commitments	9.0	9.0
Additional responsibilities not in current spend including Infection Control and PH Emergency Planning	0.2	0.2
Support services- PR/Engagement/legal/finance/CSU for Public Health and Health & Wellbeing(no ongoing capacity yet created to support new H&W role/Board)	0.2	0.2
Contingency	0.1	0.2
Investment Priorities to be developed (year1 Flex card)	0.1	0.8
Funding allocated to protect existing Council services delivering the wider determinants of Public Health	2.5	2.5
Savings (see below)	(1.5)	(2.0)
Grant allocation	10.6	10.9

2.3 Savings

The reduced savings proposals now put forward can be summarised as follows:

Area of Activity	2013/14 Savings (£000)	2014/15 Saving (full year effect) (£000)
Public Health staff (mandated)	0	0
Nutrition, Obesity & Physical Activity	186	239
Smoking cessation	113	113
Children 5-19	111	188
NHS Health Check Programme (mandated)	49	49
Misc Health Improvement & Wellbeing	354	471
Drugs & Alcohol Support (treatment)	347	547
Sexual Health (mandated/treatment)	323	373
TOTAL	1,483	1,980

A more detailed analysis of these proposals by area, provider and associated risks is set out below.

Service Area	Savings Proposals	Risks	Saving £000
Nutrition, Obesity & Physical Activity:	1. Specialist weight management activities– (SCT £30k +10k) 2. Physical activity brief interventions – (SCT £76k/+25k) 4. Walking & Cycling – (SCT £20k/+7k)	Will be a reduction in general health promotion initiatives but we will look to mitigate through directing current Council services and capacity	

	<p>5. Community Food – (SCT £34k/11k)</p> <p>6. Breastfeeding – (SCT £26k)</p>		<p>£186k – 13/14</p> <p>£239k – 14/15</p>
Smoking Cessation:	<p>1. Promotion work (£8k)</p> <p>2. Saving built into to Integrated Service tender (£105k including - £30k Malling Health & £50k Solution for Health)</p>	<p>1. Can be provided through Council’s own specialist resources.</p> <p>2. Reliant on procurement process but is achievable with little risk</p>	<p>£113k – 13/14</p> <p>£113k – 14/15</p>
Children 5-19:	<p>1. Health Promotion & Prevention for young people – (SCT £111k/+37k)</p> <p>2. School Nursing Service – 10% reduction in overall cost by 2014/15 through contract re-negotiation/workforce review (SCT £40k)</p>	<p>1. Reduced program for children and young people, including targeted groups. Mitigate through role of School Nurse/other Council services.</p> <p>2. Minimal impact if it can be delivered through efficiencies</p>	<p>£111k – 13/14</p> <p>£188k – 14/15</p>
NHS Health check programme:	<p>1. Pharmacy Project with Lloyds (£48k)</p> <p>2. Telehealth – cardiopod (<£1k)</p>	No significant impact.	£49k
Misc Health Improvement & Wellbeing:	1.Mental Wellbeing – (SCT £46k/+15k)	Will be a reduction in general health promotion initiatives	

	<p>2. General Health Promotion – (SCT £259k/+86k)</p> <p>3 Workplace & mens' health – (SCT £49k/+16k)</p>	<p>but use of existing Council resources to mitigate impacts</p>	<p>£354k – 13/14</p> <p>£471k – 14/15</p>
<p>Tier 1, 2, 3 & 4 Drugs and Alcohol support and treatment services</p>	<p>1. Various lower level activities/initiatives (£147k-day visit rehab services)</p> <p>2. DARS Treatment Service- efficiencies available to deliver current level of service with deletion of unfilled posts (£200k in 2013/14, Further £200k in 2014/15 following full service review)</p>	<p>No significant Treatment risks. All service users will continue to have a service.</p> <p>Small risk of not meeting recovery KPI</p> <p>Risks will increase in 14/15</p>	<p>£347k – 13/14</p> <p>£547k – 14/15</p>
<p>Sexual Health Commissioned Services</p>	<p>1. GP Lead for Sexual Health (- £23k)</p> <p>2. Sexual Health Tender – Contract savings and improved services (£215k + additional savings to be discussed with new contractor £50k)</p> <p>3. Review of LES arrangements for 14/15 (£50k)</p> <p>3. GUM out of area (35k)</p>	<p>No significant risks in respect of most. However a little more work is required to understand whether additional £100k saving on contract can be achieved through efficiencies alone</p>	<p>£323k – 13/14</p> <p>£373k – 14/15</p>
<p>TOTAL Saving</p>			<p>£1.483m 13/14</p> <p>£1.980m 14/15</p>

