

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 18th September 2013 at 2.00pm at the Business Development Centre, Stafford Park 4, Telford TF3 3BA.

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 Taylor (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), Cllr P Watling (Telford and Wrekin Council), Cllr G Green (Telford and Wrekin Council), D Harrison (Clinical Commissioning Group), L Johnston (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), D Wickham (NHS England Shropshire and Staffordshire Area Team), Helen Onions (Telford and Wrekin Council), D Saunders (HealthwatchTelford and Wrekin)

Also Present: H Swindlehurst (Clinical Commissioning Group), Fran Beck (Clinical Commissioning Group)

Officers: J Eatough (Assistant Director: Law, Democracy and Public Protection), M Cumberbatch (Legal Services), S Norwood (Commissioning Specialist), V Pike (Health Improvement Commissioner), D Robson (Service Delivery Specialist for Adult Safeguarding), K Roberts (Commissioning Group Specialist), C Hall-Salter (Partnership and Planning Manager) and J Clarke (Democratic Services Officer).

The Chair welcomed everyone to the meeting and announced that there would be a change in the advertised Agenda and that Item 8 - Children and Adolescent Mental Health Service - would be the first item of business following declarations of interest.

HWB-23 MINUTES

RESOLVED – that the notes of the meeting of the Health and Wellbeing Board held on 17th July 2013 be confirmed and signed by the Chair.

HWB-24 APOLOGIES FOR ABSENCE

D Evans (Clinical Commissioning Group).

HWB-25 DECLARATIONS OF INTEREST

None

HWB-26 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE

F Beck and H Swindlehurst gave an update on the Child and Adolescent Mental Health Service (CAMHS).

The Mental Health Service has assessed very few children who were diagnosed with mental health problems. The main results were:

- Eating disorders
- Depression
- Schizophrenia

It was reported that there were a lot of children with serious emotional problems who were vulnerable and may have had disturbed early years, may be looked after children or young

offenders. These children were not mentally ill, but had needs. There needed to be a comprehensive range of services in order to deal with the wide range of wellbeing and mental health issues of children and young people. Where children were very unwell and had early manifestations of mental health, there may be a need for a specialist bed.

CAMHS needed to interface with other services across the range ie the Local Authority, schools and GPs. There were specialist services to undertake any detailed work although Shropshire Community Trust were currently working to improve this element of the service.

There had been concerns raised with regard to waiting times and service delivery. The current position with regards to numbers exceeding the waiting list (as at August 2013) was:

- Priority 1 Patients – NIL
- Priority 2 Patients – 2
- Priority 3 Patients – 3

CAMHS were working on their data and due to inaccuracies the actual numbers could be worse. This would put CAMHS in a slightly worse position, although it would give a more accurate account of where it currently stood.

CAMHS was currently working alongside SHROPCOM and South Staffordshire & Shropshire NHS Trusts and through a collaborative approach was optimistic for a solution.

A discussion took place including:

- Pathway of care
- Waiting times
- Outcome measures
- Urgent care
- Benchmarking
- Family Connect
- Partnership working
- Difficulties of accessing CAMHS
- PODs (Parents Opening Doors) Workshop
- Joined up services ie CAMHS/Care/Court System
- Labelling
- Waiting times for the 4 tier service
- Support of Young People as they leave the system – the need for good transition arrangements

A question was raised regarding the most up to date figures which were:

- Priority 1 Patients – Nil
- Priority 2 Patients - 17 (although there were case reasons for these figures)
- Priority 3 Patients – 26

There would be an update on the position at a future meeting of the HWB.

RESOLVED – that the report be noted.

HWB-27 TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP UPDATE INCLUDING CALL TO ACTION

Dr M Innes presented the Clinical Commissioning Group's update which included the Call to Action.

NHS 111 Service

Following the decision of NHS Direct that it was not in a position to continue as the provider of the 111 service contingency plans had been put in place locally. West Midlands Ambulance Service had been commissioned to provide this service for Telford and Wrekin CCG until March 2015. Shropdoc would continue to provide the Out of Hours service.

In order to take forward the procurement exercise a local Project Board had been established with Shropshire CCG and had recently held its first meeting. During the period up to March 2015 there would be regular reports from the Project Board to the CCG Governing Board and to HWB.

