

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 15th May 2013 at 2.00pm in the Wrekin Room, Business Development Centre, Stafford Park 4, Telford

PRESENT: Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), Cllr E Clare (Telford and Wrekin Council), P Clifford (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), D Evans (Clinical Commissioning Group), Cllr G Green (Telford and Wrekin Council), L Johnston (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), D Wickham (NHS England Shropshire and Staffordshire Area Team), Cllr P Watling (Telford and Wrekin Council), Dr C Woodward (Telford and Wrekin Council), C Davis (Healthwatch Telford and Wrekin)

Officers: J Eatough (Assistant Director: Law, Democracy and Public Protection), K Kalinowski (Assistant Director: Care & Support), P Taylor (Assistant Director: Social Care Specialist), C Jones (Assistant Director Family & Cohesion Services), J Power (Delivery & Planning Manager), H Onions (Public Health Specialist), J Rowe (Assistant Director: Neighbourhood and Leisure Services), V McKay (Interim Service Delivery Manager, Children and Family Services), S Davidson (Service Delivery Manager – Leisure), S Norwood (Commissioning Specialist), L Mills (Head of Health Inequalities and Lifestyles), N Wilde (T&W CCG), J Meakin (T&W CCG), C Hall-Salter (Partnership and Planning Manager), M Cumberbatch (Legal Services Manager), F Bottrill (Scrutiny Group Specialist) and J Clarke (Democratic Services Officer).

Also in attendance: Cllr D White

The Legal Services Manager opened the meeting at 2pm.

HWB-1 ELECTION OF CHAIR

As this was the first meeting of the Health and Wellbeing Board (HWB) in its formal capacity nominations were requested for a Member of the Board to Chair the meeting.

Cllr R Overton was nominated as Chair of the Board. This nomination was moved by Cllr A England and Seconded by Cllr P Watling. A vote took place and it was:

RESOLVED – that Cllr R Overton be elected Chair of the Health and Wellbeing Board.

HWB-2 ADJOURNMENT OF MEETING

The Chair adjourned the formal meeting of the Health and Wellbeing Board in order to receive a presentation by Dr W Bird.

The formal meeting re-commenced at 14.43pm.

HWB-3 MINUTES

RESOLVED – that the notes of the meeting of the Shadow Health and Wellbeing Board held on 13th March 2013 be confirmed and signed by the Chair.

HWB-4 APOLOGIES FOR ABSENCE

D Harrison (Clinical Commissioning Group)

HWB-5 DECLARATIONS OF INTEREST

Cllr J Seymour declared an interest in Agenda Item 6 Continuing Health Care.

HWB-6 CLINICAL COMMISSIONING GROUP UPDATE

D Evans gave a verbal update on the Clinical Commissioning Group (CCG).

The CCG were in the final stages of agreeing the main contract for mental health services. All other contracts had been agreed.

Recently, there had been significant challenges with regard to A&E waiting times and a number of actions by the Trust and partners had been taken in order to rectify this. Overall there had been an improvement since April but the CCG were uncertain as to whether this was because of the actions taken or if there had generally been a drop in demand. It had been noted that there had been a drop in demand nationally. A meeting was being planned in order to discuss urgent care planning for next winter.

The CCG Guidance and assurance was in progress and the CCG were pleased to note that the Dashboard was in place. This was centred around the JSNA. This would be brought back to a future meeting of the HWB.

D Evans announced, for information, that one of the GPs had left the CCG Board. A replacement had been sought and Louise Warburton was to join the CCG Board.

A discussion took place around the mental health services contract.

RESOLVED – that a report be brought back to a future meeting of the Health and Wellbeing Board.

HWB-7 NHS ENGLAND AREA TEAM UPDATE

D Wickham tabled a document giving an update on the Shropshire and Staffordshire Area Team.

Mid-Staffordshire Foundation Trust (MSFT) - A Trust Special Administrator (TSA) had been appointed by the Secretary of State following the announcement that the MSFT was not clinically or financially sustainable. Although it was noted that the Trust was clinically safe. Monitor, the health system regulator, had powers to ensure continuity of services to patients. The TSA had 150 days to determine which providers would provide these services. A review of service configuration would be undertaken to determine patient specific services following the commissioner's views, consultation with local people and by market engagement. The CCG commissioner would determine location specific services. Area Team and CCG were monitoring the service and quality risks. The implications for Telford and Wrekin would be of minimal impact. It was currently unknown if there would be any implications for other hospitals ie Stoke. There was no obligation for TSAs to link with the Health and Wellbeing Boards, however the MSFT TSA was linking. With regard to any future reconfigurations it was thought better to work proactively than to have to use the external TSA process.

Risk Summit – A risk summit was a formal meeting called in accordance with the National Quality Board (NQB) Guidance and considered quality and safety within a Trust. Its purpose was to assess concerns and risk and to ensure joint action plans and to support the Trust. A local Risk Summit had been held during the last week which brought together the combined concerns of commissioners and providers. The Shrewsbury and Telford NHS Trust summit included:

- Finance
- Safety
- Risk

The role of the HWB was an important one as they needed to be aware of what was being commissioned and the health outcomes.

Area Team Commissioning – The Shropshire and Staffordshire Area Team directly commission primary care. All of these areas overlapped with the CCG, social care, children and public health commissioning and were of interest to the HWB with regard to commissioning plan alignment and achievement of health outcomes of HWBs. The Area Team would also play a role in supporting the CCG and local health economy with regard to service reconfiguration.

A discussion took place including:

- Risk Summit
- 97.5% occupancy rate
- Performance and quality issues – ie waiting times
- 18 week referral targets
- Accountability of the TSA
- Links with Scrutiny and the TSA
- NHS Strengthening
- Screening and Immunisation

HWB-8 CONTINUING HEALTH CARE

Cllr D White presented a report on Continuing Healthcare following a Scrutiny Review. The Health and Adult Care Scrutiny Committee had been looking in depth at Continuing Healthcare (CHC) in Telford and Wrekin over the last five months. A series of recommendations had been made that would, if implemented, improve the CHC assessment process. A fair assessment process would ensure that all patients would have their needs assessed appropriately in order to determine both health and social care needs. It was also hoped that these recommendations would also address the funding issues for the Council's Adult Care budget. The key areas of concern included:

- The change in the rate of CHC funding in Telford and Wrekin over the last 4 years.
- The difference in the rate of CHC funding between Telford and Wrekin and other local authorities in the West Midlands and the national average.
- That the report reflected the dissatisfaction with the CHC process from families and other organisations involved in CHC
- It was recognised that it is the responsibility of the CCG to make decisions about CHC funding.
- The Committees primary concern is that patients and their families get a fair deal
- Patients receiving CHC funding will have all the health and care cost met through the NHS as NHS services are free at the point of delivery

- Patients who are assessed as not eligible for CHC funding will not be eligible for local authority funded care if they have capital over about £23,000. In these circumstances the patient will have to fund their own care needs.
- The Committee were very concerned about patients who had received CHC funding for many years – but were reassessed as not being eligible. The patients need would not have reduced – but the high quality of care would reduce the symptoms.
- CHC is a complex process and people do not understand the assessment process or what it means
- The Committee had heard that due to the reduction in funding there was a risk that some care homes would go out of business or local services will be commissioned by other areas
- The appeals process must be explained to patients and their families and they should have access to advocacy services
- The CCG has recently taken over formal responsibility for CHC and this is an opportunity to work together to resolve these issues. It will be important to agree procedure between LA/CCG and all parties
- 3 companies had set up practice to sue on CHC funding issues
- If process is right first then CCG will be less likely to end up in Court fighting cases.
- Shared funding – examples of this would be useful
- The person is most important in all cases
- National Framework can be interpreted in different ways
- There is a good working relationship between CCG and T&W
- The report and recommendations have been presented to the CCG Board

Agreement had been reached in some areas and as there were excellent working relationships between the CCG and T&W it was hoped that they would continue to listen to each other and work together. It was important to get the process right at this early stage and have a strong basis to take forward and work with. The CCG would provide a formal response, but their initial comments were that in relation to the recommendations there were some that would be accepted, there were some that were already being addressed and there were some that the CCG could not accept as they are outside the National Framework.

The report was welcomed as it brought the issues out into the open. A discussion took place including:

- The length of time taken to make final funding decisions
- Relationship issues
- The need of patients/families to fully understand the process from the outset.

The Chair thanked the Scrutiny Committee for all of their hard work and thanks was also received from Mr Steve Wood.

RESOLVED – that:

- a) following consideration of the Scrutiny Report that a response be brought to a future meeting of the Health and Adult Care Scrutiny Committee; and**
- b) the level of CHC funding, the number of jointly funded care packages made following a CHC assessment and the total funding contributions by partner organisations on a quarterly basis as set out in recommendation 21 of the Scrutiny Report be monitored.**

The Social Care Specialist presented a report on the Continuing Health Care and Whole System Approach which gave an update from the Council's perspective. The report sought to re-assure people on behalf of the CCG and the Council that no individual had been denied services. There was a process in place in order to make emergency decisions and no one should have to wait for care. The care for a patient would be exactly the same whoever was to fund their care. CHC funding procedures since 2009 had impacted on the Council's Community Care Budget. In January 2012 the PCT had agreed to offset a sum of money, together with one-off payments for 2011/12 and 2012/13. There was an estimated funding activity of £8m which had once been funded by the NHS. The Council's budget had been cut by the Government by 27%, rising to 33% in the coming year. Scrutiny had highlighted the impact on individuals and families and that there may be a need to some individuals to self-fund all of their care. Adult Social Care Services needed to develop a specialised knowledge and re-train social workers to play a pro-active part in the funding of care. Patients should be re-assessed if there was a dispute in order to help the Council to avoid any legal challenge.

The CCG and TWC had agreed to take part in a joint workshop. This was a very positive step and the workshop would be used to find a middle ground to work from.

A discussion took place including:

- The necessity to adhere to the National process and its complexities
- Working effectively together and moving forward in a positive way
- Working within the rules without anyone falling through the gap
- Service provision by the CCG
- Getting the decisions right
- Like for like comparisons and use of the data and graphs

The Scrutiny Recommendations had been taken on board by the CCG and some of the recommendations had already been implemented. Further recommendations were in progress although the CCG could not implement all of the recommendations as the National Framework would not allow this.

The Board were asked to have agreed an approach within 3 months. This was thought to be an ambitious target and it was suggested that a report was brought back to the HWB in three months time.

RESOLVED – that:

- a) the information set out in the report be noted; and**
- b) that the Officers of the Council and the CCG report back in 3 months time on the development of a jointly agreed approach to CHC funding decisions alongside a sustainable financial agreement for both organisations.**

HWB-9 HEALTHWATCH TELFORD & WREKIN UPDATE

The Chair welcomed C Davis, Parkwood Healthcare, the representative for Healthwatch Telford & Wrekin, who had taken over from LINK on the 1st April 2013.

C Davis gave a brief overview of the work that had been taking place since 1st April.

With regard to staffing, 1 member of staff had come over from the Local Involvement Network and had taken up the position of Community Engagement Officer. A new Manager, Kate Ballinger, had also been successfully appointed from a strong pool of applicants and started

on 20th May 2013. The next post to be recruited to would be the Research Assistant, this was a key post and would involve data management and data handling. With regard to the Chair and the Board of Directors this was a tough process to go through. Interviews were mid-way through for the Chair and it was hoped that this position would be appointed to within the next two weeks. If no appointment was made at that time then Healthwatch would raise its profile and re-advertise as it was thought better not to appoint rather than rush in.

It was hoped that Healthwatch would build on the legacy left by LINK and that volunteers would not be lost. An event had recently taken place which had looked at the concerns, challenges and local context. This was considered to be the first step forward in community engagement giving an introduction to Parkwood Healthcare and setting the platform to build the relationships.

The contract monitoring was going well and meetings were to be held quarterly, although, at present the meetings had been taking place monthly to give regular feedback.

The website was now up and running and included contact details. There was a link through to the "My Life" portal for Adult Social Care. Feedback on the website was welcomed.

There were ongoing discussions with the community and stakeholders regarding a permanent base for Healthwatch. Healthwatch was currently based at The Place, Oakengates.

A joint simulation event in partnership with Shropshire was being organised to look at scenarios which would give helpful debate and understanding.

There was a lot of work being undertaken behind the scenes and there would be a launch event early in the summer.

It was suggested that Healthwatch did not lose the input of young people and the necessity to keep the engagement with Youth LINK.

One of the key priorities was Young People and how to keep them engaged.

RESOLVED – that

- a) a key priority for Healthwatch Telford & Wrekin would be Young People; and**
- b) the report be noted.**

HWB-10 OVERVIEW: ANNUAL PUBLIC HEALTH REPORT FOR TELFORD AND WREKIN 2012/13

The Director of Public Health gave a brief overview of the Annual Public Health report for 2012/13.

The Health and Care Act made it a responsibility of the Board to receive and publish the report annually of the Director of Public Health. The report was currently in its final editorial stage and this report to the Health and Wellbeing Board was to summarise some key features prior to its presentation to the Board at the July meeting.

Key priorities of the Health and Wellbeing Board were informed by the local Joint Strategic Needs Assessment (JSNA) and the Public Health Outcomes Framework. This added value across the range of HWB priorities.

The current Director of Public Health was leaving the position on the 31st May 2013 but would like to be given the opportunity to see the report through to presentation at the July HWB. The Director of Public Health asked if she could attend at the July meeting to present the Report.

Cllr Richard Overton thanked Dr Catherine Woodward for her involvement and wished her well in the future.

RESOLVED – that

- a) **the current Director of Public Health be invited back to the July meeting of the Health and Wellbeing Board to present the Annual Public Health Report 2012/13; and**
- b) **that the report be noted.**

HWB-11 TELFORD AND WREKIN CCG DRAFT LONG TERM CONDITIONS STRATEGY

The Head of Commissioning Primary Care and Planned Care and the Commissioning Manager, Market Development gave a joint report on the Telford and Wrekin CCG Draft Long Term Conditions Strategy.

The Clinical Commission Group (CCG), with the approval from the Telford and Wrekin CCG Board, had commenced a programme of work to improve the quality of care delivered to patients and carers in Telford and Wrekin who have long term conditions.

The strategy would provide a framework and action plan to deliver measureable improved outcomes to include improved life expectancy or enhanced quality of life for those with long term conditions. This would be a concise document that linked to the Joint Strategic Needs Assessment (JSNA) and would cover 5 key areas:

- Principles
- Prevention
- Identification
- Management Planning
- End of Life

The delivery approach would focus on prevention and earlier diagnosis as well as the treatment of symptoms.

Engagement within Telford and Wrekin has been shared with commissioners and providers and the report detailed the progress made to date.

An implementation action plan was currently being pulled together and would be developed alongside the consultation and engagement programme.

A discussion took place including:

- Urgent care pressures
- Planned care on chronic conditions
- Important to get the strategy right at the beginning

- Important to include children and young people and not just adults
- Specific conditions – ie cardio vascular and dementia
- Stroke prevention – GP Registers
- Engagement with Carers Partnership Board
- Integrated care
- Working, thinking and planning together for a broader impact

It was asked if Clare Hall-Salter could send Nicky Wilde details of the partners/stakeholders database for engagement purposes.

The final version of the strategy documentation and implementation plan would be brought back to the Health and Wellbeing Board for an update in July/September 2013.

RESOLVED – that

- a) the key health messages, the draft Long Term Conditions Strategy “on a Page” and the actions to date be noted;**
- b) stakeholder/partner database for further engagement purposes to be sent to Nicky Wilde and**
- c) the final version of the strategy with an implementation plan be brought back to the Health and Wellbeing Board for an update in July/September 2013 be agreed.**

HWB-12 SEXUAL HEALTH SERVICES & COMMISSIONING PROCESS

S Norwood presented a report of the Director of Children & Family Services which gave an update on the current position and future commissioning process for the delivery of Sexual Health Services in Telford & Wrekin.

Sexual health services were transferred to the Council on 1st April 2013, although some elements of care will be commissioned by the Clinical Commissioning Group or the NHS England.

Telford and Wrekin PCT had completed a competitive tendering process in order that they could meet the needs of the community and to ensure the integrity and transparency of the procurement process. The contract had been awarded to the Staffordshire and Stoke on Trent Partnership Trust who had many years experience of delivery sexual health services. The new contract provided improved services from a mixture of one-stop shops, satellite clinics and targeted clinical outreach for vulnerable/at risk groups. This followed the Department of Health’s best practice which encouraged open access to integrated services. Opening times would be extended to include evenings and weekends.

Sexual health services were now available in 16 GP clinics with links to pharmacies which undertook Chlamydia screening and testing as well as emergency contraception.

To support early diagnosis and to help people living with HIV in Telford the Council had commissioned the Terrence Higgins Trust to provide a range of programmes including self-help groups.

Reducing the number of teenage pregnancies was one of the Health and Wellbeing Board’s ten priorities. A Teenage Pregnancy Board would be re-launched in 2013/14 and this would also be extended to sexual health services, smoking and alcohol.

A discussion took place including:

- Clinic locations at ie Aqueduct, Wellington, Sutton Hill, Newport
- Attendance was available at any service anywhere in the Country
- The relationship with looked after children in care
- Measurement of service developments
- The effectiveness of one-stop shops

This was a positive level of provision with longer days and weekends which would lead to a more anonymised service which could be accessed more easily now that the service had been de-centralised

It was suggested that an update be brought to the September meeting of the Health and Wellbeing Board.

RESOLVED – that the report be noted.

HWB-13 JOINT HEALTH AND WELLBEING BOARD STRATEGY DEVELOPMENT UPDATE

The Delivery & Planning Manager and the Public Health Specialist presented an update on the Health and Wellbeing Strategy.

The asset mapping work had now commenced with the Board sponsors and officers. A common template was used in order to have systematic structured discussions. Through this engagement process a series of underlying principles had emerged including:

- Equality
- Accessibility
- Integration
- Quality
- Engagement
- Financial Sustainability
- User Satisfaction
- Early intervention and prevention and Safeguarding

This had been an important piece of work to develop an understanding of each of the priorities in order to inform the Board of how to drive the priorities.

Nine of the templates had been received at the point the report had been written and from the responses received some common themes had been highlighted:

- A quality and evidence based National document underpinned the local processes
- Safeguarding children and young people and vulnerable adults
- Equality issues

The common areas for specific focus during 2013/14 would include:

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

Key areas that sponsors and officer leads where value can be added across the priorities by the board were included:

- That the priorities were championed across the health and wellbeing partners
- That governance, oversight and challenge for improvement on priority outcomes was given
- That interdependencies across the priorities join up with the key workstreams to work more efficiently and effectively

The next steps were to bring the templates together in order to analyse the common challenges, risks and opportunities. It was also envisaged that this analysis could also be used to complete the development framework.

These reports would be brought to the next meeting of the Board.

A discussion took place including:

- Existing Partnerships and strategies
- Physical activity for the over 55s
- Re-enforcing the message “health through fitness”
- Engagement of Ward Members and ward health profiles developed
- Cultural activities for both health and wellbeing
- Some templates need to be brought back to Board – ie Autism
- Value for money services
- “Dementia Friends” – free courses

RESOLVED – that:

- a) progress report would be brought back to the Health and Wellbeing Board; and**
- b) that the report be noted.**

The meeting ended at 4.31p.m.

Chairman:

Date:

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 17 JULY 2013

TELFORD and WREKIN CLINICAL COMMISSIONING GROUP UPDATE

REPORT OF David Evans, Chief Officer, T&W Clinical Commissioning Group

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

To present an update on a number of areas for the Health and Wellbeing Board.

2. RECOMMENDATIONS

This report is for information

3. IMPACT OF ACTION

N/A

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	No	<i>If yes please state relevant priority</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	No	<i>If yes, please list relevant Co-Operative Council objective(s)</i>
	Will the proposals impact on specific groups of people?	
	No	<i>If yes, briefly summarise any impact(s) – see separate guidance note for groups to consider</i>

TARGET COMPLETION/DELIVERY DATE	<i>Insert date and if more than 6 months after the date of the Cabinet report, list key milestones</i>	
FINANCIAL/VALUE FOR MONEY IMPACT	No	<i>This must be decided by an officer from Finance. If yes, briefly summarise any impact(s) – financial impact must be completed by an officer from Finance</i>
LEGAL ISSUES	No	<i>This must be decided by an officer from Legal. If yes, briefly summarise any impacts – legal issues must be completed by an officer from Legal Services</i>
EQUALITY & DIVERSITY	No	<i>If yes, briefly list any other significant impacts in relation to equality & diversity.</i>
IMPACT ON SPECIFIC WARDS	No	<i>If yes, briefly summarise impact(s) on specific wards – otherwise state Borough-wide impact</i>
PATIENTS & PUBLIC ENGAGEMENT	No	<i>If yes, briefly summarise event</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	<i>If yes, briefly list any other significant impacts, risks & opportunities-</i>

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

a) Comprehensive Spending Review

The announcement of the Comprehensive Spending Review for 2015/16 will present some significant challenges for the CCG. Whilst the headline figure is that health spending has been protected with a marginal increase this is likely to be in the region of 0.1% in real terms. With demographic changes and increasing demand the position is that to maintain services at the current level the NHS will need to continue to deliver efficiencies of 4% pa.

The establishment of the Health and Social Care Fund will see a transfer of funds from the NHS in the region of £3.4 billion, and this will probably be topsliced from current CCG budgets. Initial estimates for Telford and Wrekin CCG indicate that locally this will be in the region of £6 million, which is approximately 3% of the current budget.

Nationally there is an expectation that there will be a 10% in the overall level of administration costs. It is not clear at this stage what the impact of this will be on CCG's and the £25 per head running cost allowance.

The CCG is in the process of reviewing its Medium Term Financial Strategy as a consequence of the CSR and I will report back to a future Health and Wellbeing Board once this has been finalised.

b) Integrated Care Services

The CCG and Council officials have initiated discussions on how jointly the organisations can extend the integration of directly provided care for the population of Telford and Wrekin. This is at a very early stage but would be looking at how care teams can be developed to provide care around the patient enabling more patients to be care for at home and promote independent living for as long as practicable.

A scoping paper is being prepared on how the two organisations can operate within a framework that will address the governance arrangements that will be required. This should enable discussions to be completed and approved by the Council and CCG Governing Body in the Autumn with a view to some schemes commencing in 2014/15.

A draft paper will be presented at the September meeting of the Health and Wellbeing Board.

c) Urgent Care

There has been an improvement in the 4 hour A&E target since April. Whilst on some days the target has not been achieved the overall position has improved and Shrewsbury and Telford Hospitals NHS Trust has met the target for both May and June. It should be noted however that overall there has been a reduction in demand locally since the middle of April.

In response to the pressures nationally around A&E performance the health and social care community has been required to deliver a plan to NHS England demonstrating how delivery against the target could be achieved on a sustainable basis. This plan has been reviewed and both CCG's met have met with the Area Team to refine this.

An Urgent Care Network Board has been established which has membership from both commissioners and providers across the community which will oversee delivery. I have attached the draft Terms of Reference for information, which will be ratified, subject to any final alterations at the July meeting.

The UCNB is overseeing the implementation of 5 projects with the aim of some delivering some 'quick wins' by the early autumn to put the health and social care community in a good position for Winter. Each of these projects has a Board sponsor and progress is being monitored monthly by the UCNB. The 5 projects are:

1. Emergency Department Flow
2. Admission Avoidance
3. SaTH and Community Discharge

4. Optimising capacity to support discharge
5. Local Health Economy Hub (demand and capacity dashboard)

I will provide an update against these projects for the September Health and Wellbeing Board.

d) Primary Care Commissioning

The responsibility for commissioning General Medical Services by GP's is one of the responsibilities of NHS England. Within the Health and Social Care Act however there is a responsibility for CCG's in respect of the quality of primary care. It is therefore clear to both the Area Team of NHS England and Telford and Wrekin CCG that there needs to be collaborative working in respect of primary care to ensure that service delivery meets the needs of the population.

There is now an Memorandum of Understanding between NHS England and the CCG's in Staffordshire and Shropshire and quarterly meetings have been arranged to discuss issues and areas of concern.

e) The Francis Report

In response to the findings and recommendations of the Francis Inquiry into care at Mid Staffordshire Hospitals Foundation NHS Trust, Telford and Wrekin CCG has responded in a number of ways.

- A briefing paper following publication of the report was discussed by the Board on 12th February 2013.
- Brief shared with the Health Roundtable Members.
- CCG Board Development day was held on 30th April 2013 to discuss the report, the recommendations and the CCG response.
- Consideration of 290 recommendations and priorities
- An individual letter was sent to all CCG employees from the Chief Officer inviting attendance at the CCG Listening Event held on 2nd May 2013.
- The Quality Team away day considered their role in relation to the report on 20th May 2013.
- Formal response agreed by Governance Board 11th June 2013
- Tripartite Board meeting with Shropshire CCG and SaTH held on July 1st

A progress report on implementing the recommendations will be presented to the Governing Body at the October meeting

David Evans
Chief Officer

Urgent Care Network Board

TERMS OF REFERENCE

June 2013

1. SCOPE	<p>To provide a senior level Governance Board for monitoring of the current system, delivery of key projects and approval of sustainable future whole systems working for the benefit of patient care.</p> <p>To include the whole urgent care patient pathway that encompasses support in the community for admission avoidance, efficiency and effectiveness when a person needs to go into hospital and robust, timely discharge processes.</p>
2. PURPOSE	<p>To act as an executive steering group utilising partnership working between health and social care organisations to improve patient experience and achieve clinical outcomes as measured by the achievement of</p> <ul style="list-style-type: none"> • 4 hour operational performance standard • Zero 12 hour trolley breaches <p>To influence, and be accountable for ensuring that projects deliver sustainable whole system change and benefits to patients.</p>

3. RESPONSIBILITIES

a. Agree and Authorise Whole Systems Surge Plan

Individual organisations are required to produce individual surge assurance plans (previously known as Winter plans) which will capture how they as an organisation will manage and respond to surge pressures. It will be the responsibility of the network board to receive and agree the Whole Economy level Plan ensuring that operational leads within their own organisations are empowered to act according to agreed levels of escalation.

b. Review Urgent Care System Performance

This will be a factual report detailing the information below for the preceding month.

National Performance Metrics	Demand Trends
1) 95% maximum 4 hour wait for all urgent care facilities from arrival to admission or discharge	a) Total Number of attendances at A&E
2) 12 hour trolley Breaches	b) Conversion rates to admissions
3) Ambulance – Response , handover and turnaround times	c) Total number of admissions
4) Delayed Transfers of Care – Health and Social care	d) Profile of LOS
5) Readmissions rates to SATH	
6) Family and Friends A&E Results	

Failure to achieve contractual requirements will be dealt with via the existing mechanisms i.e monthly contractual performance meetings.

- c. Receive reports detailing the progress of cross economy projects In the first instance the 5 agreed projects to assist in the delivery of the 4 hour performance standard will be**
- SaTH & Community Discharge
 - Optimising Capacity to support Discharge
 - ED Flow
 - Attendance Avoidance
 - LHE Demand and Capacity Hub – dashboard element
- d. Monitor progress against agreed milestones for cross economy projects via exception reporting methodology.**
- e. To agree decisions re remedial actions for cross economy projects outside of delegated authority to project groups.**
- f. To receive project charter and plans from Urgent Care Transformation Board and provide decision re authorisation to proceed taking into account the adoption of best practice**
- g. To request and receive evaluation reports re implementation of service developments/projects or service reviews from cross economy stakeholders to include evidence of patient level engagement and opinion.**
- h. To oversee the agreement for the use of any uncommitted 70% funding retained from excess care urgent tariff**
- i. Individual members of the network board have the responsibility to ensure that the key priorities and agreed recommendations arising from the network are formally communicated within their organisation and reciprocally that the views of their organisation are communicated to the network. This will include establishing governance relationships between their organisation and the Urgent care Board. The minutes of the Board will be available to be used to report into each members organisational Board Structures. Any item deemed confidential will be addressed during Chief Officers Group.**

4. CHAIR / VICE CHAIR	Chair	Dr Caron Morton
	Vice Chair	Dave Evans

5. MEMBERSHIP

Membership will be Chief Officer or equivalent level from the following organisations(in addition to Chair and vice Chair)

1. Shropshire Clinical Commissioning Group
2. Telford and Wrekin Clinical Commissioning Group
3. Shrewsbury and Telford Hospitals (SaTH)
4. Shropshire Community Trust (ShropCom)
5. West Midlands Ambulance Service (WMAS)
6. Telford and Wrekin Local Authority
7. Shropshire Local Authority

8. Shropshire Doctors (Shropdoc)

There will be seats available for the following organisations separate to core membership above

- a) Staffordshire and Shropshire Mental Health Trust (SSMHFT)
- b) Robert Jones and Agnes Hunt (RJAH)
- c) GP Federation (future member)
- d) Councillor representation from Shropshire Local Authority
- e) Councillor representation from Telford Local Authority
- f) Chair of Shropshire Patients Group
- g) Chair of Telford Round Table Patient Forum
- h) Representation from POWYS Health Board

Additionally **in attendance** will be

Programme Director Urgent Care on behalf of Shropshire and Telford CCGs.

Administration Support

<p>6. NOMINATED DEPUTIES/</p>	<p>Deputies should not be sent without prior consent of the Chair and any deputy will be assumed to carry the authority of whom they represent. Note the named list of attendees will be formalised and agreed as part of the inaugural meeting in June.</p>
<p>7. QUORACY</p>	<p>Chief Officer or senior agreed delegated representation from each of the following , need to be present for the group to be quorate</p> <ul style="list-style-type: none"> • Telford and Wrekin CCG, • Shropshire CCG • SaTH • Shropcom • Shropshire LA • Telford and Wrekin LA <p>And at least 2 of the following</p> <ul style="list-style-type: none"> • WMAS • Shropdoc • Patient Rep from Shropshire • Patient Rep from Telford • RJAH • SSMHFT • POWYS • GP Federation.
<p>7. ADMINISTRATION SUPPORT</p>	<p>Administration support to be provided from the Programme Management Office</p> <ul style="list-style-type: none"> • To support the development of the schedule of reporting and agenda items to ensure Network board achieves its stated purpose • To ensure progression of necessary reports • To receive items from individual organisations for inclusion on agenda ten working days prior to next Board meeting. • To collate and produce dashboard of performance metrics

	<ul style="list-style-type: none"> • Distribute electronically agendas and supporting papers a week prior to a scheduled meeting • Receive and note apologies • Arrange venues • Formally Minute meetings
8. DURATION /FORMAT OF MEETINGS	<p>Meetings will be scheduled for each month and the venue will be alternated between Shrewsbury and Telford depending on venue availability..</p> <p>The meeting will normally occur on the third Thursday of the month and a schedule of meeting dates set for 9 months in advance</p> <p>The duration of the meeting will be 90 mins</p> <p>The meeting will immediately precede the Urgent Care Transformation Board .</p>
10. AMENDMENTS/ REVIEW OF TOR	<p>Terms of reference will be reviewed quarterly in the first instance however but may be amended ad hoc to reflect key national and local issues following agreement.</p>
Signed by the Chairperson after review by the Committee/Group	<p>Signed:</p> <p>Date:Agreed</p> <p>Date of first review September Board 2013</p>

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 17 JULY 2013

**NHS ENGLAND SHROPSHIRE and STAFFORDSHIRE AREA TEAM
UPDATE**

REPORT OF: Sultan Mahmud, Director of Commissioning

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

To provide information on

- i) Area Team and Primary Care Commissioning Overview
- ii) NHS England response to Francis Report

2. RECOMMENDATIONS

n/a

3. IMPACT OF ACTION

n/a

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	All HWB priorities are considered
	Will the proposals impact on specific groups of people?	
	Yes	Will impact across all the Borough's different communities.
TARGET COMPLETION/DELIVERY DATE	n/a	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	n/a

LEGAL ISSUES	Yes/No	n/a
EQUALITY & DIVERSITY	Yes	
IMPACT ON SPECIFIC WARDS	Yes	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

The body of the report is attached as a presentation in Appendix 1

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

n/a

3. PREVIOUS MINUTES

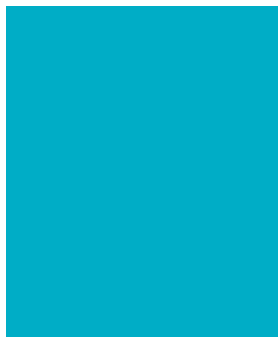
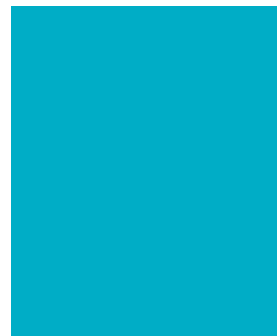
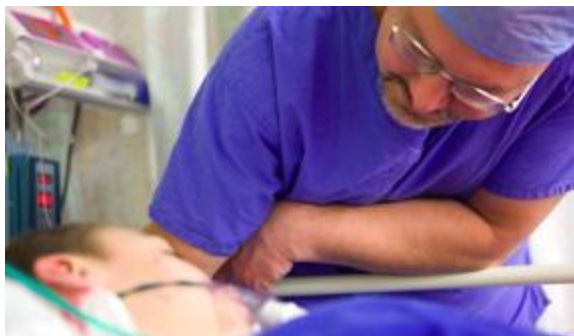
n/a

4. BACKGROUND PAPERS

n/a

Report prepared by Dawn Wickham, Director of Operations, NHS England Local Area Team

An overview of Direct Commissioning Shropshire and Staffordshire AT



NHS England at a glance



- We exist to save and improve lives: to make people better when they are ill.
- We exist to uphold the NHS Constitution.
- As the overall health system convenor we exist to deliver the NHS Mandate agreed between the government and NHS England.
- We comprise
 - 1 Board
 - 1 National Support Team
 - 4 Regional Teams
 - 27 Area Teams

All Area Teams



- 27 Area Teams responsible for Primary Care and Public Health commissioning (including Dental, Pharmacy, Optical)
- Family Health Services
- Deliver National screening and immunisation programmes
- Responsible for Healthy Child 0-5 programme (including Health Visitor and Family Nurse Partnership)

Direct Commissioning of Primary Care Services, Offender Health and Public Health (Imms and Screening).

Overall Health System Convenor for a population of 1.5m people and a Direct Commissioning Budget in excess of £400m

Manage Local Relationships, LAs, HWBs

Emergency planning, resilience and response

The Area Team is part of one statutory body with a common purpose, which binds us together across area teams, regional teams and the national support centre

Graham Urwin- Area Director

Brigid Stacey- Director of Nursing

Dr Ken Deacon- Medical Director

Dawn Wickham- Director of Operations

Ros Francke- Director of Finance

Sultan Mahmud- Director of Commissioning

Primary Medical Care : At a glance

- Number of GP practices = 22
- Number of WTE GPs = 70
- **GP to patient ratio (Telford) = 2,416**
- GP to patient ratio (Area Team) = 2,101
- GP to patient ratio (England) = 1,900

Contract type

GMS = 19

PMS = 1

APMS = 2

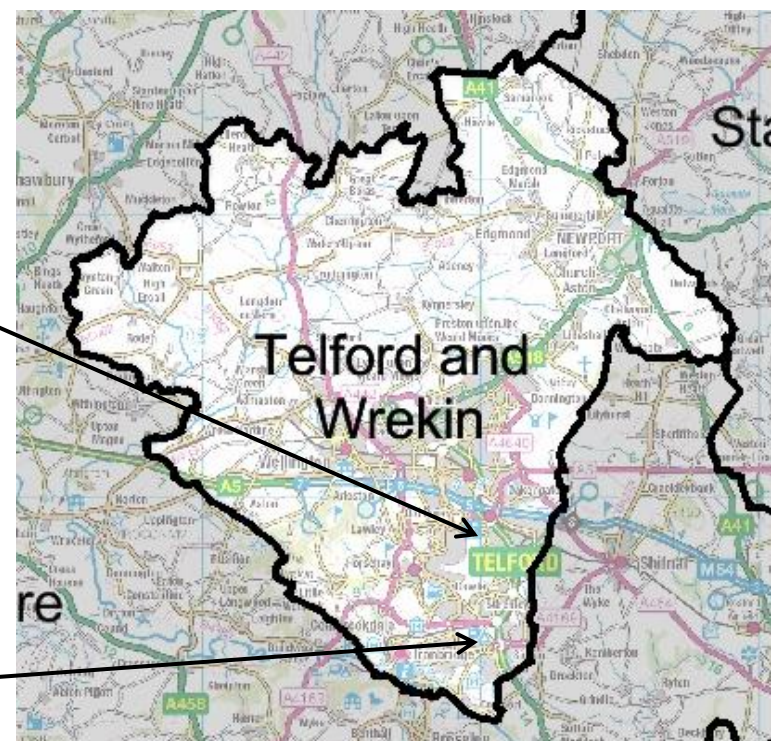
Number of partners to contract

22 practices

Single handers	2	(9%)
2 partners	3	(14%)
3 partners	4	(18%)
4 partners	2	(9%)
5 or more partners	11	(50%)

Single Handed Practices

- M82612 Holliwell Practice
- M82001 Madeley Health Centre



Age Profile (all practices in Telford)

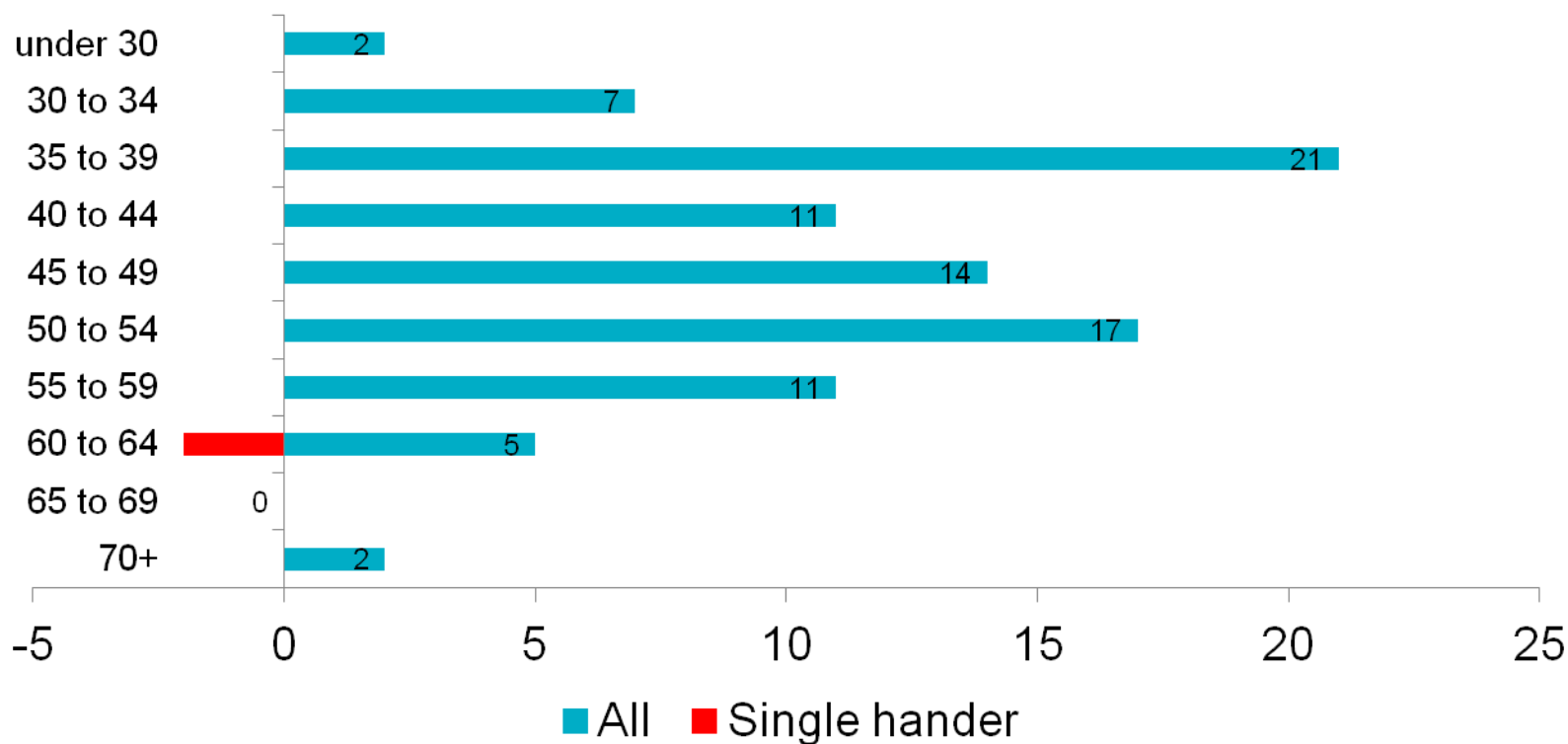
- All general medical practitioners (excluding retainers & registrars)
FTE

Aged 70+	2
65 – 69	0
60 – 65	5
55 – 59	11
50 – 54	17
45 – 49	14
40 – 44	11
35 – 39	21
30 – 34	7
Under 30	2

Telford total aged 55+ = 19.8%

England total aged 55+ = 23.0%

Age profile single handers versus total



Gender of practitioners in Telford

- Headcount excluding retainers and registrars
- Male 63 (61%)
- Female 40 (39%)
- Practices where all practitioners are male = 4
- Practices where all practitioners are female = 1
- Practices with access to both male and female 77.3%
(England 76.8%)

Does Single Hander status inhibit quality?

- Holliwell – weighted list size 2,094
- The practice is open 52.5 hours / week
- The practice offers 1 hour of extended access per week (in line with list size)
- The GP Higher Level indicators (assurance data) flags one outlier (COPD diagnosis low versus model prediction - but note data set is small)
- Patient survey, 81% would recommend the practice (England 80%)

Does Single Hander status inhibit quality?

- Madeley Health Centre – weighted list size 2,534
- The practice is open 47.5 hours / week
- The practice offers 1.5 hours of extended access per week (in line with list size)
- The GP Higher Level indicators (assurance data) flags no outliers
- Patient survey, 69% would recommend the practice (England 80%)

Opening hours and out of hours provision

- Number of practices open 8am – 6:30pm (52.5 hours) = 3 (14%)
- Average number of hours open = 48.2
- Number of practices with half day closing = Nil
- Practices using more than one OOH provider = Nil

- Practices open more than 52.5 hours / week = 2
 - Malling Health Telford
 - Malling Health Wrekin

Patient Survey: Telford and Wrekin

Shropshire & Staffordshire Area Team - summary of GP patient satisfaction - data published June 2013

Area	Able to get appointment	Trust and confidence in GP	Recommend to someone new to area
ENGLAND	86%	93%	80%
NHS NORTH STAFFORDSHIRE CCG	89%	92%	80%
NHS STOKE ON TRENT CCG	87%	92%	79%
NHS SHROPSHIRE CCG	90%	95%	84%
NHS TELFORD AND WREKIN CCG	83%	93%	77%
NHS CANNOCK CHASE CCG	86%	92%	81%
NHS EAST STAFFORDSHIRE CCG	88%	94%	82%
NHS SOUTH EAST STAFFS AND SEISDON PENINSULAR CCG	89%	95%	84%
NHS STAFFORD AND SURROUNDS CCG	90%	95%	84%

- (1) yes + yes but had to call back nearer appointment time
- (2) yes + yes to some extent
- (3) yes definite + yes probably

< England overall

Source: GP patient survey (Ipsos MORI) Y7 W2 (aggregated July - Sept 12 and Jan to March 13 returns)

Weighted results

Primary Dental Services at a glance



NHS Dental Services

How many people in Telford use an NHS dentist?

In the last 24 months 105,142 patients have received NHS dental care.

This equates to 63.0 % of the population (England 56.0%)

Adults	59.8% (England 52.4%)
Children	73.8% (England 69.0%)

For patients in Telford who wanted an NHS dental appointment in the last two years how many were successful?

94% (England 92%)

For patients who used NHS dental services in Telford how many were satisfied with the treatment they received?

93.7% (England 93.2%)

For patients who used NHS dental services in Telford how many were satisfied with the length of time to get an appointment?

92.1% (England 88.7%)

Conclusions

- **GP to patient ratio is materially higher than the AT and England Average**
- There are only two single handed practices in Telford both located in the South of the patch.
- Practices with access to both male and female is better than the England Average.
- 5/22 practices open 52.5 Hours Per Week or more.
- 2/22 practices are single handers, both of GPs are 60+ years
- Continuity of care between OOH providers and GP practices is excellent.
- **Patient Survey Results in 2 out of the 3 key questions show Telford to be worse than the NHS England Average.**
- **NHS Primary Care Dental Access is better than the NHS England Average.**

Response to Francis Report – Immediate Steps

Standards & methods of compliance:

- Review of NHS approach to safety and national dashboard to identify safety failures in providers (Don Berwick)
- National review of hospitals with outlier patient mortality rates
- Quality Surveillance Groups introduced in all Area Teams April 13 (multi-agency approach to surveillance and response to quality and safety of local NHS services)

Openness, transparency and candour:

- A 'duty of candour' requirement for all NHS providers introduced into NHS Contract from April 13

Improved support for compassionate nursing:

- National nursing strategy to improve culture of compassionate care introduced (led by Chief Nurse)

Strong, patient-centred leadership:

- 'Friends-and-family test', on patients recommending a hospital to a loved one, extended to all acute and A&E services
- Patient involvement and feedback strengthened in NHS Constitution

Accurate, useful and relevant information:

- Publication of consultant level outcomes data in ten surgical specialties, including mortality rates.

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 17 JULY 2013

ANNUAL REPORT of the DIRECTOR of PUBLIC HEALTH for TELFORD and WREKIN 2012/13

REPORT OF INTERIM ASSISTANT DIRECTOR: HEALTH AND WELLBEING, TELFORD AND WREKIN COUNCIL

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report introduces the Annual Report of the Director of Public Health for Telford and Wrekin for 2012/13. It describes the background, highlights the key messages and sets out the recommendations.

2. FOR INFORMATION

- For endorsement

3. RECOMMENDATIONS

The Board is asked to fully endorse the eleven recommendations made in the Annual Report of the Director of Public Health for Telford and Wrekin 2012/13:

- **Recommendation 1:** As part of its performance framework, the Telford and Wrekin Health and Wellbeing Board should agree a set of metrics with which it will track the local impact of the economic situation (including benefits changes) on health and wellbeing, including health inequalities.
- **Recommendation 2:** Recognising that some of these actions are already in place, the Telford and Wrekin Health and Wellbeing Board should agree its programme of evidence-based interventions to minimise the impact of the economic situation on local health and wellbeing, including on health inequalities.
- **Recommendation 3:** In its role as the commissioner of maternity services for the local population and in partnership with lead clinicians, the Telford and Wrekin Clinical Commissioning Group should agree and specify the system of fetal growth monitoring at the Shrewsbury and Telford Hospitals NHS Trust, including the quality assurance of this system. Progress should be reported to the Health and Wellbeing Board, as part of the Clinical Commissioning Group's regular updates to the Board.