3.Contracts

Given uncertainties around the financial position and level of services commissioned this has been the most complex area to deal with. As previously reported there is currently (before savings) around £7.9m spent on contracted services broken down as follows by area of activity:

Area of Activity	Estimated 2012/13 Spend (£000)
Nutrition, Obesity & Physical Activity	812
Smoking cessation	827
Children 5-19	583
NHS Health Check Programme (mandated)	506
Misc Health Improvement & Wellbeing	985
Drugs & Alcohol Support (treatment)	2,910
Sexual Health (mandated/treatment)	1,335
TOTAL	7.9m

Activity by Provider:

Provider	Estimated Spend £000
Shropshire Community NHS Trust	4,100
SATH NHS Trust	460
SSS NHS Foundation Trust	40
GP Practices	610
Pharmacies	370
T&W Council	1,260
Voluntary Organisations – Social Enterprises	700
Other	360
TOTAL	7.9m

As all contracts (other than Sexual Health and Smoking Cessation which have been retendered) come to an end on 31 March 2013, then as part of the national wind up process for PCTs we need to put forward onto the PCT transfer schedules which contracts we want extending, for what value and length of time. This will allow them to be transferred to the Council. It is intended to ask for extensions of no longer than 12 months on the basis that we will want to review every contract within this first year, consider synergies with existing Council services and where appropriate enter a new procurement process

Providers have already received a general letter jointly signed on behalf of the Council and PCT by Paul Clifford and Catherine Woodward. However more specific letters need to be sent as soon as possible and meetings arranged by provider to confirm our intentions, start the decommissioning process where necessary and the phased review of all transferring contracts.

4. Workforce, HR & Accommodation

Our respective HR officers have worked together to ensure that all information about transferring staff is up to date and available to the Council. Andy Griffiths (Council's HR) has had regular meetings with staff in the Public Health unit to keep them up to date and answer any questions

Within the unit there are a number of vacant posts, but on transfer the staff will initially stay together as a PH unit based at Halesfield (existing base) or in Joint Commissioning as now, with facilities to hot desk with other social care commissioners at Darby House. The structure and location of the PH team will be reviewed subsequently once senior management arrangements are in place, working arrangements settle down and accommodation management and charging arrangements for Halesfield are clarified. Senior Managers responsible for the Public Health unit will be based at Addenbrooke House alongside the rest of the senior management team. The proposed senior management structure will be announced shortly.

ICT requirements have been established and work is under way to ensure access as required to both Council and NHS systems.

5. Governance, Information Systems & Assurance:

There is still work to clarify the arrangements for information access, particularly how this fits with the role of the new Commissioning Support Unit, with which there has been no contact so far... a similar concern exists around social care joint commissioning. Similarly there are areas of Council responsibility not undertaken by the current PCT Public Health team such as emergency planning and late changes such as responsibilities around infection control where we still need to clarify the exact Council role and resource requirements-hence the need for some resource contingency in the budget. There will also be a need to review PH support

requirements within the Council and capacity given staff cuts over the last 2 years and the assimilation of Health & Wellbeing responsibilities with no additional capacity so far-not a sustainable position.