A discussion took place including:

- Public confidence in the 111 system and adverse press
- Tender for out of hours service
- National campaign to promote the new 111 service

Maternity Review

There was a review of maternity services taking place and this was currently out to consultation. All stakeholders involved with maternity care were being asked to comment. Public information could be found at <http://www.telfordccg.nhs.uk/maternity-services>. The review was not about where maternity provision was, but about the new model of delivering the service.

A discussion took place including:

- Consultation with maternity practitioners and midwives
- Public facing questionnaire
- Update on engagement and results to be brought back to HWB at a future date

Call to Action

A presentation was given regarding the "Call for Action" which was appended to the Report as B1 and B2.

RESOLVED – that the report and presentation be noted.

HWB-28 TELFORD AND WREKIN COUNCIL UPDATE

The Interim Director of Health, Wellbeing & Care gave an update to the Board on key developments impacting on Adult Social Care with particular reference to the findings of the recent Peer Challenge and the current financial pressures facing the service.

A local Peer Challenge programme had been developed following the previous inspection regime being abolished. Telford & Wrekin Council had volunteered to be a pilot Local

Authority within the region and would be instrumental in shaping the format for future peer challenges.

The outcomes of the Peer Challenge were:

- a more personal approach
- each individual would know their personal budget
- changes in the way that community care facilities were delivered
- offer choice in the way support was provided and identify this early in the process
- more choice and control
- change the way community care was delivered

Actions relating to the Challenge findings would be incorporated within the existing Personalisation Transformation Plan and the Financial Improvement Plan.

The Peer Challenge highlighted the difficult financial situation facing both the Council and Adult Social Care. The Council would receive 33% less funding between 2010/11 to 2014/15 although Adult Social Care is expected to deliver its proportion of savings. However, due to current demands the service is projected to have an overspend of £4m at the end of the financial year. There was currently an unprecedented demand for services and the average cost per person was increasing. It was believed that savings could be made by reducing the unit price the Council paid for care. During 2014-2016 further saving of £6.5m would be required and the reductions in the amount of care provided and the number of people who received support would have to be introduced now, together with increased contribution from wider partners.

A further report would be brought back to HWB once the Financial Improvement Plan had been agreed and had taken into consideration the projected overspend and savings required in the next two years. This would be a very challenging time and resources needed to be prioritised and addressed collectively.

A discussion took place including:

- The strengths highlighted by the Peer Challenge
- Performance within the areas of work
- Overspend and reduction of budgets
- Challenging funding positions of all NHS Bodies
- Need to bring together the commissioning intentions of the NHS and Local Authority
- NHS Early Intervention
- NHS call to action and the fallback on adult care
- Personal budgets - not "one size fits all"
- Preventative care and early intervention to save costs later
- Look at supporting less costly care solutions
- Working together to protect and sustain services

RESOLVED – that

- a) the findings of the Peer Challenge Team and the Council's response be noted;**
- b) the financial challenges facing the Council and the impact they could have on the local health and social care system be noted.**

HWB-29 JOINT HEALTH AND WELLBEING STRATEGY: PERFORMANCE AND PARTNERSHIP PROGRESS UPDATE

The Interim Assistant Director: Health and Wellbeing gave an update on the partnership developments to drive delivery of the HWB's strategy priorities. She also gave progress on developing integrated approaches to commissioning between partners for "Early Help" and "Co-operative Commissioning".

The report talked about how the best outcomes were delivered and how to make it happen.

Asset Mapping workshops had taken place in order to engage stakeholders in discussion around the priorities. Workshops on emotional health and wellbeing were held in both August and early September. A workshop would take place on 26th September to discuss the priority of excess weight and for the drug and alcohol strategy a workshop in mid September/early October.

With regard to developing the Co-operative Commissioning Approach a group from the HWB met with key officers on the 18th August to develop proposals for collaborative commissioning across children, family, adult and health services in the Borough. The commissioning framework was used during the smoking cessation services procurement exercise to understand and map key functions together with roles and responsibilities across the HWB partnership. A set of principles were agreed together with commissioning groups, details of which could be found on page 5 of the report.