- **Recommendation 4:** As part of its vision that every child and young person will have a healthy lifestyle, the Telford and Wrekin Children, Young People and Families Board should review and agree its position on working in partnership with schools, to ensure that health issues remain a priority and to support the delivery priorities of the Telford and Wrekin Health and Wellbeing Strategy.
- **Recommendation 5:** The Telford and Wrekin Children, Young People and Families Board should monitor the impact of the Telford and Wrekin Child Unintentional Injury Strategy, including through analyses of local trends in hospital admissions following injury.
- **Recommendation 6:** The Telford and Wrekin Health and Wellbeing Board should lead local implementation of the national Cardiovascular Disease Outcomes Strategy. This will depend on a close partnership approach between the Council, Telford and Wrekin Clinical Commissioning Group, the NHS England Area Team and a range of provider organisations. The Board should take regular progress reports on this issue up to at least 2015.
- **Recommendation 7:** The Telford and Wrekin Health and Wellbeing Board should receive a local report on an annual basis from the West Midlands Cancer Intelligence Unit, encompassing cancer site-specific incidence, survival and mortality for the most common cancers. The main purpose of this arrangement will be to identify key actions to further improve outcomes from cancer in Telford and Wrekin. The first of these reports should be received by the Board no later than January 2014.
- **Recommendation 8:** The Telford and Wrekin Tobacco Control Commissioning Partnership should review its current strategy and action plan, to identify further opportunities to reduce smoking prevalence (including amongst pregnant women) in Telford and Wrekin, following migration of the public health function into the Council.
- **Recommendation 9:** The Telford and Wrekin Health and Wellbeing Board should ensure that the Telford and Wrekin Alcohol Misuse Strategy and its associated action plan is reviewed by lead officers from relevant partner organisations, with an updated strategy presented for approval to the Board during 2013.
- **Recommendation 10:** The Telford and Wrekin Health and Wellbeing Board should receive a report from Public Health England, by no later than September 2013, on plans to further improve 'flu immunisation rates in all target groups in Telford and Wrekin during the 2013/14 'flu season.
- **Recommendation 11:** The Telford and Wrekin Health and Wellbeing Board should receive a progress report on recommendations 1 to 10 of this Report by no later than January 2014.

1. **SUMMARY IMPACT ASSESSMENT**

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority?	
	Yes	The majority of Health & Wellbeing Board priorities are considered in the 2012/13 annual public health report
	Will the proposals impact on specific groups of people?	
	Yes	Health inequalities are considered throughout the report
TARGET COMPLETION/ DELIVERY DATE	The final recommendation suggests that the Board should receive a progress report on recommendations 1 to 10 of the Report by no later than January 2014	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The annual public health report is a key component of the joint strategic needs assessment and as such the intelligence should be used by the Local Authority and other partners, including the CCG to prioritise investment in order to improve health and wellbeing outcomes in the Borough.</p> <p>There is a need to develop measures to assess value for money and effective use of resources, mapping expenditure to performance. This will be developed in the near future to start to shape and inform the how well that investment is delivering results and to therefore determine future investment and budget strategy.</p>
LEGAL ISSUES	Yes	<p>The Health & Wellbeing Board has a statutory responsibility under section 2B of the National Health Service Act 2006 (as amended) which states “Each local authority must take such steps as it considers appropriate for improving the health of the people in its area”. The Director of Public Health’s annual report contributes towards meeting that responsibility and the recommendations demonstrate the proactive role that is expected. The aforementioned legislation contains a number of examples of what steps can be taken specifically such as “providing information and advice, providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) and providing services or facilities for the prevention, diagnosis or treatment of illness”. These steps can be seen in the recommendations set out in the annual report.</p>

LEGAL ISSUES (cont.)		In some of the recommendations in this report, there is a requirement that either an external organisation or other Board of the Council undertake certain actions. It will be a matter for those respective bodies to decide to complete those tasks and undertake the work required. If the Health & Wellbeing Board are minded to approve the recommendations officers can report back on the progress made and the Board can then decide if any other action is required if the actions set out in those recommendations have not been met.
EQUALITY & DIVERSITY	Yes	The annual report structure is based on the life-course approach, defined in the national Marmot Review of Health Inequalities i.e. starting well, developing well and living, working and ageing well. Equity issues are considered throughout the report.
IMPACT ON SPECIFIC WARDS	Yes	Health inequalities issues are identified in the report, including variations in our most deprived communities, such the targeted intervention areas
PATIENTS &/OR PUBLIC ENGAGEMENT	Yes	Personal stories of people who have used local public health programmes are described in <i>What the Participants Say</i> sections throughout the report
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The annual public health report identifies some key issues which are priorities for Telford and Wrekin CCG and the NHS England Shropshire and Staffordshire Area Team.

PART B) – ADDITIONAL INFORMATION

2. INFORMATION

2.1. Context

The Annual Public Health Report is an independent report of the Statutory Director of Public Health. The report continues to be a statutory requirement for Directors of Public Health in local authorities from April 2013. Section 31 of The Health and Social Care Act 2012 (amending the National Health Service Act 2006) requires the Director of Public Health to write an annual report on the health of the local population which the local authority has a duty to publish. The content and structure of the report can be determined locally.

2.2. Background

Telford and Wrekin Director of Public Health Annual Reports were published from 2002 when the Primary Care Trust was formed. During the past five years the reports have been joint publications with Telford and Wrekin Council. The reports describe the key health issues facing people living in the Borough and summarise the public health programmes and services in place to improve local health outcomes. Historically, the reports have in general covered a range of health issues across the population and life course, but on occasion have had a single subject focus.

2.3. Introduction to the 2012/13 report

The 2012/13 report has been developed with reference to the new national Public Health Outcomes Framework. The local positions on a wide range of health status measures across the four domains of the framework are presented in the annual report. Wherever possible, information on trends over time from the Joint Strategic Needs Assessment (JSNA) are included. The report structure is based on the life-course approach, defined in the Marmot Review of Health Inequalities¹ i.e. starting well, developing well and living, working and ageing well. The programmes and services which have been commissioned in Telford and Wrekin to improve the health and wellbeing outcomes of the population are described. The key links between poorer than average local status and the agreed health and wellbeing priorities in Telford and Wrekin are highlighted.

2.4. Public Health Outcomes Framework

The Board received an initial briefing on the new Public Health Outcomes Framework in April 2012. The framework, first published in January 2012, covers population health and wellbeing in its broadest sense, across the life-course. It aims to promote joint working across the NHS, local government, the voluntary sector and communities on shared goals to deliver improved health and wellbeing outcomes for the people and communities they serve. The Public Health Outcomes Framework consists of 68 indicators, two high-level vision outcomes; increased healthy life expectancy and reduced differences in life

¹ <http://www.instituteofhealthequity.org/>

expectancy and healthy life expectancy between communities. A further 66 indicators, set out in four domains across the life-course, have been selected to track progress towards delivery of these two outcomes. Baseline data were first nationally published in November 2012 but many of the indicators were already being monitored (using existing available data) through the Telford and Wrekin JSNA process.

2.5. Links with the Telford and Wrekin Joint Strategic Needs Assessment and the Health and Wellbeing Strategy

The Joint Strategic Needs Assessment process provides the evidence-base for the current and future health and wellbeing needs of the local population. In turn this should shape the strategic planning cycles for health and social care services, leading to agreement of commissioning priorities and associated funding to improve local health and wellbeing outcomes and reduce inequalities. The annual public health report provides detailed local intelligence on a wide range of public health outcomes and is therefore an important component of the JSNA process.

JSNA intelligence strongly underpinned the development of the first Telford and Wrekin Health and Wellbeing Strategy, including the agreement of the ten priorities. The majority of measures where poorer than average health and wellbeing outcomes have been identified through both the JSNA and the public health outcomes framework are discussed in the annual report. As such there is clear and strong alignment with the annual public health report, the JSNA process and the health and wellbeing strategy.

2.6. Longer Lives

Public Health England launched the Longer Lives mapping tool in June 2013. The tool compares premature mortality rates (early deaths under 75 years) for local authorities against the national average and other similar local authorities. The death rates used are standard indicators are part of the Public Health Outcomes Framework and also the NHS outcomes framework. These indicators have been used within the JSNA process to define our ten priorities. Trends over time for these rates are presented and discussed in the annual public health report. It was locally well recognised that Telford and Wrekin is an outlier (significantly worse than the average for England) for early death rates overall and also for premature mortality rates from cardiovascular diseases and cancer. These outcome measures form part of our “improving life expectancy and reducing health inequalities” priority.

2.7. Key Messages of the Annual Report of the Director of Public Health for Telford and Wrekin 2012/13

Some of the headline messages on the health status of the population of Telford and Wrekin include:

- Maternal smoking rates remain too high and breastfeeding rates are too low
- Childhood immunisation rates have tended to improve significantly over recent years and rates are generally good, from the earliest childhood immunisation to immunisation for cervical cancer in teenage girls

- Excess weight amongst 4 to 5 year olds has been reducing significantly. The position for 10 to 11 year olds has deteriorated, but is not significantly different to the national average
- Although the position remains worse than the national average, teenage pregnancy rates have been improving and the rate of improvement since 2009 is particularly encouraging
- There are 6,000 fewer adult smokers than a decade ago, although around 32,000 adults still smoke. Smoking-related hospital admissions and smoking-related deaths are both relatively high
- Premature mortality (deaths under 75 years) from cardiovascular disease has been improving over the past 20 years or so, as is the case nationally. However, the local rate remains significantly worse than the national average
- Over recent years, premature mortality from cancer has not been improving in line with the national trend, although premature mortality from cancers considered preventable may not be significantly different from the national average
- Cardiovascular disease and cancer remain the most significant causes of premature mortality
- Although rates are better than the national average, hospital admissions due to alcohol-related conditions have been increasing
- Improvement in male life expectancy has been tailing off and is now significantly worse than the national average
- As expected, there are socioeconomically determined inequalities in life expectancy within Telford and Wrekin. However, compared to other Local Authorities, Telford and Wrekin performs relatively well on this measure and there is some evidence that the 'gap' within Telford and Wrekin has been narrowing, for both male and female life expectancy.

3. **PREVIOUS MINUTES**

- Health & Wellbeing Board Meeting 15th May 2013
- Shadow Health & Wellbeing Board Meeting 25th April 2012

4. **BACKGROUND PAPERS**

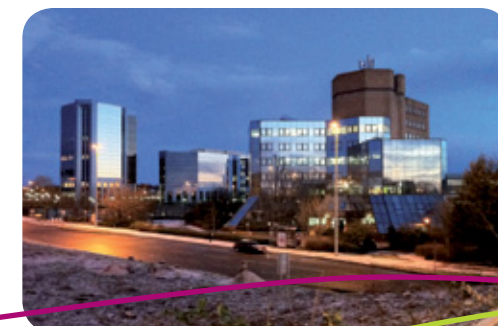
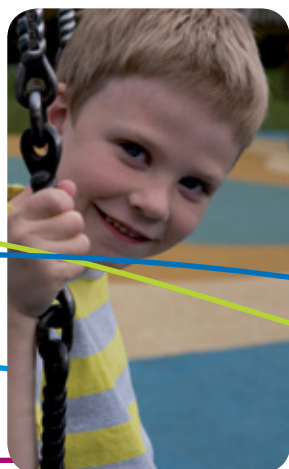
- Annual Report of the Director of Public Health for Telford and Wrekin 2012/13

Report prepared by Helen Onions, Interim Assistant Director: Health & Wellbeing, telephone: 01952 380001

2012/2013

The Annual Public Health Report

for Telford and Wrekin





Contents

5 Introduction

- 6 Recommendations of the Annual Public Health Report for Telford and Wrekin 2012/13
- 7 The National Public Health Outcomes Framework
- 8 Overview: Taking Forward the New Arrangements for Public Health in Telford and Wrekin
- 8 The Telford and Wrekin Health and Wellbeing Board and Strategy
- 9 The Impact of the Economic Situation on Population Health and Wellbeing

11 Acknowledgements

13 The Telford and Wrekin Joint Strategic Needs Assessment

15 The Public Health Outcomes Framework

- 16 The National Public Health Outcomes Framework Overarching Vision
- 18 Domain 1: Improving the Wider Determinants of Health
- 19 Domain 2: Health Improvement

- 19 Domain 3: Health Protection
- 20 Domain 4: Healthcare Public Health and Preventing Premature Mortality

21 Starting Well

- 21 Maternal Smoking
- 23 Low Birth Weight Babies
- 24 Breastfeeding
- 25 Immunisation Coverage in Young Children

29 Developing Well

- 29 Overweight and Obesity in Young Children
- 32 Mental Wellbeing
- 32 Alcohol Misuse
- 34 Hospital Admissions due to Unintentional and Deliberate Injuries in under 18 Year Olds
- 35 Sexual Health
- 36 Immunisation Coverage for Human Papilloma Virus (HPV)

39 Living, Working and Ageing Well

- 39 Cardiovascular Disease
- 43 Cancer
- 44 Breast Cancer Screening Coverage
- 45 Cervical Cancer Screening Coverage

- 45 Bowel Cancer Screening Coverage
- 47 Smoking-related Mortality and Morbidity
- 48 Mortality from Suicide and Undetermined Death
- 49 Hospital Admissions due to Alcohol-related Conditions
- 50 Seasonal 'Flu Immunisation
- 51 Falls and Injuries
- 52 Excess Winter Deaths

Appendices

Appendix 1

- 55 Summary of JSNA Outputs 2011/12

Appendix 2

- 57 Public Health Outcomes Framework: Telford and Wrekin Overview

Appendix 3

- 63 Technical Notes
- 63 Service User Feedback

Appendix 4

- 65 Data Sources



Introduction

by Dr Catherine Woodward, Interim Statutory Director of Public Health,
Telford and Wrekin, April 2013



Welcome to the 2012/13 Annual Public Health Report for Telford and Wrekin. As ever, I hope you find the document an interesting and useful read.

For the first time, the Report has been largely developed with reference to the national Public Health Outcomes Framework (see below). The Report also presents other intelligence on the health of the local population, going beyond the Public Health Outcomes Framework. The overall approach adopted in the report is:

- To present a summary of the local position (where this is known) across the indicators used in the Public Health Outcomes Framework, highlighting where local performance is either statistically significantly better or worse than the England average
- To map a selection of indicators to the Marmot life course – Starting Well; Developing Well; and Living, Working and Ageing Well
- Within this, to summarise some of the programmes and actions in place in Telford and Wrekin to improve health and wellbeing

Some of the headline messages on the health status of the population of Telford and Wrekin include that:

- Maternal smoking rates remain too high and breastfeeding rates are too low
- Childhood immunisation rates have tended to improve significantly over recent years and rates are generally good, from the earliest childhood immunisation to immunisation for cervical cancer in teenage girls
- Excess weight amongst 4 to 5 year olds has been reducing significantly. The position for 10 to 11 year olds has deteriorated, but is not significantly different to the national average
- Although the position remains worse than the national average, teenage pregnancy rates have been improving and the rate of improvement since 2009 is particularly encouraging
- There are 6,000 fewer adult smokers than a decade ago, although around 32,000 adults still smoke. Smoking-related hospital admissions and smoking-related deaths are both relatively high
- Premature mortality (deaths under 75 years) from cardiovascular disease has been improving over the past 20 years or so, as is the case nationally. However, the local rate remains significantly worse than the national average
- Over recent years, premature mortality from cancer has not been improving in line with the national trend, although premature mortality from cancers considered preventable may not be significantly different from the national average
- Cardiovascular disease and cancer remain the most significant causes of premature mortality
- Although rates are better than the national average, hospital admissions due to alcohol-related conditions have been increasing
- Improvement in male life expectancy has been tailing off and is now significantly worse than the national average

- As expected, there are socioeconomically determined inequalities in life expectancy within Telford and Wrekin. However, compared to other Local Authorities, Telford and Wrekin performs relatively well on this measure and there is some evidence that the 'gap' within Telford and Wrekin has been narrowing, for both male and female life expectancy

Based on the information presented in this report, I have made 11 recommendations for action to improve the health status of the population of Telford and Wrekin (Table 1). Taken together, the scope of these recommendations is broad, encompassing key health determinants (income; smoking; alcohol misuse) and some of the major causes of morbidity and mortality in Telford and Wrekin (cardiovascular disease; cancer; accidental injury).

My last Public Health Report recommended that there should be a comprehensive improvement review of local arrangements to address maternal smoking. This was led by PCT public health staff and encompassed a benchmarking exercise involving staff from Shrewsbury and Telford Hospitals NHS Trust, based on national guidance. Smoking cessation services for the population of Telford and Wrekin are now being re-tendered; this process will embrace specific actions to improve maternal smoking in Telford and Wrekin and outcomes will be kept under close scrutiny.

Table 1: Recommendations of the Annual Public Health Report for Telford and Wrekin 2012/13

Recommendation 1

As part of its performance framework, the Telford and Wrekin Health and Wellbeing Board should agree a set of metrics with which it will track the local impact of the economic situation (including benefits changes) on health and wellbeing, including health inequalities.

Recommendation 2

Recognising that some of these actions are already in place, the Telford and Wrekin Health and Wellbeing Board should agree its programme of evidence-based interventions to minimise the impact of the economic situation on local health and wellbeing, including on health inequalities.

Recommendation 3

In its role as the commissioner of maternity services for the local population and in partnership with lead clinicians, the Telford and Wrekin Clinical Commissioning Group should agree and specify the system of fetal growth monitoring at the Shrewsbury and Telford Hospitals NHS Trust, including the quality assurance of this system. Progress should be reported to the Health and Wellbeing Board, as part of the Clinical Commissioning Group's regular updates to the Board.



Recommendation 4

As part of its vision that every child and young person will have a healthy lifestyle, the Telford and Wrekin Children, Young People and Families Board should review and agree its position on working in partnership with schools, to ensure that health issues remain a priority and to support the delivery priorities of the Telford and Wrekin Health and Wellbeing Strategy.

Recommendation 5

The Telford and Wrekin Children, Young People and Families Board should monitor the impact of the Telford and Wrekin Child Unintentional Injury Strategy, including through analyses of local trends in hospital admissions following injury.

Recommendation 6

The Telford and Wrekin Health and Wellbeing Board should lead local implementation of the national Cardiovascular Disease Outcomes Strategy. This will depend on a close partnership approach between the Council, Telford and Wrekin Clinical Commissioning Group, the NHS England Area Team and a range of provider organisations. The Board should take regular progress reports on this issue up to at least 2015.

Recommendation 7

The Telford and Wrekin Health and Wellbeing Board should receive a local report on an annual basis from the West Midlands Cancer Intelligence Unit, encompassing cancer site-specific incidence, survival and mortality for the most common cancers. The main purpose of this arrangement will be to identify key actions to further improve outcomes from cancer in Telford and Wrekin. The first of these reports should be received by the Board no later than January 2014.

Recommendation 8

The Telford and Wrekin Tobacco Control Commissioning Partnership should review its current strategy and action plan, to identify further opportunities to reduce smoking prevalence (including amongst pregnant women) in Telford and Wrekin, following migration of the public health function into the Council.

Recommendation 9

The Telford and Wrekin Health and Wellbeing Board should ensure that the Telford and Wrekin Alcohol Misuse Strategy and its associated action plan is reviewed by lead officers from relevant partner organisations, with an updated strategy presented for approval to the Board during 2013.

Recommendation 10

The Telford and Wrekin Health and Wellbeing Board should receive a report from Public Health England, by no later than September 2013, on plans to further improve 'flu immunisation rates in all target groups in Telford and Wrekin during the 2013/14 'flu season.

Recommendation 11

The Telford and Wrekin Health and Wellbeing Board should receive a progress report on recommendations 1 to 10 of this Report by no later than January 2014.



The National Public Health Outcomes Framework

The Public Health Outcomes Framework was originally published in January 2012. The Framework encompasses the respective roles of the NHS and Local Government in the delivery of health and wellbeing and has two high level outcomes:

- Increased healthy life expectancy: *taking account of the health quality as well as the length of life*
- Reduced differences in life expectancy and healthy life expectancy between communities: *through greater improvements in more disadvantaged communities*

The indicators which have been selected to track progress towards delivery of these two outcomes are grouped into four domains, as follows:

- Improving the wider determinants of health: *the "wider factors" which affect health and wellbeing and health inequalities*
- Health improvement: *helping people to live healthy lives, make healthy choices and reduce health inequalities*
- Health protection: *population health is protected from major incidents and other threats, while reducing health inequalities*

- Healthcare public health and preventing premature mortality: *reducing the number of people living with preventable ill-health and people dying prematurely, while reducing the gap between communities*

Although initial baseline data has now been published for most of the indicators, many were already being monitored at a local level through ongoing processes contributing to the Telford and Wrekin Joint Strategic Needs Assessment.



Overview: Taking Forward the New Arrangements for Public Health in Telford and Wrekin

From April 2013, responsibility for public health and elements of the public health function transferred to Local Government. Duties and responsibilities are enshrined in the new Health and Social Care Act and in a wide range of supporting national policy and transition documents.

Telford and Wrekin Primary Care Trust and Telford & Wrekin Council worked in very close partnership to realise this new vision and to ensure a successful local transition to the new model for public health. This work will continue after April 2013. Going forward, it is inevitable that the approach will continue to develop to encompass reviews of current provision, to ensure that health improvement services are delivered by Telford & Wrekin Council in the most cost effective way. This may include some of the services described in this Report. Some opportunities arise from the existing responsibilities of the Council for the wider determinants of health; for example, physical activity and planning.

Effective partnership working will also remain fundamental to successful local delivery of improved population health outcomes, although the partners will be changing to include the

Telford and Wrekin Clinical Commissioning Group, the Area Team of the NHS England and Public Health England. The Director of Public Health will continue to produce an Annual Public Health Report under these new arrangements.



The Telford and Wrekin Health and Wellbeing Board and Strategy

The Telford and Wrekin Health and Wellbeing Board has produced its first Health and Wellbeing Strategy. Consultation with local communities and other stakeholders was a very important part of this approach during 2012. The Board agreed its ten (initial) priorities in September 2012, informed by this consultation and by health needs identified through the Joint Strategic Needs Assessment. This Annual Public Health Report describes some of the actions which are already in place to improve local performance across some of these priorities, which are to:

- Improve life expectancy and reduce health inequalities
- Improve emotional health and wellbeing
- Reduce the number of people who smoke
- Reduce the misuse of alcohol and drugs
- Reduce excess weight in children and adults
- Reduce teenage pregnancy
- Support people with autism
- Support people with dementia
- Support people to live independently
- Improve the health and wellbeing of carers

Further information is available at:
<http://www.telford.gov.uk/hwbstrategy>



The Impact of the Economic Situation on Population Health and Wellbeing

A comprehensive review by the Liverpool Public Health Observatory (Assessing the Impact of the Economic Downturn on Health and Wellbeing, February 2011) described the main anticipated impacts of the national recession on population health status and concluded that there is a disproportionate impact on the health of the poor and other vulnerable groups. Further, there is reason to believe that the most substantial pressures and health consequences of the recession are yet to emerge.

In Telford and Wrekin, relatively high numbers of children are already living in poverty, as highlighted in the Public Health Outcomes Framework. In addition, a local analysis of personal debt



demonstrated, for example, an increase in the proportion of debt-related enquiries to the Citizens Advice Bureaux (Overview of Personal Debt in Telford and Wrekin, Telford and Wrekin Cooperative Council Delivery Team, June 2012). The proportion of young adults out of work also remains a particular local challenge.

Going forward, the economic situation will continue to be one of the main determinants of population health status, including through its impact on measures designed to improve the health and wellbeing of local communities.

Dr Catherine Woodward
 Interim Statutory Director of Public Health,
 Telford and Wrekin
 April 2013



Acknowledgements

As final editor of this report, I am ultimately responsible for its content, including any errors or omissions. Particular thanks go to Clare Harland, project lead for the report and (as ever) to Helen Onions for her expertise and advice in data analysis. I would also like to thank the following people who contributed information, text and/or suggestions:

Helen Blinston

Health Intelligence Analyst

Telford & Wrekin Council

e: helen.blinston@telford.gov.uk

Sarah Evans

Health Improvement Commissioner

Telford & Wrekin Council

e: sarah.evans@telford.gov.uk

Kim Grosvenor

Joint Commissioning Group Specialist

Telford & Wrekin Council

e: kim.grosvenor@telford.gov.uk

Clare Harland

Health Improvement Commissioner

Telford & Wrekin Council

e: clare.harland@telford.gov.uk

Jackie Hughes

Public Health Administrator

Telford & Wrekin Council

e: jackie.hughes@telford.gov.uk

Ann Marie McShane

Clinical Advisor, NHS Health Checks

Telford & Wrekin Council

e: ann-marie.mcshane@telford.gov.uk

Louise Mills

Head of Health Inequalities and Lifestyle

Telford & Wrekin Council

e: louise.mills@telford.gov.uk

Helen Onions

Senior Public Health Specialist

Telford & Wrekin Council

e: helen.onions@telford.gov.uk

Vicki Pike

Health Improvement Commissioner

Telford & Wrekin Council

e: vicki.pike@telford.gov.uk

Helen Potter

Information Team Leader

Telford & Wrekin Council

e: helen.potter@telford.gov.uk

Jon Power

Delivery and Planning Manager

Telford & Wrekin Council

e: jon.power@telford.gov.uk

Emma Pyrah

Joint Commissioning Manager

NHS Telford and Wrekin

Dr John Reid

Locum Consultant in Public Health

Telford & Wrekin Council

e: john.reid@telford.gov.uk

Dr Chris Weiner

Public Health Consultant

NHS Telford and Wrekin

The report makes many references to the Joint Strategic Needs Assessment (JSNA) for Telford and Wrekin. Further information on the JSNA is available from Jon Power, Delivery and Planning Manager, Telford & Wrekin Council (01952 380000) or Helen Onions, Senior Public Health Specialist, Telford & Wrekin Council (01952 580300). The suite of Telford and Wrekin JSNA documents is available at: <http://www.telford.gov.uk/factsandfigures>



The Telford and Wrekin Joint Strategic Needs Assessment

*Helen Onions, Senior Public Health Specialist
(Lead for JSNA and Health Intelligence)*

Joint Strategic Needs Assessment (JSNA) is the process used to identify the current and future health and wellbeing needs of the local population. Intelligence produced as part of the JSNA process should be used as the evidence base in the strategic planning for health and social care services. In turn, this should lead to agreement of commissioning priorities and associated funding which will improve local health and wellbeing outcomes and reduce inequalities.

Prior to April 2013, there was a joint obligation for Local Authorities and NHS Primary Care Trusts (PCTs) to work together to produce the local JSNA. From April 2013, Local Authorities and Clinical Commissioning Groups (CCGs) have an equal duty, under the Health and Social Care Act, to undertake a JSNA which will be overseen by the local Health and Wellbeing Board (HWB).

In Telford and Wrekin, the JSNA process has been jointly led by the PCT Public Health Department and the Council's Delivery and Planning Team

since 2008. During the past five years, the JSNA has systematically influenced strategic planning cycles for health and social care services as part of the development of key strategies. This includes determining key strategic priorities for improving the health and wellbeing of the local population, the agreement of numerous joint strategy documents and direct shaping of the commissioning process (for example, prioritising services for further investment and development).

Tracking and reviewing the impact of JSNA intelligence on strategic planning processes and service improvement has been a key part of the local process since the start. The Telford and Wrekin JSNA process has been commended on a number of occasions through national external review, including reviews undertaken by the Department of Health and the Care Quality Commission.

The Impact of the JSNA

During 2011/12, key developments and outputs from the JSNA included:

- Updating and expanding the annual benchmarking exercise, using new national JSNA data inventory metrics and ensuring strong alignment to the new national Public Health Outcomes Framework and the national Marmot Inequalities Review policy objectives
- Developing and publishing detailed reports on demography and deprivation, including local profiles exploring the wider determinants of health
- Production of GP practice level intelligence profiles for the Clinical Commissioning Group. These were used to inform a GP incentive scheme which has resulted in improved health outcomes for the local population
- Development of Mosaic population segmentation profiles to inform the Clinical Commissioning Group workshops, held to develop the General Practice Patient Reference Groups

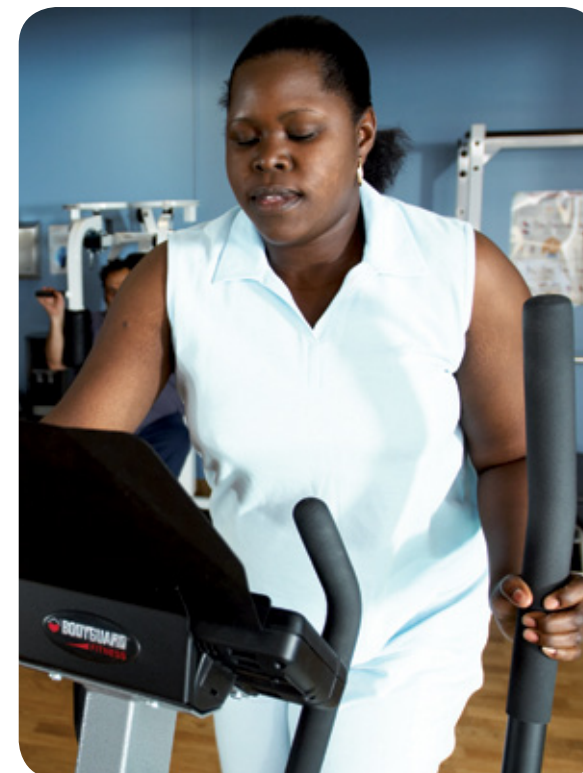
- Publishing a carers' needs assessment. Improving carers' health and wellbeing has since been agreed as one of the Telford and Wrekin Joint Health and Wellbeing Strategy priorities
- Use of JSNA intelligence as a key source of evidence in the Clinical Commissioning Group planning and prioritisation process in 2011/12, this in turn influenced the Clinical Commissioning Group commissioning cycle in 2012/13, through the assessment and prioritisation of funding bids and development of savings plans
- Inclusion of a summary of Telford and Wrekin JSNA key messages in the the West Mercia PCT Cluster integrated system plan
- Informing the commissioning of public health services using JSNA intelligence on health inequalities, for example, the agreement of higher smoking quitter tariff payments offered to providers of smoking cessation services to support pregnant smokers to quit
- Contributing JSNA intelligence to the business case for the major reconfiguration of acute hospital services in Shropshire, Telford and Wrekin
- The full list of JSNA outputs, reports and products produced in 2011/12 is provided in Appendix 1.

During 2012/13, the shadow Telford and Wrekin Health and Wellbeing Board received regular JSNA updates, briefings were also presented to the

Clinical Commissioning Group. The development of the first Telford and Wrekin Joint Health and Wellbeing Strategy was strongly underpinned by the JSNA process. The priorities within the strategy were originally defined through a prioritisation workshop which took place with key stakeholders in March 2012. In line with national guidance, the JSNA was used in the process to define the 'long list', this highlighted health and wellbeing issues in the Borough which were:

- Significantly worse than the national position
- An existing local priority
- An issue where there was a clear policy requirement or financial pressure

After a period of consultation and engagement with key stakeholders and the public the joint health and wellbeing priorities were agreed by the Shadow Health and Wellbeing Board in September 2012.



The Public Health Outcomes Framework

*Helen Onions, Senior Public Health Specialist
(Lead for JSNA and Health Intelligence)*

The first national Public Health Outcomes Framework (PHOF) for England¹ was published in January 2012. The framework is underpinned by the same life course approach adopted in this report and has a strong focus on outcomes relating to population health in its broadest sense. One aim of the PHOF is to promote joint working across the NHS, Local Government, the voluntary sector and communities on shared goals to improve health and wellbeing outcomes across populations.

The framework encompasses two high level outcomes, 66 indicators and a number of sub-indicators, grouped across four domains. Many PHOF indicators have historically been standard measures of population health and relate to existing public health targets and quality standards. As such, many have been routinely monitored as part of Public Health Reports and the JSNA process over the past five years or so.

To date, three sets of PHOF data have been released, with Local Authority positions published for most of the indicators. It is anticipated that there will be a rolling programme of data release (providing updated positions) and publication of new data for the remaining indicators on an on-going basis. In future, these national PHOF data releases will be reflected in the Telford and Wrekin JSNA, which is itself an on-going rolling process.

The following tables summarise local performance across the four domains of the PHOF, highlighting where the local position is currently either significantly better or worse than the England average. The RAG rating system used has been developed by the national Association of Public Health Observatories²; these ratings are systematically used for benchmarking purposes in the Telford and Wrekin JSNA and have been adopted to interpret local performance against the Public Health Outcomes Framework.

Appendix 2 of the Report summarises local performance across the wider range of PHOF indicators (where the position is known).

RED:
Telford and Wrekin current position statistically significantly worse than the England average

AMBER:
Telford and Wrekin current position not statistically significantly different to the England average

GREEN:
Telford and Wrekin current position statistically significantly better than the England average

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

² <http://www.apho.org.uk/resource/view.aspx?RID=116454>

The National PHOF

Overarching Vision: To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measure 1: Increased healthy life expectancy

Outcome measure 2: Reduced differences in life expectancy and healthy life expectancy between communities

Outcome 1: Data is not yet available for healthy life expectancy, but analysis of life expectancy and years of premature life lost for Telford and Wrekin are outlined below.

Life Expectancy in Telford and Wrekin

- Male life expectancy at birth is statistically significantly worse than the national average (77.5 years compared to 78.6 years)
- Male life expectancy in the most affluent areas is 79.8 years, compared to 74.9 years in the most deprived areas
- Female life expectancy at birth is not statistically different to the national average position (82.1 years compared to 82.6 years)
- Female life expectancy is 82.5 years in the most affluent areas, compared to 80.6 years in the most deprived areas

- Improving life expectancy is a priority of the Telford and Wrekin Health and Wellbeing Strategy

See Figure 1 Trends in Male Life Expectancy
See Figure 2 Trends in Female Life Expectancy

- Premature deaths (deaths under 75 years) make a significant contribution to reduced life expectancy. Examining the pattern of years of life lost before age 75 years is important in understanding reduced life expectancy at population level overall
- There are on average 522 premature deaths every year in Telford and Wrekin, these early deaths account for around 7,176 premature years of life lost
- Cancers are the main cause of years of life lost, accounting for:
 - 30% of all male years of life lost
 - 45% of all female years of life lost
- For women, breast cancer accounts for around 10% of all years of life lost and lung cancer accounts for around 7%
- For men, lung cancer accounts for around 7% of all years of life lost, with colorectal cancers and upper gastrointestinal tract cancers together accounting for around 8% of years of life lost
- Cardiovascular disease (including heart attack and stroke) is responsible for:
 - Around 25% of male years of life lost
 - Around 16% of female years of life lost

- Within cardiovascular disease, coronary heart disease makes the greatest contribution, accounting for around 19% of the total premature years of life lost for men and 7% for women

See Figure 3 Main Causes of Reduced Life Expectancy (Years of Life Lost under 75 Years)

Outcome 2: Baseline PHOF data for differences in life expectancy and healthy life expectancy between communities have not yet been published and are still being developed nationally. However, one indicator being considered nationally is the Slope Index of Inequality in life expectancy (SII). This index is a measure of health inequalities, based on the gap in years of life expectancy between the most affluent and most deprived local communities. The index combines measures of deprivation and life expectancy across small geographical areas to define an inequalities gradient.

<http://www.apfo.org.uk/resource/item.aspx?RID=110505>

Inequalities in Life Expectancy in Telford and Wrekin

In Figure 4, the Telford and Wrekin male and female populations are divided into ten deciles (tenths) by grouping census output areas (see Appendix 3 for further details). Life expectancy at birth is shown across the groups; the SII is the 'slope' in this measure across the deciles.

Figure 1 Trends in Male Life Expectancy

Labels shaded in red indicate rates which were statistically significantly worse than the England average

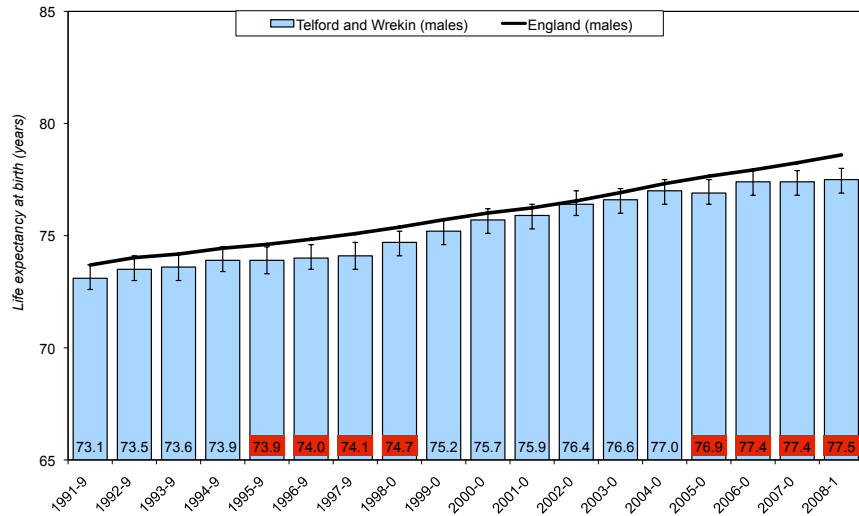


Figure 2 Trends in Female Life Expectancy

Labels shaded in red indicate rates which were statistically significantly worse than the England average

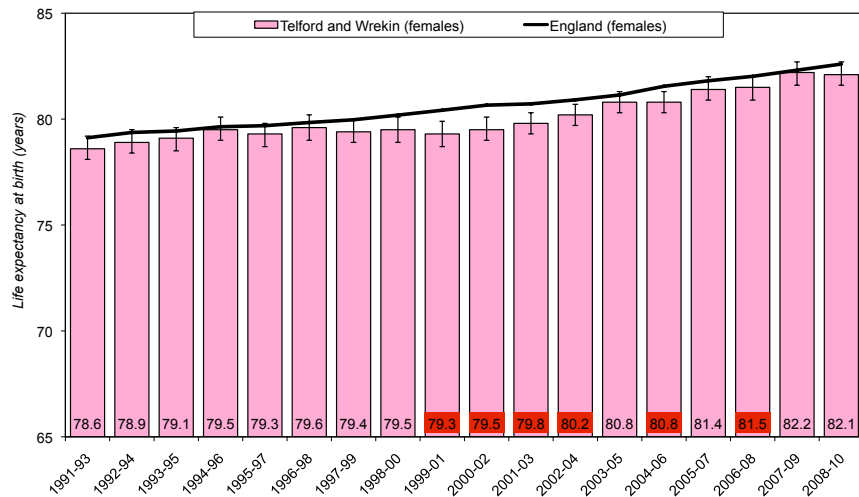


Figure 3 Main Causes of Reduced Life Expectancy (Years of Life Lost under 75 Years)

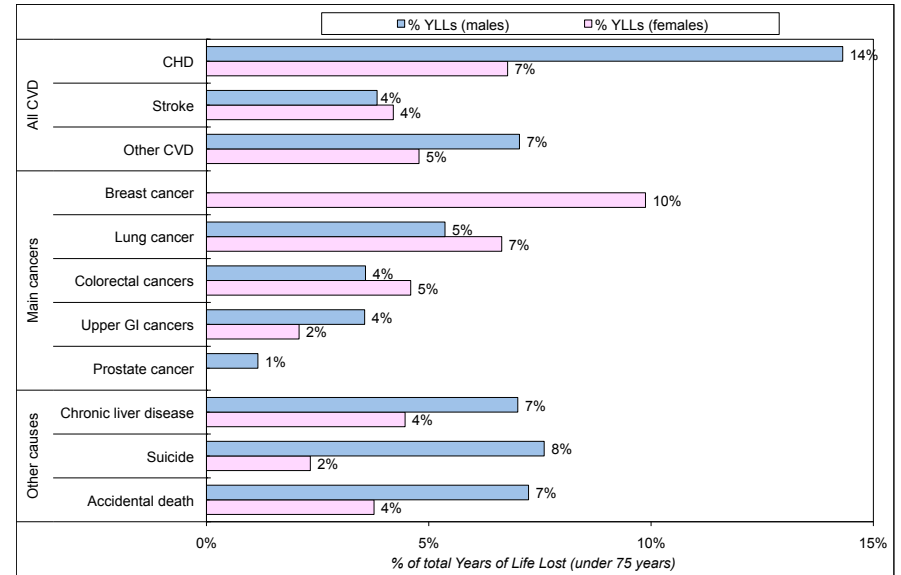
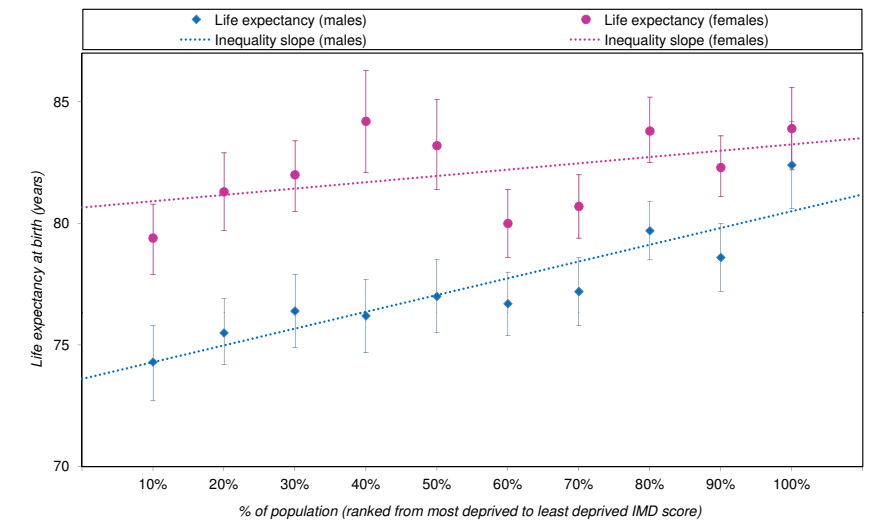


Figure 4 Life Expectancy by Deprivation Decile in Telford and Wrekin (2006-10)



Visually, the steeper the slope, the worse the life expectancy inequality within that total population.

Using this approach, the SII figures for Local Authorities have been published, but not yet statistically benchmarked at a national level. However, the national median values for upper tier Local Authorities have been released for comparative purposes:

- In Telford and Wrekin, the SII for males for 2006-10 was 7 years, which was better than the median average of 8.9 years, the gap across all upper tier authorities ranged from 3.1 to 17 years. Telford and Wrekin currently ranks 36th best out of the 150 Local Authorities in England on this measure
- In Telford and Wrekin, the SII for females for 2006-10 was 2.8 years, which was better than the median average of 5.9 years, the gap across all upper tier authorities ranged from 1.2 to 12 years. Telford and Wrekin currently ranks 10th best out of 150 Local Authorities on this measure

Although it is recognised that there are some complex methodological issues, considering trend in the SII measure:

- In Telford and Wrekin, the SII gap in males improved from 7.6 years during the period 2001-05, to 7 years in 2006-10, although this change was not statistically significant

- In Telford and Wrekin, the SII gap in females also improved, from 3.8 years during 2001-05, to 2.8 years in 2006-10, again this change was not statistically significant
- For both male and female SII, Telford and Wrekin also improved its position relative to other Local Authorities (n = 150) over this period (for male life expectancy: from 62nd to 36th best Local Authority; for female life expectancy: from 24th to 10th best Local Authority)

See Figure 4 Life Expectancy by Deprivation Decile in Telford and Wrekin (2006-10) (page 17)

Recommendation 1

As part of its performance framework, the Telford and Wrekin Health and Wellbeing Board should agree a set of metrics with which it will track the local impact of the economic situation (including benefits changes) on health and wellbeing, including health inequalities

Recommendation 2

Recognising that some of these actions are already in place, the Telford and Wrekin Health and Wellbeing Board should agree its programme of evidence-based interventions to minimise the impact of the economic situation on local health and wellbeing, including on health inequalities

Domain 1: Improving the Wider Determinants of Health

Objective: Improvements against wider factors that affect health and wellbeing and health inequalities

A total of 15 indicators and sub-indicators

- The Telford and Wrekin position is statistically significantly better than the England average for eight indicators in this domain:
 - Pupil absence
 - Killed or seriously injured casualties on England's roads
 - Violent crime (including sexual violence) - hospital admissions for violence
 - Violent crime (including sexual violence) - violence offences
 - Re-offending levels (% of offenders who re-offend)
 - Re-offending levels (average number of re-offences per offender)
 - The percentage of the population affected by noise
 - Statutory homelessness (homelessness acceptances)

■ The Telford and Wrekin position is statistically significantly worse than the England average for two indicators in this domain:

- Children in poverty
- 16-18 year olds not in education, employment or training

The Telford and Wrekin JSNA had already highlighted the position with these two indicators. Both are captured within the performance framework of the Telford and Wrekin Children, Young People and Families Board and a range of actions are in hand to improve the position.

Domain 2: Health Improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

A total of 26 indicators and sub-indicators

- The Telford and Wrekin position is statistically significantly better than the England average for eight indicators in this domain:
- Cancer screening coverage: breast
 - Access to non-cancer screening programmes (diabetes eye screening)
 - Health Check offer: Offer of the NHS Health Check programme to those eligible
 - Falls and injuries in the over 65s (five sub-indicators: persons, males, females, 65-79 years, 80+ years)

■ The Telford and Wrekin position is statistically significantly worse than the England average for ten indicators in this domain:

- Low birth weight of term babies
- Breastfeeding initiation at birth
- Breastfeeding prevalence at 6-8 weeks
- Maternal smoking: smoking status at time of delivery
- Under 18 conceptions
- Smoking prevalence: adults 18+ years
- Successful completion of drug treatment – non opiate users
- Recorded diabetes
- Cervical cancer screening coverage
- Health Check take up: Take up of the NHS Health Check Programme by those eligible

Domain 3: Health Protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

A total of 22 indicators and sub-indicators

- The Telford and Wrekin position is statistically significantly better than the England average for thirteen indicators in this domain:
- Population vaccination coverage: Dtap / IPV / Hib (at 1 year and 2 years)
 - Population vaccination coverage: Men C (at 1 year)



- Population vaccination coverage: PCV (at 1 year)
- Population vaccination coverage: Hib / Men C booster (at 2 years and 5 years)
- Population vaccination coverage: PCV booster (at 1 year)
- Population vaccination coverage: MMR (one dose at 2 years, one dose at 5 years and two doses at 5 years)
- Population vaccination coverage: HPV (females 12-13 years)
- Treatment completion for TB (incidence)
- Chlamydia diagnoses (15-24 years old)

- The Telford and Wrekin position is statistically significantly worse than the England average for three indicators in the domain:
 - Population immunisation coverage: (PPV)
 - Population immunisation coverage: ('flu: 65+ year olds)
 - Population immunisation coverage: ('flu: at risk individuals)

Domain 4: Healthcare Public Health and Preventing Premature Mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

A total of 21 indicators and sub-indicators (although the data is provisional for 11)

- The Telford and Wrekin position is statistically significantly better than the England average for four indicators in this domain:
 - Emergency readmissions within 30 days of discharge from hospital (persons)
 - Emergency readmissions within 30 days of discharge from hospital (males)
 - Emergency readmissions within 30 days of discharge from hospital (females)
 - Hip fractures in over 65s (65+ years and 65-79 year olds)
- The Telford and Wrekin position is statistically significantly worse than the England average for five indicators in this domain:
 - Mortality from causes considered preventable
 - Mortality from all cardiovascular diseases

- Mortality from all cardiovascular diseases (considered preventable)
- Mortality from cancer
- Mortality from liver disease (considered preventable)



Starting Well

The Marmot Review: Pre-birth and the early years, up to age five

Contributors: Dr Catherine Woodward, Helen Onions, Vicki Pike, Sarah Evans, Dr Chris Weiner, Dr John Reid, Clare Harland

Recommendations of the 2010 Marmot Review included the prioritisation of maternal health interventions and to increase investment in early years development.