There is also work to do in finalising a Memorandum of Understanding with the Clinical Commissioning Group for mandatory provision of a service from the Council's PH unit and a reciprocal support on clinical governance expertise.

6. Communication and Engagement:

The Council's PR and Engagement units are now involved but as in other areas capacity is currently an issue. Attached, as Appendix 1, is a statement to outline our approach to our new Public Health responsibilities which we will use as part of our communications.

7. Formal Transfer

A Paper will be prepared for Cabinet to approve the transfer of staff, contracts etc. by acknowledging the sign off of the formal Transfer Scheme by "appropriate officers" – Managing Director, Chief Finance Officer, Monitoring Officer

Timetable

SMT – 4 March

Policy Review – 14 March

Cabinet 28 March

Report prepared by Paul Taylor, Assistant Director – Social Care Specialist

Paul.taylor@telford.gov.uk

01952 381200

Title:	Obesity (Children, Young People and Adults)
Report to:	Health and Wellbeing Board
Authors:	Clare Harland, Health Improvement Commissioner, NHS Telford and Wrekin Louise Mills, Head of Health Inequalities and Lifestyle, NHS Telford and Wrekin
Date:	23 rd January 2013

Purpose

This briefing provides the Board with an overview of both the strategic overview and work commissioned by the PCT's public health team to support achievement and management of healthy weight in Telford and Wrekin for children, young people, adults and older people.

Why is it important?

Overweight and obesity represent probably the most widespread threat to health and wellbeing in this country. Obese children and adolescents are at increased risk of health problems, and are also more likely to become obese as adults. Nearly a quarter of 4-5 year olds and a third of 10-11 year olds are overweight or obese nationally. Obesity is notoriously difficult to treat, so prevention and early intervention are very important. Obesity reduces life expectancy on average by 11 years and excess weight is a major risk factor for diseases such as type 2 diabetes, cancer and heart disease.

National and local context

Nationally, research indicates the following:

- A baby born to a family where one parent is obese has a 30-40% chance of becoming obese
- A baby born to a family where both parents are obese has a 70-80% chance of becoming obese
- People from lower socio economic groups are more likely to be obese than those from higher socio economic groups
- Improving breastfeeding contributes significantly to the agenda to tackle overweight and obesity in both adults and children

Local data for Telford and Wrekin indicates that:

- 23.9% of 4-5 year olds are classified as having excess weight (the sum of overweight and obese), this compares to 22.6% for England
- 35.8% of 10-11 year olds are classified as having excess weight (the sum of overweight and obese), this compares to 33.9% for England
- More boys than girls are obese in both the 4-5 and 10-11 year age group
- 28.4% of adults (16 years and over) are estimated to be obese (national average 23.6%)
- 32.4% of adults participate in 1 x 30 minutes physical activity each week (national average 36%)
- 66% of infants breastfed at birth, compared to 74% in England as a whole
- 33% of infants breastfed at 6-8 weeks, compared to 46% the England average
- 82% uptake of the Healthy Start programme by those eligible
- Breastfeeding rates are significantly lower amongst:
 - younger mothers, with 42% of teenage mothers breastfeeding at birth compared to 72% of mothers aged 35 years and over
 - deprived communities, with 51% of infants breastfed at birth in the most deprived areas, compared to 81% in the most affluent areas

Local actions in place

Telford and Wrekin Obesity Strategy

The Obesity Strategy and Action Plan for Telford and Wrekin were updated and refreshed in 2010. They provide an overarching framework for a programme of work to support children, young people and adults to achieve and maintain a healthy weight. Their delivery is overseen by the Obesity Strategy Partnership Group which includes representation from the PCT, Council (including education, leisure, transport, and planning), primary care and wider partners.

National Child Measurement Programme

The National Child Measurement Programme (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 support is offered to parents and carers' regarding their child's results and anonymised data is submitted to the Department of Health to generate national and local statistics for prevalence.

Services supporting families to achieve and maintain a healthy weight

A varied programme of services, commissioned by the PCT's Public Health department, are in place to support children, young people and adults to achieve and maintain a healthy weight. These programmes are complimented by initiatives and services funded and delivered by key partners, including the local authority. Examples of PCT Public health commissioned activity include:

Why Weight Mums - a weight management programme for pregnant women with a Body Mass Index (BMI) >30 at 12 week booking. Clients, who receive one to one appointments and home visits, are supported to minimise weight gain during pregnancy, reduce weight post nataly and improve healthy lifestyle behaviours within the family.

HENRY (Health Exercise Nutrition for the Really Young) - a workforce development programme for frontline staff working with families with children aged under 5. Following training, professionals working within early years' settings, deliver courses for parents with children at risk of obesity. This is a partnership programme involving: NHS Telford and Wrekin Public Health; Shropshire Community Health NHS Trust; Children's Centres; local authority workforce development; and private, independent and voluntary sector nursery and childcare providers. The programme is linked to and complimented by the Parents Champions Project; a Big Lottery Funded initiative, through which volunteers coordinate and support peer networks to provide parent-to-parent support in their local community.

YW8? 4-7 - a family weight management programme for families with children between 4 and 7 years old who are above a healthy weight. It includes fun sessions covering healthy family behaviours and parenting skills. A group programme is run each term in addition to one to one work with individual families.

YW8? 8-13 - 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). The programme includes fun sessions for children, parents and carers covering healthy eating and physical activity. Courses are run to coincide with school terms.

Why Weight? Plus - a weight management programme for adults with a Body Mass Index (BMI) >30 (or >28 with other conditions such as diabetes). Clients are referred to a 12 week programme with one to one and group sessions to support them to lose weight using a cognitive behavioural therapy (CBT) approach.

Breastfeeding

The UNICEF Baby Friendly Initiative (BFI) standards provide a framework for hospital settings and community healthcare services including health visitors, General Practice and

children's centres to deliver the best possible breastfeeding support to enable a mother to breastfeed her baby for as long as she wishes.

The local breastfeeding programme includes: breastfeeding training for the children's workforce; delivery of antenatal breastfeeding education sessions in the community; breastfeeding support; lactation support for more complex breastfeeding problems; a volunteer peer support programme; breast pump loan scheme; and Telford Welcomes Breastfeeding Scheme to increase awareness of breastfeeding friendly premises.

Healthy Start - a national initiative providing: vouchers for milk; fruit and vegetables; infant formula milk; and free vitamins to eligible families. Locally, professionals play a key role in supporting eligible families through the application process and signposting them to where they are able to access free Healthy Start vitamins. Front line staff working with pregnant women and families with children under the age of four are being trained to promote the scheme.

Nutrition and healthy eating - a Community Food programme providing: weaning sessions; healthy eating activities; education and information for under-fives; basic nutrition training for health and social care staff; cooking on a budget courses for families; evidence and best practice advice for practitioners working in health and social care settings; and the Cooking Bus project.

Physical activity

NHS Telford and Wrekin commission a number of programmes to encourage adults to make their first steps into physical activity and improving their health. These are community based programmes and activities specifically designed to target health inequalities and reach those that are less likely to access mainstream leisure provision. The programmes are in the main led by trained community volunteers and include Walkabout Wrekin, Women in Motion, the Exercise for All aerobics programme and NHS Fit for Men.