Strong local partnerships are essential in ensuring that the lives of children both start well and develop well (see the next section of the Report). As articulated in its Terms of Reference, the Telford and Wrekin Children, Young People and Families Board is central to delivering the vision for all children and young people in Telford and Wrekin, which follows a life course approach:

- Starting Well – every child has the best start in life
 - Developing Well – every child and young person has the opportunity to achieve their full potential
 - Living Well – every child and young person will have a healthy and positive lifestyle
 - Working Well – every child and young person is able to achieve economic well-being
 - Dying Well – those whose lives are shortened receive the care and support they require
- The Board's performance framework includes a range of key metrics and will continue to be informed by the JSNA and national benchmarking.
- Public Health Outcome: Maternal Smoking**
- The health risks of maternal smoking have been described in previous Annual Public Health Reports
 - Maternal smoking rates in pregnancy (as measured by smoking at time of delivery) have been significantly worse than the national average in Telford and Wrekin during the past decade
 - During 2011/12, 22.7% of mothers in Telford and Wrekin were still smoking at the time of their delivery (524 women), compared to 13.2% of mothers in England
 - Inequalities in maternal smoking have also persisted in Telford and Wrekin. For example, in 2011/12:
 - Over 35% of women under 25 years of age were smokers when their baby was born
 - 35% of mothers from the most deprived local communities were smokers at the time of their delivery, compared to 6% of mothers from the more affluent areas in Telford and Wrekin
 - Reducing smoking in pregnancy is already a priority within the

Telford and Wrekin Health and Wellbeing Strategy. Recommendation 8 of this Report also encompasses the issue

See Figure 5 Trends in Maternal Smoking (page 22)
See Figure 6 Trends in Smoking in Pregnancy by Age (page 22)

Smoking Cessation Services for Pregnant Women

- ✓ The local smoking cessation services for pregnant women are based on guidance from the National Institute for Health and Clinical Excellence (NICE)
- ✓ Midwives assess the smoking status of every pregnant woman at her booking appointment and are trained (along with other antenatal staff) to provide effective advice on stopping smoking

- ✓ Pregnant women who smoke are referred directly into the Stop Smoking in Pregnancy Service at booking. The service offers a range of different support and interventions, including home visits
- ✓ Following review, further work is in hand to ensure that the local service delivers target performance

"I have been smoke free for 14 weeks now and am feeling massive benefits, most of all I feel relieved to have actually done it this time. The support has been great. My little boy knows mummy "smells nice!" It's so nice to buy little treats and not have to stand in the rain just to smoke. I did it for my boys but more importantly for myself. I smoked from age 12 so didn't think I would ever stop, but I have and I feel so much better". (Client)

What the participants say

"I never thought I would be able to give up smoking, I have been smoke free now for 4 weeks and the change has been amazing, I have saved nearly £200 since I gave up. My health has improved as I have got asthma and now I get to spend more time and effort with my daughter and we get to go out more as I have always got money in my purse. I am now looking forward to the new arrival and I am looking forward to a life without cigarettes. Giving up is the best thing I have ever done for me and my family. I am very grateful for the support that I have received". (Client)



Figure 5 Trends in Maternal Smoking

Labels shaded in red indicate rates which were statistically significantly worse than the England average

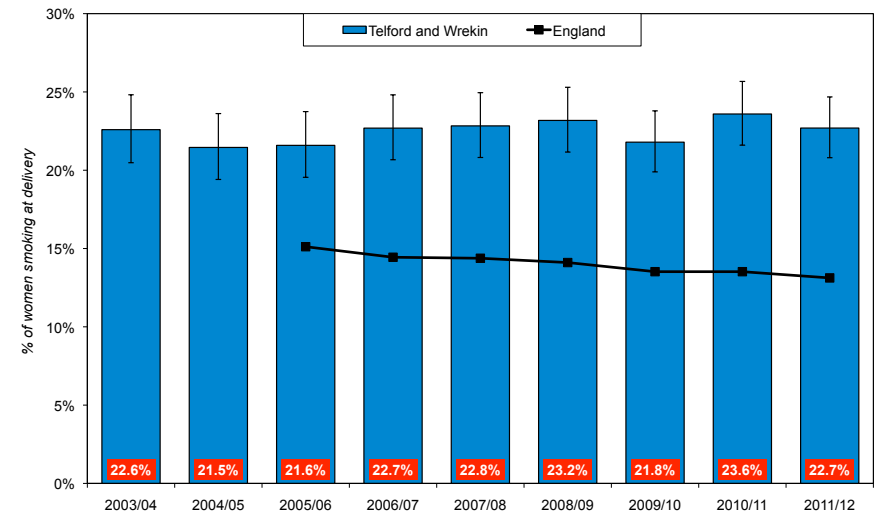
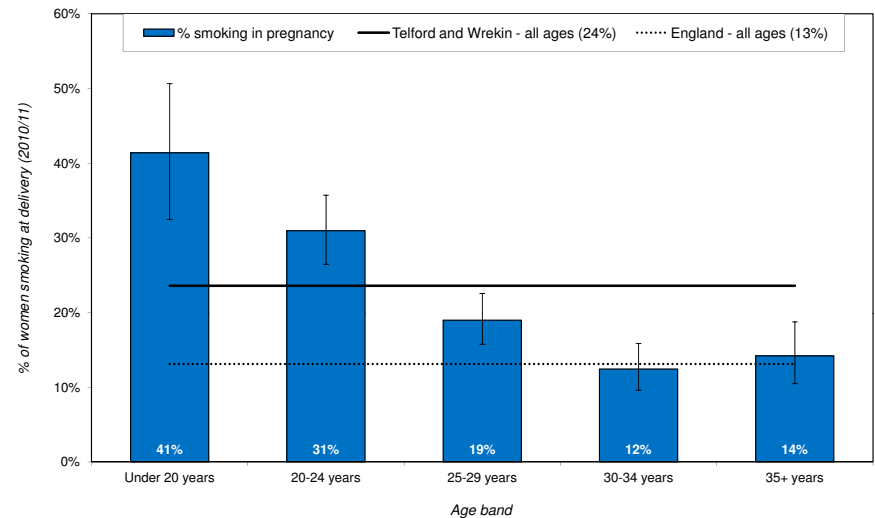


Figure 6 Smoking in Pregnancy by Age



Public Health Outcome: Low Birth Weight Babies

- In 2010, the proportion of infants born with a low birth weight (less than 2.5kg) in Telford and Wrekin (8.7%) was statistically significantly worse than the national average for England and Wales (7.0%)
- Annual benchmarking of trend indicates that 2010 was the first time in twenty years that the proportion of low birth weight babies in Telford and Wrekin was significantly worse than the national average
- Data for 2011 have recently been published, indicating a decrease in the rate in Telford and Wrekin (7.8%), which is now not statistically significantly different to the national average (7.1%)
- However, low birthweight rates for 2011 using the new PHOF data definition have not yet been released

See Figure 7 Trends in Low Birth Weight Babies

Recommendation 3

In its role as the commissioner of maternity services for the local population and in partnership with lead clinicians, the Telford and Wrekin Clinical Commissioning Group should agree and specify the system of fetal growth monitoring at the Shrewsbury and Telford Hospitals NHS Trust, including the quality assurance of this system. Progress should be reported to the Health and Wellbeing Board, as part of the Clinical Commissioning Group's regular updates to the Board

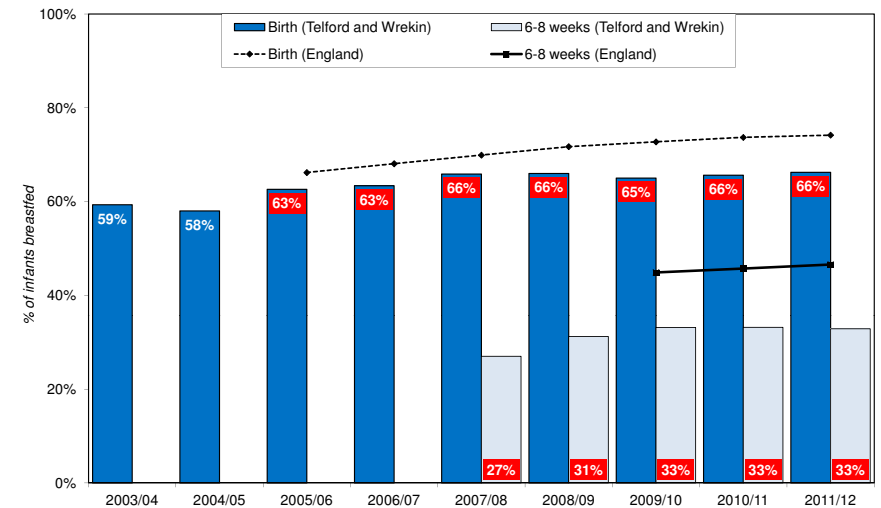
(The Telford and Wrekin Clinical Commissioning Group has already accepted this recommendation.)

Figure 7 Trends in Low Birth Weight Babies

Labels shaded in red indicate rates which were statistically significantly worse than the England average



Figure 8 Trends in Breastfeeding



Public Health Outcome: Breastfeeding

- At population level, breastfeeding rates at birth and 6-8 weeks of age in Telford and Wrekin have been slow to improve
- Breastfeeding rates in Telford and Wrekin remain significantly worse than the national average; in 2011/12:
 - 66% of infants were breastfed at birth, compared to 74% nationally
 - 33% of infants were breastfed at 6-8 weeks, compared to 47% nationally
- Breastfeeding rates are significantly lower in:
 - Younger mothers, with 42% of teenage mothers in Telford and Wrekin 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 of Telford and Wrekin, compared to 81% in the more affluent areas
- Breastfeeding is an important contributory factor in addressing rates of overweight and obesity

in children and adults, which is a priority of the Telford and Wrekin Health and Wellbeing Strategy

See Figure 8 Trends in Breastfeeding (page 23)

Breastfeeding Programme

- ✓ Implementation of the UNICEF UK Baby Friendly Initiative (BFI) action plan to achieve full BFI accreditation
- ✓ Training for frontline staff working with pregnant and breastfeeding mums
- ✓ Delivery of antenatal and postnatal breastfeeding education and information to groups and on a 1 to 1 basis in the community
- ✓ Home support for breastfeeding mums where appropriate
- ✓ BEST (Breastfeeding Encouragement Support Team) peer support volunteers provide support to breastfeeding mothers in the community
- ✓ Lactation clinic delivered by trained lactation consultants for more complex breastfeeding problems

- ✓ Antenatal and postnatal support in hospital, clinics and home visits, also targeting the more deprived areas of Telford and Wrekin

A Mum's Story

"When I was pregnant with my daughter I never really planned to breastfeed. I had in my head that I would try, but didn't really plan to try too hard. I am one of six children, all of us formula fed. I have six nieces and nephews who are also all formula fed, so formula feeding was all I knew and truthfully is what I expected to do. I would nod in the right places when asked if I planned to breastfeed by midwives etc but that was to keep them quiet really.

Within 30 minutes of my daughter being born I fed her myself and although I don't recall much of it at all due to being exhausted that first feed changed all of my views. I knew right then that my baby would never have formula. The feeling was just incredible and we both took to it really well.

The hardest things I found in the first few weeks were how uncomfortable my family was with me feeding my daughter in front of them. Many of them left the room and if they stayed they would turn away. They never once suggested that I shouldn't breastfeed in front of them but I dreaded having to do it as I didn't want them to be uncomfortable or leave. In the end though I just said 'look, you wouldn't look at my breasts any other time so why would you do it now?' They all soon got very used to it and the support I got from them really improved. The frequency of feeding was also very hard, I just never expected to be feeding at 1-2hr intervals and it really took it out of me. On the flip side though night feeds were over quickly and there was no crying baby whilst bottles heated up.

My daughter is nearly 19 months old now and I still just love feeding her. I doubt I would have got this far though if it wasn't for the support of my husband and the health care professionals I met." (New mum supported through BFI)

**Public Health Outcome:
Immunisation Coverage in Young Children**

- Immunisation is one of the most important ways of protecting individuals and the community from serious diseases
- High uptake rates are necessary to prevent the serious infections covered by the national programme from circulating in local communities. In Telford and

Wrekin, rates for all childhood immunisation have improved significantly over recent years

- Children need to complete the full course including any pre-school boosters to ensure the greatest protection
- By 2011/12, 97% of 12 month old babies in Telford and Wrekin had been immunised against polio, diphtheria, whooping cough, tetanus and Haemophilus

influenzae type b. 96% had been immunised against meningococcal C and pneumococcal infections

- Protection against mumps, measles and rubella (MMR) has also improved. 96% of 2 year olds and 91% of 5 year olds in Telford and Wrekin had been appropriately immunised by the of 2011/12

Figure 9 Trends in Childhood Immunisation Coverage: Meningitis C and Pneumococcal (PCV)

Labels shaded in green indicate rates which were statistically significantly better than the England average

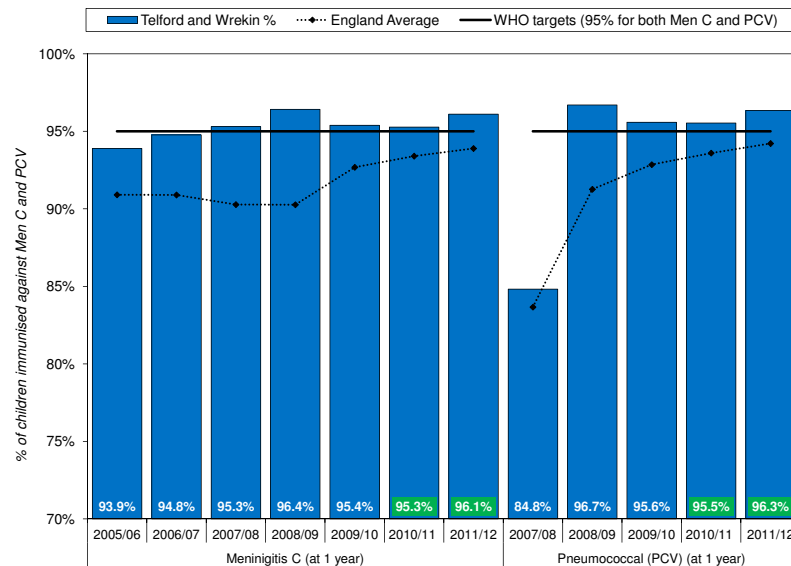


Figure 10 Trends in Childhood Immunisation Coverage: Diphtheria, Pertussis, Tetanus, Haemophilus influenzae type b (Hib) and Polio

Labels shaded in green indicate rates which were statistically significantly better than the England average

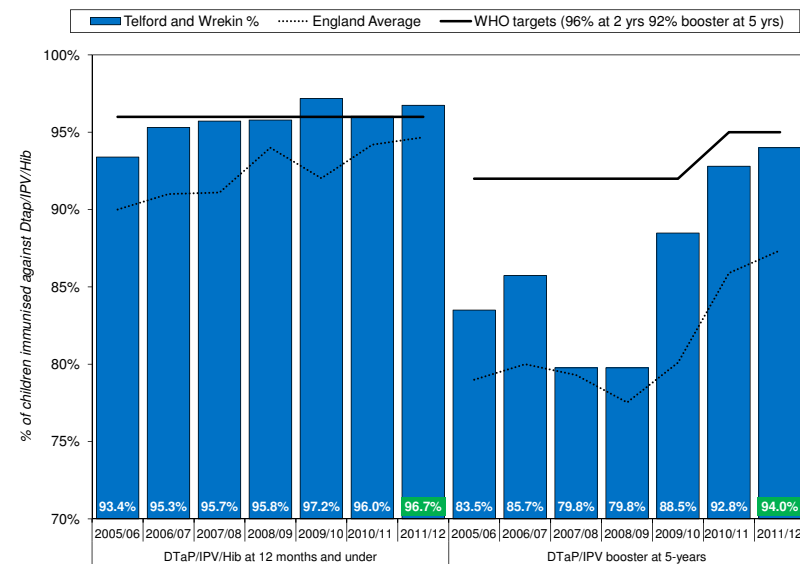
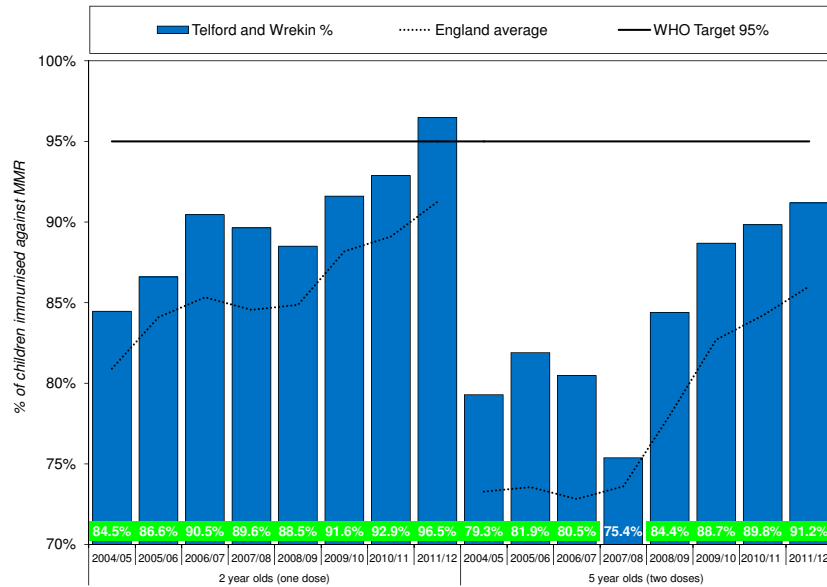


Figure 11 Trends in Childhood Immunisation Coverage: Mumps, Measles and Rubella

Labels shaded in green indicate rates which were statistically significantly better than the England average



Other Programmes Supporting “Starting Well” in Telford and Wrekin

Why Weight? Mums

- ✓ A personalised programme for pregnant women who are obese (Body Mass Index >30) at their initial booking appointment, with one to one appointments, home visits, individual action plans and telephone and text support
- ✓ Empowering women to minimise weight gain during their pregnancy and to lose weight following the birth of their baby
- ✓ The programme has capacity for 100 women per year, with 69% achieving their target to minimise weight gain during pregnancy (less than 10kg)
- ✓ Delivered through a partnership approach between the health improvement team, health visiting, midwifery and children’s centres

Healthy Start

- ✓ Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits
- ✓ Vouchers for fruit, vegetables, milk and vitamins for mother and child are promoted through pharmacies, by midwives and by health visiting teams
- ✓ 85% of the eligible population take up the programme

Weaning and Early Years’ Nutrition

- ✓ Weaning and infant nutrition training for health, social care and community practitioners who work with families with babies and toddlers
- ✓ Weaning sessions for parents and carers held at baby clinics and other settings
- ✓ Staff training to ensure that health advice regarding early years’ nutrition is consistent across the frontline workforce

What the participants say

*“I will be able to advise [on baby led weaning] with more confidence”
(Health Visitor attending training)*

*“This is my first baby and I don’t know much about weaning so this session was very helpful”
(Parent, weaning workshop)*

Health Exercise Nutrition for the Really Young (HENRY)

- ✓ HENRY is a nationally endorsed evidence-based programme for families with children under five, which contributes to the obesity pathway
- ✓ HENRY training for frontline staff working with families with children under five gives staff the knowledge, skills and confidence to address parenting skills, healthy eating, physical activity and emotional wellbeing
- ✓ Let’s Get Healthy with HENRY eight week courses are run across the Borough for parents of children under five, consisting

of practical interactive sessions providing support to adopt sustainable healthy behaviours within families

- ✓ Over 250 staff have been trained from a range of public, private and voluntary sector organisations to embed the HENRY approach in their work and 20 local facilitators have been trained to deliver 8 week courses for parents

What the participants say

“I now encourage clients to help themselves rather than doing it for them” (Early Years practitioner)

“Lots of tips that will support me personally and professionally” (Early Years practitioner)

“It has opened my eyes to what is necessary when working with parents and families” (Early Years practitioner)

Let’s Cook Mini

- ✓ Advice about healthy eating and cooking on a budget, for parents of children attending nursery provision
- ✓ Courses run from the Telford and Wrekin cooking bus, which provides a fun and interactive facility
Photo





Developing Well

The Marmot Review: ages 5 to 16 years

Contributors: Dr Catherine Woodward, Clare Harland, Sarah Evans, Helen Onions, Emma Pyrah, Dr Chris Weiner and Dr John Reid

Recommendations from the 2010 Marmot Review included evidence-based parenting, reducing inequalities in educational outcomes and increasing investment in the prevention of ill-health, including measures to address smoking, obesity and alcohol misuse in young people.

Public Health Outcome: Overweight and Obesity in Young Children

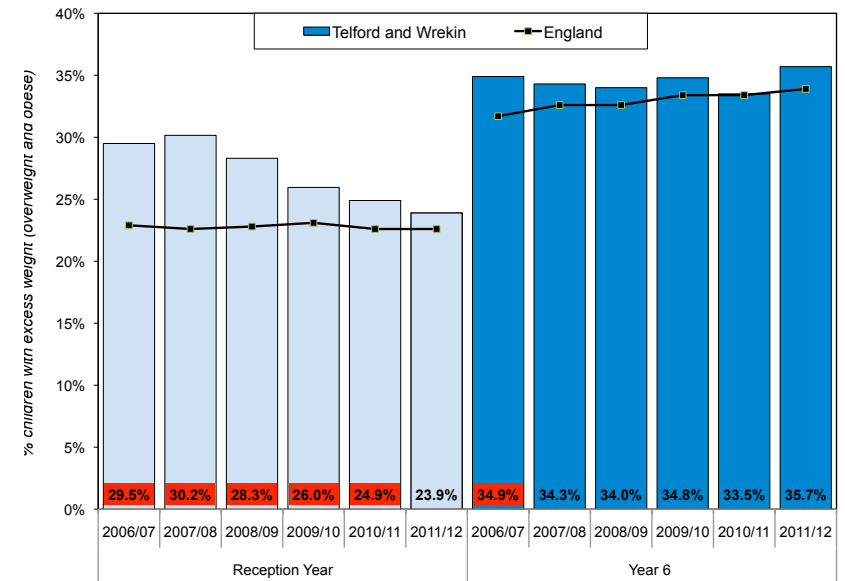
- The reporting of overweight and obesity in children is complex, with data collected and analysed against different weight definitions (healthy weight, overweight, very overweight, obese, excess weight), different ages (4 to 5 year olds and 10 to 11 year olds) and by gender,

through the National Child Measurement Programme. In addition, measurements taken in one academic year are reported by the national system as results for the following year

- The Public Health Outcomes indicator 'excess weight' describes children whose weight exceeds a healthy weight (who are either overweight or obese)
- Excess weight amongst 4 to 5 year olds in Telford and Wrekin has reduced significantly during the last six years, from 29.5% of children in 2006/07 to 23.9% in 2011/12
- Excess weight amongst 10 to 11 year olds in Telford and Wrekin has increased over the last six years, from 34.9% of children in 2006/07 to 35.8% in 2011/12. However, within this, the local position has not been significantly different to the national average for the last five years

Figure 12 Trends in Excess Weight in Children

Labels shaded in red indicate rates which were statistically significantly worse than the England average



- Amongst 10 to 11 year olds in Telford and Wrekin, 250 were overweight and 338 were obese in 2011/12
- As part of local implementation of the National Child Measurement Programme, feedback letters are sent to all parents and carers with their children's results, offering follow-up support and advice for families whose children's weight exceeds the healthy range

See Figure 12 Trends in Excess Weight in Children (page 29)

The YW8? Family Weight Management Programme

- ✓ An evidence-based family weight management programme for children who exceed a healthy weight, with ten weeks of interactive sessions covering healthy eating, exercise and parenting approaches, for the whole family
- ✓ In 2011/12, 72% (48/67) of families accessing the programme completed the course. All the families reported positive lifestyle

changes and improved emotional health and wellbeing, as a result of the programme. 80% of the children completing the programme improved or maintained their weight status

- ✓ A West Midlands benchmarking study completed in 2010 by the University of Worcester demonstrated that the Telford and Wrekin programme performs well, both in terms of its client retention and reduction in body mass index

What the participants say

"This workshop has changed my whole family's life, the support was outstanding. I found the exercise sessions that we both took part in were great for my daughter's confidence" (Parent attending YW8?)

"I am now aware of taking personal responsibility for my family's health" (Parent attending YW8?)

"I feel quite good about myself as I'm not eating as much chocolate and I'm not drinking coke" (Child, aged 11, attending YW8?)

"I enjoyed the activity sessions as they were fun and we always had big smiles on our faces." (Child, aged 11, attending YW8?)

K's Story

K, a mum from Woodside, heard about the YW8? programme when she completed a health check at the Healthy Lifestyles Hub at First Point. When setting her goals as part of the check she identified she wanted her family to eat a healthier range of foods and be more active together.

During the programme the family learned about reading food labels, understanding how to make healthy food swaps and learning about portion control. With 100% attendance over the ten week period, the family really took on board all the information provided and then put it into action.

K's daughter has swapped to a lower sugar content breakfast cereal, eats more fruit and her confidence

has increased when taking part in sports and other activities. This has resulted in her reducing her BMI by 2.5% which now falls within a healthier centile on her growth chart.

When asked to sum the programme up, K said the YW8? Programme was "fun, interesting and very helpful". She also added that for any family contemplating joining the programme "it's worth doing this course as everyone learns something new as a family. [It's] worth giving up [the time each week] in my eyes." Since attending the programme mum K has lost 8kg and reduced her BMI by 3.8%. Her husband has also made significant improvements since joining the programme. He now has a healthier breakfast, eats more fruit and vegetables and is more active. He reports one of the family changes being that they now sit at the table together at meal times and eat the same foods.

Since completing the programme, the family has been set some individual goals to support them in maintaining their lifestyle changes and maintain their improvements. (Parent attending YW8? programme with her child)

The Community Food Programme

- ✓ Staff training for health and social care professionals and volunteers covering healthy eating and basic nutrition, enabling participants to embed sound nutrition principles into their practice and pass on evidence-based healthy eating messages to service users
- ✓ Healthy eating courses for children, young people and families
- ✓ Healthy eating workshops, assemblies and roadshows in schools and community settings

What the participants say

“I found the training very interesting and quite an eye opener” (Nursing home staff member)

“I would like to make meal times more enjoyable for service users” (Member of staff providing support for adults with learning disabilities)

Let's Cook Together

- ✓ Family cooking courses run from school kitchens and the cooking bus
- ✓ Healthy eating, cooking on a budget, basic cooking skills
- ✓ Working in primary schools with families with children under 10 years

What the participants say

“Great spending quality time with the children” (Parent)

“Great to get involved as a family and learn more about food. Enjoyed cooking with fresh vegetables. Has helped us cook and eat healthier” (Parent)

The Healthy Schools Programme

- ✓ The National Healthy Schools Programme (NHSP) focuses on four themes:
 - Personal, social and health education (including sex, relationship and drug education)

- Healthy eating
- Physical activity
- Emotional health and wellbeing (including bullying) (see below)
- ✓ The programme requires schools to take a ‘whole-school’ approach, working within a standardised framework to achieve National Healthy Schools status
- ✓ In the past in Telford and Wrekin, the programme provided a coordinated framework to support local delivery of the Healthy Child Programme (5 to 19 years), an evidence-based approach for prevention and early intervention in children and young people
- ✓ By 2011, 52 out of 73 local schools had achieved the National Healthy Schools status, with most of the remaining 21 working towards the award
- ✓ The schools holding the award demonstrated a strong commitment to a caring and supportive culture using a whole school approach, involving

- staff, governors, children, parents and the local community
- ✓ Of the 52 schools holding the award, 31 schools had also committed to working towards the enhanced model
- ✓ Programme co-ordination had been led by Telford & Wrekin Council, working with a range of partners; this is no longer in place. However, some elements of the programme continue to be delivered by schools, despite the absence of the award programme
- ✓ The absence of a local delivery team offering coordinated support across health and education may have resulted in inconsistent delivery of health approaches across the school community. Schools of all types will remain a vital force in ensuring improved health outcomes for all children and young people

Public Health Outcome: Mental Wellbeing

Improving Emotional Health and Wellbeing

- ✓ Programme delivered in schools, colleges and community settings, including activities supporting the development of positive emotional health and wellbeing amongst young people
- ✓ Themes include bullying, stress, self-esteem, confidence and dealing with peer pressure
- ✓ Interactive approaches, tailored to the needs of the individual or group
- ✓ During 2011/12, 192 sessions were delivered to groups of young people, parents, carers and school staff in Telford and Wrekin
- ✓ 95% (1,946/2,045) of people attending a session reported an increase in knowledge, with 85% (1,744/2,045) 'proposing' a personal behaviour change. This was a significant improvement on 2010/11 performance

- ✓ Examples of school and community-based emotional health and wellbeing interventions include:
 - Workshops delivered as part of the year 9 healthy schools road show
 - Secondary school health zones drop-in: delivery of a range of sessions covering stress, relationships, bullying and self-esteem to 840 young people
 - Interactive information sessions piloted in nine secondary schools, encompassing stress, transition to adulthood and bullying. 1,430 young people and/or their parents and carers accessed information
 - Five 'STOP Bullying' workshops delivered at 3 schools to 200 year 5 and 6 pupils
 - Seven 'Coping with Stress' sessions delivered to 241 year 11 students
 - A transition session piloted with 75 year 6 pupils and now offered to all schools within the Borough

- Delivery of ten community-based sessions for 81 young people, including sessions for people living in supported accommodation and children in care. Sessions have focused on healthy relationships, confidence and self-esteem
- Over 1,000 children and young people have engaged with the High Five campaign, based on the Five Ways to Wellbeing

What the participants say

Young people's feedback:

"The session was good and it gave me courage" (Student)

"I've learnt some tips to stop me getting stressed" (Student)

"I get dead stressed dead easily and kick off sometimes at my mates or mum. I am going to stop and think before I do – maybe talk to someone about how I'm feeling first" (Student)

Staff feedback:

"Good use of videos and

presentation and activities to keep the kids informed and educated and interested about a particularly sensitive subject for them to get their head around" (Teacher)

"The laughter workshop was ingenious! Must admit we were a little apprehensive but it worked wonderfully with the age group and staff benefited too. Lots of activities that the children can do themselves. I now have lots of happier children for the afternoon" (Teacher)

Public Health Outcome: Alcohol Misuse

Alcohol Awareness

- ✓ A comprehensive programme of sessions and activities to promote alcohol awareness is delivered in schools, colleges and the community in line with recommendations from the Chief Medical Officer
- ✓ During 2011/12, 326 sessions were delivered to over 7,500 young people, parents, carers and school staff in Telford and Wrekin
- ✓ In one evaluation, 87%

(2,526/2,891) of individuals attending a session reported an improvement in their knowledge of the issue, with 74% (2,151/2,891) proposing a personal behaviour change

✓ Examples of school and community-based alcohol awareness interventions in Telford and Wrekin include:

- Alcohol workshops delivered as part of the year 9 health roadshow, to over 2,000 young people and teaching staff
- Secondary school health zones drop-in: alcohol awareness activities delivered to 1,029 young people
- Supporting Trading Standards to implement the Proof of Age Standard Scheme (PASS) to 413 year 10 and 11 pupils
- 130 alcohol sessions delivered to 1,344 year 6 pupils and associated staff as part of Crucial Crew

- Piloting the delivery of workshops to target year 10 pupils and a selection of vulnerable year 9 pupils at a secondary school. Sessions focussed in more depth on the consequences of alcohol misuse and are now offered to all schools as a follow up to the year 9 roadshow summarised above, tailored to individual school needs
- Delivery of six interactive information stands which targeted young people in further and higher education colleges (New College, Telford College of Arts and Technology and Harper Adams University College)
- Delivery of 15 community-based sessions to 562 young people and their parents. This has included stands in Telford Town Centre, at Culture Fest and the

Brookside Community Safety Event. Sessions have also been delivered at several youth projects targeting vulnerable groups, supported housing projects and scout and brownie groups

- Campaigns to promote key national campaign messages at local level, along with the Chief Medical Officer's recommendations for children and young people

"I dunno why I drink sometimes 'cus I don't really enjoy it anymore, but all my mates make me. I'm going to try and be more like - shut up, no, I don't want to, 'cus it's not healthy" (Young Person)

Recommendation 4

As part of its vision that every child and young person will have a healthy lifestyle, the Telford and Wrekin Children, Young People and Families Board should review and agree its position on working in partnership with schools, to ensure that health issues remain a priority and to support the delivery priorities of the Telford and Wrekin Health and Wellbeing Strategy

What the participants say

"I am more aware what contact with alcohol can do long term and short term. I'm now more than likely not to drink a lot of alcohol" (Young Person)

"I now realise how bad alcohol is and how it can affect you and where I can go for help" (Young Person)

"The workshop taught me I should look after myself a lot more." (Young person)



Public Health Outcome: Hospital Admission due to Unintentional and Deliberate Injuries in under 18 Year Olds

- Hospital admission rates due to unintentional and deliberate injuries in children and young people under 18 years old is a PHOF indicator. However, data for this indicator have not yet been published as part of the PHOF, as further analytical work is being undertaken nationally before release in 2013. This section of the report presents data published as part of the national injury profiles³ which will be incorporated into the PHOF indicator in due course
- In Telford and Wrekin, the hospital emergency admission rate due to injury in children under 18 was not statistically significantly different to the national average position for England during 2010/11
- Trends indicate that the hospital emergency admission rate in Telford and Wrekin due to injury in children under 18 years increased in 2009/10, but reduced again in 2010/11

- Although the overall hospital admission rate for injuries in all those under 18 was similar in Telford and Wrekin to the national rate in 2010/11, analyses of the rates by age group indicates a local issue in younger children:
 - The hospital emergency admission rate due to injury in children under 5 years old was statistically significantly worse than the national average during 2010/11
 - Further, hospital admission rates amongst children under 5 years for falls-related injuries specifically were statistically significantly worse than the England average every year during the period 2008/09 to 2010/11
- The local JSNA benchmarking exercise also considers additional nationally published indicators which help build a picture of need in relation to unintentional injury in children and young people in the Borough. These indicators, which are based on slightly different childhood age groups, indicate that:

Figure 13 Trend in Hospital Emergency Admissions Rates: Injuries in Children under 18 Years

Labels shaded in red indicate rates which were statistically significantly worse than the England average

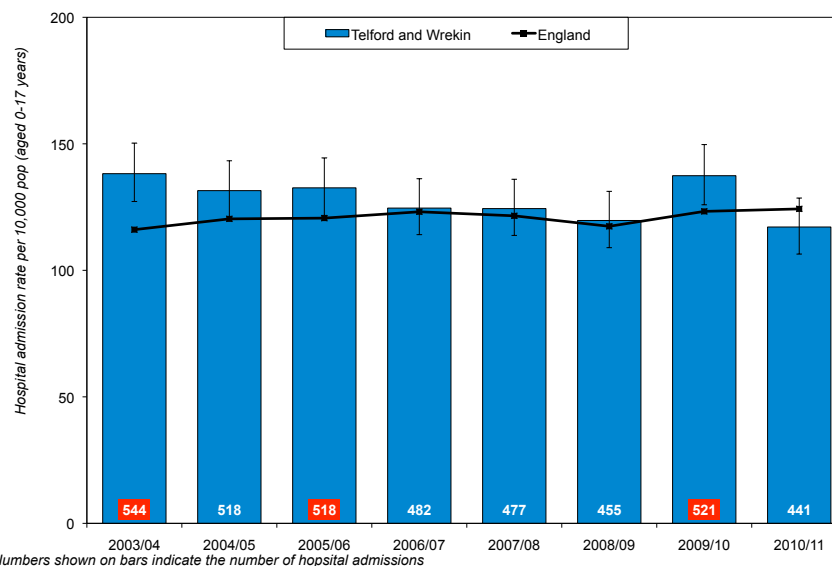
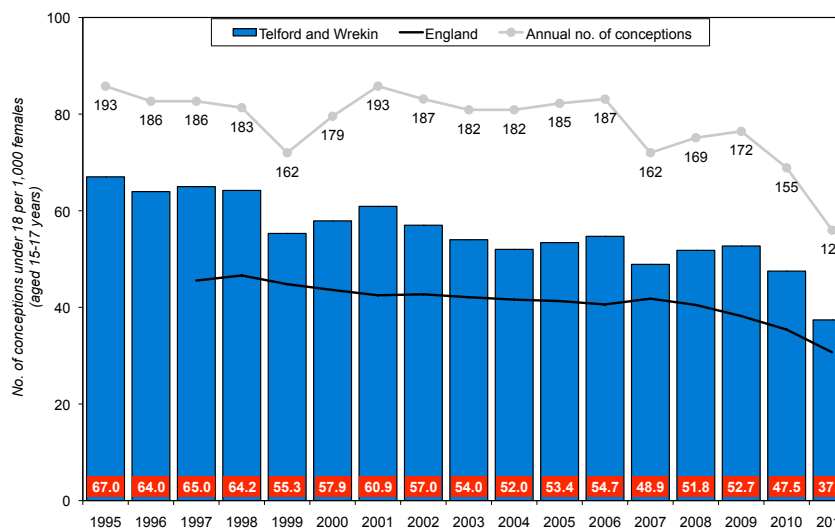


Figure 14 Trends in Teenage Pregnancy

Labels shaded in red indicate rates which were statistically significantly worse than the England average



- The rate of children aged 0 to 15 years old who were killed or seriously injured through road traffic collisions was not statistically significantly different to the England average during 2008-2010
- The mortality rate from accidents in children aged 0 to 14 years old was not statistically significantly different to the national average during 2008-2010

³ http://www.apho.org.uk/default.aspx?QN=INJURY_DEFAULT

The Telford and Wrekin Unintentional Injury Strategy for Children and Young People

- ✓ The Telford and Wrekin Accident Prevention Strategy for Children and Young People provides a multi-agency framework to prevent unintentional injury in this age group
- ✓ The strategy was developed following direction by the Director of Public Health and its content is based on relevant guidance from the National Institute for Health

and Clinical Excellence (NICE)

- ✓ Following initial workshop events, a multiagency Steering Group has been established to lead implementation of the strategy and its action plan

Recommendation 5

The Telford and Wrekin Children, Young People and Families Board should monitor the impact of the Telford and Wrekin Unintentional Injury Strategy, including through analyses of local trends in hospital admissions following injury

Public Health Outcome: Sexual Health

- In 2011, the overall rate of sexually transmitted infections diagnosed per 100,000 population in Telford and Wrekin was statistically significantly better than the average for England
- Chlamydia infection causes avoidable sexual ill-health, including pelvic inflammatory disease and ectopic pregnancy.

- The PHOF includes an indicator on the Chlamydia diagnosis rate. An increasing diagnostic rate measures the success of Chlamydia screening in people under 25 years and can lead to a reduction in the prevalence of infection

- The national target standard for the Chlamydia diagnosis rate is a minimum of 2,400 per 100,000 population aged 15-24 years. The PHOF data published in November 2012 reports the Chlamydia diagnosis rate in 2011 for Telford and Wrekin as 2,473 per 100,000 population aged 15-24 years, which was significantly better than the England average of 2,125 per 100,000

- Telford and Wrekin is recognised to be a low prevalence area for HIV infection, with a prevalence of 0.7 per 100,000 population aged 15-59 years in 2010, compared to the England average of 1.9 per 100,000. http://www.apho.org.uk/default.aspx?QN=SBS_DEFAULT

- The Public Health Outcomes Framework includes an indicator on people presenting with late stage HIV infection. During the

period 2009-11, the proportion of people presenting with late stage HIV infection in Telford and Wrekin was lower (better) than the England average (although the difference was not statistically significant)

Public Health Outcome: Under 18 Conceptions

- The under 18 conception rate is a PHOF indicator
- In Telford and Wrekin, there has been an overall improvement in teenage pregnancy rates since 2001; the rate of improvement since 2009 is particularly encouraging. In 2011, there were 126 conceptions amongst under 18 year old girls in Telford and Wrekin
- However, the local under 18 conception rate in 2011 (37.4 per 1,000 females aged 15 to 17 years) remains statistically significantly worse than the national average for England (30.7 per 1,000)
- In 2011, 59% of pregnant teenagers in Telford and Wrekin opted to continue with their pregnancy, 41% chose to terminate their pregnancy

- The electoral wards with the highest teenage pregnancy rates are also amongst the most deprived wards in Telford and Wrekin
- Teenage pregnancy has been agreed as a Joint Health and Wellbeing Strategy priority in Telford and Wrekin

See Figure 14 Trends in Teenage Pregnancy (page 34)

Telford and Wrekin Teenage Pregnancy Strategy

- ✓ Development and implementation of the Teenage Pregnancy Strategy and Action Plan is overseen by the Teenage Pregnancy Board, reporting to the Telford and Wrekin Children, Young People and Families Board. The strategy is based on a partnership approach involving stakeholders across health, education and social care and including the third and private sectors
- ✓ Early intervention continues to underpin delivery of

the teenage pregnancy strategy, including school-based preventive approaches

- ✓ The strategy encompasses improving access to good quality sexual health services and targeting of those at risk, including areas in Telford and Wrekin with higher teenage pregnancy rates
- ✓ Teenage Identified Midwives (TIMs) and the Family Nurse Partnership (FNP) provide personalised support for teenage mothers

Rubberband

- ✓ An evidence-based peer-led health promotion programme for young people aged 16 to 19 years, run in partnership by Shropshire Community Health NHS Trust and Telford College of Arts and Technology (TCAT)
- ✓ Training and support of peer educators 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 physical activity and drugs and alcohol awareness

- ✓ 266 workshops were delivered in 2011/12, with 880 students attending at least one workshop. 20 new peer educators were recruited during 2011/12
- ✓ Preventive workshops around sexual health, drugs and alcohol are the most popular ones being booked by tutors
- ✓ In one evaluation, 91% (2,832/3,104) of students stated that they had increased their knowledge as a result of attending a workshop; 59% (1,720/2,889) stated that they intended to modify their behaviour
- ✓ 60 bespoke Rubberband workshops have been developed and delivered for foundation students who have a learning disability



What the participants say

“Once again these sessions have benefited my tutor group. They are a challenging group with many issues and really need the information that you have given them” (TCAT tutor)

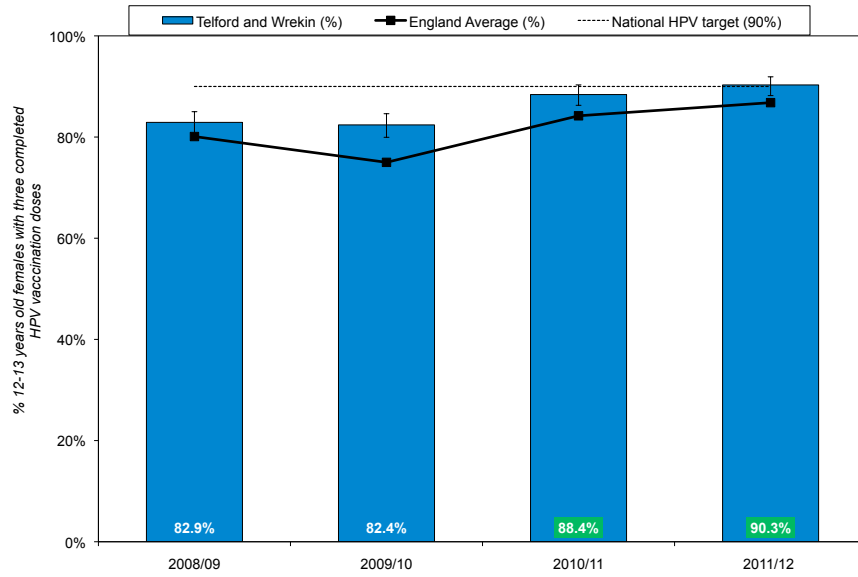
“Going to check the date on condoms in my wallet” (TCAT student)

Public Health Outcome: Immunisation Coverage for Human Papilloma Virus (HPV)

- The human papilloma virus (HPV) immunisation programme for girls aged 12 to 13 years provides protection against cervical cancer
- The school-based immunisation programme in Telford and Wrekin started in 2008 and is delivered locally by the school and community nursing team
- Levels of immunisation cover for Telford and Wrekin have exceeded the national average since the programme started
- The 90% coverage achieved in 2011/12 delivered the national target and placed Telford and Wrekin in the top ten performing PCTs in the country

Figure 15 Trends in HPV Immunisation

Labels shaded in green indicate rates which were statistically significantly better than the England average





Living, Working and Ageing Well

The Marmot Review: early adulthood - 17 to 24 years; adults of working age - 25 to 64 years; adults of retirement age - 65 years and over

Contributors: Helen Onions, Vicki Pike, Anne-Marie McShane, Louise Mills, Clare Harland, Sarah Evans, Dr Chris Weiner, Dr John Reid, Kim Grosvenor

Recommendations of the 2010 Marmot Review included increasing investment in ill-health prevention, increasing access to lifelong learning and reducing fuel poverty.

Public Health Outcome: Cardiovascular Disease

- The PHOF includes two indicators relating to premature mortality from cardiovascular disease, as follows:
 - Under 75 mortality rate from cardiovascular disease
 - Under 75 mortality rate from cardiovascular disease considered preventable
- Cardiovascular disease, including heart disease and stroke, is

responsible for 25% of premature deaths (before the age of 75 years), an average of 140 deaths each year in Telford and Wrekin

- The premature mortality rate from cardiovascular disease in Telford and Wrekin has been improving over the past 20 years or so, as is the case nationally. The gap between the national and local position narrowed until 2006-2008, but the local rate remains significantly worse than the national average. Locally, male mortality rates are significantly higher than female rates and significantly higher than the national average
- In November 2012, for the first time, the PHOF published data on premature mortality rates from cardiovascular disease considered preventable. Cardiovascular disease classified as preventable in this model include coronary heart disease, stroke, deep vein thrombosis with pulmonary embolism and aortic aneurysm. (Further information on the methodology can be found at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-262418>)
- The premature mortality rate from cardiovascular disease considered preventable for Telford and Wrekin was significantly worse than the England average during the period 2009-11 (according to the provisional data). There is evidence that the measure is linked to socioeconomic deprivation in Telford and Wrekin
- The importance of physical activity in the prevention of cardiovascular disease (and a range of other conditions) is increasingly well recognised
- A new national strategy for cardiovascular disease has recently been launched by

the Department of Health (the national Cardiovascular Disease Outcomes Strategy). The strategy specifies outcomes for people with or at risk of cardiovascular disease, in line with both the NHS and Public Health Outcomes Frameworks. The strategy identifies 10 main actions to improve cardiovascular outcomes, including improved primary care management and bringing all services up to the standards of the best

See Figure 16 Trends in Premature Mortality from Cardiovascular Disease (page 40)

Figure 16 Trends in Premature Mortality from Cardiovascular Disease

Labels shaded in green indicate rates which were statistically significantly better than the England average

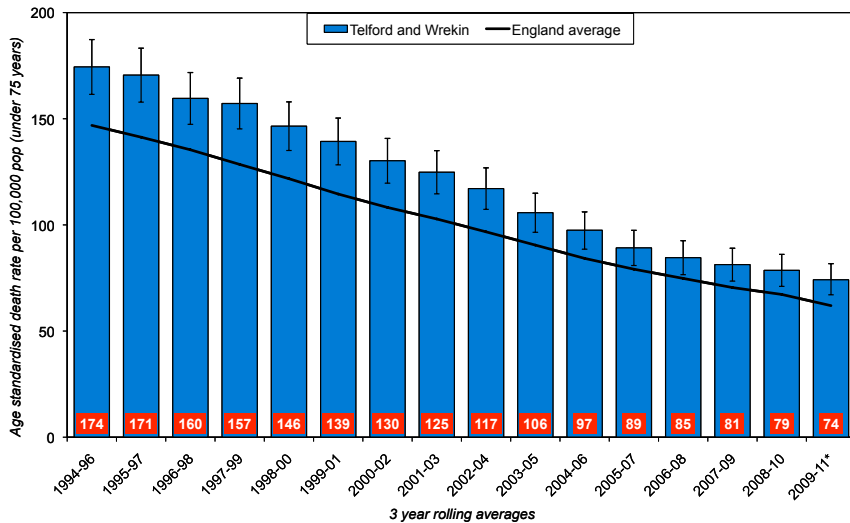
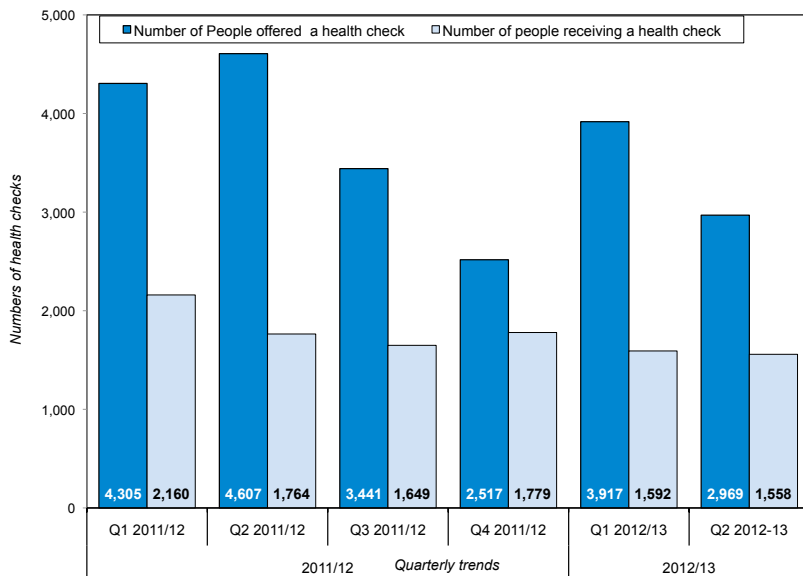


Figure 17 Performance of the Health Check Programme



Recommendation 6

The Telford and Wrekin Health and Wellbeing Board should lead local implementation of the national Cardiovascular Disease Outcomes Strategy. This will depend on a close partnership approach between the Council, Telford and Wrekin Clinical Commissioning Group, the NHS England Area Team and a range of provider organisations. The Board should take regular progress reports on this issue up to at least 2015

even reaching hospital; only around half those who do reach hospital and have emergency surgery are likely to survive. However, planned surgery to repair AAAs diagnosed before rupture can be very successful and most patients will then survive.

The condition is much more common in men. It is estimated that in the 65 to 80 year old population, around 7.6% of men and 1.3% of women will have an AAA, equating to around 720 men and 132 women in Telford and Wrekin. However, this age group is projected to increase by a third by 2026, meaning potentially around 260 additional AAAs in the Telford and Wrekin population.

Abdominal Aortic Aneurysm Screening

Abdominal aortic aneurysm (AAA) is a weakening and expansion of the aorta, the main blood vessel in the body. AAAs are most common in men over 65 years and smoking, high blood pressure and family history are also risk factors. In general, people with an AAA do not have any symptoms. Large aneurysms are rare but can be very serious. About a third of AAAs will rupture if untreated, with AAAs greater than 5.5cm in diameter the most likely to rupture. One third of people with an AAA who do suffer a rupture die in the community before

A simple ultrasound scan of the abdomen is the easiest way to diagnose an AAA. Research indicates that 95% of ruptured AAAs occur in men aged 65 years and over and nationally ruptured AAA accounts for around 2.1% of all deaths in men over 65 years. There is good evidence that screening men aged 65 will reduce the mortality rate from ruptured AAA among men aged 65 to 74 years by around 50%. The NHS Abdominal Aortic Aneurysm Screening Programme

has been introduced across England from March 2009, with coverage across all of England expected by 2013. Early detection of AAA through screening means people with smaller aneurysms can be offered monitoring (annual or quarterly surveillance) and those with larger aneurysms can be offered treatment, reducing the number of deaths caused by the condition.

The PCT Public Health Team in Telford and Wrekin worked closely with senior clinical staff from the Shrewsbury and Telford Hospitals NHS Trust Vascular Service during 2011 and 2012 to implement the Shropshire, Telford and Wrekin Abdominal Aortic Aneurysm Screening Programme. The programme has been developed in line with the national quality standards and protocols. Screening started in April 2012, with all men turning 65 between April 2012 and March 2013 invited for screening. In addition, men over 65 can self-refer to the programme (see <http://aaa.screening.nhs.uk/> for more information). During 2012, over 900 men aged 65 years were screened for AAA in Telford and Wrekin. A small number

of these men are now under careful surveillance for an AAA. The overall uptake of the programme across Shropshire, Telford and Wrekin exceeded the national average during the early months of the programme; 87%, compared to 84% nationally.

The NHS Health Check Programme

- ✓ The national cardiovascular disease prevention programme (Health Check) is delivered through GP surgeries in Telford and Wrekin by practice nurses and health care assistants
- ✓ Everyone aged 40 to 74 years (not already diagnosed with one of the target conditions) will be invited for a Health Check once every five years
- ✓ The NHS Health Check assesses the risk of heart disease, stroke, kidney disease and diabetes and provides support and advice to help individuals reduce or manage their individual risk
- ✓ 32% of the eligible population was offered a

check in 2011/12, making Telford and Wrekin a national 'top ten' performer on this measure. 7,352 Health Checks were completed, well ahead of the national target for Telford and Wrekin (6,300 in 2011/12)

- ✓ 1,254 people who received a Health Check were found to be at relatively high risk of experiencing a heart attack or stroke within the next 10 years and were referred on for further treatment
- ✓ In Telford and Wrekin, around 50% of people currently take up their offer of a Health Check, compared to 52% across England as a whole. Work is now in hand to further improve the take up of the Health Check programme in Telford and Wrekin, including amongst the most deprived local communities where risk factors (including smoking) are most prevalent
- ✓ High risk patients may receive medication to

improve their blood pressure and/or cholesterol levels and will also be offered lifestyle support (for example-smoking cessation and/or weight management services)

- ✓ From April 2013, people over 65 receiving a Health Check will also be offered advice and information about dementia

See Figure 17 Performance of the Health Check Programme (page 40)

What the participants say

"NHS Health Check has given many opportunities to raise awareness of stop smoking support with patients who we would not otherwise have seen" (Healthcare assistant)

"A 58 year old patient was diagnosed with hypertension as a result of attending his NHS Health Check. He is now on medication which will reduce his risk of stroke and heart disease in the future" (Practice Manager)

The Why Weight? Weight Management Programme

- ✓ An evidence-based 12 week weight management programme offering one to one and group support, developed and delivered locally in Telford and Wrekin
- ✓ Clients are supported to take control of their eating using simple self-management techniques, goal setting and action plans underpinned by a cognitive behavioural therapy approach
- ✓ By 6 months, around 80% of those completing the programme have maintained their weight loss or have continued to lose weight

N's Story

N is a typical Why Weight? client. She had gained weight steadily over recent years and had tried everything to lose weight and keep it off. She felt a failure as the weight always came back. Now, with the help of Why Weight?, N has lost weight and

has the confidence, knowledge and skills to maintain a healthy weight in the future. N said: *"Before joining Why Weight? nothing else had worked. I have had fantastic advice and support, this is the best decision I ever made in my life....It is nice to know you are not cutting anything out that you enjoy, it's just about portion control. I still enjoy my food, I cook whatever I want and enjoy it."*

Improving Levels of Physical Activity

- ✓ Telford & Wrekin Council provides a wide range of opportunities for people to get active through its leisure services, green spaces and cycle and walking routes
- ✓ Opportunities include community-based programmes and activities specifically designed to attract groups who are less likely to access mainstream leisure provision
- ✓ For example, Tackle Your Health is a men's health programme delivered by Telford & Wrekin Council in partnership with AFC Telford and Telford College

of Arts and Technology. 350 men are registered with the programme, which encompasses a health check and a range of activity sessions, including football, badminton, tennis, rugby, swimming and circuit training. Participants have access to a website, Twitter and blog feeds and are supported to access other mainstream services and to enroll with sports clubs

R's Story

R decided to join Tackle your Health for two main reasons - he felt he was overweight and unfit and wanted to do something about this. He also suffers with asthma and felt that this was being made worse because of his lack of fitness. Simple things like playing with his two children were becoming a struggle. R admitted that he used family commitments and a busy work schedule as an excuse not to exercise. The turning point for R came when he had his annual asthma check at his local clinic and found that he had put on two stone in a year.

After four months on the project, R had lost 10kg in weight and now exercises on a regular basis. R says; *"Since enrolling and working with a health trainer, I have changed my attitude towards my lifestyle, in particular exercise. As well as the Tackle your Health sessions, I also try to go out cycling at least twice a week. I am now motivated and confident that I can continue with my success with the support of the project."*

The Healthy Living Project for Adults with Learning Disabilities

- ✓ National research has shown that:
 - One in three people with a learning disability is obese (compared to around 1 in 5 of the general population)
 - The rate of type 2 diabetes in people with a learning disability can be around double that of general population
 - Fewer than 10% of adults with a learning disability living in supported accommodation eats a balanced diet, with a

sufficient intake of fruit and vegetables

- ✓ The West Midlands Learning Disabilities and Obesity Charter was developed to tackle the health inequalities related to weight management in people who have learning difficulties and to make significant improvements to quality of life
- ✓ Locally, a pilot project has been embedding elements of the Learning Disabilities and Obesity Charter within two residential settings, encompassing:
 - The provision of a range of opportunities for physical activity for clients each day (including local leisure services provision)
 - The provision of healthy food options for staff, clients and carers at every meal
 - The provision of a range of support for clients, their families and carers to support them in making healthy choices and aid weight management
 - The provision of early intervention for clients

who are showing early signs of developing weight management problems

- Working closely with clients' GPs to ensure that obesity, physical activity and healthy eating measures are incorporated into annual health checks and individual care plans
- Embedding a culture supporting healthy lifestyle choices in the pilot organisations

Public Health Outcome: Cancer

- The PHOF includes two indicators relating to premature mortality from all cancers, as follows:
 - Under 75 mortality rate from all cancers
 - Under 75 mortality rate from cancers considered preventable
- In Telford and Wrekin, cancers cause 40% of early deaths under 75 years, with on average 217 cancer deaths every year in Telford and Wrekin
- The premature mortality rate from cancer in Telford and Wrekin was significantly worse

than the national average during the period 2007-11. During 2008-10, male mortality was not significantly different to the national average; female mortality was significantly higher than the national average

- The premature mortality rate from cancer has been static in Telford and Wrekin since around 2007; the national rate improved over this period
- However, locally, the premature mortality rate from cancers which are considered preventable was not significantly different to the England average during the period 2009-11 (according to provisional data published as part of the PHOF)
- There is some evidence that premature cancer mortality is related to socioeconomic deprivation in Telford and Wrekin
- Locally, the most common five cancers account for just over a quarter of cancer deaths in the under 75s:
 - Lung cancer accounts for 9.3% of these cancer deaths
 - Breast cancer accounts for 5.4%
 - Upper gastrointestinal tract

cancers (stomach and oesophagus cancer) account for 4.5%

- Colorectal cancer accounts for 4.5%
- Skin cancer accounts for 2.4% of these deaths
- In Telford and Wrekin, survival rates from cancer are currently statistically significantly worse than the regional and/or England average for the following:
 - All cancers: male one-year and three-year survival rates
 - Skin cancers: male one-year survival rate
 - Lung cancers: female one-year and three-year survival rates
 - Gynaecological cancers: female one-year survival rate
- With specific reference to prostate cancer in Telford and Wrekin:
 - The incidence rate is amongst the lowest in the West Midlands
 - The mortality rate is not significantly different to the regional average
 - Survival rates at one and three years post diagnosis are significantly worse than the average for the West Midlands

Figure 18 Trends in Premature Mortality from Cancer

Labels shaded in red indicate rates which were statistically significantly worse than the England average

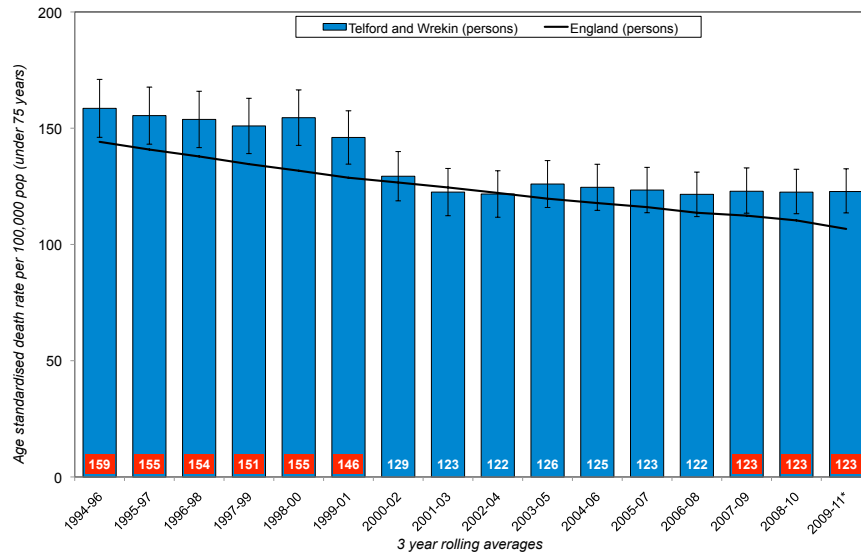
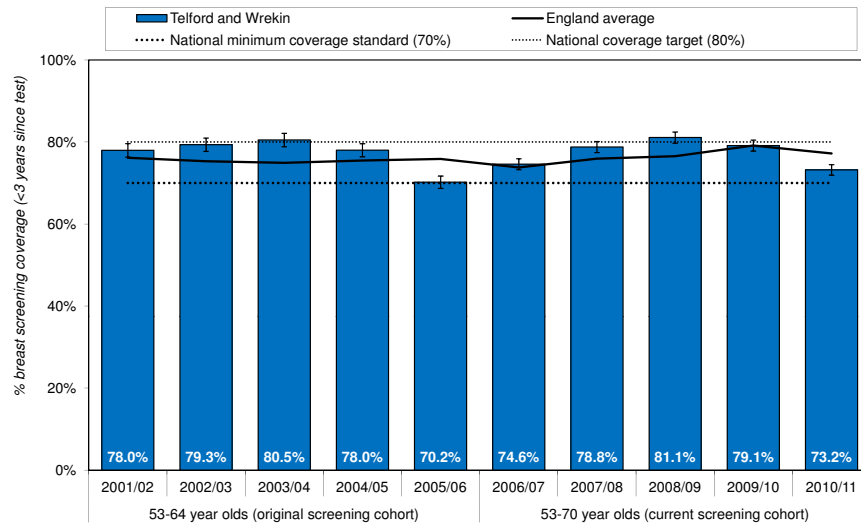


Figure 19 Trends in Breast Cancer Screening



- A range of actions has already been taken to further investigate and address these issues, including a specific local campaign to raise awareness of lung cancer and work completed by the Greater Midlands Cancer Network to ensure that cancer service provision is consistent with relevant national guidance. However, these indicators will need to be kept under careful review

See Figure 18 Trends in Premature Mortality from Cancer

Recommendation 7

The Telford and Wrekin Health and Wellbeing Board should receive a local report on an annual basis from the West Midlands Cancer Intelligence Unit, encompassing cancer site-specific incidence, survival and mortality for the most common cancers. The main purpose of this arrangement will be to identify key actions to further improve outcomes from cancer in Telford and Wrekin. The first of these reports should be received by the Board no later than January 2014

Public Health Outcome: Breast Cancer Screening Coverage

- Breast cancer is a significant cause of cancer mortality in women aged 50-70 years
- The NHS Breast Screening Programme, which invites 50 to 70 year old women for screening every three years, supports the early detection of cancer. It is estimated that the programme saves 1,400 lives in England each year
- The PHOF includes a breast screening coverage indicator. The PHOF data are based on the Local Authority resident population figures, rather than the PCT-responsible population figures which have been used historically. The PHOF data are based on coverage as at March 2012. The trend data presented in this report are based on PCT responsible population figures, published as part of the NHS Breast Screening Programme
- At the end of March 2012, around 13,890 eligible women in Telford and Wrekin had received a breast screen during the previous three year screening cycle

- The breast screening coverage rate in Telford and Wrekin (% of eligible women screened within the previous three years) was 80.0% at the end of March 2012
- During 2010/11, coverage declined as a result of staffing issues at the Shrewsbury and Telford Hospitals NHS Trust. Additional staff have since been recruited, allowing more appointments to be offered and hence screening coverage has improved. Breast screening will also be offered to 47 to 49 and 71 to 73 year old women in Telford and Wrekin during 2013, in line with changes to the national programme

See Figure 19 Trends in Breast Cancer Screening (page 44)

Public Health Outcome: Cervical Cancer Screening Coverage

- The NHS Cervical Screening Programme is estimated to save 4,500 lives in England every year. Improvements in screening coverage amongst 25 to 64 year old women will lead to more cervical cancers being detected at an earlier and therefore potentially more treatable stage

- The PHOF includes a cervical screening coverage indicator. Methodological issues are as described for breast screening
- At the end of March 2012, around 32,320 women in Telford and Wrekin aged 25 to 64 years had had an adequate cervical smear test result recorded within the previous five years
- The cervical screening coverage rate in Telford and Wrekin (% of eligible women with an adequate test within the past five years) was 78.2% at the end of March 2012 – this was below the national coverage standard of 80%
- Cervical screening coverage has declined slowly in Telford and Wrekin during the past decade, in line with the national trend - the 80% coverage standard has not been achieved during the past five years. Cervical screening coverage was below the 80% standard at the end of March 2012 in 14 out of 22 GP practices in Telford and Wrekin
- Cervical screening coverage was lower amongst women aged 25 to 49 (73.0%) than amongst older women aged 50 to 64 (75.8%) in Telford and Wrekin in 2011/12

- The position for cervical screening is despite a range of interventions to improve uptake rates in Telford and Wrekin over recent years, including targeted communications campaigns. For example, a survey of women choosing not to attend for cervical screening across eleven GP practices with low screening uptake rates was undertaken by the Telford and Wrekin Public Health Department in 2012/13. The survey respondents provided information about their reasons for non-attendance, which most commonly included embarrassment, being too busy or believing the test to be painful. There was support for the introduction of open access clinics, where no appointment is required and evening and weekend access is available. The findings of the survey will be used to plan the future provision of the programme in Telford and Wrekin, working with Public Health England

See Figure 20 Trends in Cervical Cancer Screening (page 46)

Public Health Outcome: Bowel Cancer Screening Coverage

- Colorectal cancers are the second most common cause of cancer mortality nationally, accounting for 10% of cancer deaths. The NHS Bowel Cancer Screening Programme, which offers faecal occult blood testing to improve earlier diagnosis and treatment in 60 to 69 year olds, has the potential to reduce mortality from bowel cancer by 16%. Around 98% of people receive a normal test result following screening and are then re-invited for screening once every two years. 2% of people receive an abnormal result and are referred to a local screening centre for further investigation
- During 2011/12, 6,010 60 to 69 year olds in Telford and Wrekin participated in bowel cancer screening, giving a screening uptake rate of 55.9%

Figure 20 Trends in Cervical Cancer Screening

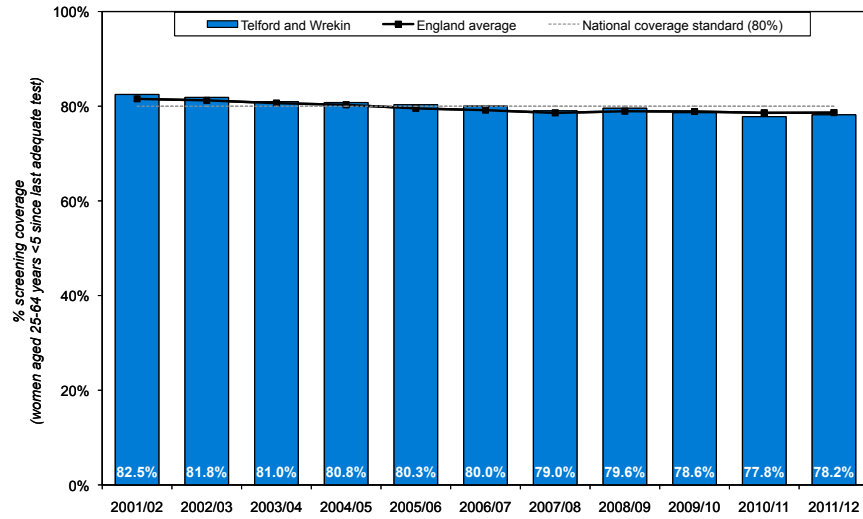


Figure 22 Trends in Smoking Cessation

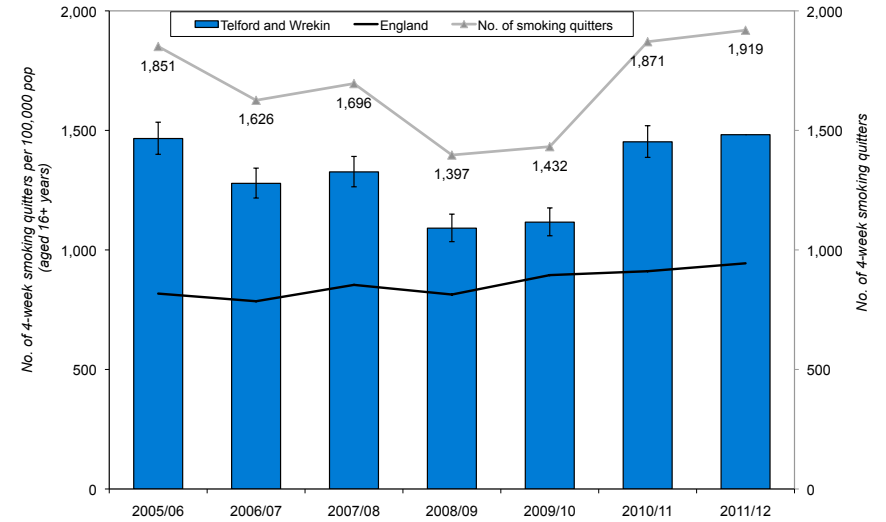


Figure 21 Trends in Bowel Cancer Screening

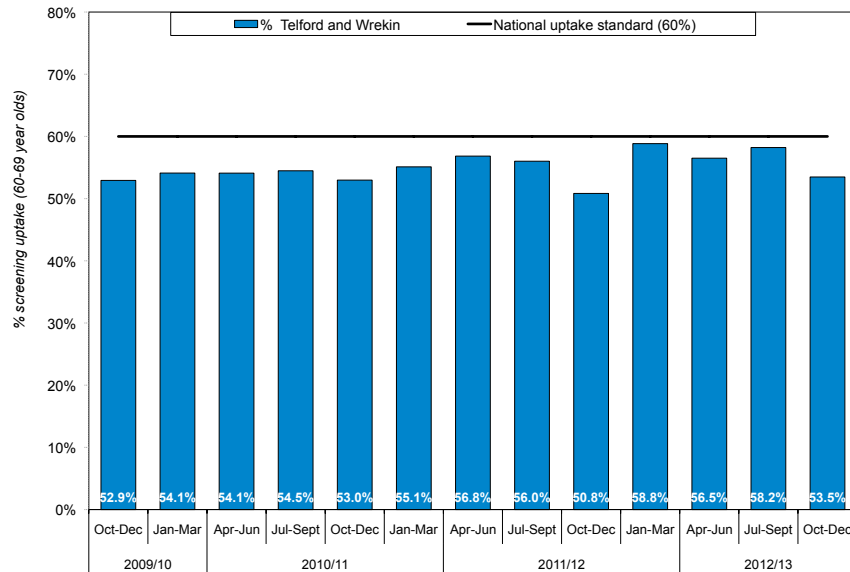
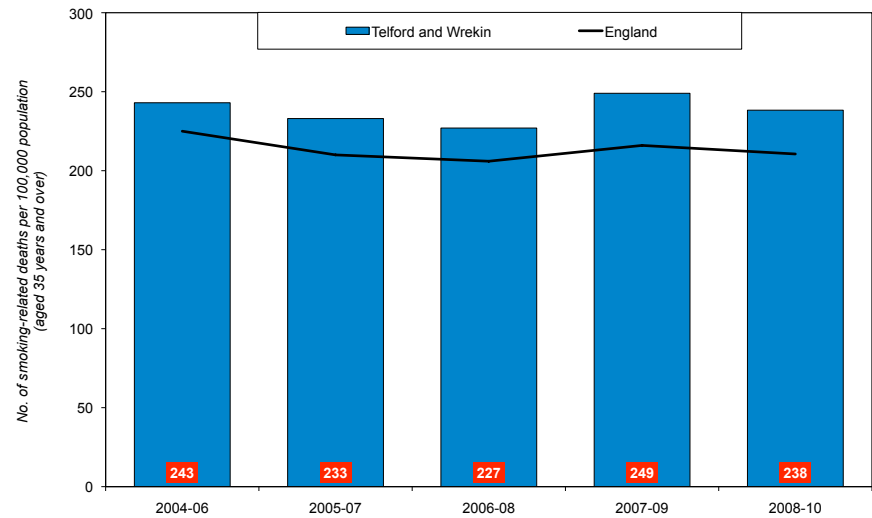


Figure 23 Trends in Smoking-related Mortality Rates

Labels shaded in red indicate rates which were statistically significantly worse than the England average



- Although the national 60% uptake standard is yet to be achieved in Telford and Wrekin (including at practice level), trends indicate steady improvement since screening began in October 2009. An additional 177 people were screened for bowel cancer in 2011/12 compared to 2010/11
- Bowel cancer screening will be extended to 70 to 74 year olds in Telford and Wrekin during 2013, as part of the roll-out of the national screening programme

See Figure 21 Trends in Bowel Cancer Screening (page 46)

Public Health Outcome: Smoking-related Mortality and Morbidity

- In Telford and Wrekin, it is estimated that around 24% of adults aged 18 years and over are current smokers, which is around 32,000 people. This represents an improvement over the last 10 year period; in 2000/2, the estimated smoking prevalence was 28% in the adult population. So, around 6,000 fewer adults are smoking in Telford and Wrekin than a decade or so ago
- Some of the improvement in smoking prevalence will be

due to the success of the local smoking cessation services, which have performed well in terms of quit rates for many years. From 2013/14, national monitoring will focus on smoking prevalence through the Public Health Outcomes Framework, rather than smoking quit rates

- Smoking-related deaths and hospital admissions are estimated through the local application of research evidence about the contribution of smoking to a range of diseases. Further information on methodology can be found at <http://www.apho.org.uk/resource/view.aspx?RID=116454>
- Approximately 5.5% of the NHS budget is spent on smoking-related healthcare. In Telford and Wrekin, the rate of smoking-related hospital admissions in Telford and Wrekin (1,579 per 100,000 adults aged 35 years and over) was statistically significantly worse than the average for England in 2009/10
- There are on average 250 smoking-related deaths amongst people aged 35 years and over every year in Telford and Wrekin. The rate of smoking-

related deaths was statistically significantly worse than the national average for all the three year rolling average positions between 2004-06 to 2008-10 http://www.lho.org.uk/LHO_Topics/Analytic_Tools/TobaccoControlProfiles/

- There was little change in smoking-related mortality rates in Telford and Wrekin between 2004 and 2010

See Figure 22 Trends in Smoking Cessation (page 46)

See Figure 23 Trends in Smoking-related Mortality Rates (page 46)

Recommendation 8

The Telford and Wrekin Tobacco Control Commissioning Partnership should review its current strategy and action plan, to identify further opportunities to reduce smoking prevalence (including amongst pregnant women) in Telford and Wrekin, following migration of the public health function into the Council

Smoking Cessation Services

- ✓ A range of services are in place to support people to give up smoking in Telford and Wrekin, offered across the borough in health and community settings, including hospitals, GP surgeries, children's centres and supermarkets
- ✓ The services provide evidence-based treatment and behavioural support to smokers making quit attempts. Services are delivered in line with the most recent best practice recommendations for stop smoking services issued by the National Institute for Health and Clinical Excellence (NICE) and the Department of Health
- ✓ The core elements of the service are the provision of behavioural support and pharmacotherapy delivered by a stop smoking advisor, who has received stop smoking service training which meets the published National Centre for Smoking Cessation Training (NCSCT) standards

- ✓ Behavioural support includes one to one support, group support and proactive telephone outreach
- ✓ Outcomes are assessed at 4 and 12 weeks and 6 months, at individual level
- ✓ In 2011/12, 1,919 4 week quits were achieved in Telford and Wrekin against a target of 1,621 (including smoking in pregnancy). The 2012/13 target for Telford and Wrekin was 1,875 4 week quits
- ✓ Telford and Wrekin PCT took part in a three year pilot project led by a consortium of West Midlands Primary Care Trusts to evaluate an 'any qualified provider' model for smoking cessation services, using payment by results. During 2013/14, as part of the public health transition to the Council, the local delivery of smoking cessation services will be subject to a retender process. This will incorporate lessons learned from the pilot project

What the participants say

"Giving up smoking was one of the hardest but most rewarding things I have ever done. There were days I felt like smoking and I'm sure I came close a few times. After a couple of weeks of not smoking my 8 year old son told me I smelt lovely and he didn't like it when I smoked because it made me smelly. That comment made me so much more determined not to smoke. It's been 9 months since I last smoked. Giving up was the best thing I ever did" (Help2quit client)

Public Health Outcome: Mortality from Suicide and Undetermined Death

- There are fewer than 20 deaths from suicide or undetermined injury each year in Telford and Wrekin
- Suicide rates fluctuate due the small numbers of deaths involved. However, three year rolling average rates in Telford and Wrekin have not been statistically significantly different to the national position since 1996-1998

- Updated (provisional) data indicate that the suicide rate in Telford and Wrekin for the period 2009-11 was not significantly different from the national average
- Improving emotional health and wellbeing is a priority of the Telford and Wrekin Health and Wellbeing Strategy

See Figure 24 Trends in Mortality from Suicide or Undetermined Death (page 49)

Improving Emotional Health and Wellbeing: Forward Mission

- ✓ A volunteer peer-mentoring programme supporting people who have experienced substance misuse or poor mental health
- ✓ The volunteers have previously experienced or cared for people with similar issues

Improving the Mental Health and Wellbeing of Working Age Men

- ✓ Work has also been completed to better understand suicidal ideation amongst a sample of men in Telford and Wrekin. The findings of this work will be used to improve the commissioning of local mental health services

Green Gym

- ✓ Recognising the link between physical and mental health: a conservation programme delivering improved levels of physical activity in its participants, including people with mental illness, learning disability and/or people experiencing social isolation
- ✓ In 2011/12, there were over 2,000 attendances at sessions and events (including 100 new participants in the programme), with 79% of respondents reporting personal benefits from attending the programme

What the participants say

“X has more stamina and feels fitter; [Green Gym] has improved his motivation and given him something to get up for. He is more active and feels he is doing something meaningful and satisfying. He has lost some self doubt and started doing a course at TCAT, he feels pride and satisfaction in volunteering”
(Carer of Green Gym volunteer)

Public Health Outcome: Hospital Admissions due to Alcohol-related Conditions

- ‘Alcohol-related conditions’ occur where alcohol is either:
 - Directly causally implicated in all cases of the condition (for example, alcoholic cirrhosis of the liver)
 - Causally implicated in some, but not all, cases of the condition (for example, hypertensive disease) Further details are available at http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
- The Public Health Outcomes Framework includes an alcohol-related hospital admissions rate indicator. However, definitions for

the indicator are in the process of being reviewed nationally. As such, baseline data for Local Authorities have not yet been published as part of the PHOF. The data presented in this report are based on existing national indicator definitions for alcohol-related admission episodes which are nationally published as part of the Local Alcohol Profiles for England <http://www.lape.org.uk/natind.html>

- During the period 2002/3 to 2007/8, the rate of all hospital admissions due to alcohol-related conditions in Telford and Wrekin was statistically significantly worse than the average rate for England. Rates then started to improve
- During 2010/11 and 2011/12, hospital admission rates in Telford and Wrekin due to alcohol-related conditions were statistically significantly better than the rate for England as a whole. However, despite this, local rates have risen during the past three years, with the number of admission episodes increasing to 3,369 in 2011/12, from 2,460 admissions in 2009/10 (a 37% increase)

Figure 24 Trends in Mortality from Suicide or Undetermined Death

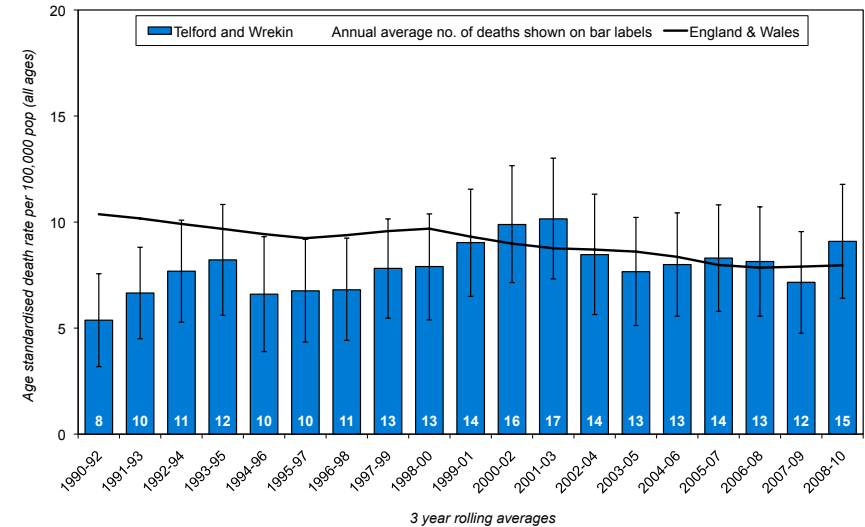
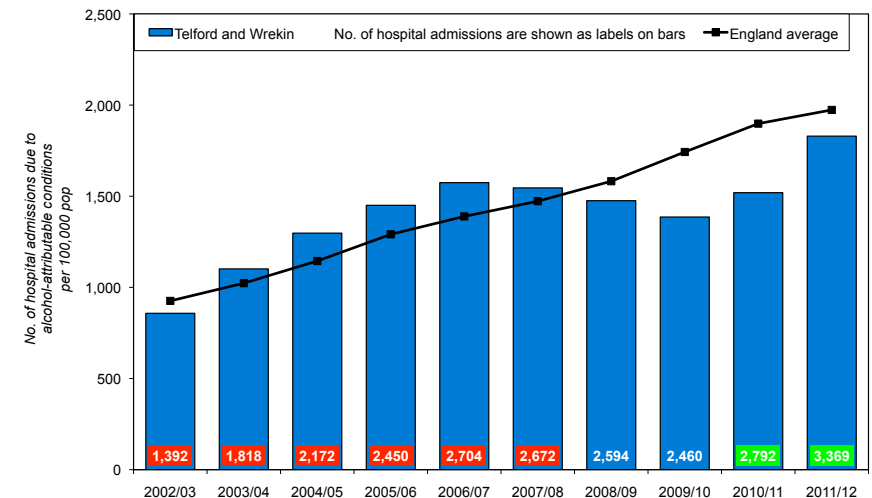


Figure 25 Trends in Hospital Admissions from Alcohol-related Conditions

Labels shaded in red indicate rates which were statistically significantly worse than the England average



Recommendation 9

The Telford and Wrekin Health and Wellbeing Board should ensure that the Telford and Wrekin Alcohol Misuse Strategy and its associated action plan is reviewed by lead officers from relevant partner organisations, with an updated strategy presented for approval to the Board during 2013

Alcohol Misuse Screening and Intervention

- ✓ Alcohol identification and brief advice training is provided for a range of health care staff working in Telford and Wrekin. 106 staff completed the training in 2011/12
- ✓ The Alcohol Use Disorder Identification Test (AUDIT) tool is the validated screening tool used by staff working in the community to screen individuals for alcohol misuse. During 2011/12, alcohol screening was offered to 1,181 adults in Telford and Wrekin, of which 709 chose to proceed to full assessment.

Of these, 314 adults then received simple brief advice for their alcohol use, with 69 also being referred into alcohol treatment services

Public Health Outcome: Seasonal 'Flu Immunisation

In Telford and Wrekin, more than 7 in 10 people (72.1%) over 65 years received 'flu immunisation during the 2011/12 winter season. This was the best rate achieved since 2006/7, but fell short of the revised national target of 75% (previously 70%).

Other vulnerable groups under 65 years are also offered 'flu immunisation. GP practices maintain a variety of chronic disease registers to regularly review the care of people with conditions such as diabetes, heart disease, neurological conditions, liver disease and serious lung problems. These registers are used to invite the target groups for 'flu immunisation. In addition, the main carers of elderly or disabled people are eligible for immunisation. However, in Telford and Wrekin, only 50% of people invited from these categories responded to the invitation from their practice in 2011/12.

Table 2: Uptake of 'Flu Immunisation by Target Group

Target Group	Number of People <65 Registered with a GP in Telford and Wrekin	% Immunised in 2011/12
Chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis	7,944	50.1%
Chronic heart disease, such as heart failure	2,976	51.1%
Chronic kidney disease	1,212	53.9%
Chronic liver disease	799	39.5%
Chronic neurological disease, such as Parkinson's disease or motor neurone disease	750	43.8%
Diabetes	4,237	68.2%
A weakened immune system due to disease or treatment (such as cancer treatment)	533	50.4%



Figure 26 Trends in Influenza Immunisation Coverage in Older People

Labels shaded in red indicate rates which were statistically significantly worse than the England average

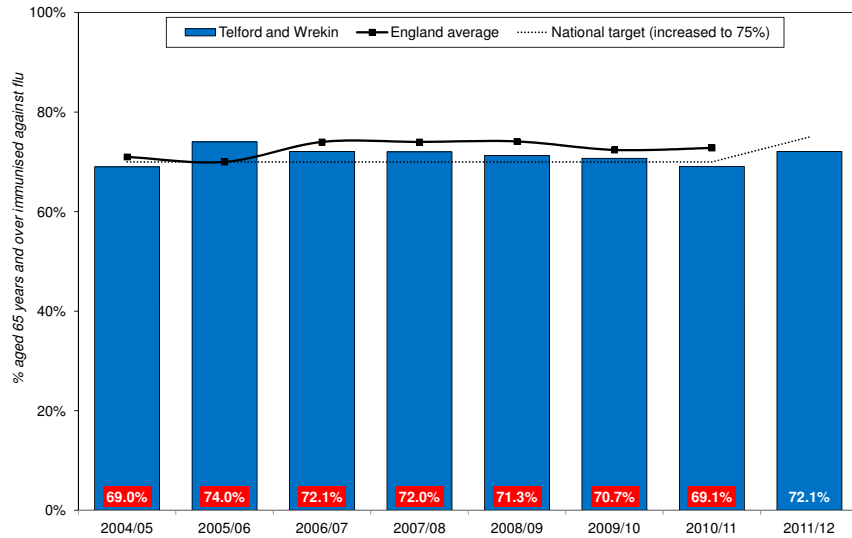
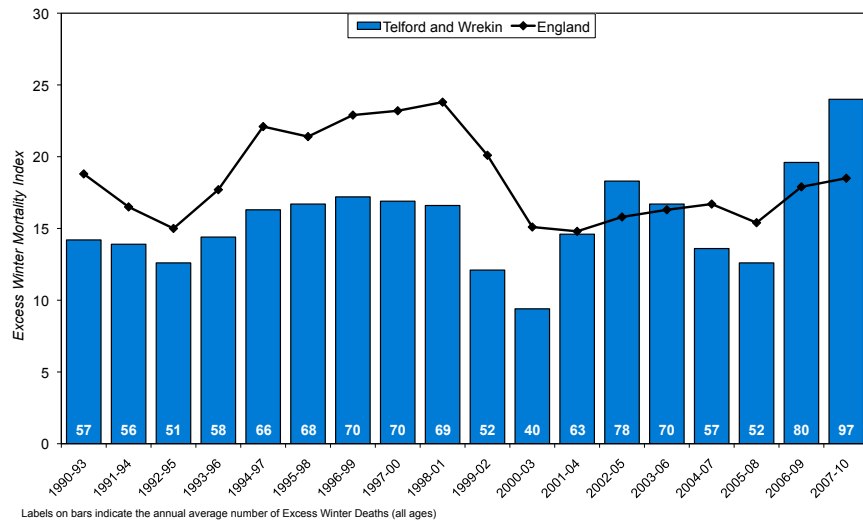


Figure 27 Trends in Excess Winter Deaths

Labels on bars indicate the annual average number of Excess winter Deaths (all ages)



Recommendation 10

The Telford and Wrekin Health and Wellbeing Board should receive a report from Public Health England, no later than September 2013, on plans to further improve ‘flu immunisation rates in all target groups in Telford and Wrekin during the 2013/14 ‘flu season

Public Health Outcome: Falls and Injuries

In Telford and Wrekin, 322 people over 65 years of age were admitted to hospital following a fall in 2011/12. For older people, falls are the leading cause of injury-related mortality, hospitalisation and are a major cause of disability. Falls can lead to a loss of confidence, restricted activity, functional impairment and increased dependency on carers and support services. Hip fractures remain the most serious consequence of a fall. 30% of people having a hip fracture will die within a year and of those previously independent, 50% will become partly dependent and 30% totally dependent.

In addition to the personal cost to individuals, family and friends, falls present a significant financial

burden to the NHS and other public services. For fragility fractures alone, the healthcare cost in England is estimated at £2 billion (45% acute care, 50% social care and long term hospitalisation and 5% drugs and follow up). These costs will increase due to the demographic trends in the national and local population. However, falls are not inevitable - targeted interventions can identify and reduce known risk factors. There is evidence that multifactorial assessment and intervention can reduce falls by around 30%; drug treatment for osteoporosis has also been shown to reduce the risk of fractures by up to 50%.

Falls Prevention

As part of the falls prevention programme, a Falls Prevention Service has been piloted in the community. The pilot aimed to provide a proactive falls prevention service to patients aged 85+ who had been defined to be at risk. Initial findings have been positive, including in relation to the appropriateness of the care pathway being used in the pilot.

In addition, the (draft) Telford and Wrekin plan for falls and bone health aims to reduce the number of falls and fractures and ensure the effective treatment and rehabilitation for those who fall. Specific actions in the plan are based on the four key Department of Health objectives of:

- ✓ Reducing accidents and falls by preventing frailty and promoting bone health
- ✓ Preventing falls for people at risk
- ✓ Responding to the first fracture and preventing the second
- ✓ Improving the experience of hip fracture surgery

Public Health Outcome: Excess Winter Deaths

Excess winter deaths are an important cause of mortality, particularly amongst older people and other at risk groups. Cold weather can exacerbate minor and pre-existing medical conditions and mental health can also be adversely affected by fuel poverty and cold housing.

The Telford and Wrekin excess winter deaths index for people aged 65 years and over (for the period August 2007 to July 2010) was statistically significantly worse than the average for England. Further work is currently being undertaken by the Public Health Team in collaboration with the West Midlands Public Health Observatory to investigate the underlying causes and geographical patterns of these excess winter deaths, to support review and development of the interagency Cold Weather Plan.

See Figure 27 Trends in Excess Winter Deaths (page 51)

Telford and Wrekin Cold Weather Plan

In November 2011, the Department of Health published a national Cold Weather Plan (later revised in November 2012.) The national plan provides local areas with details of actions to be undertaken between November and March to protect the most vulnerable people during cold weather periods. The plan includes

actions for the NHS (including primary care), Councils, the third sector and local communities. For example, in Telford and Wrekin:

- ✓ Cold weather planning is part of the wider winter planning approach
- ✓ “Keep Warm Keep Well” messages are widely disseminated as part of a joint communication plan between the NHS and Council
- ✓ There are a number of specific initiatives designed to minimise the effects of severe cold weather on health, including the Affordable Warmth and Health through Warmth schemes, led by Telford & Wrekin Council. Health through Warmth helps residents of Telford and Wrekin with cold and damp-related health problems, providing a coordinated approach to increasing the warmth and comfort of people’s homes through better insulation and heating. A crisis fund is available to help individuals

with up to half of the cost of energy efficiency measures, if no other grants are available to them



Overarching Programmes Supporting Living, Working and Ageing Well Outcomes in Telford and Wrekin

The Healthy Lifestyles Hub at First Point

- ✓ A single point of access for the public and professionals seeking information, advice and support for healthy

lifestyles, operating as a walk-in service at First Point, Addenbrooke House, hosted by Telford & Wrekin Council. There is also a dedicated phone line (01952 382582), staffed by the hub team and based at First Point

- ✓ Clients receive healthy lifestyle screening, information on local services and, where appropriate, onward referral into specific lifestyle risk management services (e.g. smoking cessation, weight management). Clients are proactively supported to develop personalised healthy lifestyle plans, with follow-up support
- ✓ In 2011/12, over 2,000 people accessed the Healthy Lifestyle Hub, either through self-referral or following referral by a health care professional

P's Story

P visited the Healthy Lifestyles Hub in Telford and was so impressed that she brought her friend along for a health check a few weeks later. As a result they both booked appointments with a Health Trainer at Stirchley. She has spread very positive messages about the Healthy Lifestyle Hub to her friends and family. P loves the visuals for explaining health checks and praised the staff at First Point, as well as those who spoke to her over the 'phone.