Planned next steps

The Telford and Wrekin Health and Wellbeing Board have identified Excess Weight as a priority for children, young people and adults. In support of this priority the Obesity Strategy Partnership Group will oversee:

- Mapping the assets in Telford and Wrekin that contribute to achieving and maintaining a healthy weight (Asset Mapping). The output from this process will inform the development of the Excess Weight chapter of the emerging Health and Wellbeing Strategy for Telford and Wrekin
- Continued delivery of the National Child Measurement Programme measuring the height and weight of children in reception and year 6 and providing proactive feedback to parents
- Training and support for frontline staff working with young families in approaches to prevent early childhood obesity
- Creation of environments that enable children and their families to make healthy lifestyle choices
- Encouragement of an increase in walking and cycling as a method of sustainable and active travel
- Assurance that those at higher risk of obesity are identified and supported through quality, evidence based family Weight Management programmes

Title:	Mental Health Promotion Briefing
Report to:	Health and Wellbeing Board
Authors:	Sarah Evans, Health Improvement Commissioner, NHS Telford and Wrekin Helen Onions, Public Health Specialist, NHS Telford and Wrekin
Date:	23 rd January 2013

Purpose

This briefing provides the Board with an overview of work commissioned by the PCT's public health team to promote emotional health and wellbeing in Telford and Wrekin for children, young people, adults and older people.

Why is it important?

Mental health is everyone's business and good mental health and resilience are fundamental to our: physical health, relationships, education, training, work and to achieving our potential. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds, beyond the reduced risk of mental health problems and suicide. These outcomes include: improved physical health and life expectancy, better educational achievement, increased skills and better employment rates, reduced lifestyle-related health risks such as smoking and alcohol misuse, reduced anti-social behaviour and criminality and higher levels of social interaction and participation.

Mental health problems can contribute to perpetuating cycles of inequality through generations. However, early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime. Such interventions not only benefit the individual into adulthood, but also improve their capacity to parent, so their children in turn have a reduced risk of such consequences.

National and local context

Nationally, research indicates the following:

- At least one in four adults experience mental health problems at some point during their life, with almost half of all adults experiencing at least one episode of depression
- Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three-quarters before their mid-20's
- One in ten children aged between 5-16 years suffers with a mental health problem, and many of these problems continue into adulthood
- One in ten new mothers experience postnatal depression
- About one in 100 people has a severe mental health problem
- 60% of adults living in hostels have a personality disorder
- 90% of all prisoners are likely to have a mental health problem

In Telford and Wrekin the JSNA indicates that:

- Approximately 17,200 people in Telford and Wrekin suffered from a common mental disorder such as depression, anxiety and obsessive compulsive disorder in 2010, with around 60% of these estimated to be women
- There are on average 15 suicides every year, with the largest proportion of suicides amongst men aged 21-39 years

- There were 371 hospital stays for self-harm in 2009/10, 39 of those admitted to hospital for self-harm were under 18 years old
- The hospital admission rate for self-harm in 2009/10 (all ages) was statistically significantly worse than the national average for England

Evidence-Based Commissioning of Emotional Health and Wellbeing Services

In Telford and Wrekin the National Institute for Health and Care Excellence (NICE) relevant public health guidance¹ is used by the PCT's public health team to ensure that the strategies, action plans and commissioning decisions are underpinned by a strong evidence-base. This is a clear expectation of the draft Health and Wellbeing Strategy, as part of the cross cutting principles.

The Five Ways to Wellbeing¹ is a set of national evidence-based public health messages aimed at improving the mental health and wellbeing of the whole population and encourages individuals to think about and do the small things every day that can help them feel better about themselves, appreciate what matters and get the most out of life. These are: connect, be active, take notice, keep learning and give. Evidence suggests that following the advice of the Five Ways to Wellbeing enhances personal wellbeing by making a person feel good and bolstering his/her mental capital. It encourages individuals to think about and do the *small things* every day that can help them feel better about themselves, appreciate what matters and get the most out of life. Locally the Five Ways to Wellbeing framework is promoted and underpins the universal approach to improve wellbeing, and individuals are encouraged to build them into their daily lives.