Making Every Contact Count (MECC)

- ✓ The MECC programme supports frontline NHS staff to use their everyday routine contacts with patients and other service users to improve health and wellbeing
- ✓ The NHS workforce development programme currently focuses on frontline staff in hospital and community settings
- ✓ Trained staff are able to deliver brief advice (less than 5 minutes) across a range of issues, including

smoking, alcohol, physical activity and healthy weight

- ✓ Following evaluation of the programme, plans are being developed to roll-out MECC to frontline staff in other NHS care settings. Joint work is also planned with Telford & Wrekin Council to roll-out the approach further

Health Trainers

- ✓ The Health Trainer programme provides one to one support for individuals to improve their lifestyle choices
- ✓ Most people working with a health trainer choose to focus on diet or physical activity
- ✓ In Telford and Wrekin, 650 people were supported in 2011/12, 65% of whom achieved or partly achieved the goals agreed within their personal health plan

What the participants say

"O supported me to go on walks and to go to the gym when I wasn't confident to go on my own, I feel so proud of what I have achieved"
(Health Trainer client)

J's Story

J was referred to the Health Trainer service by her GP. She was supported by a Health Trainer for 8 months, setting small, achievable goals, from reducing the number of snacks she ate to increasing her physical activity. These goals were reviewed regularly to keep J on track and to help her achieve her long term goal, which was to lose weight.

By the time J was signed off from the Health Trainer service she had lost 15.95kg (2 stones 7lbs), reported an increase in her confidence and self-esteem and she had re-entered employment.

Recommendation 11

The Telford and Wrekin Health and Wellbeing Board should receive a progress report on recommendations 1 to 10 of this Report by no later than January 2014



Appendix 1

Summary of JSNA Outputs 2011/2012

Census Profiles

Diversity, Economy, Households, Housing and Accommodation, Health and Care http://www.telford.gov.uk/info/200088/statistics_and_census_information/216/census

Health and Wellbeing Board Strategy: Priorities Consultation Document

Includes context and rationale for the proposed strategy priorities, as derived through the JSNA http://www.telford.gov.uk/info/200190/health_and_wellbeing/1498/health_and_wellbeing_board_hwb/3

Health and Wellbeing Strategy Workshop presentation

High level JSNA messages used to determine the “long list” priorities http://www.telford.gov.uk/info/200190/health_and_wellbeing/1498/health_and_wellbeing_board_hwb

Summary of JSNA Key Messages

Including key actions included in the West Mercia PCT Cluster System Plan

Socio-economic Deprivation Report

http://www.telford.gov.uk/info/200088/statistics_and_census_information/1448/population_and_lifestyles

Population Estimates and Projections Report

http://www.telford.gov.uk/info/200088/statistics_and_census_information/1448/population_and_lifestyles

Population Profile

http://www.telford.gov.uk/info/200088/statistics_and_census_information/1448/population_and_lifestyles

Wider Determinants of Health Profiles

- Economy and Income http://www.telford.gov.uk/info/200088/statistics_and_census_information/1450/economy_and_jobs
- Education http://www.telford.gov.uk/info/200088/statistics_and_census_information/1456/learning_and_skills

Nationally Published Health Profiles

Telford and Wrekin-level reports:

- Association of Public Health Observatories: Injury Profile
- Association of Public Health Observatories: CVD
- Association of Public Health Observatories: Local Profiles (MSOA level)
- Association of Public Health Observatories: Local Authority Health Profile
- Child and Maternal Health Observatory: Child Health Profile
- Child and Maternal Health Observatory: Healthy Schools Profile
- Child and Maternal Health Observatory: Infant Mortality Profile
- Child and Maternal Health Observatory: Breastfeeding Profile
- NHS National End of Life Care Programme: End of Life Profile
- Association of Public Health Observatories: Local Authority Alcohol Profile
- Association of Public Health Observatories: Local Tobacco Control Profile (links to national reports available)

JSNA National Data Inventory Benchmarking Tables

Used to define the Health and Wellbeing Strategy priorities:

- Health Improvement and Lifestyles: smoking, healthy eating, physical activity, alcohol, drug misuse
- Health and Wellbeing: cardiovascular disease, cancer, life expectancy and mortality, mental health, children and young people, mental health
- Healthcare: service utilisation

Commissioner Workshop Presentations

Used to inform QIPP Plans key messages from:

- Programme Budgeting
- NHS Atlas of Variation
- NHS Comparators

Electoral Ward Profiles

http://www.telford.gov.uk/info/200088/statistics_and_census_information/1452/local_area_profiles

Practice Profiles

Used to inform the Clinical Commissioning Group Incentive Scheme:

- Population profiles, including age and gender profiles
- Socio-economic deprivation profiles, using the Index of Multiple Deprivation
- MOSAIC population segmentation inequalities profiles
- Population health status measures e.g. smoking in pregnancy and breastfeeding levels
- Cancer screening uptake and immunisation e.g. cervical screening and MMR immunisation

Appendix 2

Public Health Outcomes Framework: Telford and Wrekin Overview

The National PHOF

Overarching Vision: To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measure 1: Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life.

Outcome measure 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

Key to RAG rating

RED:

Telford and Wrekin current position statistically significantly worse than the England average

AMBER:

Telford and Wrekin current position not statistically significantly different to the England average

GREEN:

Telford and Wrekin current position statistically significantly better than the England average

Indicators without RAG ratings are those where statistical comparisons have not been applied nationally

Further details can be found at <http://www.apho.org.uk/resource/view.aspx?RID=116454>

Section 1: Improving the Wider Determinants of Health

Objective: Improvements against wider factors that affect health and wellbeing and health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.01	Children in poverty	25.9	21.1	2010
1.03	Pupil absence	5.5	5.8	2010/11
1.04i	First time entrants to the youth justice system	675	749	2011
1.05	16-18 year olds not in education employment or training	8.5	6.1	2011
1.06i	Adults with a learning disability who live in stable and appropriate accommodation	66.7	70.0	2011/12
1.06ii	Adults in contact with secondary mental health services living in stable and appropriate accommodation	36.7	66.8	2010/11
1.10	Killed and seriously injured casualties on England's roads	29.7	42.2	2009 - 11
1.12i	Violent crime (including sexual violence) - hospital admissions for violence	49.0	67.7	2009/10 - 11/12
1.12ii	Violent crime (including sexual violence) - violence offences	12.6	13.6	2011/12
1.13i	Re-offending levels - percentage of offenders who re-offend	23.9	26.8	2010
1.13ii	Re-offending levels - average number of re-offences per offender	0.7	0.8	2010
1.14i	The percentage of the population affected by noise - Number of complaints about noise	4.5	7.8	2010/11
1.15i	Statutory homelessness - homelessness acceptances	2.0	2.3	2011/12
1.15ii	Statutory homelessness - households in temporary accommodation	1.0	2.3	2011/12
1.16	Utilisation of outdoor space for exercise/health reasons	18.5	14.0	Mar 09 - Feb 12

Source: www.phoutcomes.info

Section 2: Health Improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.01	Low birth weight of term babies	4.6	2.8	2010
2.02i	Breastfeeding initiation at birth	66.2	74.0	2011/12
2.02ii	Breastfeeding prevalence at 6-8 weeks after birth	32.9	47.2	2011/12
2.03	Smoking status at time of delivery	22.7	13.2	2011/12
2.04	Under 18 conceptions	37.4	30.7	2011
2.06i	Excess weight in 4-5 year olds	23.9	22.6	2011/12
2.06ii	Excess weight in 10-11 year olds	35.7	33.9	2011/12
2.08	Emotional well-being of looked after children	14.8	13.8	2011/12
2.14	Smoking prevalence - adults (over 18s)	22.4	20.0	2011/12
2.15i	Successful completion of drug treatment - opiate	8.8	8.6	2011
2.15ii	Successful completion of drug treatment -non opiate	19.7	39.5	2011
2.17	Recorded diabetes prevalence	6.1	5.8	2011/12
2.20i	Cancer screening coverage - breast cancer	80.0	76.9	2012
2.20ii	Cancer screening coverage - cervical cancer	74.6	75.3	2012
2.21vii	Access to non-cancer screening programmes – diabetes eye screening	87.1	80.9	2011/12
2.22i	Take up of NHS Health Check Programme by those eligible - health check offered	31.9	14.0	2011/12
2.22ii	Take up of NHS Health Check programme by those eligible - health check take up	49.4	51.2	2011/12
2.23i	Self-reported well-being - people with a low satisfaction score	25.1	24.3	2011/12
2.23ii	Self-reported well-being - people with a low worthwhile score	21.6	20.1	2011/12
2.23iii	Self-reported well-being - people with a low happiness score	29.0	29.0	2011/12
2.23iv	Self-reported well-being - people with a high anxiety score	41.8	40.1	2011/12

Table continued on page 60

Source: www.phoutcomes.info

Section 2: Health Improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.24i	Injuries due to falls in people aged 65 and over (persons)	1,129	1,665	2011/12
2.24i	Injuries due to falls in people aged 65 and over (males)	945	1,302	2011/12
2.24i	Injuries due to falls in people aged 65 and over (females)	1,312	2,028	2011/12
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79 years	617	940.5	2011/12
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+ years	3,430	4,924	2011/12

Source: www.phoutcomes.info

Section 3: Health Protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
3.01	Fraction of mortality attributable to particulate air pollution	4.8	5.6	2010
3.02	Chlamydia diagnoses (15-24 year olds)	2,473	2,125	2011
3.03i	Population vaccination coverage: Hepatitis B (1 year old)	National data validation awaited		2011/12
3.03i	Population vaccination coverage: Hepatitis B (2 years old)			2011/12
3.03iii	Population vaccination coverage: Dtap / IPV / Hib (1 year old)	96.7	94.7	2011/12
3.03iii	Population vaccination coverage: Dtap / IPV / Hib (2 years old)	98.5	96.1	2011/12
3.03iv	Population vaccination coverage: Men C	96.1	93.9	2011/12
3.03v	Population vaccination coverage: PCV	96.3	94.2	2011/12
3.03vi	Population vaccination coverage: Hib / Men C booster (2 years old)	96.1	92.3	2011/12
3.03vi	Population vaccination coverage: Hib / Men C booster (5 years old)	93.7	88.6	2011/12
3.03vii	Population vaccination coverage: PCV booster	96.6	91.5	2011/12
3.03vii	Population vaccination coverage: MMR for one dose (2 years old)	96.5	91.2	2011/12
3.03ix	Population vaccination coverage: MMR for one dose (5 years old)	95.4	92.9	2011/12
3.03x	Population vaccination coverage: MMR for two doses (5 years old)	91.2	86.0	2011/12
3.03xii	Population vaccination coverage: HPV	90.3	86.8	2011/12
3.03xii	Population vaccination coverage: PPV	66.1	68.3	2011/12
3.03xiv	Population vaccination coverage: Flu (aged 65 years +)	72.1	74.0	2011/12
3.03xv	Population vaccination coverage: Flu (at risk individuals)	50.1	51.6	2011/12
3.04	People presenting with HIV at a late stage of infection	37.5	50.0	2009 - 11
3.05i	Treatment completion for TB	Data not published		2011
3.05ii	Treatment completion for TB - TB incidence	6.1	15.4	2009 - 11
3.06	Public sector organisations with a board approved sustainable development management plan	83.3	84.1	2011/12

Source: www.phoutcomes.info

Section 4: Healthcare Public Health and Improving Premature Mortality

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.03	Mortality rate from causes considered preventable	165	146	2009 -11 (provisional)
4.04i	Under 75 mortality rate from all cardiovascular diseases	74.1	62.0	2009 -11 (provisional)
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable	48.8	40.6	2009 -11 (provisional)
4.05i	Under 75 mortality rate from cancer	123	107	2009 -11 (provisional)
4.05ii	Under 75 mortality rate from cancer considered preventable	67.8	61.9	2009 -11 (provisional)
4.06i	Under 75 mortality rate from liver disease	17.6	14.4	2009 -11 (provisional)
4.06ii	Under 75 mortality rate from liver disease considered preventable	17.0	12.7	2009 -11 (provisional)
4.07i	Under 75 mortality rate from respiratory disease	25.3	23.4	2009 -11 (provisional)
4.07ii	Under 75 mortality rate from respiratory disease considered preventable	13.3	11.6	2009 -11 (provisional)
4.08	Mortality from communicable diseases	32.9	29.9	2009 -11 (provisional)
4.10	Suicide rate	8.6	7.9	2009 -11 (provisional)
4.11	Emergency readmissions within 30 days of discharge from hospital (persons)	10.8	11.8	2010/11
4.11	Emergency readmissions within 30 days of discharge from hospital (males)	11.3	12.1	2010/11
4.11	Emergency readmissions within 30 days of discharge from hospital (females)	10.3	11.4	2010/11
4.12i	Preventable sight loss - age related macular degeneration (AMD)	127	109	2010/11
4.12ii	Preventable sight loss - glaucoma	6.2	11.8	2010/11
4.12iii	Preventable sight loss - diabetic eye disease	Data not published	3.6	2010/11
4.12iv	Preventable sight loss - sight loss certifications	42.4	43.1	2010/11
4.14i	Hip fractures in people aged 65 and over	374	457	2011/12
4.14ii	Hip fractures in people aged 65 and over (65-79 years)	153	222	2011/12
4.14iii	Hip fractures in people aged 65 and over (80+ years)	1,370	1,515	2011/12

Source: www.phoutcomes.info

Appendix 3

Technical Notes

Technical background has been kept to a minimum and data sources and relevant web links are referenced. In general, the latest validated position is reported. Wherever possible, nationally published statistics are used, for example, figures issued by the NHS Information Centre, the Association of Public Health Observatories, the National Cancer Intelligence System and the Public Health Outcomes Framework. In general, comparisons are made between Telford and Wrekin PCT or Council populations and the national (England) position. Population figures are based on the NHS and Telford and Wrekin Patient Register or Office for National Statistics mid-year population estimates. Where appropriate, population rates are age and/or sex standardised, that is, adjusted to ensure that differences in age and gender are taken into account when comparing health experience across different populations.

Some of the analyses are based on levels of socio-economic deprivation groups defined through the Index of Multiple Deprivation 2010 (IMD 2010). This index uses 37 variables measured at 'super output area', which are small geographical areas

with an average population of 1,500 people (as defined by the 2001 Census). There are 108 of these super output areas in Telford and Wrekin, giving, on average, three super output areas per ward. To measure inequalities, the super output areas are typically aggregated into 20% bandings or quintiles, according to their composite IMD 2010 score. Some analyses also encompass ranking general practices according to the relative levels of overall deprivation experienced by the populations they serve, as measured by IMD 2010.

Some analyses, particularly for individual disease conditions, are based on small numbers. This generates uncertainty about the true value of the variable in question and increases the probability that any differences observed between the population groups occur by chance. To increase reliability, observations for one year are combined to produce three or five year rolling averages and/or 95% confidence intervals are displayed to indicate the range within which the true value of the indicator lies, at that level of certainty.

Whilst every attempt has been made to ensure the quality and accuracy of statistics presented in this

report, it is unavoidable that certain figures may subsequently be subject to update, rebasing or revision.

The Public Health Outcomes Framework intelligence for screening is based on Local Authority resident populations, rather than the GP patient populations which have been used historically (at local and national level). Therefore some of the screening intelligence presented in this report differs slightly from figures published in the Public Health Outcomes Framework.

Alcohol-attributable admissions: the trend data presented in the report are based on existing national indicator definitions for alcohol-attributable admissions, published as part of the Local Alcohol Profiles for England <http://www.lape.org.uk/natind.html>

Service User Feedback

There are many services and programmes across Telford and Wrekin which support people to make positive lifestyle choices to improve their health and wellbeing. Understanding the experiences of the people who use these services

is clearly important. Service commissioners routinely seek feedback from service users to gain insight into their experience. In addition, the Community Engagement Team works across a range of community programmes gathering views, ideas and feedback. With permission from the individuals concerned, a selection of anonymised quotes and case studies collected in this way has been used in this Report to illustrate service user experience. The comments represent a cross-section of feedback provided by clients who have completed programmes; it is recognised that consulting with those who choose not to engage with programmes is an important element of service improvement and effort is also being put into seeking views from these people. Some comments from the public and professionals involved have also been included to provide further illustration.

Appendix 4

Data sources

The data sources, weblinks and copyright information for report figures 1 to 27 are detailed below.

1 Compendium of Clinical and Health Indicators

The Information Centre for health and social care.
© Crown Copyright www.nchod.nhs.uk

2 Compendium of Clinical and Health Indicators

The Information Centre for health and social care.
© Crown Copyright www.nchod.nhs.uk

3 Compendium of Clinical and Health Indicators

The Information Centre for health and social care.
© Crown Copyright www.nchod.nhs.uk

4 Health Inequality Indicators for Primary Care Organisations

East Midlands Public Health Observatory (ERPHO)
www.apho.org.uk/default.aspx?RID=110504

5 NHS IC Omnibus

Department of Health. Crown Copyright © 2011
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_130858

6 Maternity Statistics

Shrewsbury and Telford Hospitals NHS Trust

7 Vital Statistics Tables

Office for National Statistics

8 NHS IC Omnibus

Department of Health. Crown Copyright © 2011
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_130858

9 COVER

Health and Social Care Information Centre,
Copyright © 2012 <http://www.hscic.gov.uk/catalogue/PUB09125>

10 COVER

Health and Social Care Information Centre,
Copyright © 2012 <http://www.hscic.gov.uk/catalogue/PUB09125>

11 COVER

Health and Social Care Information Centre,
Copyright © 2012 <http://www.hscic.gov.uk/catalogue/PUB09125>

12 National Child Measurement Programme

Health and Social Care Information Centre,
Copyright © 2013 www.hscic.gov.uk/ncmp

13 Injury Profiles

South West Public Health Observatory (SWPHO)
www.injuryprofiles.org.uk

14 Conception Statistics

Office for National Statistics www.statistics.gov.uk/hub/population/births-and-fertility/conception-and-fertility-rates

15 COVER

Health and Social Care Information Centre,
Copyright © 2012 <http://www.hscic.gov.uk/catalogue/PUB09125>

16 Compendium of Clinical and Health Indicators

The Information Centre for health and social care. © Crown Copyright www.nchod.nhs.uk

17 NHS Health Check Programme

Department of Health (DH) <http://transparency.dh.gov.uk/2012/07/19/nhs-health-checks-published-data/>

18 Compendium of Clinical and Health Indicators

The Information Centre for health and social care.
© Crown Copyright www.nchod.nhs.uk

19 NHS Breast Screening Programme

The Information Centre for health and social care.
© Crown Copyright <http://www.hscic.gov.uk>

20 NHS Cervical Screening Programme

The Information Centre for health and social care.
© Crown Copyright <http://www.hscic.gov.uk>

21 NHS Bowel Cancer Screening Programme

The Information Centre for health and social care.
© Crown Copyright <http://www.hscic.gov.uk>

22 NHS Stop Smoking Services

Health and Social Care Information Centre, Lifestyles Statistics. All rights reserved. Copyright © 2012 <http://www.hscic.gov.uk>

23 Smoking related deaths

Eastern Region Public Health Observatory (ERPHO) <http://www.apho.org.uk/resource/view.aspx?RID=116446>

24 Compendium of Clinical and Health Indicators

The Information Centre for health and social care.
© Crown Copyright www.nchod.nhs.uk

25 Local Alcohol Profiles for England

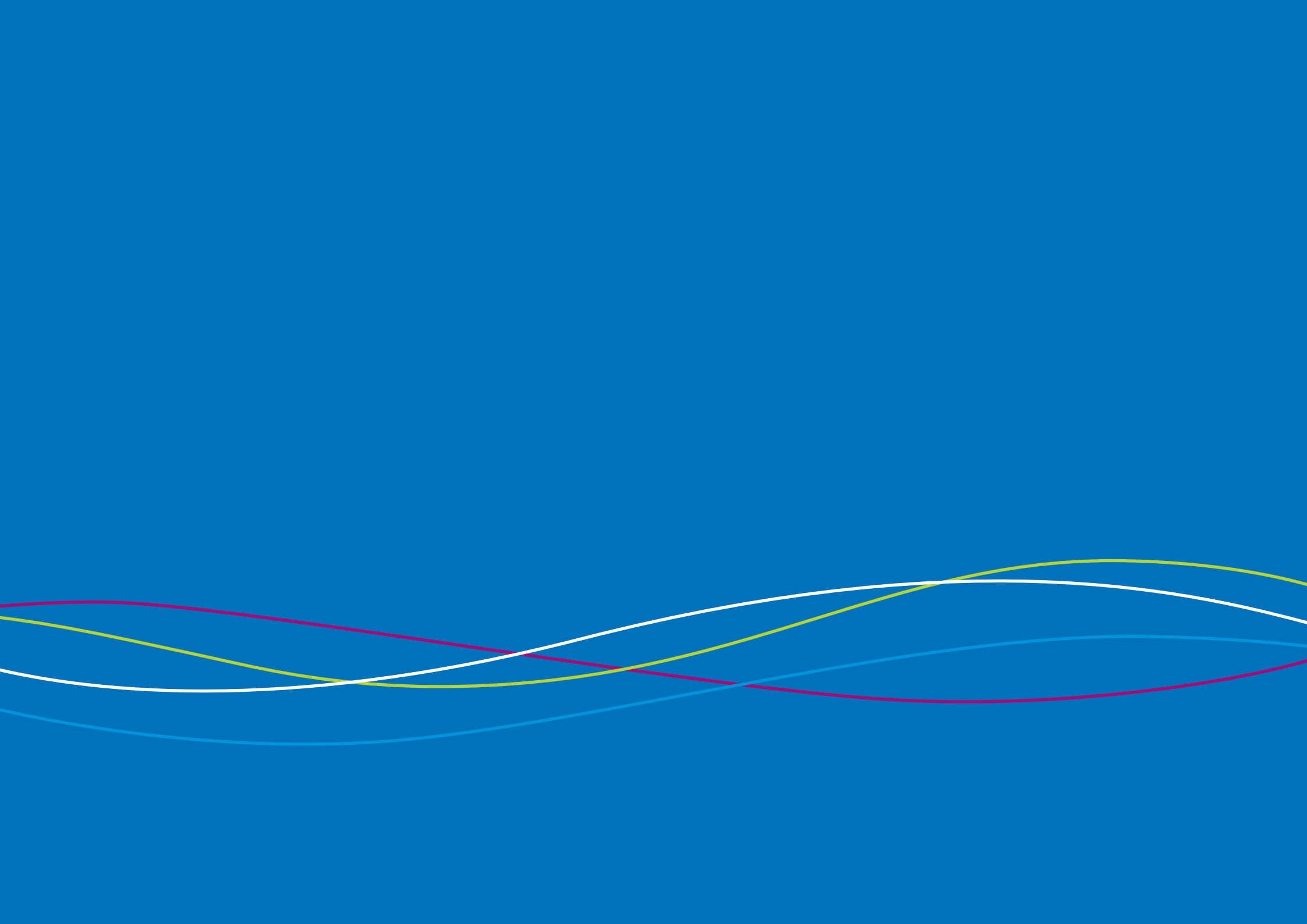
North West Public Health Observatory (NWPHO) <http://www.lape.org.uk/>

26 NHS Seasonal Flu Vaccine Campaign

Department of Health (DH) and Health Protection Agency (HPA)

27 Excess Winter Death Index

West Midlands Public Health Observatory (WMPHO) www.wmpho.org.uk/excesswinterdeathsinenglandatlas/default.aspx



TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 17 JULY

**JOINT HEALTH AND WELLBEING STRATEGY: DEVELOPING OUR
PARTNERSHIP AND OUTCOME FRAMEWORKS**

**REPORT OF HELEN ONIONS INTERIM ASSISTANT DIRECTOR: HEALTH
& WELLBEING AND JON POWER, DELIVERY & PLANNING MANAGER**

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report sets out key steps to drive delivery of the Health & Wellbeing Board priorities:

- refreshed and refocused partnership arrangements to join-up strategic approaches to service design and commissioning;
- an emerging outcome framework against each of the Board's priorities.

2. RECOMMENDATIONS

That the Board consider and endorse the:

- proposed refocused partnership arrangements to take forward the priorities
- proposed partnership stakeholder event in Autumn
- emerging priority outcome framework

3. IMPACT OF ACTION -

- Drive delivery of the Health & Wellbeing Strategy priorities.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>All priorities</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>Improve the health and wellbeing of our communities and address health inequalities</i>
	Will the proposals impact on specific groups of people?	
	Yes	<i>Population wide</i>
TARGET COMPLETION/DELIVERY DATE	<i>Ongoing focus on driving improvement of health and wellbeing</i>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<i>The prioritisation of resources is driven by the JSNA. The budget strategy has been approved for 2013/14 and resources against these priorities already allocated. The budget will be monitored against allocation but there is a requirement to determine value for money and effectiveness of spending against the priorities identified. This framework will be established over the coming months to agree the effectiveness of the use of resources measured in unit costs and other relevant measures.</i>
LEGAL ISSUES	Yes	<i>The priority position statements set out at appendix one of this report relate directly to the responsibilities of the Health & Wellbeing Board as defined in the terms of reference set out in the Council's constitution. The key legal issue here relates to the powers, duties and responsibilities of all of the organisations who will be involved in the framework. For each of the 'difference/added value' referred to in appendix 1 officers will need to establish the basis of any partnership working including legal powers and responsibilities, funding, and powers to undertake the work required. Contract/performance monitoring and review is also an essential part of the partnership</i>

		<i>working arrangements to ensure that the Health & Wellbeing Board's objectives and responsibilities are met. Legal advice will be provided to address these issues.</i>
EQUALITY & DIVERSITY	Yes	<i>The priorities will impact on all communities- particularly to support vulnerable children and adults. It is critical that service provision meets the differing needs of all individuals whatever their background.</i>
IMPACT ON SPECIFIC WARDS	Yes	<i>Borough-wide impact</i>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<i>Proposed stakeholder engagement event</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<i>Opportunities to drive greater integration of health and social care commissioning.</i>

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

The Health & Wellbeing Strategy sets out 10 priorities which are a central focus of the Board. Each priority has a Board sponsor and a lead officer. Over the past 2 months there have been a number of changes to these roles. The priorities, sponsor and lead officer are:

Priority	Lead Officer	Board Sponsor
Reduce excess weight in adults and children	Clare Harland	Cllr Arnold England
Reduce teenage pregnancy	Stacey Norwood	David Evans
Improve emotional wellbeing	Sarah Evans/ Helen Swindlehurst	Cllr Liz Clare
Support people with autism	Richard Smith Helen Swindlehurst	Dylan Harrison
Reduce the number of people who smoke	Vicki Pike	TBC
Reduce the misuse of alcohol and drugs	Christine Harrison	Laura Johnston
Improve carer's health and wellbeing (all age)	Christine Harrison	Cllr Paul Watling
Improve life expectancy and reduce health inequalities	Louise Mills/Helen Onions	Cllr Richard Overton
Support people to live independently	Christine Harrison	Cllr Jacqui Seymour

Support people with dementia	Kim Grosvenor	Mike Innes
------------------------------	---------------	------------

Over the past 3 months, a position statement for each priority has been completed against each of the Health & Wellbeing Strategy underpinning principles of:

- Equity
- Accessibility
- Integration
- Quality
- Engagement
- Financial Sustainability
- Positive Experience of health and social care services
- Early intervention and prevention
- Safeguarding

Initial analysis of the position statements was presented at the May Health & Wellbeing Board. Further work has now been completed (see Appendix One). This has revealed:

- **The need to ensure that delivery plans are in place for each priority** – this analysis found that not all priorities have action plans in place or have plans in place that need refreshing. A robust delivery plan should clearly set out what is going to be delivered, by when, by who and why (evidence of best, effective practice and evidence of need through the JSNA).
- **A sharpened focus on integrated commissioning between services to avoid duplication and ensure an effective care and support pathway for service users** – our analysis has found that for some individual priorities a number of different services are commissioned by different organisations without effective joint planning.
- **A need for better, joined-up working to address priorities holistically** – for example challenges around the time of pregnancy – smoking in pregnancy and breast feeding rates. Challenges which require and present opportunities for joined-up service delivery – this might also be geographic.

In response to these and a number of other critical challenges, two new partnership groups are proposed:

- **‘Co-operative Commissioning Partnership’**
The development of this model will commence in August and bring together commissioners from the Clinical Commissioning Group and the Council’s adult, children and public health commissioning functions.

The initial meeting will focus on agreeing Terms of Reference. It is proposed that a report on the development of this Group is presented to the Board in September.

- **‘Early Help Partnership’**

Through its annual review, the Children, Young People and Families Board have set out to develop an ‘Early Help Partnership’. The rationale behind this development is to ensure that a joined-up strategic approach is taken to ensure that support is provided to individuals and families to address challenges quickly and appropriately - importantly linking together services to address related priorities. Provision of the right, early help will improve both outcomes and be more cost efficient. This partnership will support the delivery of a number of health and wellbeing priorities:

- Excess weight in childhood /breast feeding
- Teenage pregnancy
- Improving emotional health & wellbeing

Over the summer, a series of workshop will be delivered to explore the development of the Partnership. For each one of the above priorities, an asset mapping workshop will take place and ensure that the appropriate delivery plans are developed.

It is proposed that a report on the progress in developing these two partnerships will be brought back to the Health & Wealth Board in September.

A diagram of the emerging partnership landscape is presented in Appendix Two.

Stakeholder Engagement

As well as delivery/commissioning partnership working to deliver the Priorities, analysis of the priority position statement reveals a wide range of stakeholder and user groups which exist for the different priorities. In line with best practice, the Board (when in shadow format), undertook two stakeholder engagement events exploring the development and identification of the Board and its priorities, as well as communication around the ongoing changes to health and social care responsibilities. To build on these two events, it is proposed that a third stakeholder engagement event takes place in Autumn. This will provide the Board with an opportunity to update stakeholders on the Board’s development and progress and engage and listen to and understand any new and emerging challenges for the community.

Priority Outcome Framework

Appendix Three sets out the first development of the high level outcome framework to assess progress delivering the priorities. Its focus is on outcomes rather than management information which will be managed through the delivery plans for each priority.

The data included in the Appendix is the latest available for each measure (primarily end of year 2012/13). Updates on the framework will be presented to the Board at 6, 9 and 12 months each financial year.

2. PREVIOUS MINUTES

- 15/05/2013

Shadow Health and Wellbeing Board meetings:

- 22/02/2012
- 25/04/2012
- 13/06/2012
- 12/09/2012
- 14/11/2012

3. BACKGROUND PAPERS

- Telford & Wrekin Health & Wellbeing Strategy

**Report prepared by Jon Power, Delivery & Planning Manager,
Telephone: 01952 380141**

Appendix One: Priority Position Statements

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
Reduce excess weight in adults and children	Obesity Partnership Group	Long-term strategy in place – to be reviewed Autumn 2013.	<ol style="list-style-type: none"> 1. Expand scope to include all those who are above a healthy weight (previous focus has been on obesity, overweight is now included) 2. Embed the importance of preventing and managing excess weight throughout services delivered by the Council and partner agencies 	<ol style="list-style-type: none"> 1. Raise the profile of overweight and obesity and reinforce the importance of healthy eating and physical activity across service delivery areas in the Council and with wider partners in the public, private and voluntary sector 2. Support the development of a workforce programme across the Council focussing on excess weight which would: <ul style="list-style-type: none"> - Result in a healthier workforce - Encourage staff to influence their friends and families to adopt healthier behaviours - Empower staff to encourage their clients and service users to adopt healthier lifestyles - Enable team to embed healthy eating and physical activity messages into their service delivery
Reduce teenage pregnancy	Multi agency Teenage Pregnancy Board –	Strategy currently being refreshed.	<ol style="list-style-type: none"> 1. Teenage Pregnancy Board to be relaunched to include Sexual Health Services 2. Develop a multi-agency strategy and 	<ol style="list-style-type: none"> 1. Development of a strategic framework 2. Provide the governance arrangements for reporting outcomes, performance, risks and issues 3. Ensure close working with other key partners, including Public Health England

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
			action plan based on needs analysis and building on Government's teenage pregnancy unit best practice	
Improve emotional health and wellbeing	No single multi-agency commissioning partnership in place. CCG lead on mental health services.		<ol style="list-style-type: none"> 1. Suicide prevention in men 2. Improving the universal health and well-being (Tier 1) offer – key messages and information to support and encourage well-being 3. Improving targeted information and approaches (tier 2) to young people who are vulnerable or at risk 	<ol style="list-style-type: none"> 1. Recognise that the issues related to EHWP can be addressed with all interested parties sitting around one table 2. Encourage partnership working to develop effective Tier1 and Tier 2 (early interventions) for young people 3. Consider the potential to pool resources to target more effectively
Support people with autism	Services commissioned on an ad-hoc basis	New strategy in development		<ol style="list-style-type: none"> 1. Support the development of the autism strategy 2. Divert resources when required 3. Bring together interested parties
Reduce the number of people who smoke	Telford & Wrekin Tobacco Control Network	Existing strategy to be refreshed commencing Sept.	<ol style="list-style-type: none"> 1. Continue to reduce smoking in adults and pregnant women 2. Reconvene the multi- 	<ol style="list-style-type: none"> 1. Support the development of patient focus groups for population and pregnancy 2. Support taking smoking everyone's

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
			agency tobacco control network 3. Develop a tobacco control strategy	business 3. Provide governance arrangements for reporting outcomes, performance, risks and issues 4. Develop an agreement for the benefits of smoking that include the wider socio-economic impacts, sickness, absence and littering 5. Support the asset mapping process for smoking in pregnancy 6. Support the commissioner to carry out the CLear self assessment for tobacco control 6. Identify a tobacco control champion in each Senior Management team of the Council, offering support, training and guidance on their role 7. Ensure a close working relationship with the CCG on shared priorities such as smoking at time of delivery
Reduce the misuse of alcohol and drugs	Drug and Alcohol Action Team	Drug and Alcohol Strategy	1. Simplify pathways 2. Substance misuse is payment by results - performance management needs to be maintained	1. Connect priorities across Health & Wellbeing work-streams for universal 'quick-wins' e.g. well-being 2. Simplify pathways and reduce duplication 3. To raise potential risks around

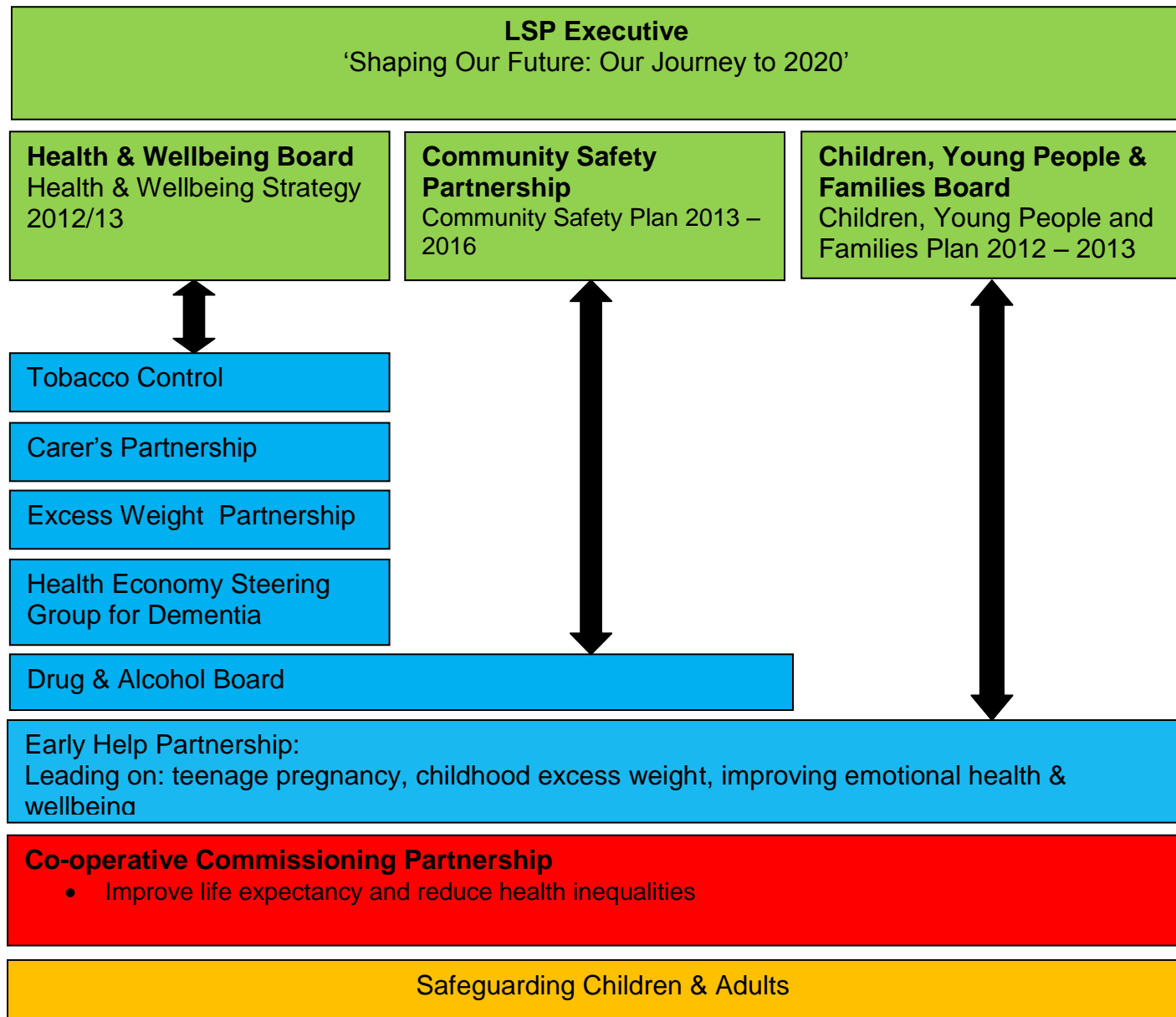
Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
			3. Support service user's recovery group 4. Move away from 'maintenance' into 'recovery'	disaggregation of joint-commissioning in-light of expectations around delivery and to identify appropriate clinical and non-clinical colleagues to work collaboratively within identified priority areas.
Improve carer's health and wellbeing	Carers Partnership	New all age strategy completed 2013.	Deliver national and local objectives for carers of: <ul style="list-style-type: none"> - Recognised and supported as an expert care partner - Enjoying a life outside caring - Not financially disadvantaged - Mentally and physically well; treated with dignity - Children will be thriving, protected from inappropriate caring roles 	<ol style="list-style-type: none"> 1. Endorsement of the value carers bring to the local health and social care economy 2. Promote and support carers' priorities and ensure connection across a range of other priorities 3. Champion the needs and connect across partnership Boards - focusing more holistically on
Support people to live independently	Commissioning led by Telford & Wrekin Council	Rehabilitation and Re-ablement Strategy June 2011	<ol style="list-style-type: none"> 1. Prevention - working with the voluntary, community and independent sectors to help people helping themselves. This will involve asset mapping 	<ol style="list-style-type: none"> 1. Promote the co-ordination and integration of health, social care and public health to support older peoples' prevention and enablement initiatives. 2. Inform and reflect priorities as captured by the developing JSNA. 3. More strongly connect Public Health,

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
			<ul style="list-style-type: none"> with partners, combined with signposting of information and advice 2. Fall prevention 3. Support to the independent care sector in particular residential/nursing care homes to support timely discharge and hospital avoidance 	<ul style="list-style-type: none"> Council and health prevention agendas 4. Ensure priorities are resourced and supported.
<p>Improve life expectancy and reduce health inequalities</p>	<p>No single multi-agency commissioning partnership in place, 3 commissioning streams identified:</p> <ul style="list-style-type: none"> 1. Local authority: Health Check Programme 2. NHS England - primary care e.g. identification and management of long-term 		<ul style="list-style-type: none"> 1. Prevention/treatment of cardiovascular disease and cancer 2. Development and agreement of Long Term Condition's Strategy 3. Review of the local cancer services action plan 4. Awareness raising plan for prevention - e.g. screening, immunisation etc 5. Make Every Contact Count 	<ul style="list-style-type: none"> 1. Using wider partner organisations to raise partner organisations to raise the profile of CVD and its importance to reduced life expectancy and health inequalities 2. Provide strategic oversight as HWB partners have direct commissioning responsibilities across pathways 3. Ownership of the Health Inequalities National Support Team visits plan across the health and social care system

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
	conditions in general practice 3. CCG - outpatient and inpatient acute care		6. Review of Health Inequalities National Support Team HINST recommendations for CVD	
Support people with dementia	Pan-Shropshire, Telford & Wrekin multiagency group 'Health Economy Steering Group for Dementia	Joint Telford & Wrekin Dementia Strategy (2009 - 2013)	<ol style="list-style-type: none"> 1. Public awareness of memory problems 2. Information 3. Early identification and diagnosis 4. End of life 	<ol style="list-style-type: none"> 1. Connect priorities and Health & Wellbeing Board work-streams for universal 'quick-wins' e.g. CVD and Dementia. 2. Champion Dementia as a priority across organisational and professional boundaries 3. Advocate for prioritisation of resources inline with expected prevalence rates 4. Advocate for prioritisation of training for health, social care and voluntary sector workforce, in contact with people with dementia, to improve professional awareness of the condition and the giving of high-quality information care and support. 5. Raise potential risks around disaggregation of joint-commissioning in-light of expectations around delivery and to identify appropriate clinical and non-

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
				<p>clinical colleagues to work collaboratively within identified priority area.</p> <p>6. To consider the development of a refreshed, multi-agency Dementia Strategy.</p>

Appendix Two: Emerging Partnership Landscape



Appendix Three: Emerging Outcome Framework for Health & Wellbeing Priorities (latest data as at March 2013)

Code	Indicator Title	2011/12	National Comparator 2011/12	2012/13 Performance	Direction of travel compared to 2011/12	National Comparator 2012/13	Comparison to national position	Target	Commentary on 2012/13 performance data
Reduce excess weight in children and adults									
CYP001	Breast feeding (% of infants breastfeeding at 6 to 8 weeks)	32.9 %	47.0%	33.2%	No change	-	-	▲	
CM009	% of reception children who are obese	10.4 % (2010-11)	9.4% (2010-11)	10.6% (2011-12)	No change	9.5%	No significant difference to National	▼	Latest data 2011/12
CM010	% of year 6 children who are obese	18.7 % (2010-11)	19.0% (2010-11)	21.0% (2011-12)	No change	19.2%	No significant difference to National	▼	Latest data 2011/12
Reduce teenage pregnancy									
CM023	The under 18 conception rate per 1,000 girls aged 15-17 years	50.7	37.0	45.8	No change	34.0	Significantly worse than National	▼	2009-11 provisional
Improve emotional health and wellbeing									
CYP003	Hospital admissions as a result of self-harm (rate per 1,000 population, all ages)	203.4	212.0	-	-	-	-	▼	Latest published data 2010/11
CM095	The % of respondents scoring 0-6 to the question 'Overall, how satisfied are you with your life nowadays?'	-	-	25.1%	-	24.3%	No significant difference to National	▲	New indicator, data 2011/12
Support people with autism									
	To be developed as part of revised/new strategy								

Code	Indicator Title	2011/12	National Comparator 2011/12	2012/13 Performance	Direction of travel compared to 2011/12	National Comparator 2012/13	Comparison to national position	Target	Commentary on 2012/13 performance data
Reduce the number of people who smoke									
CM026	Smoking in pregnancy (% of mothers smoking at delivery)	22.7 %	13.1%	22.4%	No change	-	-	▼	England figures not available, but usually around 13% so we are likely to continue to be significantly worse
CM096	Reduce the number of babies born with a low birth weight (live births at term (>=37 wks, <2500g)r	-	-	4.56	-	2.85	Significantly worse than National	▼	This is the PH Outcomes Framework indicator Data from 2010
CM066	Smoking cessation rate (rate of successful quitters, per 100,000 pop)	1,482	944	-	-	-	-	▲	local Q4 final outturn figures for 2012/13 will not be available until June 2012
CM025	Hospital admissions attributable to smoking (rate per 100,000 population aged 35+)	1,579	1,417	1,581	No change	1,420	Significantly worse than National	▼	Latest data 2010/11
Reduce the misuse of alcohol or drugs									
CM097	Reduce the number of people admitted to hospital due to alcohol-related diseases (Admissions for alcohol-attributable conditions DSR per 100,000 population)	1386	1742.78	1520	Getting worse	1895	Significantly better than National	▼	Latest figures relate to 2010/11 figures (published in 2012)
CM098	Reduce alcohol related violent crime (Crude rate per 1,000 persons)	4.74	5.46	4.67	No change	5.00	No significant difference to National	▼	Latest figures relate to 2010/11 figures (published in 2012)

Code	Indicator Title	2011/12	National Comparator 2011/12	2012/13 Performance	Direction of travel compared to 2011/12	National Comparator 2012/13	Comparison to national position	Target	Commentary on 2012/13 performance data
CYP005	Number of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment	-	-	82.4	-	-	-	▲	
CM099	Reduce the number of people admitted to hospital with alcohol-related liver disease	-	-	-	-	-	-	-	To be separated into indicators for male/female.
CM100	Reduce the number of people who die from preventable liver disease	-	-	-	-	-	-	-	
Improve adult and children carers' health and wellbeing									
CM079	Carer-reported quality of life	-	-	8.0	-	-	-	▲	This is from the Carer Survey which has been carried out for the first time this year. It is a measure taken from 6 questions and gives a score that ranges from 0-12. National comparator data is not yet available.
CM080	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	-	-	72.8%	-	-	-	▲	This is from the Carer Survey which has been carried out for the first time this year. National comparator data is not

Code	Indicator Title	2011/12	National Comparator 2011/12	2012/13 Performance	Direction of travel compared to 2011/12	National Comparator 2012/13	Comparison to national position	Target	Commentary on 2012/13 performance data
									yet available
Improve life expectancy and reduce health inequalities									
CM013	Male life expectancy at birth (years)	77.5	78.6	-	-	-	-	▲	
CM101	Narrow the gap life expectancy (Slope of index - Males)	6.9	-	7.0	Getting worse	-	-	▼	Latest figures based on 2006-2010
CM011	Mortality from all circulatory diseases (CVD) (rate per 100,000 population under 75, 3yr rolling average)	67.2	78.6	74.1	No change	62.0	Significantly worse than National	▼	Provisional data for 2009-11
CM012	Premature mortality from all cancers (rate per 100,000 population under 75 years) 3-year rolling average	122.6	110.0	122.8	No change	106.7	Significantly worse than National	▼	Provisional stats for 2009-11
Support people to live independently									
CM073	Proportion of people using social care who receive self-directed support	36.2 %	43.0%	58.9%	Getting better	-	-	▲	This outturn represents 98% of eligible clients.
CM074	Proportion of people using social care who receive direct payments	5.8%	13.7%	8.1%	Getting better	-	-	▲	This is a slight increase on 2011/12, which we hope to continue to build on during 2013/14
CM075	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services (Those offered Intermediate Care)	74.3 %	82.6%	53.7%	Getting worse	-	-	▲	-

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 17 JULY 2013

IMPROVING CARER'S HEALTH and WELLBEING and CARERS STRATEGY

REPORT OF: Christine Harrison, Service Delivery Manager - Commissioning

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1. This report provides a progress overview in relation to the Health and Well-being priority-Improving carers health and wellbeing (all age).It will provide an up-date in relation to the Adult Carers Strategy, provide an up-date to illustrate progress against the implementation action plan and provide an up-date in relation to young carers.
- 1.2. The Carers Strategy 2013-2016 and associated action plan as detailed in Appendix 1, has now been approved by both the Council at its Cabinet meeting on the 30 May 2013 and at the Clinical Commissioning Group (CCG) Board meeting on the 11 June 2013.
- 1.3. Carers have been fully involved in the development of the strategy and part of identifying the key areas to be addressed. Although the strategy has only recently been approved progress is being made and to illustrate this a number of carers will each be undertaking a short presentation to demonstrate their involvement, and provide their perspectives on how the carers services provided are supporting carers in their careering roles.
- 1.4. Currently there is a separate Young Carers Strategy and action plan 2012-2015 and the future aspiration is to develop a combined all age strategy. Progress to date against the action plan is detailed in Appendix 2.

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- Note the Carers Strategy 2013-16 has been approved by both the Council at its Cabinet meeting on the 30 May 2013 and by the Clinical Commissioning Group at its Board meeting on the 11 June 2013.
- Support the strategic priorities and associated action plan.
- Note that although the adult Carers Strategy has only recently been approved progress is being made.
- Support and recognise the value carers bring to the local health and social care economy.
- Note the continued progress against the action plan for young carers.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

- To ensure the carers agenda is owned and delivered we will work with a range of stakeholders and carers to refine the way we collate evidence to inform and shape the implementation plan while reflecting on co-operative council principles, Clinical Commissioning Group objectives, and Health and Wellbeing priorities.
- By involving carers who are best placed to inform and shape services to meet their needs and drive service improvement.
- Raising awareness to ensure carers are aware of what support is available to help and support them in their caring role, which will prevent crisis and reduce the need for more intensive carer and support services.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Improve carer's health and well being(all ages)</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>Openness and Honesty Ownership Fairness and Respect Involvement</i>
	Will the proposals impact on specific groups of people?	
Yes: Carers	Openness and Honesty: Carers Partnership Board meetings are open	

		<p>to the public. We actively engage with carers when undertaking commissioning reviews and transformation developments.</p> <p>Ownership: Carers are supported and facilitated to lead on Boards and working groups.</p> <p>Fairness and Respect: Carers have developed a working agreement to ensure carers and stakeholders contribute in a respectful and non judgemental way.</p> <p>Involvement: We seek to gain views and contributions from carers of all ages, cultures, gender and faiths those who are marginalised or isolated.</p>
TARGET COMPLETION/DELIVERY DATE	Referenced within the Carers Strategy 2013-2016 Implementation Plan.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>Carers make a significant contribution to the health and social care economy. Without unpaid carers the financial burden to both health and social care would be significantly increased.</p> <p>The Council and CCG currently have approved a pooled budget arrangement for Carers. This is also known as a section 75 agreement. This is a medium to pool Council and CCG investment into achieving better outcomes for Carers. The total investment in the pooled budget is £537K for 2013/14: of this the CCG contribution is £195K. In addition further investment of £110K by the CCG contributes to carer specific health services.</p>
LEGAL ISSUES	Yes	By way of background, the Carers and Disabled Children Act 2000 and the Carers (Recognition and Services) Act 1995 [as amended by the Carers (Equal Opportunities) Act

	<p>2004] and regulations made there under currently provide carers with rights to assessment, to be informed about those rights, to services and to direct payments.</p> <p>On 10 June 2008 , the Government published it's policy document "Carers at the heart of 21st-century families and communities" setting out its strategy for carers. This followed "Caring about Carers" published in 1999.</p> <p>"Recognised, Valued and Supported: next steps for the carers strategy" was published on 25th November 2010 setting out 4 years of actions to support the Carers Strategy https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy</p> <p>The law relating to carers will be amended by the Care Bill, once it receives Royal Assent.</p> <p>The Care Bill was introduced in the House of Lords on 9 May 2013.</p> <p>Most of the clauses in Part 1 (Care and Support) of the Bill were published in draft form in July 2012 (as the Draft Care and Support Bill) for consultation until October 2012 and pre-legislative scrutiny.</p> <p>The Bill currently contains 113 clauses, in four Parts, and eight Schedules. Factsheets and a glossary were published on 10 May 2013 to accompany the Bill</p> <p>The Bill is currently at the Committee Stage in the House of Lords and is timetabled to be considered at this stage on 3.7.13, 9.7.13, 16.7.13 and 22.7.13.</p>
--	---

		<p>Clause 10 creates a single duty to assess carers. It requires a local authority to carry out an assessment, known as a "carer's assessment", where it appears that a carer may have needs for support at that time, or in the future. The aim of the assessment is to determine whether a carer has support needs either currently or, possibly, in the future and what those needs may be.</p> <p>The duty to assess a carer will replace the existing duties in relation to the assessment of adult carers in section 1(1) of the Carers (Recognition and Services) Act 1995 and section 1 of the Carers and Disabled Children Act 2000.</p> <p>The Bill and subsequent Statute, once it receives Royal Assent, will be accompanied by relevant Statutory Instruments and Guidance, which will require the Strategy to be reviewed and updated as appropriate.</p>
EQUALITY AND DIVERSITY	Yes	As part of the development and delivery of the strategy and associated action no significant issues have been highlighted. Carers and stakeholders from a range of backgrounds continue to be engaged with reflecting a collaborative and partnership approach across health and social care economy taking into account national policy and local needs.
IMPACT ON SPECIFIC WARDS	No	
PATIENTS & PUBLIC ENGAGEMENT	Yes	In producing the Carers Profile (JSNA) and carers strategy, detailed and ongoing engagement has taken place with a range of health and social care providers, carers and other key stakeholders. The evidence is also supported by the Department of Health Survey for Carers, liaison with the Carers Forum and feedback

		<p>from the Carers Centre and other carer related providers.</p> <p>Carers contribute in a variety of ways from a strategic level via the Carers Partnership Board and Health Round Table to receiving local contributions from carers who attend the Carers Forum, Patient Representation Groups or from carers who attend support groups. Currently the Councils Community Engagement Team is working to identify further cohorts of carers who wish to contribute to developing the carers agenda.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	<p>Carers' views are gained through a national survey run bi annually. The last survey being undertaken in 2012. Results of this survey can be found on http://www.hscis.gov.uk/article/2214/USER-survey-guidance-Carers-2012-13</p> <p>A Carers Profile (JSNA) provides a summary of data relating to local carers.</p>

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1. Adult Carers Strategy up-date

1.1.1. Within Telford and Wrekin the local policy has been to support carers and develop service improvements, to increase the level of support offered thereby maintaining carers health and well being. The local strategy "Making Connections for Carers in Telford and Wrekin: 2013 – 2016" is reflective of the national expectations and key priorities while at the same time recognising the local health and wellbeing priorities.

1.1.2. The strategy was approved by the Council at its meeting on 30 May 2013 and at the Clinical Commission Group (CCG) Board meeting on 11 June 2013.

1.1.3. The Carers strategy highlights eight key outcomes which were identified by carers. These outcomes are as follows:

- Information, Advice and Support*
- Planning for the Future*
- Promotion of Well Being

- Time for yourself
- Having your say
- Addressing diverse needs
- A life outside Caring *
- Feeling financially safe and secure

1.1.4. Those items marked with an asterisk were considered by stakeholders as the top three outcomes to be addressed following consultation.

1.1.5. It is also our intention during the life of this strategy and the Young Carers Strategy and Action Plan 2012-2015 to explore the feasibility of developing a single, all age Carers Strategy.

1.1.6. The strategy covers a period of 2013- 2016 and is supported by a implementation plan. The plan will be monitored by the Carers Partnership Board. Milestones detailed with the plan are RAG rated and progress reporting will be fed into the Clinical Commissioning Board, Cabinet and Health and Well Being Board.

1.1.7. A copy of the Strategy and implementation action plan is provided in Appendix 1.

1.1.8. Progress against this plan will be monitored by the Health and Wellbeing Board and supported by the Carers Partnership Board. The Carers Partnership Board is also connected to a vibrant carer's forum and supported by the Carers Contact Centre and is forging links with Patient Reference Groups linked to General Practices.

1.2. Implementation plan progress

1.2.1. The Health and Wellbeing strategy priority position statement: May 2013 reported on early intervention and prevention making reference to two sub groups headed up by a Carers who reported to the Carers Partnership Board. This engagement promotes the principles of Co-operative Council values and illustrates how carer's involvement and engagement can make a difference. Through three short presentations carers will demonstrated the essence of the carers strategy eight outcomes and the impact carer engagement has had on them locally.

1.2.2. The presentation from carers will be in three parts:

- i. Carers Study: A short interview with Tracey Wilson illustrating how she became a carer, initial thoughts and challenges in taking on the role. Balancing work, studying, family life and being carer leading to what has made a difference in Telford and Wrekin. This will link to all eight outcomes in particular how we identify carers, provide information, support and advice, focusing on carer well being and having a life beyond the caring role.
- ii. A life outside Caring: Will illustrate the key areas of discussion and demonstrate where partnership working is occurring with Job Centre Plus/Wrekin Housing/TCAT as an example.

- iii. Carers Cookery Workshops: Will illustrate how carers of all ages are accessing three workshops which are held in local schools or on the cookery bus. Working in partnership with Council catering team and public health sessions are being delivered to Men, new to cooking, Young Adult Carers and Women who are cooking for one, learning budgeting skills, nutrition or require inspiration to cook.

1.3. Young Carers

- 1.3.1. The Young Carers Strategy and action Plan 2012-15 details the approach to support Young Carers living within Telford and Wrekin.
- 1.3.2. A progress report detailing progress against the implementation action plan is provided in Appendix 2. The report highlights the positive connection to Family Connect to ensure early identification of young carers.
- 1.3.3. The Carers Centre continues to provide support for young carers and stronger connections to both adult and young carers support has been developed by combining the service level agreement the council has with the Centre.

2. **IMPACT ASSESSMENT- Additional Information**

No additional information to be supplied.

3. **PREVIOUS MINUTES**

- Health and Well Being Strategy Priority Position Statement for Carers: May 2013.

4. **BACKGROUND PAPERS**

For the Board to note the following:

- Carers Strategy 2013- 2016: Making Connections for Carers in Telford and Wrekin and associated implementation plan.
- Pooled budget paper agreed on 6th December 2012 at Cabinet (CP71)
- Cabinet Paper-Carers Strategy, 30th May 2013
- Clinical Commissioning Group Board Meeting- Carers strategy, 11th June 2013.

Report prepared by

Christine Harrison: Service Delivery Manager – 01952 382105

Jill Tiernan: Carers Commissioning Officer - 01952 388918

Details of carers contributing to Health and Well being presentation:

Louise Langham: Chair of CPB, representative on Health Round Table. Former carer who looked after her mother with dementia. Louise is chair of a Promotion of Well being sub group which is focussed on Healthy Eating. The

well being of carers is an important factor in their ability to continue in their caring role.

Tracey Wilson: Current carer to husband who had a stroke, distant carer to her father and parent. Tracey is vice chair of CPB, works part time and is actively promoting carer champions within Patient Representative Groups.

Denise Jackson: Former carer for both of her parents. Denise is chair of 'A life outside caring' sub group linked to CPB. A life outside caring is a one of the eight outcomes within the Carers Strategy. A life outside caring focuses on Employment/Education/Housing and Financial matters.

Appendix 1- Carers Strategy 2013-2016 and implementation action plan



*Telford and Wrekin
Clinical Commissioning Group*

**THE
TELFORD & WREKIN
MULTI-AGENCY
STRATEGY FOR
CARERS**

2013 – 2016

**MAKING CONNECTIONS FOR
CARERS IN TELFORD & WREKIN**



Telford & Wrekin
C O U N C I L

Contents Page

1. Foreword
2. Who is a Carer?
3. Background
4. National Carers Context
5. Scope of Strategy
6. National Policy Context
7. Local Policy Context
8. Local Profile
9. Investment in Carers
10. What are Telford and Wrekin's key priorities for carers?
 - 10.1. Information, Advice and Support
 - 10.2. Planning for the future
 - 10.3. Promotion of Well Being
 - 10.4. Time for Yourself
 - 10.5. Having your say
 - 10.6. Addressing diverse needs
 - 10.7. A life outside caring
 - 10.8. Feeling safe and secure

REFERENCES

GLOSSARY OF TERMS

APPENDIX 1: Making connections for Carers: Illustration

APPENDIX 2: Young Carers Statement

APPENDIX 3: Carers Financial Statement

1 FOREWORD

Welcome to Telford and Wrekin's carers Multi-Agency Strategy and action plan which sets out our local vision for Carers services.

Locally, we acknowledge and value what carers provide day to day and the impact this has on their own lives. Within the context of this strategy, supporting carers in Telford and Wrekin is everyone's responsibility and through this we will illustrate our commitment to carers.

We know many people do not recognise themselves as being a carer. Some carers are on their own and others are part of a family where there is 'shared caring'. We also know that situation for each carer is different. This strategy is about taking a personalised approach to supporting carers.

Caring can take its toll on your finances, your health, social life and impact on family, education and employment opportunities. However when carers are given good quality information, advice and support they are prepared and very resourceful. We know that carers go to great lengths to provide care for individuals for as long as possible in their own home.

We also recognise we are on a journey of developing support and services for carers living within Telford and Wrekin. In particular we recognise further work is required in identifying carers who have diverse needs such as those people from Black, Minority and Ethnic communities, hidden carers, those who are socially isolated or in dual or multi- caring roles.

Over the past five years carers have worked with us as expert partners to identify those priorities which matter to them. We have taken into account the new national priorities identified by Government to ensure a consistent approach is established to provide a lasting legacy for the future. The model "Making Connections for Carers in Telford & Wrekin" illustrates the priorities and outcomes you have asked us to address. In addition the Health and Well-being Board has made 'Carers' one of their nine overarching, strategic priorities.

The priorities set within this strategy will be supported by an action plan to ensure outcomes are delivered. A pooled budget arrangement has been agreed between Telford & Wrekin Council and the Clinical Commissioning Group to ensure the necessary financial resources are available. The monitoring of the action plan will be undertaken by the Health and Wellbeing Board and the Carers Partnership Board, where carers actively contribute to discussions and debates. From a grass roots level, continued engagement with the Carers Forum will ensure carers have the opportunity to influence and shape future services which affect both carers and the person for whom they care for.

We are delighted to present this strategy as a testimony of our local commitment to carers. Over the years it has been our intention to improve our offer to carers and we recognise further work is required. We are proud of

the services and relationship we have already developed with carers and welcome a continuation of honest and respectful engagement in the future.

As part of this engagement we would like to consider, when this Strategy and the Young Carers Strategy are next due for renewal, the feasibility of developing an all age Carers Strategy for Telford and Wrekin.

Signed.....Paul Clifford
Director Care, Health and Wellbeing

.....Mike Innes
Clinical Chair of the Clinical Commissioning Group

Signed.....Laura Johnston
Director Children and Family Services

2 WHO IS A CARER?

A carer is someone of any age who provides unpaid support to a family member or to a friend who could not manage without their help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age. Many feel they are doing what anyone else would in the same situation; looking after their mother, son, or best friend and just 'getting on with it'.

*“Carers don’t choose to become carers: it just happens and they have to get on with it; if they did not do it, who would and what would happen to the person they care for?”*¹

3 BACKGROUND

This strategy sets out the vision for the delivery of carer’s services. It is the first refresh of the Telford and Wrekin Multi-Agency Carers Strategy which was first published in 2008.

The refreshed strategy reflects the original intentions of *the ‘National Carers Strategy – Carers at the heart of 21st century families and communities’*. (2008)² and builds on the national refresh undertaken by the Coalition Government in 2010 entitled *‘Recognised, valued and support: Next steps for the Carers Strategy’*.³

In addition the refreshed strategy and action plan acknowledges work that has been undertaken with a range of partners and stakeholders over the last five years. It demonstrates the positive relationships that have been developed between the carers, the Local Authority as a Co-operative Council,⁴ NHS Telford and Wrekin, the voluntary sector, social care enterprises and the local community. It is through this relationship that outcomes will be achieved, thereby supporting and empowering people to take control of their life choices and well being.

4 NATIONAL CARERS CONTEXT

Telford and Wrekin’s strategy takes account of the principles embraced in the National Carers Strategy. These principles are outlined below, in full for information.

Vision

- Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individual needs, enabling carers to maintain a balance between

their caring responsibilities and a life outside caring whilst enabling the person they support to be a full and equal citizen.

Outcomes

1. Carers will be respected as an expert partner and will have access to the integrated and personalised services they need to support them in their caring role
2. Carers will be able to have a life of their own alongside their caring role.
3. Carers will be supported so that they are not forced into financial hardship by their caring role.
4. Carers will be supported to stay mentally and physically well and treated with dignity
5. Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.

The vision and outcomes emerged through a period of consultation during 2012 and commentaries received from the Standing Commission on Carers which is the Government's expert advisory group.⁵

The key messages from the national consultation were around a range of themes reflected in the bullet points, below:

- Timely access to information at various stages of the carer's life.
- Carers can feel excluded by clinicians.
- Accessing information can be overly bureaucratic and slow.
- Carers often feel forced to give up work.
- Neglect of carers health and well being.
- Taking a break to sustain their role as a carer
- Carers felt the value of Carers Allowance is inadequate and rules around overlapping benefits unfair.
- Working together to support young carers should be embedded

From the above key messages illustrated in the National Carers Strategy, the following four key national priority areas were identified for adults.

Priority 1 Identification and recognition:

- Supporting people with caring responsibility to identify themselves as carers at an early stage.
- Recognising the value of their contribution and involving them from the onset in designing local care provision and in planning individual care packages.
- Engaging carers in developing strong local communities to ensure they do not feel isolated.

Priority 2 Realising and releasing potential

- Enabling and encouraging carers with caring responsibilities to fulfil their educational and employment potential.

Priority 3 A life outside caring

- Personalised support both for carers and those they care for. Promoting a flexible approach in the way care and support is provided enabling all to have a family and community life through whole family approaches.
- Assessments are timely and accessible.
- Placing carers at the centre to deliver better services and outcomes which save money which can be reinvested in new services.
- Promote the benefits of Assistive Technology including telecare which can reduce dependency on carers and family members.
- Opportunities for growth in local models of care and support including the promotion of volunteering.

Priority 4 Supporting carers to stay healthy

- Supporting carers to remain mentally and physically well through prevention and public health agenda.
- Prevention and early interventions for carers throughout key stages of carer's life and care pathway.
- Supporting Carers by learning from research in providing support for carers, effectiveness of health and well being checks.
- Supporting parent carers of disabled
- Supporting carers in military families.
- Promoting health and well-being in local communities through public health function.

5 SCOPE OF THE LOCAL STRATEGY

Telford & Wrekin Council and NHS Telford and Wrekin have recognised the importance of implementing the strategy in a transparent, consistent and equitable manner which also delivers practical and emotional support to the carer and the person they care for.

We acknowledge that people come to the role of caring at any age. Carers are potentially a vulnerable or marginalised group and require a planned and co-ordinated approach.

Over the last five years we have developed and improved our engagement with carers, ensuring we continually seek and listen to their views. We have engaged with carers through surveys, focus groups, workshops, consultations, the Carers Forum and the Carers Partnership Board. Carers have told us what is important to them and what would make a difference while they are caring and after their caring role ceases.

Locally, we respect and acknowledge the value which consultation and engagement with carers brings and how this influences and shapes the delivery of locally delivered services. We have listened to what carers have said and acted on it. For example, we have reviewed our commissioning intentions to ensure clearer transition arrangements are in place for when young carers move from childhood to adulthood, ensuring information, advice and support is available at appropriate times during a carer's life.

Although this strategy will primarily focus on supporting adult carers (18 years plus), it should be read in conjunction with the Young Carers Strategy and Action Plan 2012-2015. An overview of the strategy relating to young carers, including key priorities, is available in Appendix 2.

6 NATIONAL POLICY CONTEXT

Nationally carers are estimated to save the health and social care economy £400 billion.⁹

The National Carers Strategy 2010³ and NHS Operating Framework 2012-13²³ give recognition to the vital role carers play in our health and social care economy. These documents influence how services are delivered through local planning arrangements and budgets setting. In addition other national policies which reflect carers needs include:

- Putting People First, Provisional budgets for older people – making it happen (DoH 2010).⁶
- Equity and Excellence – Liberating the NHS (DoH - 2010).⁷
- Recognised values and supported – next steps for the Carers Strategy 2010.³
- Dementia Strategy: DoH 2009.¹⁴
- National Carers Strategy - Carers at the heart of 21st century families and communities (2008).²
- Real change no short change (Carers UK) 2008.⁸
- Valuing carers – calculating the value of unpaid care (Carers UK 2007).¹¹
- The Carers (Equal Opportunities) Act 2004.¹⁰
- Disability Discrimination Act (2005).¹⁷
- Flexible Working and Families Act (2006).¹⁸
- Carers (Recognition and Services) Act 1995).¹⁹

7 LOCAL POLICY CONTEXT

We have shaped our local response to carers' health and social care needs through national policy (above) and reflected them in local documents below, including:

- Local Accounts Plan 2012-13.¹¹

- Telford and Wrekin Health and Wellbeing Strategy and agreed priorities 2013.¹²
- Dementia Strategy 2012.
- Children, Young People and Families Plan
- Young Carers Strategy and Action Plan 2012-15

These local documents reflect the ongoing commitment of Telford & Wrekin Council and Telford and Wrekin Clinical Commissioning Group to commission and deliver the services and support for carers to make a positive difference to their lives and the role they undertake.

8 LOCAL PROFILE

In Telford and Wrekin:

- It is estimated that there are 17,944 people over the age of 5 years providing unpaid care.¹⁶
- Carers, including young carers, are likely to be female with the largest proportion are aged 45-64 years.²¹
- It is estimated that half of carers look after someone over 75 years.²¹
- The more intense caring roles are more likely to be in situations where the carer is caring for someone less than 75 years of age.¹⁶
- The number of assessments and services delivered is above the national average.¹⁶
- The number of carers receiving a service as a result of a carer's assessment dropped in 2010/11.²¹
- Approximately 2,000 carers (adults/children) are known to the Local Authority.²¹

Information provided by carers in response to a National Carer's Survey (2009/2011) (JSNA 2012)¹⁶ suggests that carers in Telford & Wrekin are:

- Most likely to care for one person.
- Most likely to care for a spouse or partner.
- 75% care for someone over 55 years of age.
- Live with the person they care for.
- Likely to care for someone with either a physical disability or long term illness
- Young carers are most likely to be caring for their mother, with the most likely reason being they have mental health and or physical disability needs.

9 FINANCIAL INVESTMENT IN CARERS

Local Authority

Historically, prior to 2008 all local authorities were allocated a Carers Grant as part of their base budget. Although this grant no longer exists, the council has maintained its commitment to supporting carers. Funding allocation for carers is provided in Appendix 3.

Clinical Commissioning Group (CCG)

The CCG has increased its financial contribution to Carer services and development. This commitment has been endorsed through the adoption of a pooled budget arrangement which has been recently formalised. This commitment is demonstrated in key areas, for example respite, emergency support, Admiral nursing and Manual Handling support for carers.

10 WHAT ARE TELFORD AND WREKIN KEY PRIORITIES FOR CARERS?

Through detailed consultation Telford and Wrekin carers have identified eight key priorities which reflect concerns that local carers face: These themes support priorities/outcomes which are illustrated within the Appendix 1 jigsaw model '*Making connections for Carers in Telford and Wrekin*'

The priorities are as follows:

- 10.1 Information, Advice and Support
- 10.2 Planning for the future
- 10.3 Promotion of well being
- 10.4 Time for yourself
- 10.5 Having your say
- 10.6 Addressing diverse needs
- 10.7 A life outside caring
- 10.8 Feeling safe and secure

Within the remainder of this strategy, the eight priorities will be examined, taking a local response on what carers are saying and how this dialogue shapes the direction we need to take to address these needs.

10.1 INFORMATION, ADVICE AND SUPPORT

Our local priority:

10.1.1 Supporting individuals with caring responsibilities to identify themselves as carers at an early stage.

We acknowledge the difficulty in reaching those individuals who do not recognise themselves as carers and are reluctant to seek help and advice. First, we have to help them to recognise they are a carer and that it is 'okay' to be a carer, and they can be supported. Second, and part of the way we do this is through provision of a range of information. We will make sure that increasingly information is widely accessible.

What carers say “Give information out on first contact and at various stages of the carer’s life”

10.1.2 Accessing information and resources which promote choice and inform good decision making.

We know good quality information and advice is essential in how carers reach a decision. Information can shape what steps carers take, ensuring they have the confidence and are informed to access appropriate support. This leads to greater choice and control in the services they purchase and receive.

What carers say ‘Not all carers have access to the Web? Information needs to be in different styles and formats’.

10.1.3 Promotion of Carer Assessments.

Government legislation has placed emphasis on the value of undertaking carer’s assessments.

Effective assessments are a critical key to delivering personalised, need led services. Without the assessment, needs fail to be identified and remain ‘unmet needs’. The assessment looks at the impact of their relationship with the cared for and roles that caring brings. It also highlights the interdependencies that most of us have with those closest and important to us.

Another benefit of an assessment is the opportunity for the carer to reflect on their own role and recognise the impact on their own health and well-being. In turn this prevents and reduces the incidences of a breakdown which lead to a greater dependence on other services.

Through the recent national welfare reforms carers’ entitlement to an assessment increases. It is therefore important that services ensure that every contact counts when coming into contact with potential and known carers.

What carers say “Carers Assessment should be offered We should not need to ask”

What we wanted to achieve	What we did
<p>Improve information for carers</p>	<ul style="list-style-type: none"> • Produced ‘Do you look after someone’ leaflet and distribute widely • Developed web-site information and Social Network site links • Placed a Carers Notice Board in every GP practice, with lots of local information and contacts

	<ul style="list-style-type: none"> • Published a revised Adult Care and Support Directory • Signposted carers to the Carers Centre for information, advice and support • Piloted a Carer Link Worker at the Princess Royal Hospital to seek out carers and signpost them to the right support • Provided regular information about forthcoming via local radio and press releases • Arranged a 'market stall event' to raise awareness of key areas, e.g. Respite, particularly with parent carers
Provide opportunities to increase knowledge	<ul style="list-style-type: none"> • Created an Electronic Carer Aware Awareness programme for Carers to use
Greater awareness through promotion	<ul style="list-style-type: none"> • Continually promoting Carers events, including for example: Carers Rights Day, Carers Forum; Carers Week • Promoted the Carers Forum as a real opportunity to exchange views and gain insights and awareness as well as inform future commissioning
Champion Carers	<ul style="list-style-type: none"> • Appointed a Carers champion in each Adult Care and Support Team
Carer Intelligence	<ul style="list-style-type: none"> • Improved collection of carer intelligence so as to shape and improve future commissioning decisions. • Used client surveys to gain more feedback from carers on services to improve future development
Traning	<ul style="list-style-type: none"> • Developed and delivered awareness training to professionals entitled ' Spotlight Carers' to health and social care staff

Our actions for the future

- **Continue to review** the type of information we produce and disseminate, making sure it is accessible, engaging and widely circulated
- **Develop web based 'My Life'** portal to maximise availability of information and **available in a range of** other options such as web based leaflets and directories.
- **Encourage signposting** between partnerships organisations.
- **Promote early identification** of carers
- **Improve the level of information and support** available in **public venues used by carers**
- **Development of a Carers Card to ensure carers** receive their own assessment .
- **Continue to develop** robust methodology for collection of carer intelligence to inform future planning

10.2 PLANNING FOR THE FUTURE

Our local priorities

10.2.1 Taking the pressure out of caring which enable carers to take greater control over their caring role.

There are approximately 4,100 adults locally who are providing care for someone for 50 or more hours a week including a small but significant number of young carers who report this intensity of caring. We aim to develop different, more personalised approaches which can provide carers and families with greater choice and control over their lives.³ For example, increasing the use of Personal budgets which give flexibility in purchasing support as well as promoting greater independence.

More recently, the development of Assistive Technology has assisted to promote independence and autonomy and reduce vulnerability for the carer and cared for. Following an assessment, Assistive Technology may reduce the need for home support and increase their level of independence by using electronic tools to remind people to take medication, keep appointments or carry out everyday tasks.

What carers say

Assistive technology evaluation comment.

'The person I care for's level of anxiety and challenging behaviour has reduced'

'There has been an improvement in carers mental well being and quality of life'

10.2.2 Promotion of pre planning arrangements including advanced wills, enduring powers of Attorney

Both national and local evidence indicates carers worry there would be no one to look after the person they care for. The principle of planning for these eventualities such as advanced wills, living wills and enduring power of attorney and emergency planning arrangements can provide peace of mind.

Often carers acknowledge the need, but do little to put plans in place until a crisis occurs. Through campaigns and at points when carers come into contact with services, carers should be made aware of the range of options available and the benefits that early ‘take up’ can bring.

What carers say Emergency Response Carer Service: ‘Knowing someone will help in a crisis is a relief’

What we wanted to achieve	What we did
Increase use of Assistive Technology	Developed Assistive Technology to promote individual safety and carer peace of mind so as to increase independence of carers whilst still providing ‘peace of mind’.
Emergency response	Launched the Emergency Response Carer service (launched February 2012) to provide 24x7 response during times of crisis for up to 48 – 72 hours, including Weekends and Bank Holidays.
Individual budgets	Promoted and increased take up of individual budgets to increase choice and flexibility in care planning arrangements
Communication	Established the ‘Who I am’ Passports which hold personal information and are used by individuals who have difficulty in expressing their needs and wishes when going into organised care (hospital, respite, residential or nursing). This includes people with dementia or learning disability.
Young Adult Carers	The Carers Centre piloted a Young Adult Carers workshop to provide one to one support to younger adult carers.

Our actions for the future

- Continue to promote emergency planning arrangements and review the impact the service is having on carers and cared for lives.
- Work with Health and Social Care organisations, care providers and employers to identify and empower carers at an early stage and throughout their caring life.
- Continue to promote carer awareness through raising awareness workshops, collaborative practices and partnership working.
- Continue to promote personal budgets to increase carers' ability to take greater control over their personal and caring lifestyle.
- Raise awareness and promote the use of assistive technologies to reduce dependencies and support carers in their caring role.
- Raise awareness of the importance of pre-planning arrangements such as living wills, advanced will planning.
- Development of sustainable Advocacy Services which provides expert advocacy for carers.
- Focussed work with young adult's carers aged 18-25, parent carers with families and those with complex needs.

10.3 PROMOTION OF WELL BEING

Our local priority:

10.3.1 Early identification of carers and signposting to resources which supports carers to maintain their emotional, physical and mental well being.

National data informs us that every day another six thousand people take on a caring responsibility providing high levels of support.

Carer UK report that there is a clear relationship between poor health and caring.⁸ Due to the impact of long term caring (duration and intensity) this creates additional strain on the health and well being of the carer. Locally, we know this impacts on our family carers, including young carers who are most likely to be caring for their mother who has mental health issues and or physical disability .²¹

The Dementia Deep Dive (JSNA for Dementia)²² identified carer 'burn out' as one of the key reasons for admission to hospital. However, carer support and counselling at the point of diagnosis of the condition, can reduce care home admissions by 28%. This would translate to a local saving of over £1million in social care provision.

Carers can play an important role in noticing changes in the physical, emotional and mental well being of the person they care for. This knowledge and observation can contribute to the treatment and care planning of the person they care for.

Over time, the pressure of constantly caring brings its stresses and strains. If these pressures are neglected it can have dire consequences for the carer, and contribute to a breakdown of support for the person they care for. We also know that carers are twice as likely to neglect their own health.² It is this deterioration we need to monitor and address.

In summary, the promotion of regular monitoring of carer's health and well being checks supplemented with workshops and educational support enables carers to continue in their caring role, whilst maximising greater control over their life style and the choices they make.

What carers say Moving and Handling Adviser for Carers: Comment from Carer. 'This service should be offered to all new carers to prevent the development of repetitive strain'.
--

10.3.2 Engaging with carers as expert partners

Carers can be directed or supported to take greater control over their lives by accessing information, advice and support at an early stage of their caring role. Taking regular breaks, having a health check, learning safe moving and transfer techniques, seeking specialist support, attending workshops and vocational programmes all assist and enable carers to become expert partners in the care they deliver.

We recognise the value of working alongside current and former carers accessing their knowledge and skills to inform our practice and commissioning arrangements. Some carers are utilising their skills gained through caring to participate in peer support initiatives, whereby they provide training to health and social care staff in workshop settings.

What carers say Learning Together workshops for Carers:
--

“The sessions have been invaluable”
“Meeting others has been a great help”
“Knowing you are not alone”
“Enjoyable and informative”

Creative Workshop:

“During the workshop I was asked how I felt before and after the session. I found this really helped me to realise what benefits I was getting from the workshops, and for a few hours to be able to loose myself.”

What we wanted to achieve	What we have done
Practical workshops	Delivered sessions to carers on: <ul style="list-style-type: none"> • personal care, • moving and handling • managing medicines • First Aid • Well being These sessions have improved confidence and supported carers to concentrate on their role.
Training for Carers	Local delivery of Expert Patient Programme ‘looking after yourself’ and Learning Together Workshop.
Carers as Educators	In partnership with Dementia UK and Uniting Carers, we promoted the “Carers as Educators” initiative, so that carers are involved in training local home and domiciliary care providers.
Substance misuse and alcohol	Through the ‘Concerned Others’ initiative, in partnership with NACRO and IMPACT, work has taken place to support those who are affected by someone else’s drug or alcohol dependency. Carers have gained peer mentoring skills to help work with others in similar circumstances.
Commissioning additional support	Promoted carers wellbeing through the following services: <p>Admiral nursing</p> <ul style="list-style-type: none"> • In partnership with Dementia UK established an Admiral Nursing service to provide post – diagnosis support to family and carers. <p>Relationship Counselling</p> <ul style="list-style-type: none"> • Working with Relate, commissioned a ‘relationship Counselling for Carers’ service <p>Moving and Handling</p> <ul style="list-style-type: none"> • Established a Moving and Handling family Carer Advisor service to educate carers in safe handling techniques.
Professional awareness training	Using Department of Health funding, and working in partnership with the Carers Centre, delivered awareness raising training directly to Health and Social Care professionals.

Our actions for the future

- Work alongside General Practices to identify carers at an early stage and offer health and well being checks.
- Develop Healthy Eating workshops to improve basic cookery skills, nutritional awareness and budgetary skills.
- Work with carers and former carers to look at promoting a life beyond their caring role.
- Continue development of the Dementia pathway, ensuring carers are supported at a various stages of their caring role.
- Continue to promote individual payments and personal budgets which enable carers to access a range of flexible care and support opportunities.
- Continue the promotion of well being sessions for carers.
- Work with carers to develop a broader range of local provision which provides time away from their caring role.
- Promote specialist carer services which enhance well being, such as Admiral Nursing Service, Safe Moving and Handling, those affected by someone else's addiction and relationship support.

10.4 TIME FOR YOURSELF

Our local priority:

10.4.1 Enabling carers who provide required support to take time away from their day to day caring role.

It is acknowledged that caring can be a factor in starting or deepening social exclusion and isolation. National research shows that carers are keen to have opportunities for their own personal and social development.⁴ From evidence collated within the carer's survey we know that:

- Less than one third of carers reported being able to spend time doing things that they want, having space/time to be themselves or have control over their daily lives
- 16% reported they neglect themselves.
- 15% have little social contact and feel isolated
- A quarter of carers report having been a carer for over 20 years.

What carers say Carers Singing Group:

“I want an opportunity to be me again”

Art and Painting Workshops:

“Two hours to think about nothing else”

10.4.2 Maximising opportunities to access a range of respite opportunities.

We recognise the importance of the day to day role that carers undertake in providing support for the person they care for. The constant impact of caring can take its toll on the physical, emotional and mental well being of the carer. We acknowledge the opportunity for time away to re-charge their batteries can bring benefits to both the carer and the person being cared for.

Providing a range of planned flexible respite options such as a week's break, a day or half day opportunities, can be beneficial to all parties including the health and social care economy. The opportunity for carers to access recreational support introduces a new dimension to how carers can take 'time away' for themselves. It is through a Carers Assessment that such needs can be recognised thereby helping the carer to identify key areas of need and recognise the importance of taking regular breaks to avoid a crisis or breakdown.

What carers say "I have been a carer for many years caring for my son 24 hours a day, seven days a week? I avoided registering as a carer as I did not want people to think that I felt caring was a problem"

What we wanted to achieve	What we have done
Short Term breaks/ respite for ALD carers	<p>Market Place</p> <ul style="list-style-type: none"> • We held a market place in July 2012 to provide information of local and national respite opportunities for parent carers of people with learning disabilities. • Worked closely with Parent Carers of people with learning disabilities to understand and respond to current and future need for short term breaks/respite. • Provided recreational respite for carers including: free pamper sessions, Tai Chi, creative workshops, sailing, birds of prey workshops and free access to Ironbridge Museum • Following success of 'Me Time', (creative arts project); established a Creative Arts room at Oakengates Theatre
Commissioning additional support	<p>Low Level prevention</p> <ul style="list-style-type: none"> • Provide low level preventative

	<p>services to support carers and those they care for to remain in control of their lives and reduce dependency on costly services.</p> <p>Admiral Nursing</p> <ul style="list-style-type: none"> • Piloted a service which provides carers of people with dementia with practical support in the home. <p>Increased provision</p> <ul style="list-style-type: none"> • Sharpened focus of commissioning so as to increase local diversification, including supporting new micro market providers. <p>British Red Cross</p> <ul style="list-style-type: none"> • Increased basic support to people after discharge from hospital through 'stay at Home' and 'Help at Home' services. <p>Community Alarms</p> <ul style="list-style-type: none"> • Re-commissioned the Community Alarms service providing low level support which leads to greater 'peace of mind' for carers. <p>Extra Care</p> <ul style="list-style-type: none"> • Investment in Extra Care Commissioned Housing leading to reduce social exclusion and isolation. <p>Carer Link Worker</p> <ul style="list-style-type: none"> • Piloted a Carer Link Worker at the PRH to support those new to caring, or worrying how they will cope when the cared for returns home. <p>Grants</p> <ul style="list-style-type: none"> • Increased funding to Carers Direct Services Grant (Carers Award payment) and Short Term Break Grant which offer financial support to enhance carers lifestyle and well being.
Befriending service	<ul style="list-style-type: none"> • Worked in partnership with Age UK to establish a befriending Service and Carers Cafe

Our actions for the future

- Promote personalised support for carers which encourage greater choice and control in how they respond to their caring responsibilities while addressing their own personal and well being needs.
- Promote carer breaks (both recreational and traditional) while developing a greater diversity in respite opportunities recognising carers are as individual as the person they care for.
- Evaluate the provision of recreational support for carers and consider a range of options which offer:
 - a) time away from their caring role and/or
 - b) with the person they care for

10.5 HAVING YOUR SAY

Our local priority:

10.5.1 Promote carer contribution in the shaping and delivery of local services which reflect co-operative council and Health and Wellbeing principles.

Carer's representation has been profiled through the development of the Carers Partnership Board. The growth of the Board has enabled carers to have a stronger voice in how services are shaped whilst acknowledging their participation and engagement as a fundamental part of local democracy, governance and collaborative working.

Carers have influenced the local direction of carer services and actively contributed to and shaped service planning, commissioning and contract monitoring. The development of the Carers Partnership Board has allowed carers, voluntary sector, care providers, elected members and health and social care managers to collectively combine their skills, experience and knowledge to shape and influence delivery of improved services for both carers and the people they care for.

Carer representation continues to be profiled in other ways. These include:

- Patient User Group representation within General Practices.
- Community Panel: Carers are amongst local residents who are registered members of Telford and Wrekin Community Panel. The Panel comprises of a group of local people who volunteer to give their views and ideas on a range of local issues and services. The Council listen to and takes into account the views of the Community Panel when planning and delivering local services.

- Carer representation on the Health Round Table: Where carers and other people who access health services are providing governance relating to the development of Clinical Commissioning Group.
- Contributing to the development and commissioning of Health Watch.
- Two carers are members of the Admiral Nursing Advisory Group which shapes the delivery of this service
- Carers form part of the membership of the Adults with Learning Disability (ALD) Partnership Board.
- Carers contributed to the commissioning of the Emergency Respite Carers' Service and subsequently contributed to the Steering Group membership.
- Carers' Forum and agenda is influenced by carers. The Forum provides a comparative check on how services are being accessed and received.

From a health perspective carer representation has been part of the Health Round Table which is part of governance arrangements linked to the Clinical Commissioning Group. In addition the local Health and Well Being Board made carers a key priority in 2013.

10.5.2. Development of carer ambassadors and champions

One way in which we can identify carers in our local community is to understand who carers are.

This work can start with local health and social care providers, employers and other stakeholders. The establishment of carer champions/ambassadors assists to raise awareness and signpost to information, advice and support. This awareness can assist to develop dialogue with carers from different backgrounds and communities.

What carers say

Carers Partnership Board: "We welcome the opportunity to be involved and have the opportunities to proactively respond to the carers' agenda."

Admiral Nurse: "It is a great help knowing some one is listening to me."

Me Time: "For me, it's that someone has recognised that there is a need."

What we wanted to achieve	What we have done
Establish a Reimbursement policy	<ul style="list-style-type: none"> • Carers are reimbursed for time given and expenses when undertaking roles/ functions on behalf of the Council.

<p>Carers Partnership Board to support carers</p>	<ul style="list-style-type: none"> • Established an effective Carers Partnership Board, • Supported the shaping and transformation of adult social care including the development of Carers Champions in each Adult Social Care Team • Established a Carers forum to collect the views of carers to inform other stakeholders including the carers Partnership Board and Commissioning • Developed a membership Support Pack to inform members and support governance • Hosted a ‘fact finding visit’ from the National Standing Commission for Carers. • Championed the creation of the Carers Commissioning Officer post to promote joint working across Telford & Wrekin Council and Telford & Wrekin CCG • Carers supported the commissioning of the Emergency care Response Service and Healthwatch
<p>Participation and contribution</p>	<ul style="list-style-type: none"> • Active representation on the Health Round Table, influencing the formation of the Clinical Commissioning Group. • Developed a carers question around employment to be included in the National Carers Survey 2012. • Increased representation on various Boards including: <ul style="list-style-type: none"> • Emergency Response Carers Service steering group • Admiral Nursing Advisory Group • A range of task groups focussing on; A Life outside Caring, Healthy Eating. • Representation on CCG Health Round Table
<p>Supporting young carers</p>	<ul style="list-style-type: none"> • Supported young adults through the transition from young carer to adulthood carer by combining

	young carer and adult carer services
Peer Mentors	<ul style="list-style-type: none"> Established Carer Mentors who help others through being carer or peer educators, for example: the delivery of the dementia or addiction services.

Our actions for the future

- Continue our positive track record to seek out and engage with carers in shaping services within our local community: contributions that embrace ‘Cooperative Council’ principles which include: Involvement, Openness and Honesty, Fairness and Respect, and Ownership.
- Ensure meetings are held at times and in ways that recognise the pressure of caring and are accessible to a wide range of carers. Consider involvement through email, letter, virtual meetings, and social media.
- Seek out views from carers who do not attend groups or meetings.
- Extend our ability to listen and seek views which represents the diversity of carers needs from the youngest to the oldest carer, current and former carer experiences, recognising all views are important.
- Appoint high profile Carer Champions/Ambassadors within health and social carer services including local employers and services to raise awareness and identify carers
- Actively seek out and increase carer representation in a range of environments such as
 - General Practice Patient User Groups
 - “Your Voice” Telford & Wrekin Council community engagement campaign.
 - Health Watch.
 - CCG Health Round Table

10.6 ADDRESSING DIVERSE NEEDS

Our local priority:

10.6.1 Promote opportunities and encourage access for socially disadvantaged, hidden and former carers to have a life of their own through personalisation approaches.

To address diverse needs, Telford and Wrekin recognises there are two equally important areas of work to progress. Firstly, carers are a diverse

range of individuals with different needs. At the heart of this strategy is our commitment to work in a flexible and responsive way, providing appropriate and timely support to all. Secondly, it is essential that we improve engagement with carers from different backgrounds and cultures, taking account of age, gender, sexuality disability, religion/belief, and different cultures.

When we speak about the diversity of carers we include:

- young family members,
- young adults seeking employment and taking the next steps in their education
- single people: those who have married/divorced/ or have never married.
- adults with extended families living together
- families who support second and third generation
- middle aged adults with dependent children and older parents

Carers can feel isolated and adrift within their community. The task of caring can be intense and can separate and promote a disconnection from community life and lead to isolation. This disconnection can impact on the health and well being of carers who often become invisible and then ignored.

National guidance describes carers as hidden. All organisations within the public sector including health should be skilled in recognising the indicators of being a 'hidden carer' and responding appropriately. We know from carers who provide regular care they do not acknowledge or recognise the extent of the role they undertake. When carers are asked why they do not see themselves as a carer, they are reported to say:

'He is my husband, brother, partner, friend, neighbour'.

For some carers, the fact that they are in 'relationship' with another person negates them identifying themselves as 'a carer'. This can be true when members who are bringing up their own family also supporting older family members. This type of carer is referred to 'Sandwich Carers'.

What carers say 'Caring is my personal choice and I do not want anyone looking into my affairs'.

10.6.2 Develop opportunities which assist to reduce isolation, exclusion and break down barriers of engagement with carers from different cultural backgrounds, including former carers

For some individuals who belong to different ethnic or religious communities they decline to identify themselves as a carer even though national research indicates that carers from black and ethnic communities (BME) provide more care proportionately than white British carers placing them at greater risk of ill health, loss of paid employment and social exclusion.

For example, when a local carers survey was distributed in 2009/10 to 125 BME carers (8.8% of our known carers), only one response was received. Telford and Wrekin wishes to gain more understanding of how it can effectively create better alignment so as to responds to needs, whilst respecting different cultures and beliefs.

Another group of individuals who can become marginalised are those caring role has changed or ceased. This might be for a range of reasons including, for example:

- the cared for dies.
- the cared for enters residential/nursing care.
- the cared for moves into supported living.
- the cared for's quality of life improves.
- the carer decides not to continue to provide support.

Carers who have experienced these situations tell us that after many years of investing their time in caring the impact of loosing this role can produce a loss in identity, self worth, confidence and self esteem.

Sometimes they become isolated and disengaged from the community where they live. In some circumstance this can also have a long term impact on their income and pension prospects. It is at this point in time prior to taking up a caring role and/or when the caring role changes or ceases, support should be available to help the person take up the next steps in their life. This support could be the provision of information, advice and support in a range of areas.

What carers say 'Apart from the impact caring had on all practical areas of my life, I realised that I had lost my identify and perceived role in life'

What we wanted to achieve	What we have done
<p>Concerned Others Initiative</p>	<ul style="list-style-type: none"> • Commissioned service to support people who have been affected through someone else drinking and drug taking by working with National Crime Reduction Charity (NACRO and Impact Alcohol and Addiction Services (IMPACT). Through one to one and group sessions carers develop a sense of their own individual self worth while gaining knowledge and skills to work with others in similar circumstances.