Emotional Health and Wellbeing Services in Telford and Wrekin

- The Healthy Lifestyles Hub single point of access for referral into lifestyle risk management services at First Point Telford ensures that people systematically receive consistent information, advice and support to help them to stay healthy. Hub activity relating to emotional health and wellbeing (EHWB) during April-September 2012 included the following:
 - 4,050 adults received opportunistic brief advice (less than 5 minutes) regarding EHWB
 - 991 adults completed a lifestyle screening questionnaire, including EHWB screening
 - 823 adults received a EHWB brief intervention (5-30 minutes of personalised advice)
 - 46 adults completed an EHWB extended intervention (6-12 week programme)
 - 275 volunteers completed healthy lifestyle training, resulting in 2,810 volunteer hours
- Telford Green Gym offers people an innovative way to improve their health and well-being by getting involved in practical gardening, conservation and outdoor activities.
- The Something More programme is a ten week course for women who want to build their self- confidence and self-esteem, to feel better able to deal with some of life's difficult issues.
- The Forward Mission mentoring service for people who have experienced substance misuse or mental health issues is managed and coordinated by Telford Mind. The project is supported by volunteers who have previously experienced similar issues.
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust to date have delivered STORM training to 91 members of mental health staff. An evaluation report will be completed by the end of December 2012 and a task and finish group convened

¹ http://www.neweconomics.org/sites/neweconomics.org/files/Five_Ways_to_Well-being_Evidence_1.pdf

to review the recommendations and training requirements for both mental health and non-mental health staff.

- My Time, a third sector organisation, were commissioned to consult with working age men regarding their emotional health and wellbeing. A report has been completed and the findings of the report will inform future commissioning intentions for suicide prevention work in Telford and Wrekin.
- Shropshire Community Health NHS Trust (CHS) Health Improvement Team continue to deliver school and community-based emotional health and wellbeing workshops sessions to children and young people and their parents and carers. This is done in a fun and interactive way where possible and tailored to the needs of the individual or group. During Q1 and Q2 2012/13, there were over 3,000 contacts and 92% of individuals who accessed sessions relating to EHWB reported an increase in knowledge and 81% proposed to make a personal behaviour change.
- Rubberband is an innovative partnership project for young people aged 16-19 years run by the Shropshire CHS Health Improvement Team and Telford College of Arts and Technology (TCAT). The project involves the training and support for volunteer students to deliver workshops to full-time students at the college on a range of topics, including: sexual, health and relationships, emotional health and wellbeing, nutrition and drugs and alcohol awareness. The aim of these workshops is to guide young people to make positive choices about their lifestyle. During Q1 and Q2 2012/13, 100% of students reported an increase in knowledge regarding the EHWB workshop with 70% proposing to make a behaviour change.

Planned next steps

From April 2013 local authorities will become responsible commissioning mental health promotion services. The Public Health Outcomes Framework will be used to assess population health at a local authority-level, the framework includes two measures related to emotional health and wellbeing i.e. self-reported wellbeing and suicide indicators. Local discussions are on-going, as part of the public health transition process, regarding the future commissioning intentions of the Council with respect to emotional health and wellbeing services. Future commitments for these services will be decided once the Local Authority Public Health grant allocation has been announced.

Future work currently being planned and undertaken includes the following:

- As part of the JSNA, a needs assessment will be carried out to understand the assets and needs of the local population regarding mental wellbeing
- Piloting of a tool to measure mental wellbeing across services
- Strengthening the role of the voluntary sector to support improvements in emotional health and wellbeing
- Undertaking Mental Well-Being Impact Assessments (MWIA) for significant service developments to ensure there is a maximum impact on people's mental wellbeing
- Implement the Five Ways to Wellbeing framework to improve mental health and wellbeing outcomes across the Borough

Please contact Sarah.evans@telfordpct.nhs.uk for further information

ⁱ Social and emotional wellbeing: early years <http://www.nice.org.uk/nicemedia/live/13941/61149/61149.pdf>.