Asian Women's Group	<ul style="list-style-type: none"> • A local provider, Age UK, developed women's groups for socialisation and well being which is held in local temple.
Advocacy Service	<ul style="list-style-type: none"> • Reviewed commissioning of Advocacy Services to ensure carers and other people receive specialist support in times of need.
Transition support worker for Young Adult Carers	<ul style="list-style-type: none"> • Piloted an initiative to understand the needs and support carers aged 18- 24 years require as they move from young carer to adult services.
Carer Link Worker	<ul style="list-style-type: none"> • Raised the profile of carers' support in Princes Royal Hospital to identify carers providing support for the first time or who are concerned how they will cope when they return home through a temporary appointment of Carers Link Worker.
Relationship Support	<ul style="list-style-type: none"> • Working with RELATE (National Charity) to identify families who require support to develop healthy relationships
Carer Champions	<ul style="list-style-type: none"> • Telford & Wrekin Council have identified champions in each of the Adult Social Care Service Delivery Teams.
Promoting carers through social media	<ul style="list-style-type: none"> • Promoted carer awareness through social media networks such as facebook/twitter/blogs.
Carer Awareness Training	<ul style="list-style-type: none"> • Through Department of Health funding Carers Centre developed Spotlighting Carers, a professional awareness training to over 600 staff.
Carer Aware	<ul style="list-style-type: none"> • Invested in E learning programme which is accessible on Telford & Wrekin website. The programme informs and raises knowledge of carers. Following a short test at the end of the programme, applicants may be awarded certificate.

Our actions for the future

- Enable former carers to access information, support and advice to enhance their well being during the first year post caring.
- Engage with a wider, diverse range of carers who voices are seldom heard through using a range of social media, campaigns and working with local communities and groups.
- Promote peer support initiatives which encourage carers to help other carers through sharing skills and knowledge.
- Provide a seamless service for young and adult carers to access information advice and support through a Carers Centre.
- Through service level agreements ensure carer providers acknowledge the value of supporting carers and have the knowledge to signpost carer to information, advice and support.
- Continue to identify and work with carers who are isolated/hidden or marginalised because of their religion, culture, sexuality and gender.
- Recognising the value of carers in all commissioning and service delivery work streams.
- Continue to identify and support Carer Champions/Ambassadors to roll out best practice across Telford and Wrekin community.
- Develop /Consider other e-learning programmes to promote carer awareness.

10.7 A LIFE OUTSIDE CARING

Our local priority:

10.7.1 Enable carers to access employment (paid or vocational) and, educational opportunities to enhance their life choices

Carers have told us they experience a range of barriers which reduce their ability to access education and employment while being a carer and after caring responsibilities cease. This can be due to a range of reasons, such as availability of replacement support, inflexibility of working practices and of course timetables or travel.

National research undertaken by Carers UK informs us that, carers are more likely to be unqualified, work part time and less likely to hold university degrees.⁹ This factor is important in how we support carers, in particular young adult carers when they make the transition from home, college and university and/or into work and those carers who wish to enter education or employment market.

Many carers of working age stress the importance of wanting to continue in employment for the enhancement of their own well being and their family's

economic future. However the ability to balance each role can become almost impossible without the right intervention and support from employers or education establishments.

Although policies on flexible working have shaped working practices over the last decade, balancing caring with a life outside caring can be complex and difficult to manage.

We know through partnership working with the voluntary sector there is immense value for the individual in being a volunteer. The principle of Telford and Wrekin being a Co-operative Council promotes the value of volunteering within the local community. Volunteering can bring enhanced personal satisfaction, improve self esteem and self worth, as well as contributing to individuals' knowledge and skills. In turn, the impact of being a volunteer can increase confidence levels, enhance their knowledge and social skills and opportunities for self improvement. These opportunities can contribute to the individual's portfolio when seeking employment or engaging within local communities.

What carers say 'Volunteering has increased my knowledge and skills and improved my self confidence? I feel valued again'

'Talking about my caring role to social care workers and managers has not only given me greater confidence, but has also made me feel that I am doing something of value by helping improve their understanding of dementia' (Comment by contributor to Carers as Educators initiative)

10.7.2 To enable carers to have a life which allows each to re-discover and rebuild their identity.

For those carers whose role has ceased, the difficulties to form a new life, find work or even return to education can be a daunting task. In particular, many former carers experience a form of discrimination when their role has come to an end. In particular carers tell us that their income is affected, disengaged with society, lacking in confidence and self belief. All these factors can place former carers at a disadvantage in society.

What carers say We need to rediscover and rebuild our identity?

What we wanted to achieve	What we have done
Establish opportunities to think about 'life beyond caring'	<ul style="list-style-type: none"> • Established task groups to reflect on how key issues affect carers who want a life outside their caring

	<p>role, including, for example, the Healthy Eating project which focusses on eating well, managing a budget and cooking skills.</p> <ul style="list-style-type: none"> • Established: <ul style="list-style-type: none"> ○ ‘Learning Together’ workshops ○ creative art sessions ○ singing groups.
Access to employment opportunities	<ul style="list-style-type: none"> • Supported an initiative led by Dementia UK which enabled carers/former carers to deliver ‘Carers as Educators’ training to local domiciliary care and care home workforce.
Engaging with other stakeholders	<ul style="list-style-type: none"> • Worked with Job Centre Plus and other public services to raise carer awareness.

Our actions for the future:

- Continue to increase opportunities for Carers to access personalised /individual budgets to promote choice and flexibility in how care provision is provided.
- Signpost and facilitate carers/former carers to access online support to gain skills to seek employment by working with Job Centre Plus and local employers.
- Signpost and facilitate carers/former carers to access educational, formal and vocational opportunities to enhances their knowledge and skills.
- Improve carer awareness in schools and colleges.
- Build links with local employers to promote carer friendly practices.
- Acknowledge carers who work or are in education and employment when undertaking Carers Assessments.

10.8. FEELING SAFE AND SECURE

Our local priority:

10.8.1 Maximising income to increase life choices.

We are aware from national surveys and census figures that for many people caring has an immense impact on income and life choices.

At times of significant change or crisis any carers who decide to give up work when their caring responsibility becomes too much, do not immediately consider the long term effects this will have on there income or even their pension rights.

Locally, we are aware that people in most deprived communities, similar to parts of Telford and Wrekin are likely to have fewer financial resources and have high levels of personal needs such as poor health and financial worries¹⁶. For families living in areas of deprivation, the costs of caring can be immense bringing significant financial hardship leaving families to struggle on their own trying to manage the best way they can.

With changes in Welfare Reform being brought in from April 2013, consideration needs to be given to what can be done locally to support carers and their families to continue caring while at the same time accessing work and education. Although we may be unable to improve the financial offer, it is by working alongside carers that we gain an understanding of the needs of local communities. Through access to local support which can contribute to an improvement in their own well being and life style.

What carers say 'We often feel under-valued. The carers allowance limitations can restrict the opportunities carers can embrace to lead a fulfilled life'

10.8.2 Promotion of individual/personal budgets

From April 2013 the opportunity for carers to be eligible for personal budgets becomes mandatory. Personal budgets have the ability to improve the offer of increased choice, control and flexibility in the way care is provided for both the carer and the person they care for.

What carers say 'Receiving a personal budget for my mother gave me the freedom and flexibility to maintain a good work/life balance'

10.8.3 Carers feel safe and supported where you live.

Over the past four years the Joint Commissioning Team has worked with housing providers to increase the investment into extra housing/supported living accommodation. The provision of specialist housing for adults over the age of 55 years includes extra care housing, assisted living and continuing care environments for those people who have dementia.

Extra care housing allows the carer and cared for to live together in a supported way by offering peace of mind, practical and personal support while maintaining and promoting community links.

The availability of low level support encourages carers to continue in their role without feeling overwhelmed with care provision. This support may be the first step to accessing health and social care support as their role changes.

What carers say

Comment by resident in Extra Care Housing:

'I consider this is a very tight knit community, a very secure community. Being here gives you that sense of value

What we wanted to achieve	What we have done
Raising awareness	<ul style="list-style-type: none"> • We held events which support carers to gain relevant information to support income generation, including Carers Rights Day during Carers week • Developed stronger links with the Department of Work and Pensions to increase awareness and understanding of welfare benefits generally, including those relating to maximising income. • Welfare Benefit presentations made to Carers Partnership Board/Forums to raise profile and understanding.
Access to information	<ul style="list-style-type: none"> • Contributed to a refreshed adult Social Care Directory • Delivered road shows in local areas to increase knowledge of local services and resources.
Housing	<ul style="list-style-type: none"> • Commissioned two Extra Care housing Schemes in partnership with Bournville Village Trust and Parkwood Extra Care Housing.

Our actions for the future

- Continue to raise awareness and maximise carer's income through a range of information events including Carers Week and Carers Rights Day.
- Continue to develop links with Job Centre Plus and local employers to raise the profile of carers within the workplace.
- Housing: ensure Carers are maintained and not disadvantaged where carers are not the primary tenant and their caring role ceases.
- Extra care schemes: strive to achieve to deliver 800 units by 2020
- Continue to promote personal budgets, improving the financial offer to carers.
- Promotion of local voluntary opportunities to develop stronger cohesive communities which are supportive and carer friendly.
- Stimulate a local market to promote quality replacement support which allows carers the opportunity to work, access education, thereby having a life outside caring.

10.1. Information/Advice and Support

Early identification of carers

Accessing a range of information and resources which promotes choice and good decision making

10.2. Planning for the future

Taking the pressure out of caring through pre-planning arrangements and assistive technology which assist to promote independence as a safeguard the carer and cared for.

10.3. Promoting Wellbeing

Accessing a range of resources and support to provide healthy emotional, physical and mental wellbeing

10.5. Having Your Say

Acknowledging the value of carers contribution and respecting as expert partners.
Partnership in the planning, delivery and evaluation of quality services

10.4. Time for yourself

Carers have time away from their caring role and able to make life choices independent to the person they care for.

MAKING CONNECTIONS FOR CARERS IN TELFORD & WREKIN

10.6. Meeting diverse needs

Meeting the diverse needs of carers

Promote opportunities for hidden, socially disadvantaged and former carers.

10.7. A life outside caring

Accessing employment, education and vocational training opportunities to reduce isolation and in turn build stronger communities.

10.8. Feeling Financially Safe and Secure:

Feeling Safe where you live.

Income Maximisation

APPENDIX 2

YOUNG CARERS STATEMENT

The aim of the Young Carers Strategy is to:

- Reduce the numbers of young people who feel obliged to take on or continue with an inappropriate caring role.
- Deliver the five Every Child Matters outcomes to children & young people who cannot immediately be protected from taking on an inappropriate caring role so the young person has the same life chances as other children and young people.
- Protect children and young people from inappropriate caring and provide the support they need to learn, develop and thrive and to enjoy a positive childhood.

What is important to us locally?

To do this, it is important to us locally that we:

- can identify carers at an early stage
- involve them from the outset in designing local care provision
- enable them to fulfil their educational and employment potential
- support them to remain mentally and physically well
- recognise the value of their contribution
- support transition to adult services

What young carers say. 'That they greatly value the Young Carers sessions both for having a break from their caring responsibility and also from having someone to relate to'.

'That the main emotion they experience on a regular basis is loneliness'

'That they want others e.g. teachers and their peers to understand what it is like to be a young carer and the barriers they face'.

What we have achieved

The two year Pathfinder programme for Young Carers aimed to:

- Target families whose care need is linked to mental health and/or substance misuse issues.

- Model and test how better integrated support can be offered to families with care needs, ensuring children are protected from or lifted out of excessive and inappropriate caring roles.
- Improve outcomes for young carers and their families by further developing the 'think family' approach to support.
- Further raise awareness of young carers and their issues to enable early identification, increase referrals and identify hidden young carers.

During the life of the pathfinder we were able to offer a greatly enhanced provision to young carers beyond that offered using only the core funding. However we have learned some valuable lessons that we hope to mainstream through partnership working between CVS and the Early Intervention practitioners.

We have mainstreamed the Family Intervention Project element within Cohesion Services and have also appointed Early Intervention Practitioners to work in a family context supporting vulnerable children aged 0 – 19 including young carers and identified an Early Intervention thematic lead for Young Carers.

Our actions for the future

- Commission higher tier support for new and the most vulnerable (approx 46) young carers – identify an organisation that have skilled specialist key workers offering personalised support, and individual packages.
- Mainstream the lower tier support for more confident and safe young carers (approx 200) within the early intervention services e.g. – access to respite activities, networking, befriending, access to school.
- Establish a pathway of support for young carers to link into the work of Family Connect to ensure the right support at the right time.
- Embed the newly established joint manager's post with Adults.
- Pilot a support programme to relieve young carers from their domestic caring responsibilities during exams periods.

APPENDIX 3

CARERS FINANCIAL STATEMENT

Background

Telford and Wrekin Council and NHS Telford and Wrekin have made carers a priority in their delivery plans. The Joint Strategic Needs Assessment (JSNA) assists to provide a comprehensive analysis of local, current and future needs for carers and is the key driver for shaping future commissioning intentions. It is these intentions that will lead to better health and wellbeing outcomes and address health and social inequalities.

A joint approach would:

- ensure maximum use of the limited resources available and remove any potential duplication.
- ensure the overall governance will be maintained through the Health and Well-being Board, and the Carers Partnership Board and
- important networking will be maintained ensuring that family carers have confidence about who to contact and clarity of the vision and direction for family carer services in the future.

In addition:

- Plans have been agreed and signed off by both Council and Clinical Commissioning Groups. Health and Well being board have set carers as one of their ten priorities.
- Pooled budgets have been agreed to facilitate local purchasing arrangements to compliment the developing portfolio of respite. This was approved on the 6th December 2012 (CP 71: Developing of a pooled budget (Section 75 arrangement) for Carer Services. The CCG approved designation of resources in February 2013
- Both strategy and action plans to be available on both Council and Clinical Commissioning Group web site indicating how much of the total is being spent on carer's breaks.

Budget overview

The total identified budget for all carers in Telford and Wrekin for 2012/13 is £1.215 million.

This is broken down into the following amounts:

Local Authority (Council)	£835K
Health (Clinical Commissioning Group)	£380K

Health funding has been awarded in line with national NHS Operating Framework which gives recognition to the vital role carers play in our local health and social care economy.

The framework instruct Clinical Commissioning Groups to work with Local Authorities to jointly assess the needs of carers and to agree to local policies, plans and budgets which are in line with National Carers Strategy (3).

Current funding supports the following initiatives:

- Carers Direct Services Award: This payment can be up to £500 awarded to the carer to put towards a break whether it is for a couple of hours a week, a holiday, gym membership etc which best suits their personal needs. The award is accessed through a Carers Assessment.
- Provision of additional respite support for the cared for which supplements the existing care package arrangements while allowing the carer to take a break in their own right.
- Short Term Break Grant: One off payment which can put towards a break, therapeutic session, hobby. The award for 2013/14 is £60 per carer.

References:

1. Princess Royal Trust for Carers
2. National Carers Strategy – Carers at the heart of 21st century families and communities 2008
3. Recognised, valued and supported: Next steps for the carers strategy (2010) (DoH)
4. Co-operative Council www.telford.gov.uk
5. Standing Commission www.gov.uk/government/policy-advisory
6. Putting People First – provisional budgets for older people – making it happen. (Department of Health 2010)
7. Equity and Excellence – liberating the NHS (Department of Health 2010)
8. Real change – no short change (Carers UK 2008)
9. Valuing Carers – calculating the value of unpaid caring (Carers UK 2007)
10. The Carers (equal Opportunity) Act 2004
11. Local Accounts Plan 2012 -13 (Telford & Wrekin Council)
12. Health and Wellbeing Strategy and Practice (Telford & Wrekin Council)
13. Local Dementia Strategy (Telford & Wrekin Council 2012)
14. National Dementia Strategy (Department of Health 2009)
15. Young Carers Strategy and Action Plan 2012-15 (Telford & Wrekin Council)
16. Joint Strategic Needs Assessment (2012)
17. Disability Discrimination Act 2005 (Department of Health)
18. Flexible Working and Families Act 2006
19. Carers (Recognition and Services) Act 1995
20. A Vision for Adult Social Care – Capable Communities and Active Citizens (Department of Health 2010)
21. Carers Survey (Department of Health 2009-10)
22. Dementia Deep Dive (JSNA) (Telford & Wrekin Council 2009)
www.telford.gov.uk
23. NHS Operating Framework 2012/13 (DoH)

Glossary of Terms

Assistive Technology	Equipment that can assist individuals to carry out everyday tasks thereby assisting their levels of independence. Specific equipment can manage to reduce potential risks around the home, facilitate memory recall and promote safe living arrangements.
Clinical Commissioning Group(CCG)	CCG are clinically led groups that include General Practitioner (GP) groups in their geographical area. The aim is to give GP's and other clinicians the power to commission health care for their patients.
Expert Partners	Individuals who have gained skills and knowledge through the caring role they have undertaken.
Hidden Carers:	Individuals who do not acknowledge or recognise themselves in a caring role.
Sandwich Carers:	Carers who have children and are also providing caring support to older family members.

Appendix 2- Young Carers Progress report

<p style="text-align: center;">Telford & Wrekin Young Carers Service Update for H & W B Board – July 13</p>
--

As well as the individual support sessions with a key worker at tier one (highest level of caring responsibility), there are a number of other ways in which the service provides support including:

1. Support at **Team Around the Child and case conferences.**
2. **Respite activities.** Clubs, whole family activities, 16+ activities and holiday provision.
3. **Volunteer Befriending programme.** This is an important part of the Young Carers service. It provides young carers with the opportunity to take part in an activity on an individual basis with someone to listen to them. The service has a solid bank of trained mentors. The development of this project means that individual young carers are supported earlier on and also reduces the demand on the service. The project has mutual benefits to the volunteer befrienders too. Some comment on how the young carers keep them healthy as they persuade them to do lots of different sports.

Library Arts Project in connection with the new Southwater Development. Young carers will be attending sessions every week over the summer to be consulted on their views and work on ideas.

Young Carers Service has been nominated to benefit from the **Tree of Light** this year by Ironbridge Rotary.

Young Carers Allotment: The plan is to encourage young carers to take an interest in gardening “from plot to plate” - for both groups and individuals in befriending friendships. The overgrown patch at Randlay has been given to work in conjunction with Capgemini’s volunteer coordinator to arrange for their outdoor team to spend a day digging over the plot.

Identification is a key priority for the service which continues to work closely with all secondary schools with monthly informal lunch time drop ins. Primary schools are also being approached identify and implement appropriate support. The developments within Family Connect service mean that young carers should be identified at the earliest opportunity to support the family to avoid the need for more intensive support thereafter. The close links with the Early Intervention teams means that there has been an increase in referrals from these teams to the service.

Report prepared by Katrina McCormick

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 17 JULY 2013

HEALTH and WELLBEING BOARD PRIORITY (DEMENTIA)

REPORT OF: Kim Grosvenor, Specialist Commissioner

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 This report and accompanying documents provides an up-date on progress against the four identified priorities for Dementia including; Public and Professional Awareness, Information, Early Identification and Diagnosis of Dementia and End of Life Care. These priorities are in line with the recommendations set out in the Prime Minister’s Challenge on Dementia and NICE Quality Standards.
- 1.2 An Action Plan highlighting how local progress has been achieved is set within the context of the Commissioning Framework for Dementia, which came into effect in July 2011 to support NHS Clinical Commissioning Groups. It still reflects the objectives, originally set out in the National Dementia Strategy, (2009) but benefits from drawing more closely on a best-practice journey with dementia, matched with outcomes and NICE quality standards. The Commissioning Framework can be found in Appendix 1.
- 1.3 A presentation accompanies this report, giving a visual representation of recent achievements, outlined within the Commissioning Framework for Dementia. This will include a ‘real-life’ case-study. This can be viewed in Appendix 2.
- 1.4 A ‘Priority Template’ containing key information about the issues and priority work-streams within Dementia has already been submitted to the Health and Well-being Board for reference. This can be found in Appendix 3.
- 1.5 The Telford & Wrekin Dementia Pathway for Dementia is included in Appendix 4 and contains issues and comments from the Health and Wellbeing Board Stakeholder Event which took place on 30th January, 2013.

2. RECOMMENDATIONS

Board Members acknowledge significant progress since receipt of the last Board Report in September, 2012.

Board Members continue to champion Dementia as a priority across the Health and Social Care Economy and to contribute to raising Public and Professional awareness.

Board Members become Dementia friends to demonstrate our commitment

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

Accelerated improvements in the identified priority work-streams will make a difference in the following ways:

- Improving public awareness of memory problems and addressing stigma will increase numbers of people visiting their GP, as the gateway for a diagnosis.
- Improving professional awareness of dementia will improve early identification of memory problems and ensure seamless transfer to appropriate services for a timely diagnosis, ensuring that people access care and support services, as early as possible. Improved professional training and awareness may also improve quality of care.
- Identifying and diagnosing people with dementia in the early stages of the disease, will prevent crisis and the subsequent need for intensive services.
- Improving consistency and quality of end of life care will improve people's experience of health and social care services.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Dementia
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Telford & Wrekin Council's Medium Term Plan for 2012/13 to 2014/15
		<ul style="list-style-type: none"> • Protect and support our vulnerable children and adults

		<ul style="list-style-type: none"> • Improve the health and wellbeing of our communities and address health inequalities. <p>Telford & Wrekin Council's Corporate Priority, Adult Social Care:</p> <ul style="list-style-type: none"> • Improve quality and range of Dementia services locally. <p>The Health and Wellbeing Board priorities:</p> <p><u>Improve</u></p> <ul style="list-style-type: none"> • Emotional health and wellbeing of borough residents • People's experience of health and care services • Unpaid carers' health and wellbeing. <p><u>Support</u></p> <ul style="list-style-type: none"> • People with specific health needs to live independently for as long as possible • People with dementia.
		<p>Will the proposals impact on specific groups of people?</p>
	<p>Yes</p>	<p>Dementia is mainly a disease of people aged over 65 years but its impact on families and carers is far-reaching and can affect people of all ages.</p> <p>The Dementia Joint Strategic Needs Assessment, (Deep Dive) considered the needs of a range of people, which included; younger people with dementia, people with learning disabilities, people with alcohol-related dementia, people with other mental health problems (e.g. depression), people on low incomes and in poverty, minority ethnic groups, people living in isolated rural areas,</p>

		disabled people and people living alone.
TARGET COMPLETION/DELIVERY DATE	<p>The anticipated delivery of accelerated improvement across the priority work-streams is 12 months, with completion and review by July 2014.</p> <p>By 2015, the Department of Health's aim is that two-thirds of people should have a diagnosis, with appropriate post diagnosis support.</p> <p>For a full delivery plan, see Commissioning Framework for Dementia in Appendix 1.</p>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<p>Within existing resources and jointly commissioned across health and social care.</p> <p>The annual cost of care for each person with dementia is higher than the median salary in the UK, and is higher than the annual cost of care for a person with cancer, heart disease or stroke combined¹.</p> <p>The costs of providing dementia care are largely those required to provide support and care for activities of daily life, rather than medical treatments, so the costs associated with it, are predominantly social care². 40% of the total costs are for long-term residential social care and 55% for informal care. Only 5% are for primary or secondary healthcare or medication costs for dementia³.</p> <p>However, dementia is mainly a disease of people aged over 65 years and older people will often have other health needs, therefore, poor coordination of health and social care services, leads to avoidable hospital admissions, prolonged length of stay as a hospital inpatient and increased need for residential care⁴. With increased diagnosis rates and</p>

¹ Spotlight on DEMENTIA CARE, *A Health Foundation improvement report*, Health Foundation, October 2011

² *Ibid*

³ *Ibid*

⁴ National Audit Office reports of 2007 and 2010

		improved quality of care, as the national Dementia Strategy, NICE/SCIE guidelines are implemented; cost savings may be possible within several years. In the meantime, implementation is likely to add to the total cost of care.
LEGAL ISSUES	Yes	It is a key responsibility of the Board to promote joint commissioning in areas such as health and social care for people with dementia. Moreover, the Board's monitoring and involvement of the work in this area helps the Board to meet the responsibilities contained in its terms of reference.
EQUALITY & DIVERSITY	Yes/No	See above in Community Impact.
IMPACT ON SPECIFIC WARDS	No	Borough-Wide Impact but with higher prevalence rates anticipated in the West of Telford and in the central area around Telford Town Centre. Lowest numbers of anticipated prevalence is in the South East of Telford.
PATIENTS & PUBLIC ENGAGEMENT	Yes	Health and Wellbeing Stakeholder Event 3 rd July, 2012. Dementia Dissemination Event, (The Place, Oakengates Theatre), 26 th February, 2013. Health and Wellbeing Stakeholder Event, 30 th January, 2013. The Admiral Nurse Steering Group takes place quarterly and has Carer representation in attendance. The Health Economy Steering Group for Dementia takes place monthly, has patient representation in attendance and connects with a variety of patient and service user panels.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<ul style="list-style-type: none"> Financial risks relating to demographic increase and inappropriate crisis and use of unscheduled care, largely due to

		<p>late diagnosis or no diagnosis at all.</p> <ul style="list-style-type: none"> • Inadequate investment aligned with raising prevalence widening the gap of unmet need. • Reputational risks relating to failure to meet Prime Minister's Challenge on Dementia as performance becomes more widely publicised.
--	--	---

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 BACKGROUND

Dementia is one of the biggest challenges for health and social care that we face today. In recognition of this, the Health & Wellbeing Board in Telford & Wrekin has designated Dementia as a priority area.

We have made some good progress since the launch of the National Dementia Strategy (2009), but there is still a long way to go, as signalled in the Prime Minister's challenge on dementia, 'Delivering major improvements in dementia care and research by 2015'.

People with dementia, their families and carers have told us what is important to them and recent Health and Wellbeing Board Stakeholder Events have confirmed work-streams needing focused attention for improvement. These priority work-streams are:

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

For more detailed information about Dementia in Telford & Wrekin, see Appendix 3, Health and Wellbeing Strategy Priority Position Statement for Dementia.

1.2 ISSUES

- Under diagnosis of dementia remains the norm with only 44% of people in Telford & Wrekin having a formal diagnosis, compared with the National England Average of 57%. (***Dementia Prevalence rates by GP Practice - QOF 2012/13 provisional***).

- The provision of information and advice and the quality of support for people following a diagnosis, in their own homes and communities is variable.
- Too many people with dementia are not being supported to have early discussions about their wishes and make plans for the end of life care and some care settings are struggling to provide the high quality care needed to meet the needs of people with dementia. (***Prime Minister's Challenge on Dementia, delivering major improvements in dementia care and research by 2015: Annual Report on Progress, May 2013***)

To see more issues, as agreed in the Health and Wellbeing Stakeholder Event on 30th January, 2013, please see Appendix 4.

1.3 PROGRESS AGAINST ACTION PLAN

Significant progress has been made since the last report to the Health and Wellbeing Board in September 2012. For a detailed over-view, please see Commissioning Framework for Dementia in Appendix 1.

For a visual representation of recent achievements, please see Presentation in support of this report in Appendix 2.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

The Dementia Deep Dive considered the needs of a range of people with dementia to ensure their specific needs were met. These groups included:

- **Younger people with dementia**
Numbers are relatively small in Telford & Wrekin rising from 44 estimated cases in 2009, to 51 cases in 2019. Small scale services currently exist.
- **People with learning disabilities**
People with Down's syndrome are at high risk of developing dementia at a younger age; however, the Deep Dive analysis suggests that numbers in Telford & Wrekin will remain small, rising from 6 in 2009, to 7 in 2019. Commissioners working across specialities of Older People, Mental Health and Learning Disabilities continue to investigate good practice in models of care and local alternatives.
- **People with alcohol-related dementia**
Work is underway to define the level of need in Telford & Wrekin.
- **People with other mental health problems (e.g. depression)**
The service re-design model for early intervention in dementia will address functional mental health issues such as depression and anxiety.

- **People on low incomes and in poverty**
The Older Adults Strategy, (which includes Dementia) prioritises assisting people to access benefits and entitlements and Joint Commissioning currently purchase specialist support from Age UK Shropshire, Telford & Wrekin.
- **Minority ethnic groups**
Joint Commissioning commissions Age UK, Shropshire, Telford and Wrekin to provide a BME Neighbourhood Contact Officer, who has received Dementia training. Wider connectivity occurs throughout health promotion and social care, to ensure engagement and access to services.
- **People living in isolated rural areas**
Joint Commissioning commissions Age UK, Shropshire, Telford and Wrekin to provide a Dementia Neighbourhood Contact Officer, to identify people at risk of social isolation and support them in accessing mainstream and other services.
- **Disabled people**
Joint Commissioning continues to lead on the transformation of rehabilitation and re-ablement services, which will provide access and support for people with dementia.
- **People who live alone**
A range of options are being considered to support people living alone with Dementia, who want to continue to live at home. These include; specialist domiciliary care, assistive technology and investigating models of compassionate communities.

3. **PREVIOUS MINUTES**

Health and Wellbeing Board – September 12th, 2012.

4. **BACKGROUND PAPERS**

Health and Wellbeing Strategy Position Statement – May, 2013

http://www.telford.gov.uk/downloads/file/5469/priority_10-dementia_pathway_heath_and_wellbeing_priority_workshop

Report prepared by Kim Grosvenor, Specialist Commissioner, Telford & Wrekin Council. Telephone: 01952 telephone extension 88916.

Appendix 1

Progress against Commissioning Framework for Dementia (2013-14)

The Red, Amber, Green ratings correspond with progress against expectations set out in the National Commissioning Framework for Dementia and NICE Quality Standards.

- Red** Falling short of expectations
Amber Partially meeting expectations
Green Meeting expectations

Commissioning Framework Phase	Outcomes/NICE Quality Standard	National Dementia Strategy Objective	What people should expect:
<p>Phase 1</p> <p>When memory problems have prompted me, and/or my carer/family to approach my GP or other primary care practitioner with concerns.</p>	<p>Outcomes/NICE Quality Standard 1,2,3</p> <ul style="list-style-type: none"> I am confident that my primary health care worker/GP has taken my concerns seriously. S/he understands the nature and cause of memory problems and will refer me quickly for an appropriate assessment if needed. I can access a range of information and guidance in the community about memory problems, as well as resources to support me and my family. My GP/primary health care worker work with me to help me to stay well and live well. 	<p>Objective 1: Improved public and professional awareness and understanding of dementia</p>	<p>GPs and primary health care teams:</p> <ol style="list-style-type: none"> Have a comprehensive understanding of memory problems and dementia – and appreciate the value of early diagnosis and are aware of the assessment and treatment options as well as the potential for living well with dementia. Know how to promote living well with dementia Understand and recognise the role and support needs of carers. Ensure that there is prompt referral and easy access to a memory service. Has access to an up-to-date directory of community services and support, which is provided in a range of media. Supports dementia awareness which is actively promoted in the local community.
Achievements (2012-2013):		RAG Rating	Proposed remaining actions for 2013:
<p>Promoting local information on dementia services, (Key Commitment 5 of the Prime Minister's Challenge on dementia)</p> <ul style="list-style-type: none"> Dementia Awareness Week (20th-24th May, 2013). 'Worrying changes nothing, talking changes everything', campaign. Intergenerational Project (Age UK) delivering education and awareness in schools throughout Telford & Wrekin. This includes development of an age-appropriate leaflet. Telford Football Club, first dementia-friendly football club in the country, now signed up to the Dementia Action Alliance. 'Fighting Dementia' Campaign. (March, 2013) 			<p>Review existing Primary Care Liaison Role (SSSFT) and associated GP Programme of support and education.</p> <p>Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, Telford & Wrekin CCG</p> <p>Review outcomes of the RAID Service, (as part of external evaluation by Staffordshire University).</p> <p>Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, Telford & Wrekin CCG</p> <p>Review Impact of Dementia Leadership Programme on cultural and organisational change in care settings, in partnership with Staffordshire University.</p>

- In partnership with the Carers' Centre, launched the 'Who I am' Dementia Passport, to support person centred care in care settings.
- Publication of the Telford & Wrekin, Dementia Services Directory, (April, 2013)
- Development of Information Portal for Dementia, (June 2013). The portal is now live at: <http://ourhealth.westmidlands.nhs.uk/dementia-care.html>

Specific initiatives, commissioned within the Dementia Pathway focus on sustained public and professional education and awareness-raising, these include, but are not limited to:

- Expansion of the Admiral Nurse Service (Shropshire Community Health NHS Trust). These two posts have a dual role of providing specialist support to carers of people with dementia and delivering professional education. Strategic planning of professional education and delivery is facilitated through the Admiral Nurse Steering Group.
- Development of Rapid Assessment Interface Discharge (RAID) initiative with South Staffordshire and Shropshire NHS Foundation Trust within Shrewsbury & Telford Hospitals NHS Trust to deliver, assessment, professional awareness and education.
- In partnership with Shropshire Partners in Care, commissioned Worcester University to deliver a Leadership in Dementia Course across health, social care, independent and voluntary sector to improve professional awareness and drive improvements in quality of care.
- Primary Care Pathway for Dementia has been drafted and will be consulted on and approved through the Long Term Conditions Group for Dementia. (July 2013 – July 2014)

Other commissioned services will continue to deliver information, advice and professional education to public and professionals. These include; Dementia Advisor, Nurse Advisor Role within the Independent Sector, Primary Care Liaison Nurse, Speech and Language Therapy Service and Age UK Neighbourhood Contact Officer.

Responsible Officer: Kim Grosvenor, Specialist Commissioner, T&W Council

Embed Primary Care Dementia Pathway and coordinate a programme of Primary Care Education.

Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children and implemented through the Long Term Conditions Group for Dementia.

Integrate Dementia information into Telford & Wrekin NHS Clinical Commissioning Group Website and Telford & Wrekin Council's MyLife portal.

Responsible Officer: Kim Grosvenor, Specialist Commissioner, T&W Council in partnership with Staffordshire Commissioning Support Unit, (CSU) and MyLife Project Officer.

Commissioning Framework Phase	Outcomes/NICE Quality Standard	National Dementia Strategy Objective	What people should expect:
Phase 2 Learning that the condition is dementia.	Outcomes/NICE Quality Standard 3,4 <ul style="list-style-type: none"> • I don't have to wait long for an assessment, and I have the option of having the assessment at home. • I am confident that any tests that I have are necessary. • I have a choice about whether I receive a formal diagnosis. • If I am given a diagnosis, it is delivered with sensitivity. • I am able to discuss the condition (and possible diagnosis) with a health professional; my questions and concerns are addressed; and I receive relevant information at the right time for me and in the right way for me. • As a carer/family member, my contribution and experience inform the assessment, and next steps. My own information and support needs are considered and addressed. 	Objective 2: Good quality early diagnosis and intervention for all	<ol style="list-style-type: none"> 1. Prompt access to skilled professionals for people with advanced and/or complex presentations. 2. Assessment where required, in preferred place (including home). 3. Investigations to inform assessment. 4. Timely diagnosis delivered with respect and sensitivity. 5. Information and support to establish what the next steps will be. 6. Signposting to resources. 7. The GP to be informed and involved in continuing and longer-term review and management.
Achievements (2012-13)		RAG Rating	Proposed remaining actions for 2013:
Increasing diagnosis rates through regular checks for the over-65s (Key commitment 1 of the Prime Minister's Challenge on dementia) <ul style="list-style-type: none"> • Telford & Wrekin Clinical Commissioning Group is showing one of the best accelerated rates of improvement for increasing diagnosis rates in the country with a 3.7% increase in diagnosis rates for 2010-11 (<i>Improvement ranking of 29 (1=most improved, 163= least improved, Alzheimer's Society, PCT dementia prevalence and diagnosis rates).</i>) 			<p>Increasing diagnosis rates will require a revised approach to early identification and assessment and a rapid review of demand and capacity, as well as alternative service models, which will be considered as part of the Long Term Conditions Group for Dementia.</p> <p>Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children in partnership with Public Health colleagues and delivered through the Long Term Conditions Group for Dementia.</p> <p>Embed the Primary Care Pathway for Dementia supported by a comprehensive programme of education for Primary Care staff.</p> <p>Maximise opportunities for screening risk factors such as coronary heart disease, stroke and diabetes, during a patients' annual review.</p> <p>Responsible Officer: Helen Swindlehurst, Lead Commissioner for</p>

			<p>Mental Health & Children in partnership with Public Health colleagues and delivered through the Long Term Conditions Group for Dementia.</p> <p>Consider a model of service delivery which maximises use of available resources, including Public Health Screening and IAPT service provision, (Evidence-based) in the identification and management of Mild Cognitive Impairment.</p> <p>Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children in partnership with Public Health colleagues and delivered through the Long Term Conditions Group for Dementia.</p>
Commissioning Framework Phase	Outcomes/NICE Quality Standard	National Dementia Strategy Objective	What people should expect:
<p>Phase 3</p> <p>Learning more about the disease, options for treatment and care, self-management and support for me and my carer/family.</p>	<p>Outcomes/Nice Quality Standard 4,5,6</p> <ul style="list-style-type: none"> • My personal circumstances, and my needs, preferences, strengths and assets are acknowledged and understood. • My carer's/family's needs and concerns are considered and advice, support and help are available to them. • I am helped to understand what I need to know and want to know about the disease, treatment options, and support available to me and my carer/family. • I know who to contact for more information, guidance and support as my needs change. • I feel confident that effective help and support is available to me now and as my condition develops, to help me live life as fully as possible. • I know what the next steps are; and I have a care plan that reflects my strengths, wishes, preferences and lifestyle, as well as my needs. • I understand the range of issues I need to think about and plan for and what to do to ensure that my wishes for future care options are respected. • My GP is informed about my condition, s/he 	<p>Objective 3: Good quality information for those diagnosed with dementia and their carers</p> <p>Objective 4: easy access to care, support and advice following diagnosis facilitated by a dementia advisor</p>	<ol style="list-style-type: none"> 1. A knowledgeable, skilled practitioner will assess people's needs, strengths and aspirations. 2. A care plan based on this assessment will be developed collaboratively with the knowledgeable practitioner, the person with dementia and the family, and the care plan will be shared with the GP. 3. GPs and primary health care teams: <ol style="list-style-type: none"> a. are aware of and involved in the assessment and treatment plans and in longer-term review and management; they know how to promote living well with dementia b. understand and recognise the role and support needs of carers. 4. Carers' needs will be assessed, including the need to stay in employment and the time, availability and other constraints that employment might involve. 5. There is a single point of access to specialist help and advice when needed, with clear contact details using a variety of methods (email, internet, phone etc) and help is available 24/7. 6. Access to up-to-date information about community services and support, provided in a range of media. 7. Dementia awareness is actively promoted in the local community. 8. Signposting to resources and community activities/groups. 9. Carers have access to education and support.

	contributes to my care plan, and we review my needs regularly to help me to stay well and live well.		
Achievements (2012-13)		RAG Rating	Proposed remaining actions for 2013:
<ul style="list-style-type: none"> In partnership with the Alzheimer's Society, the Dementia Advisor Service has been re-designed, to provide information and support at an earlier stage of memory problems in the dementia pathway, including pre-diagnosis. Specific initiatives, commissioned within the Dementia Pathway focus on a continued programme of professional education and awareness raising, these include, but are not limited to; the Primary Care Liaison Nurse, (SSSFT), Admiral Nurse Service (Shropshire Community Health NHS Trust), Care Home Liaison, (SSSFT), Speech and Language Therapy Service, (Shrewsbury and Telford Hospitals Trust), and the RAID (SSSFT) initiative within Shrewsbury & Telford Hospitals NHS Trust. Education and training for carers and people with dementia, tailored to particular groups is commissioned through the Alzheimer's Society, Age UK, Carers' Centre and Admiral Nurse Service. In partnership with the Carers' Centre, launched the 'Who I am' Dementia Passport, to support person centred care in care settings. Publication of the Telford & Wrekin, Dementia Services Directory, (April, 2013) Development of Information Portal for Dementia, (June 2013). The portal is now live at: http://ourhealth.westmidlands.nhs.uk/dementia-care.html 			<p>Review Information provision within the Transformation Work-Stream (T&W Council).</p> <p>Responsible Officer: Christine Harrison, Service Delivery Manager, T&W Council</p> <p>Information Portal of information for people with Dementia to be developed and accessed via Clinical Commissioning Group website and Telford & Wrekin Council's website.</p> <p>Responsible Office: Kim Grosvenor, Specialist Commissioner, T&W Council</p> <p>Post-diagnosis information, care and support to be externally re-evaluated as part of evaluation of Memory Services, (Royal College of Psychiatrists).</p> <p>Responsible Officer: Gill Foster, Operational Manager, South Staffordshire and Shropshire NHS Foundation Trust</p>
Commissioning Framework Phase	Outcomes/NICE Quality Standard	National Dementia Strategy Objective	What people should expect:
Phase 4 Getting the right help at the right time to live well with dementia,	Outcomes/NICE Quality Standard 1,6,7,8,10 <ul style="list-style-type: none"> I can access a range of services to enable me to remain at home as long as possible. People who support me at home 	Objective 5: Structured peer support and learning networks	<ol style="list-style-type: none"> GPs, primary care teams and social care services: <ol style="list-style-type: none"> have a comprehensive understanding about memory problems and dementia are aware of the assessment and treatment options and of the potential for living well with dementia

<p>prevent crises and manage together.</p>	<p>understand my condition and know how to help prevent, modify or make adjustments to manage any behaviours that challenge.</p> <ul style="list-style-type: none"> • People who support me help me to live as independently and actively as possible. • I can remain involved with my friends and my community. I enjoy life. • My choices and preferences for living my life are respected and I am involved in decisions about my life. • I can access a range of information and guidance in the community about memory problems and resources to support me and my family. • My GP/primary health care worker will work with me to help me to stay well and live well. • As a carer, I can access support, including training, to help cope with the ongoing role of caring for a person with dementia. • As a carer, I have early and flexible access to different types of respite. The respite options suit me and the person I am caring for. • They enable me to live well, to continue to provide care and for the person I care for to continue to live at home. • As a carer, I know who to contact in an emergency. 	<p>Objective 6: Community personal support services</p> <p>Objective 7: Services within the Carers' Strategy</p> <p>Objective 13: an informed and effective workforce across all services</p>	<ul style="list-style-type: none"> c. know how to promote living well with dementia d. recognise the changing needs of people with dementia as the condition progresses and know how to access specialist dementia help, when required, to manage those needs effectively e. understand and recognise the role and support needs of carers as dementia progresses and can respond effectively. <ol style="list-style-type: none"> 2. Specialist dementia therapies and treatment options are available and accessible. 3. There is a range of practical support including respite, social care and assistive technology for people with dementia and carers. 4. There is access to an up-to-date directory of community services and support which is provided in a range of media. 5. Dementia awareness is actively promoted in the local community.
--	--	---	---

Achievements: (2012-13)	RAG Rating	Proposed remaining actions for 2013:
<p>Dementia-friendly communities across the country (Key commitment 6 of the Prime Minister's Challenge on dementia)</p> <ul style="list-style-type: none"> • Up-dated the Telford & Wrekin Carers' Strategy, which was widely consulted on and has been approved by both T&W Council & T&W NHS Clinical Commissioning Group, (June 2013). • Commissioned a validated well-being tool to capture a robust evidence-base for the benefit of creativity contributing to wellbeing for people with dementia and their family carers. This will now be used to evidence improved outcomes in the 'Art on Prescription' Project. 		<p>Telford & Wrekin Council and NHS Clinical Commissioning Group to sign-up to the Dementia Action Alliance and submit an action plan in support of registration.</p> <p>Responsible Officer: Kim Grosvenor, Specialist Commissioner, T&W Council</p> <p>To integrate the dementia-friendly communities model, (Piloted at The Place, Oakengates) within the wider community and to develop the 'creative-space' concept for carers and people with dementia, at the Theatre.</p> <p>Responsible Officer: Kim Grosvenor, Specialist Commissioner, T&W Council in Partnership with the Commissioning Officer for Carers</p>

- Telford & Wrekin Council has been commissioned to deliver a 'creativity in dementia' programme and to lead on the development of a model for 'Dementia-Friendly' Communities. A full evaluation of the work, which was externally validated can be found at: <http://www.westmidlandsartshealthandwellbeing.org.uk/projects/dementia-care.html>
- New and better housing options are being developed in Telford & Wrekin, e.g. Extra Care Support which focus on inherent aspects of living well with dementia including, minimum transfers, avoidable hospital admissions and wrap-around care and support. This includes support from Community Nursing, Nurse Advisor post, Psychiatry-led 'Clinics' and the Care Home Liaison Service for example.
- Assistive Technology has been main-streamed in Telford & Wrekin Council, building on the previous pilot projects undertaken to support people with dementia, living in their own home. An initial range of equipment has been identified. Work is ongoing with teams to develop and embed provision as a mainstream service. Key strands are operational procedures, workforce development, public information and performance monitoring.
- NHS Telford & Wrekin undertook an audit of anti-psychotic prescribing in 2010 and subsequently, Medicine's Management, developed shared-care prescribing protocols. In 2012, the audit of anti-psychotic prescribing was undertaken again and some improvements have been made. A full action plan for the reduction of anti-psychotics features as part of the Health Economy Action Plan for accelerated improvement.
- The Alzheimer's Society has been commissioned to deliver 'Singing for the Brain' sessions, as an evidence-based approach to supporting wellbeing in people with dementia. The Society is also currently undertaking a pilot in Cognitive Stimulation Therapy, (as per NICE guidance) and the evaluation will be considered as part of the prioritisation of future funding. The SSSFT also provides a variety of psychological therapies to support people with dementia, as part of their contractual obligations.
- Wellington Road, Newport GP Practice is currently leading on a risk-stratification project, in partnership with the T&W NHS Clinical Commissioning Group and the West Midland's Public Health Observatory to identify people with dementia and their family carers at risk of deterioration in the community and to intervene with a 'Virtual

To develop a 24/7 Crisis Resolution and Home Treatment Team.

Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, CCG

Continue to support therapeutic interventions, which may support the reduction of anti-psychotic medication.

Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, CCG

Review and up-date the Health Economy Action Plan for Dementia and contribute to the Group's Annual Report, evidencing improvements in local services and quality of care.

Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, CCG and Kim Grosvenor, Specialist Commissioner, T&W Council

The training pathway for dementia needs to be reviewed, up-dated and publicised across the health, social care and independent sector.

Responsible Officer: Kim Grosvenor, Specialist Commissioner, T&W Council in partnership with Shropshire Partners in Care

Evaluation of the Cognitive Stimulation Pilot, (Alzheimer's Society) to be considered as part of prioritisation of funding for the future.

Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, CCG

Primary Care Management of people with Dementia living in the community, (including residential and nursing homes) and Evaluation of the risk-stratification pilot to be presented to the CCG for consideration of future funding and wider implementation.

Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, CCG

Model of wrap-around support services.			
Commissioning Framework Phase	Outcomes/NICE Quality Standard	National Dementia Strategy Objective	What people should expect:
<p>Phase 5</p> <p>Getting help if it is not possible to stay at home, or if hospital care is needed.</p>	<p>Outcomes/NICE Quality Standard 1,7,8</p> <ul style="list-style-type: none"> • I know what my options are, and I have had an opportunity to discuss this with someone who can advise me. • I know that I will be respected as a person, and that I will receive good quality care. • My rights, preferences, interests and culture will be respected. • People supporting me will understand my condition and care for me with compassion. I feel safe. • I feel understood by the people who are looking after me. • My physical and mental health needs are met; I am not taking any unnecessary medication. • I am able to return home when possible, as soon as it is possible. • Staff have the knowledge, skills and values to work with people with dementia. They understand dementia; what can help alleviate distress; how to manage different behaviours and prevent crisis. They are supported to work in this way. • Staff know how to get expert advice, and are able to access help and advice when they need it. 	<p>Objective 8: Good quality care within general hospitals</p>	<ol style="list-style-type: none"> 1. Hospital care, including inpatient psychiatric care, has a clear purpose for each person with dementia admitted and is time-limited. 2. Care options are safe and high quality.
Achievements (2012-13)		RAG Rating	Proposed remaining actions 2013:
<p>Improving care in hospital (Key commitment 2, Prime Minister's Challenge on Dementia)</p>			<p>Embed Dementia Pathway and Composite Model of Care as part of contractual commitments with SaTH.</p>

<ul style="list-style-type: none"> • A multi-agency Steering Group, (Pan Shropshire, Telford & Wrekin) has been set-up to drive forward an accelerated programme of improvement in dementia, including quality of care in the general hospital. Performance and accountability is to the Telford & Shropshire, Health and Wellbeing Boards respectively. • A Clinical Lead, Nurse Lead and Dementia Lead have been identified in SaTH to drive service improvement in the general hospital, while the Professor of Dignity at Staffordshire University has responsibility for leading the change agenda. • A dementia screening tool has been developed for clinicians in SaTH, as part of the CQUIN for improving quality of care in general hospital. • A dementia pathway has been developed and a 'dementia bundle of care' implemented, as part of the hourly comfort-rounds within SaTH. Further works needs to be undertaken on elements of the West Midlands 'composite model' such as the Dementia-Friendly Environment. • An information leaflet has been produced and education and training rolled-out. • The RAID initiative has been implemented and will be externally evaluated. 			<p>Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, CCG</p> <p>Review RAID and evaluate as part of evidence-base for prioritisation of future funding.</p> <p>Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, CCG</p> <p>Highlight the impact of unsuitable care environments for people with dementia and work with provider organisations to implement improvements using best practice evidence</p> <p>Responsible Officer: Helen Swindlehurst, Lead Commissioner for Mental Health & Children, CCG</p>
Commissioning Framework Phase	Outcomes/NICE Quality Standard	National Dementia Strategy Objective	What people should expect:
<p>Phase 6</p> <p>Receiving care, compassion and support at the end of life.</p>	<p>Outcomes/NICE Quality Standard 1,6,9,10</p> <ul style="list-style-type: none"> • I am confident that everything will be done to ensure that I die where I want to, that I am well supported, and that my cultural needs and expectations will be respected. • My carer's/family's needs are respected and supported. 	<p>Objective 12: end of life care for people with dementia</p>	<ul style="list-style-type: none"> • People with dementia have the opportunity to die with dignity at home or where they are living, if they so choose. • People with dementia and their carers/families receive support to achieve this, using advance planning where possible and appropriate. • Carers/families are involved and supported in the end of life care of the person with dementia to the extent that they chose to be. • People with dementia are kept as comfortable as possible, taking into account how discomfort and pain might be communicated and responding appropriately with treatment and care. • The cultural values and preferences of the person with dementia, and those of carers/families are taken into account, and reflected in after death care.

			<ul style="list-style-type: none"> After-death care is in line with national guidance.
Achievements (2012-13)	RAG Rating	Proposed remaining actions 2013:	
<ul style="list-style-type: none"> A Preferred Priorities of Care initiative has been Piloted across the County and further work continues in rolling out the Programme. This has included working with Memory Services and supporting people with their long term choices, post-diagnosis. Initial work is taking place to address End of Life care for the population of Telford & Wrekin. 		<p>Palliative Care Steering Group to Review End of Life Care in Telford & Wrekin and up-date Strategy and Action Plan to drive service improvement.</p> <p>Responsible Officer: Michael Bennett, Head of Integrated Care, CCG</p> <p>Review End of Life Care Pathway in General Hospitals.</p> <p>Responsible Officer: Michael Bennett, Head of Integrated Care, CCG</p> <p>Further investment to be sought through the prioritisation of funding process of the CCG, to embed initiatives which support advance care planning.</p> <p>Responsible Officer: Michael Bennett, Head of Integrated Care, CCG</p>	

Health and Wellbeing Board Strategy Priority (Dementia) – Progress Up-date

Kim Grosvenor: Specialist Commissioner, Telford & Wrekin
Council



Telford and Wrekin
Clinical Commissioning Group



Telford & Wrekin
COUNCIL

Issues

- Under diagnosis of dementia remains the norm with only 44% of people in Telford & Wrekin having a formal diagnosis, ***(Dementia Prevalence rates by GP Practice - QOF 2012/13 provisional)***.
- The provision of information and advice and the quality of support for people following a diagnosis, in their own homes and communities is variable.
- Too many people with dementia are not being supported to have early discussions about their wishes and make plans for the end of life care and some care settings are struggling to provide the high quality care needed to meet the needs of people with dementia. ***(Prime Minister's Challenge on Dementia, delivering major improvements in dementia care and research by 2015: Annual Report on Progress, May 2013)***

Priority work-streams

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

Commissioning Framework and Action Plan

Progress against Commissioning Framework for Dementia (2010-12)

The Red, Amber, Green ratings correspond with progress against expectations set out in the National Commissioning Framework for Dementia and NICE Quality Standards.

Red Falling short of expectations

Amber Demonstrable concern in fully or partially meeting expectations

Green Meeting expectations

Commissioning Framework Phase	Outcomes/NICE Quality Standard	National Dementia Strategy Objective	What people should expect:
<p>Phase 1</p> <p>When memory problems have prompted me, and/or my carer/family to approach my GP or other primary care practitioner with concerns.</p>	<p>Outcomes/NICE Quality Standard 1,2,3</p> <ul style="list-style-type: none"> I am confident that my primary health care worker/GP has taken my concerns seriously. S/he understands the nature and cause of memory problems and will refer me quickly for an appropriate assessment if needed. I can access a range of information and guidance in the community about memory problems, as well as resources to support me and my family. My GP/primary health care worker work with me to help me to stay well and live well. 	<p>Objective 1: Improved public and professional awareness and understanding of dementia</p>	<p>GPs and primary health care teams:</p> <ol style="list-style-type: none"> Have a comprehensive understanding of memory problems and dementia – and appreciate the value of early diagnosis and are aware of the assessment and treatment options as well as the potential for living well with dementia. Know how to promote living well with dementia Understand and recognise the role and support needs of carers. Ensure that there is prompt referral and easy access to a memory service. Has access to an up-to-date directory of community services and support, which is provided in a range of media. Supports dementia awareness which is actively promoted in the local community.
Achievements against outcomes (2010-12)		RAG Rating	Accelerated areas for improvement:
<ul style="list-style-type: none"> Public and professional awareness-raising has been undertaken by multi-agencies and Joint Commissioning, in partnership with Corporate Communications within NHS Telford & Wrekin and Council. This has included a press campaign, linked to World Alzheimer's Day (September, 2010/11), Radio Interviews (January and August 2010), Public Events, (Town Centre and Senior Citizen's Forum) and internal communications, 'Worried about your Memory'. 			<ol style="list-style-type: none"> Promoting local information on dementia services, (Key Commitment 5 of the Prime Minister's Challenge on dementia) <p>Planned activities for 2012 include; launch of the Dementia Passport, (October, 2012) and publication of the Dementia Service Directory (November/December 2012).</p>

Achievements – Public Awareness and Information

Fighting Dementia with Telford Football Club

<http://www.youtube.com/watch?v=wS8X0QAOIzA&feature=youtu.be&a>

Achievements – Public Awareness and Information

Dementia Services Directory

Leading the fight
against dementia
**Alzheimer's
Society**

Your guide to dementia services
in Telford and Wrekin

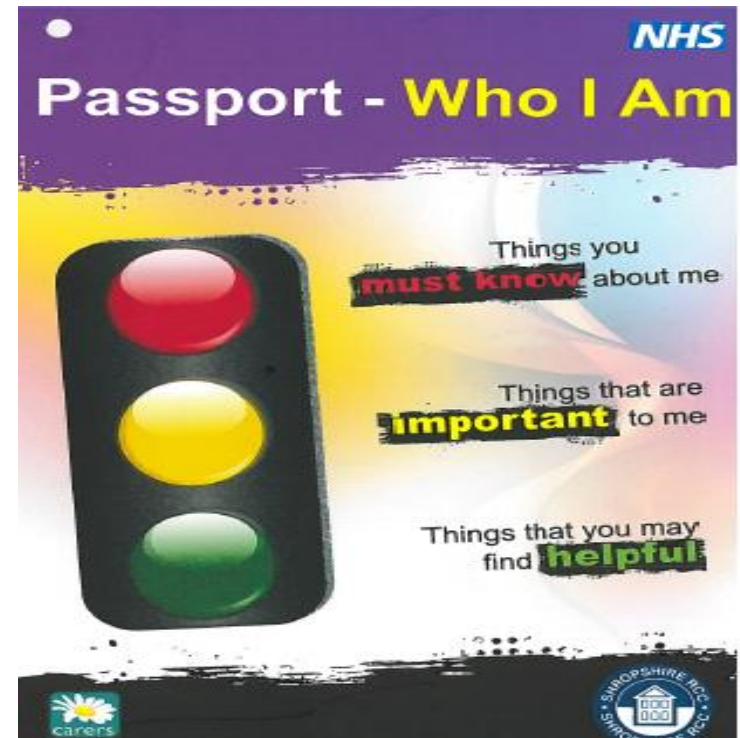


NHS
Telford and Wrekin
Clinical Commissioning Group



**Telford & Wrekin
COUNCIL**

Dementia Passport



Achievements – Public Awareness and Information

Dementia Awareness Week

Blists Hill Dementia Awareness Day – 10th June

**PRINCESS ROYAL
HOSPITAL
TELFORD**

Alzheimer's Society Leading the fight against dementia

The Alzheimer's Society is coming to the Princess Royal Hospital, Telford on Friday 24 May from 10.00am — 3.00pm.

Please do come and see us and pick up some leaflets & information.

We are open to carers, family and staff.

For more details contact Maureen Heath, Service Administrator on 01743 341800.

Dementia Awareness Week 2013
WORRYING CHANGES NOTHING
TALKING CHANGES EVERYTHING

During the week we will be aiming to increase public understanding of dementia and prompt people worried about dementia to find out more information and what local services are available.



The chance to share my experiences on the online forum is really important

Ask your question or see answers to other questions >



What is dementia?



Worried about your memory?
Signs and symptoms of dementia
Getting help from your GP
Preparing for your GP appointment

Getting a diagnosis



Getting a diagnosis
How memory services can help
What you can expect

Living well with dementia



Your personal care plan
Getting help at home
Care while you are in hospital
Care towards the end of life

Support for families & carers



Support for families and carers
Carers' rights - what you can expect
Breaks for carers (respite care)

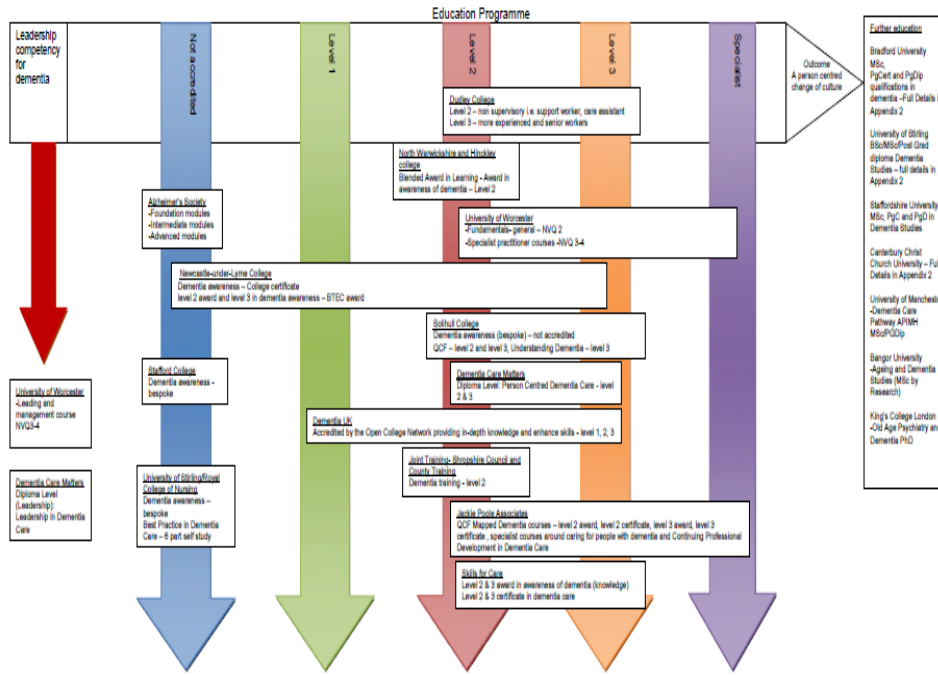
Recently Asked ...

- 1 Answered
12/01/2013 from cherry @Dementia Care
[Mum has been diagnosed with vascular dementia. She is very confused whenever I am with her or on the telephone. But when she is with others, she seems to be OK? Why is that?](#)
- 1 Answered
01/10/2012 from Mrs Nicola Floyd @Dementia Care
[can i get help trying to keep mum in her own home, finding it hard would like it if i could get help in the evenings.](#)

[View All Questions...](#)

Achievements – Professional Awareness

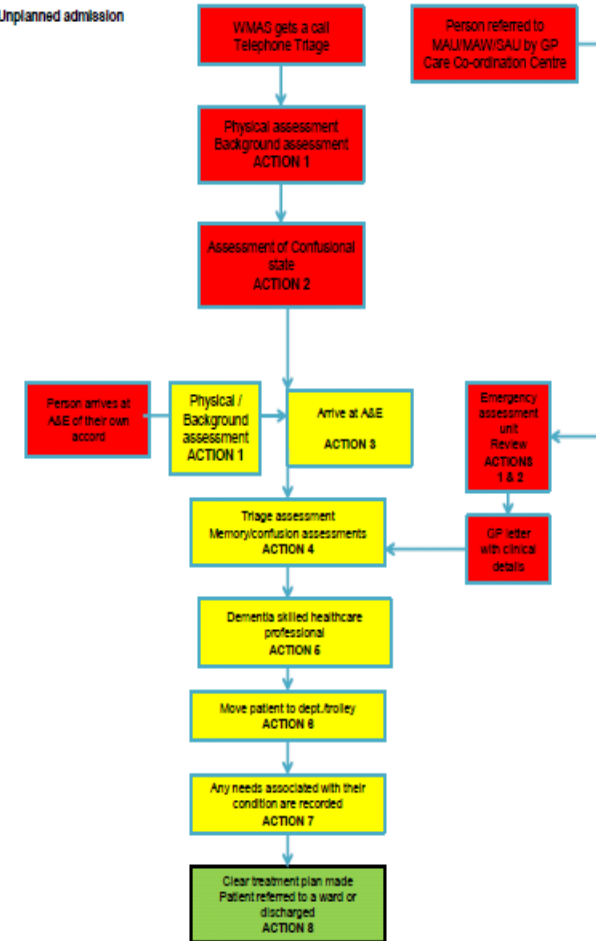
- Competencies**
1. Staff accept that everyone has a role to play and are accountable for their individual practice
 2. Staff in contact with people with dementia see the person, not the dementia and have the skills and understanding to deliver person-centred care
 3. Staff have an understanding of what dementia is
 4. Staff have an understanding what dementia isn't
 5. Staff know what to look for, in terms of signs and symptoms / indicators of a possible dementia
 6. Staff have the skills and tools to deliver good quality care, which is appropriate to someone with dementia, taking into account key indicators around environment, communication, hydration/nutrition and meaningful activity
 7. Staff are informed about information sharing and reporting which results in an integrated, seamless workforce and not a workforce artificially divided by health and social care
 8. Staff know where to go for advice and support
 9. Staff are supported by leaders committed to changing malignant attitudes to dementia
 10. Staff understand the need to support and work with family and friends of the person with dementia and where appropriate, to identify and support the needs of the carer
 11. Staff will recognise what 'good practice' looks like, in caring for people with dementia
 12. Where appropriate, staff will be equipped to offer alternative approaches to care, including therapeutic interventions, which reduces the need for anti-psychotic medication
 13. Staff will be committed to a model of care which supports social cohesion, not divisive barriers which isolate people with dementia to the detriment of their well-being
 14. Staff will be committed to an enabling culture, which maximises independence and supports well-being
 15. Staff will understand and empathise with the experience of dementia and as a result, improve professional practice.



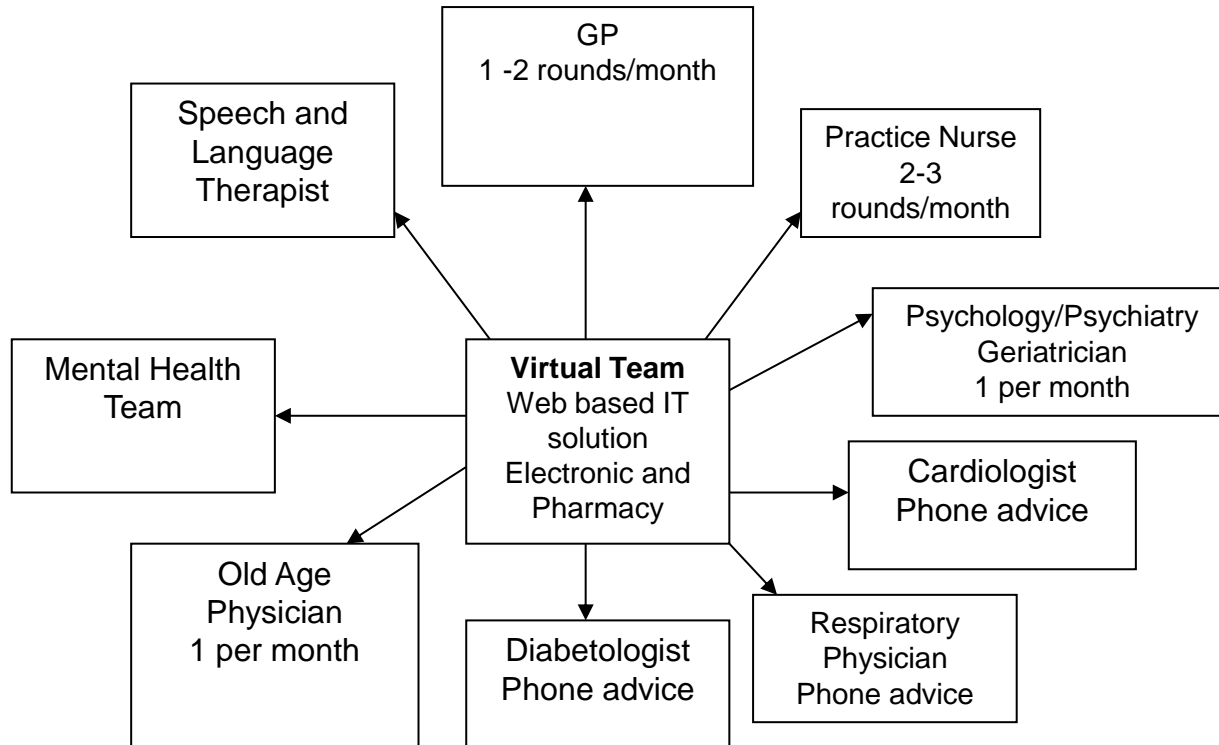
Mandatory Training

<p>Acute (DASH)</p> <ul style="list-style-type: none"> -Patient Moving & Handling -Safeguarding Adults -Conflict Resolution -Equality & Diversity 	<p>BSBFT</p> <ul style="list-style-type: none"> -Conflict Resolution -Equality & Diversity -Safe Load Handling -Mental Capacity Act & Advanced Directives -Mental Health Act -Medicine Management -Safeguarding Vulnerable Adults 	<p>DCU</p> <ul style="list-style-type: none"> -Safeguarding -Manual Handling -Medicine Management -Conflict Resolution -Mental Capacity Act -Diversity 	<p>Local Authority</p> <p>Mandatory Training currently being revised. This version will include Adult protection awareness and Specialist Continuing Professional Development for Approved Mental Health Practitioners. Further information contact Emma Wilcock 01952 381195</p>	<p>Independent</p> <p>CQC guidance states employees should be appropriately skilled with appropriate knowledge of the Health and Social Care Act 2008 and Regulations 2010. Skills for Care have Common Induction Standards which has standards covering areas of knowledge needed to work unsupervised. See Appendix 1 for full details.</p>	<p>Community Trust</p> <ul style="list-style-type: none"> -Safeguarding -Manual Handling -Medicine management -Conflict Resolution -Mental Capacity Act -Diversity
--	---	---	--	--	---

Unplanned admission



Achievements – End of Life



Case Study – Information (Dementia Advisor Service, Alzheimer’s Society)

- Mr T lives alone in Telford. He has received a diagnosis of Vascular Dementia and needed information and support about his memory problems, domestic help, financial advice and continence advice.

Actions

- Mr T was given information about Vascular Disease using pictorial representations and used a Memory Handbook to explain how the memory works and explore strategies, which would support his every day living. Discussed the importance of living well and staying active and involved, explored and validated his frustrations.
- With Mr T’s agreement made a referral to the Telford & Wrekin Access Team for low level support with domestic tasks, District Nurses for support with his continence and Department for Work and Pensions Home Visiting Scheme for support with an application for Attendance Allowance.

Outcomes

- Mr T has more understanding of how the memory works and has implemented some strategies to support his memory, such as a notice board.
- He has been able to express his frustrations and not feel that he has been patronised as, “there is nothing worse”.
- Mr T has been referred for support with domestic tasks and his continence.
- DWP have visited and supported Mr T with an application for Attendance Allowance.

Progress against actions:

- ✓ **Launch the dementia patient passport and service directory**
- ✓ **Increase diagnosis rates through regular checks for the over 65s**
- ✓ **Embed the primary care pathway for dementia**
- ✓ **Review early identification and treatment services to meet expected demand**
- ✓ **Shift the dementia advisor service up-stream**
- ✓ **Expand model of 'dementia-friendly' communities**
- ✓ **Develop crisis resolution and home treatment**
- ✓ **Roll-out programme of training and education**
- ✓ **Develop the model for primary care support of people with dementia living in care homes**
- ✓ **Continue to improve the quality of care in general hospital**
- ✓ **Review end of life services**
- ✓ **Link accountability of the responsible Steering Group to the Health and Wellbeing Board.**

Hearing the story of 'Living with Dementia'

Meet Audrey & Stan with Mike Saddler, Alzheimer's Society Support Worker in Telford & Wrekin

Priority: Dementia

Specific Focus for 2013/14:

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

Lead Officer: Kim Grosvenor, Specialist Commissioner, Telford & Wrekin Council

Sponsor: Dr Mike Innes, Chair, Telford & Wrekin Clinical Commissioning Group

1. Integration

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

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

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

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

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

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

A pan-Shropshire, Telford & Wrekin, multi-agency group, (Health Economy Steering Group for Dementia) is the responsible group for implementing best practice in service improvements and is accountable to the Health and Well-being Board. This group meets bi-monthly. To view the Terms of Reference for this meeting, please visit: <http://www.telford.nhs.uk/Telford-and-Wrekin-CCG/Services/Dementia1/>. In addition, a Telford & Wrekin Dementia Provider Forum, meets twice-yearly, to ensure integration across the Dementia Pathway, whilst seeking to continuously drive quality standards and efficiencies, by working in partnership to deliver a seamless journey for people with dementia and their family carers.

There is a developing infrastructure of informal care and support being developed in Telford & Wrekin through our commitment to Dementia Friendly Communities. The Dementia Advisor Service, [Dementia Adviser Service](#) provides information about community-based support services and the newly published Telford & Wrekin Dementia Service Directory also contains information and signposting to self-help and other low-level support services, which includes information about the following:

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

Please follow this link to view the on-line Dementia Services Directory [Telford and Wrekin Council MyLife](#).

2. Financial Sustainability

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

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

Risks

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

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

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

3. Equity

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

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

- Younger people with dementia - Numbers are relatively small in Telford & Wrekin rising from 44 estimated cases in 2009, to 51 cases in 2019. Small-scale services currently exist.
- People with learning disabilities - People with Down's syndrome are at high risk of developing dementia at a younger age; however, the Deep Dive analysis suggests that numbers in Telford & Wrekin will remain small, rising from 6 in 2009, to 7 in 2019. Commissioners continue to investigate good practice in models of care and local alternatives.
- People with alcohol-related dementia - Work is planned by Commissioners to define the level of need in Telford & Wrekin.
- People with other mental health problems (e.g. depression). The service re-design model for early intervention in dementia will address functional mental health issues such as depression and anxiety.
- People on low incomes and in poverty - The Older Adults' Strategy, (which includes Dementia) prioritises assisting people to access benefits and entitlements and Commissioners currently purchase specialist support from Age UK, Shropshire Telford & Wrekin.
http://www.telford.gov.uk/downloads/file/2686/older_adults_strategy_refreshed_2010-2014
- Minority ethnic groups – Age UK, Shropshire Telford and Wrekin is commissioned to provide a BME Neighbourhood Contact Officer, who has received Dementia training. Wider connectivity occurs throughout health promotion and social care, to ensure engagement and access to services.
- People living in isolated rural areas – Age UK, Shropshire Telford and Wrekin provides a Dementia Neighbourhood Contact Officer, to identify people at risk of social isolation and support them in accessing mainstream and other services.
- Disabled people - Commissioners continue to lead on the transformation of rehabilitation and reablement services, which will provide access and support for people with dementia.

4. Accessibility

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

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

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

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

5. Quality

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

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

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

1) Public Awareness of Memory Problems

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

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

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

2) Information

Promoting choice

Quality statement in the 2010 quality standard on dementia

5 Decision making

3 Written and verbal information

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

2 Choice and control in decisions

4 Leisure activities of interest and choice

9 Independent advocacy

3) Early Identification and Diagnosis

Current performance:

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

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

Milestone Target:

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

4) End of Life

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

1 Discussing concerns about possible dementia

Palliative and end-of-life care

Quality statement in the 2010 quality standard on dementia

5 Decision making

9 Palliative care needs

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

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

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

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

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

NICE <http://pathways.nice.org.uk/pathways/dementia>,

NICE Guidance CG42 (Dementia: Supporting people with dementia and their carers in health and social care) <http://publications.nice.org.uk/dementia-cg42>

NICE Dementia Quality Standard (QS1) <http://publications.nice.org.uk/dementia-quality-standard-qs1> This covers care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings.

NICE Dementia Quality Standard (QS 30) <http://publications.nice.org.uk/quality-standard-for-supporting-people-to-live-well-with-dementia-gs30> This quality standard covers supporting people to live well with dementia. It applies to all social care settings and services working with and caring for people with dementia.

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

- [The Adult Social Care Outcomes Framework 2013–14](#)
- [The NHS Outcomes Framework 2013–14](#)
- [Public Health Outcomes Framework for England 2013–16](#)

Quality standards support the role of [HealthWatch](#) as a consumer champion.
www.healthwatchtelfordandwrekin.org.uk

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

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

6. Engagement & Positive Experience

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

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

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

More recently, patient and service user representation is captured in the Health Economy Steering Group for Dementia and Admiral Nurse Steering Group, which influences service re-design, development and drives service improvements. For example, patient and carer input has been pivotal to the design and implementation of the General Hospital Dementia Pathway, which strives to improve quality of care by a 'care-bundle' approach and minimising ward transfers.

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

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

7. Early Intervention and Prevention

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

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

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

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

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

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

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

8. Safeguarding

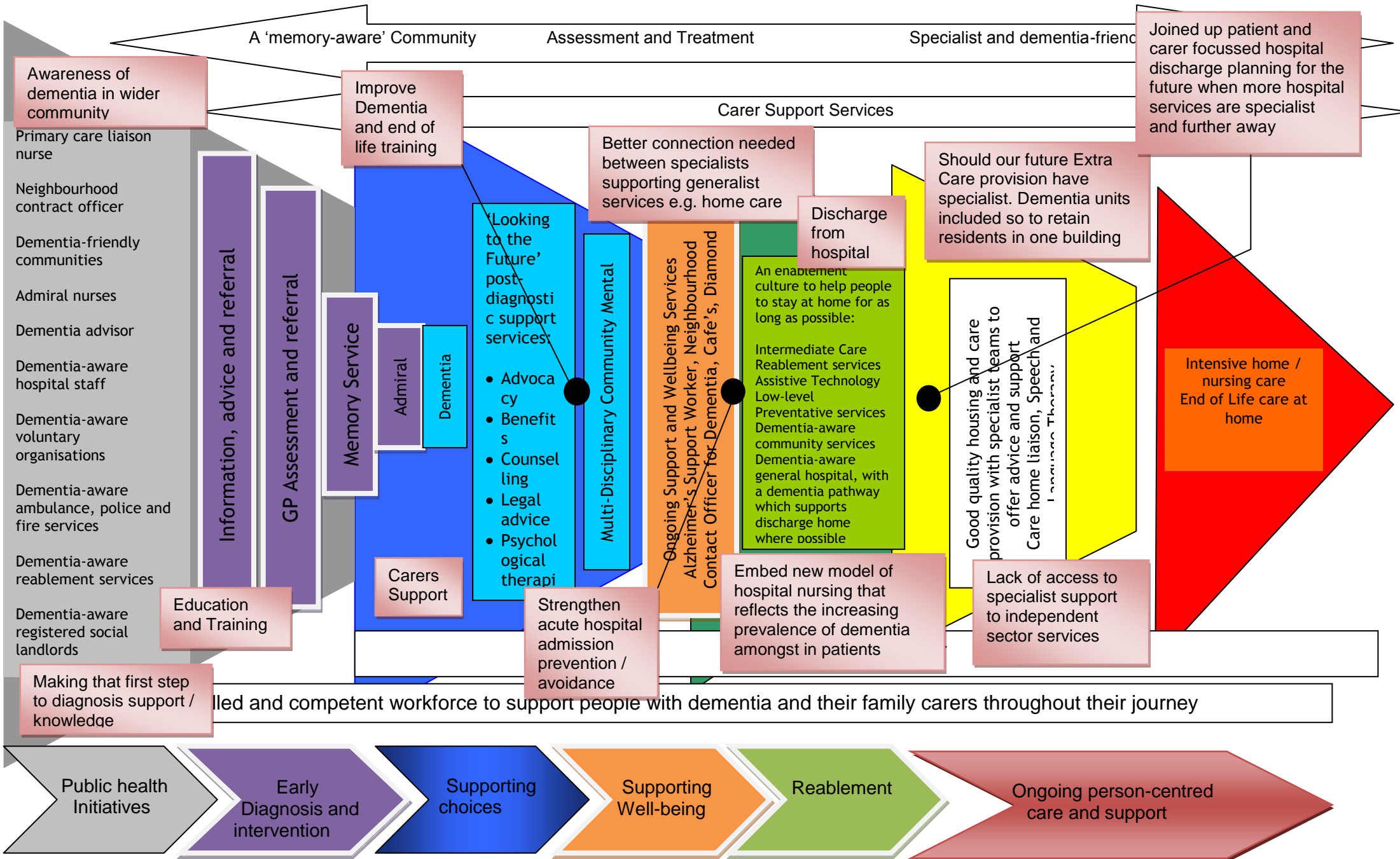
How does current provision, ensure the safety of its most vulnerable clients?

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

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

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

Whole System Commissioning Pathway for Dementia



TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 17th JULY 2013

REVIEW OF THE TERMS OF REFERENCE OF THE HEALTH & WELLBEING BOARD

REPORT OF THE ASSISTANT DIRECTOR: LAW, DEMOCRACY AND PUBLIC PROTECTION

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

A review of the terms of reference for the Board which includes proposals for changes to the Board meeting procedure to allow public speaking.

2. RECOMMENDATIONS

2.1 That the Board review the terms of reference in Appendix 1 of the report, consider the proposals to change the procedure for Board meetings and make recommendations for amendment of the constitution to full Council as appropriate.

3. IMPACT OF ACTION

3.1 If the Board agree to changes to the meeting procedure it will change the agenda for future meetings.

There will be a formal route for the public to engage with the HWB which will allow them to raise questions and make presentations. It may assist HWB members in gaining further knowledge and alternative perspectives on public health issues.

Some changes may potentially make the HWB meetings longer in duration and there will be a requirement for more administration to organise the additional aspects to the meetings.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	The proposals contribute to all of the HWB's priorities and will help the HWB meet their principles of accessibility, engagement and positive experience.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	The proposals contribute to the Council meeting the 'Health and Wellbeing' objective by giving the members of the Board access to more information on local health issues. This will help to inform their decision-making which will play a part in both improving the health and wellbeing of our communities and addressing health inequalities.
	Will the proposals impact on specific groups of people?	
	Yes	This will benefit all of the community
TARGET COMPLETION/DELIVERY DATE	If the Board recommend proposals to full Council and they are subsequently approved the changes can be in place in time for the HWB meeting on 13 th November at the latest.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	There are no direct financial implications from the review of terms of reference for the Health & Well Being Board. The size of venue for holding the meetings will need to be considered if the meetings are opened up for public speaking as a larger venue is likely to be required. There may be a charge associated with hiring a venue if a "free" room can not be secured. There is currently no central budget in respect of room hire for meetings. Consideration should also be given to the resource implications for the Democratic Services Team. Administration of another large meeting could lead to additional costs if the team can not deliver from within its existing structure. MLB 10.06.13
LEGAL ISSUES	Yes	Section 194 of The Health and Social

		<p>Care Act 2012 requires the Council to establish a Health and Wellbeing Board as a formal committee of the Council in accordance with section 102 of the Local Government Act 1972 (subject to some exceptions). Accordingly the conduct and procedure of the Board must comply with the appropriate statutory requirements that relate matters such as the publication of the meeting agenda and publishing of reports. The aim of the making changes to the terms of reference outlined in this report is to amend the procedures to allow the interaction with stakeholders but also comply with the statutory requirements.</p> <p>In order to give effect to any changes full Council has to approve the changes which will result in the consequent amendment to the Council's constitution to incorporate the new arrangements. Council Constitution Committee also have involvement in the structure and content of the Committee terms of reference and procedures.</p>
EQUALITY & DIVERSITY	Yes	Access to the HWB should be for all of the community. The policies which the Council has in place to communicate with all of the community will be utilised where necessary.
IMPACT ON SPECIFIC WARDS	Yes	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	No	The proposals in the report relate to public engagement. If changes are made, any feedback can be used to make improvements to the process in the future.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Set out at section 2 of this report below.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 It is good practice for Boards and Committees of the Council to review their terms of reference at the commencement of the new municipal year (in fact it is contained in the Board's terms of reference at paragraph 18). Whilst the Health & Wellbeing Board have only met once since moving from a shadow Board there are already some issues emerging which make it appropriate to review the Board's terms of reference at this stage. The terms of reference together with the procedure rules are attached to this report at Appendix 1 (Note - in addition to the specific points set out below the Board can review all of the terms of reference set out and raise any issues which they believe may need to be addressed). As the 'shadow' period has ended there are some changes to the terms of reference which are required in any event and these are set out in the aforementioned attachment.

1.2 The Board has received a lot of public interest from local volunteer groups, interest groups and provider organisations. This was evident at the first meeting of the Board on 15th May 2013.

1.3 However, the current procedure rules for the Committee make it difficult for the Board to hear from these groups and the public.

1.4 In order to address this issue the Board are asked to consider making recommendations to full Council to amend the rules relating to the Board's procedure and allow the following

- Public speaking for the public and local community/volunteer groups to ask questions or raise issues for discussion
- Presentations from experts, providers and other organisations to inform the Board members and contribute to their knowledge base
- Regular presentations to give the Board specific examples of people's experiences and highlight areas of good practice and instances where there are learning points for future improvement of services

The Proposed change is set out below.

OPTION	ADVANTAGES	DISADVANTAGES
To have a section for public speaking and regular agenda items for presentations and case studies	<ul style="list-style-type: none"> • More structured with clarity for HWB and stakeholders wishing to take part in the meeting • Can be organised so presentations tie in with other topics on the agenda. • Ensures those attending to speak can do so (as the agenda will be finalised before the meeting) 	<ul style="list-style-type: none"> • Will be more resource intensive, requiring more work before the meeting to receive requests to speak and organise timing, attendance et cetera.

1.5 If the Board are minded to recommend the option set out above, officers will work on the appropriate amendments to the procedure rules. This will include drawing up procedure rules to give clarity to the process and address issues such as time limits for public speaking, prior notice of attendance and dealing with repetitious or inappropriate questions. The changes will be recorded by an amendment to the constitution which has to be agreed at a meeting of full Council. New processes and procedures will be produced in consultation with the HWB Chairman and officers who will be responsible for administering the process.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

Sections of the meeting agenda which allow public speaking will have to be publicised on the Council’s website and via other Council methods of communication with the public. Provisions will need to be made to ensure that those attending with special needs or disabilities can access the meeting and present their views.

The process for arranging the agenda for public speaking and other presentations will require additional administration by officers and could extend the length of the meetings (although procedures will be put in

place for the Chairman to keep these parts of the meeting at an appropriate length).

3. PREVIOUS MINUTES

None

4. BACKGROUND PAPERS

Telford and Wrekin Health and Wellbeing Strategy 2013/14 to 2015/16

https://www.telford.gov.uk/downloads/file/4123/hwb_priorities_consultation_may_2012

Health and Wellbeing Boards – A practical guide to governance and constitutional issues. Issued by the Local Government Association, March 2013

The Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents>

**Report prepared by Matthew Cumberbatch, Legal Services Manager,
Telephone: 01952 383255**

TELFORD & WREKIN HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

The Committee has the responsibility on behalf of the Council in respect of public health and health and wellbeing responsibilities within the Borough.

TERMS OF REFERENCE

1. The HWB is responsible for guiding and overseeing:
 - 1.1. The ongoing development of the joint strategic needs assessment (JSNA)
 - 1.2. Developing a high-level joint health and wellbeing strategy (JHWBS), based upon the findings of the JSNA
 - 1.3. The establishment of sound joint commissioning arrangements
 - 1.4. The development of HealthWatch forum for public and patient engagement and involvement
 - 1.5. ~~The transfer of~~ Public Health responsibilities and arrangements ~~into~~ the local authority
2. The HWB will provide a key forum for public accountability of NHS, social care for adults and children and other commissioned services that the HWB agrees are directly related to health and wellbeing in Telford and Wrekin.
3. The HWB has a duty to encourage integrated working between local health, social care and health-related commissioners.
4. The HWB will have a link to the overarching Telford and Wrekin Local Strategic Partnership but will also very much function in its own right. The HWB will work closely with the Children, Young People and Families Board, Safer Community Board, in addition to the existing adult ~~and children's~~ partnership boards, in order to ensure the focus on the improved health and wellbeing outcomes for the whole population of Telford and Wrekin.
5. The HWB will lead on the development of a Telford and Wrekin Joint Health and Wellbeing Strategy (JHWBS) for residents which drives health improvement, plans to deliver this strategy and keeps the implementation of these plans under review.
6. Through the JHWBS, the HWB will oversee a commissioning programme of service and/or pathway redesign to better meet the needs of patients and service users and to deliver improved outcomes. Successful delivery of this will be dependent on the HWB developing effective management mechanisms with both primary care and secondary care providers where relevant or appropriate.
7. The HWB will link into the Local Strategic Partnership, Strategic Boards and associated Partnership Boards, making recommendations to Full Council, NHS ~~England Commissioning Board~~, and the Clinical Commissioning Group Board, as appropriate.
8. ~~The~~ HWB will analyse the priorities for deployment of health and care resources in the area based on information collected through the JSNA and other sources.
9. The HWB will consider options and opportunities to maximise the impact of aligning the deployment of resources of the health and care agencies in the area on agreed priorities. This will include the joint commissioning of health and social care services for children, families, and adults in Telford and Wrekin, to meet identified needs and to

TELFORD & WREKIN HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.

10. The HWB will oversee the development of this proposed joint commissioning activity, ensuring any proposed activity is aligned with local priorities and levels of need and is undertaken within available resources. To consider options for joint commissioning and procurement between relevant organisations to support this work.
 11. The HWB will oversee all areas of health and social care commissioning activity for people of all ages, to ensure that commissioning priorities are in line with those set through analysis of the JSNA and the local JHWBS. This commissioning activity includes all local services commissioned by Telford and Wrekin CCG, Telford and Wrekin Council, Joint Commissioning CCG/Council, [Public Health England](#) and NHS [England Commissioning Board](#), which could include local: specialised services; secondary dental care; general dental services; GP services; general ophthalmic services; pharmaceutical services; any services for the Armed forces or Offenders; and other primary care.
 - ~~12. The HWB will consider options for the development of HealthWatch and establish relevant joint working groups in order to undertake this work, ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place.~~
 - ~~13. The HWB will consider appropriate arrangements for the transfer of Public Health responsibilities to Telford and Wrekin Council, and to propose and consider relevant governance and organisational structures to support this work.~~
 - ~~14.~~12. The HWB will keep under review, the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.
 - ~~15.~~13. The HWB will identify and act upon changes that may be required following [any](#) new guidance ~~in relation to the~~ ~~to establish a formal~~ Health and Wellbeing Board.
 - ~~16.~~14. The HWB will propose recommendations, as appropriate to:
 - ~~16.1.~~14.1. Telford and Wrekin Council's Full Council
 - ~~16.2.~~14.2. NHS [England Commissioning Board](#)
 - ~~16.3.~~14.3. Telford and Wrekin Clinical Commissioning Group Board
 - ~~17.~~15. The HWB will ensure that the HWB works to promote the achievement of the objectives of the organisations represented on the Board, including the ~~establishment of the~~ Council's ~~new~~ health improvement responsibilities.
- General**
- ~~18.~~16. Annually at the first meeting after the Annual Council Meeting consider its terms of reference

TELFORD & WREKIN HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

PROCEDURE

General

1. Unless specifically provided for in these Terms of Reference the Council Procedure Rules govern the way that committees operate but these may be varied or suspended¹ at the discretion of the Chairman of the Committee in the interests of efficient and effective management of the committee.

Membership

2. Members of the HWB will comprise representatives from the Clinical Commissioning Group, Telford & Wrekin Council, Healthwatch and NHS [England Local Area Team Commissioning Board](#). The core members are:
 - 2.1. Cabinet Member responsible for wider Health Services and Deputy Leader TWC (Chair HWB)
 - 2.2. Cabinet Member for Adult and Social Care
 - 2.3. Cabinet Member for Children, Young People and Families
 - 2.4. Cabinet Member for Leisure and Wellbeing
 - 2.5. Director responsible for Adult Social Care
 - 2.6. Director responsible for Children's Services
 - 2.7. Director of Public Health
 - 2.8. ~~Local Area Team~~ NHS [England Local Area Team Commissioning Board](#) representative
 - 2.9. Chair of Telford and Wrekin Clinical Commissioning Group (CCG) (Vice Chair HWB)
 - 2.10. Non Executive Director from Clinical Commissioning Group
 - 2.11. Chief Operating Officer Clinical Commissioning Group
 - 2.12. Representative of local Healthwatch
 - 2.13. Each opposition Group with 4 or more elected members shall have one place on the Health and Wellbeing Board with voting rights.
 - 2.14. Such other persons, or representatives of such other persons, as the Local Authority thinks appropriate
3. Attendance and support from such other persons, according to the agenda, including:
 - 3.1. Assistant Directors responsible for Commissioning (AD Care & Support for Adults plus AD Family & Cohesion for Children)
 - 3.2. ~~Assistant Director: Social Care Specialist~~
 - 3.3.2. Director of Commissioning, CCG
4. This reflects the statutory minimum membership in the Health and Social Care Act 2012.
5. The members of the Board will be advised and supported by officers from the local authority and CCG.
6. Members agree to share all relevant information and data, to allow performance, and other joint working arrangements, to be properly monitored and managed.

Formatted: Indent: Left: 1 cm, No bullets or numbering

¹ With the exception of paragraph 12

TELFORD & WREKIN HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Disqualification for Membership

7. Any person who would be disqualified from being able to stand for election as a councillor will be disqualified from being a member of a committee or sub-committee of a local authority. The regulations state that these disqualifications will be retained for HWB, but the regulations will ensure the disqualifications do not apply to HWB in so far as they cover disqualifications in respect of members of the board holding any paid employment or office in the local authority – this allows the Directors of Adult Social Services, Children’s Services and Public Health to be formal members of the HWB.
8. The following disqualifications will be retained for members of the HWB:
 - 8.1. Being the subject of a bankruptcy restrictions order or interim order
 - 8.2. 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

Voting Rights

9. All Members of the HWB will be able to vote alongside the elected representatives. This applies to any additional board members appointed in addition to the statutory membership set out in the Health and Social Care Act 2012.

Meetings

10. The Health and Wellbeing Board will meet bi-monthly. Dates and times of meetings will be agreed and published in advance.
11. Agendas and supporting papers will be issued at least five clear days before each meeting and action notes will be produced, confirmed as a true record of the meeting and signed by the Chair.
12. Members of the public, and press will have access to the meetings. A Protocol will be developed and agreed by HWB.

Quorum

13. Quorum of one quarter is required, cross section of partners represented, (the minimum number of members that need to be in attendance before decisions can be taken). Business shall not be transacted at a meeting of any Council Committee unless at least one quarter of the whole number of the Committee is present.

Code of Conduct and Declaration of Interest

14. The HWB will adopt the Council’s code of conduct. Any interests in item(s) on the agenda should be declared at the start of the meeting.

TELFORD & WREKIN HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Access to Information/Transparency Provisions

15. Meetings of the HWB will be held in public, although the press and public may be excluded during consideration of any matter which would involve the disclosure of confidential or exempt information.
16. The agenda and papers for meetings of the Board, except for any documents that may disclose confidential or exempt information, will be made available for public inspection five days before the meeting.

Reporting Mechanisms/Accountability

17. The HWB, as a Committee of the Council, will report to Full Council.
18. The HWB will regularly update the Telford and Wrekin Local Strategic Partnership with its progress and specific contributions to achieving the vision and priorities of Telford and Wrekin.
19. The actions of the HWB will be subject to independent scrutiny by the relevant members of the Overview and Scrutiny Committee of the Council.
20. The Board will review its structure, membership and activities in response to any further guidance.

Establishment of Sub-Committees

21. The HWB will be able to establish sub-committees and delegate functions to them.

Scrutiny

22. Health scrutiny function and powers will be delegated by Full Council to the relevant Scrutiny Committee and the power of referral to the Secretary of State is also delegated to this Scrutiny Committee. Scrutiny Committee will notify Full Council of an intention to refer a matter to the Secretary of State before a referral is made.