Promote children's social and emotional wellbeing in primary education <http://www.nice.org.uk/nicemedia/pdf/PH012Guidance.pdf>

Promote young people's social and emotional wellbeing in secondary education <http://www.nice.org.uk/nicemedia/pdf/PH20Guidance.pdf>.

Promote mental wellbeing at work <http://www.nice.org.uk/nicemedia/pdf/PH22Guidance.pdf>



Telford and Wrekin Clinical Commissioning Group

**Briefing
for
Telford & Wrekin Health and Wellbeing Board**

Contraception and Sexual Health Services

1.0 Introduction

1.1 From the 1st April 2013, under new statutory arrangements set out in the Health & Social Care Act, T&W Council will be responsible for a range of Public Health functions, previously commissioned or provided by T&W Primary Care Trust. These include contraception and sexual health services which is listed under the mandated public health services transferring to the Council although levels of quality and quantity are not mandated.

1.2 Contracts for contraception and sexual health services are currently in place with a range of providers. All these contracts are due for renewal on 1st April 2013 and therefore the council is taking the opportunity across all public health contracts to review each contract and its continuation beyond 1st April 2013 to ensure affordability within the context of the expected total Public Health Grant and wider Local Authority Grant allocations. The Council currently has not received formal notification of its Public Health grant allocation, however.

2.0 Integrated Community-based Sexual Health Services

2.1 This contract has historically been commissioned from Shropshire Community Health NHS Trust. In 2012, a joint competitive tender exercise was initiated with Shropshire County PCT in order to redesign and modernise local services to better meet the needs of the local population. The outcome of the tender will be announced in January 2013. The service specification covers delivery of cost-effective, evidence-based, high quality provision of levels 1, 2 and 3 services from health promotion and self managed care, through basic contraception and STI testing to more complex and specialist services including HIV Treatment. (**NB** Commissioning responsibility for HIV Treatment will not transfer to the Council as it will be the responsibility of the National Commissioning Board).

3.0 Contraception and Sexual Health Services in General Practice

4 Local Enhanced Service (LES) agreements are in place for General Practices with suitably qualified clinicians to deliver enhanced contraception and sexual health services to their practice population. There are 3 related to the fitting and removal of contraceptive devices (coils, implants) and one for Sexually Transmitted Infection (STI) Testing, treatment and follow up.

4.0 Contraception and Sexual Health Services in Community Pharmacy

3 Local Enhanced Service agreements are also in place for Community Pharmacies with suitably qualified practitioners to deliver free emergency contraception (u25's), Chlamydia screening (15-24 year olds) and Condom Distribution Scheme (u19's).

5.0 HIV Prevention and Support to Vulnerable Communities – Terrence Higgins Trust (THT)

5.1 THT is a third sector provider with a long history and credibility of engaging with the most vulnerable/at risk groups in society. They are commissioned to provide easily accessible, confidential HIV prevention advice, information and materials to communities in Telford & Wrekin who are vulnerable to HIV infection and provide some elements of the support packages to help people living with HIV as a long term condition. Service elements include:-

- a. 1:1 advice/information, care/case management and counselling for People Living with HIV (PLWHIV) to support them in effective long term condition management

- b. Expert Patient Approach Self management courses and group work for PLWHIV
 - i. Peer support groups for PLWHIV
- c. Outreach services for African and other BME communities, Men who have Sex with Men (MSM) and Sex Workers
- d. Point of Care Rapid HIV Testing
- e. Chlamydia Screening
- f. Distribution of Free Condoms

6.0 Chlamydia Patient Results Notification and Data Management and Reporting Service – Shropshire County PCT

- 6.1 Shropshire County PCT Public Health Department are commissioned to provide a confidential, timely Chlamydia screening patient results notification and data management and reporting service through a texting/telephone call centre model. The service also follows up positive patients to confirm treatment and partner notification and treatment.

Emma Pyrah
Sexual Health Commissioner