A discussion took place including:

- Early partnerships
- Workshops

RESOLVED – that

- a) the development of an operational and strategic commissioning group be supported; and**
- b) the continued development of the Early Help Partnership approach be supported.**

HWB-30 FOCUS ON HWB PRIORITIES

Reducing Teenage Pregnancy

The Interim Assistant Director: Health and Wellbeing presented a report on reducing the number of teenage pregnancies which included:

- performance in relation to reducing the under 18 conception rate
- a summary of progress of the Teenage Pregnancy and Sexual Health Strategic Partnership Board
- an update on sexual health services

During 2011 there were 126 conceptions amongst women under the age of 18 years within Telford and Wrekin. This equated to 37.4 per 1,000 population and the lowest rate recorded since 1992. However, the rate remained significantly higher than the national average for England which was 30.7 per 1,000 population.

The multi-agency Teenage Pregnancy Strategic Partnership Board had been re-launched and now included a broader sexual health remit. An asset mapping workshop had been held in July 2013 and was attended by 35 stakeholders across a number of partner agencies. Key areas for local improvement were identified as:

- use of social media as a way of communicating with young people
- link sexual health services to other local services ie Children's Centres
- sex education within schools
- share best practice
- support young parents
- support for parents to have the confidence to talk to their children about sex and relationships
- training and development for professionals on key teenage pregnancy/sexual health messages

Although the rates were going in the right direction and this was good news, there was still a lot of work to be done.

A discussion took place including:

- New ways of working
- Young Parents not necessarily bad parents
- Wider consultation in conjunction with a young apprentice talking to young parents
- Young People's website

RESOLVED – that

- a) the Board acknowledge the recent developments towards delivery of the teenage pregnancy priority; and**
- b) the report be noted.**

Reduce the Number of People who smoke

The Interim Assistant Director: Health and Wellbeing presented a report regarding a new strategic approach for tobacco control in Telford and Wrekin which was currently in development. The main elements of the strategy were:

- High quality, innovative stop smoking services delivered by new providers
- Reconvening the local tobacco control network across HWB partners
- Undertaking Ash CLear self assessment for tobacco control with partners
- Development of an action plan to reduce smoking in pregnancy
- Supporting national campaigns ie Stoptober, harm reduction and second hand smoke

Following a competitive tender process the Council had recently awarded a one year contract for stop smoking services to two new providers. There had, unfortunately, been a gap in service in Telford & Wrekin with no stop smoking services operating. The new contracts commenced in September and smokers identified as wanting to quit during August were now being followed up. The new services were now being established with GP practices and pharmacies and were also being marketed and communicated to the public. The implementation of the service development plans was also taking place.

Stop4Life was an experienced NHS funded stop smoking service who already provided this service to Councils within Staffordshire, Stoke on Trent, Coventry, Warwickshire and Worcestershire. The service model included:

- Proactive Community Outreach
- Primary Care sub-contracting arrangements
- Workplace service
- Online/Telephone support / home visits

The contract for Pregnancy Services was awarded to North 51 who would support 150 pregnant women to quit and give follow up support for 6 months through their Quit51 service.

The Council currently had a contract with Shrewsbury and Telford Hospitals NHS Trust (SaTH) which delivered stop smoking services in hospitals and supported both in and out patients.

A discussion took place including:

- Private contractors
- Gap in service
- Availability in Pharmacies
- Prevention specific work with Young People
- Tobacco Partnership
- The de-normalisation of smoking

RESOLVED – that the recent developments for the smoking priority, in particular the award of stop smoking service contracts and the outline of the developing strategic approach being taken for tobacco control, be noted.

HWB-31 WINTERBOURNE CONCORDAT

The Service Delivery Specialist for Adult Safeguarding presented a report following the national effort to respond effectively to the incidents at Winterbourne View.

A review group had been set up to take stock of the local position with regard to out of area placements and to plan the way forward locally for the challenges which had arisen following these revelations.

As Shropshire was also carrying out similar work there was a strong argument for collaborating across the Telford and Shropshire areas and pooling resources. The joint group had been meeting since December 2012 with agreed terms of reference and representation from:

- Telford and Wrekin Council
- Shropshire Council
- Telford and Wrekin CCG
- Shropshire CCG
- South Staffordshire and Shropshire Healthcare Foundation Trust
- Shropshire Partners in Care
- Taking Part
- Healthwatch

The group was seeking to construct an effective response on behalf of the agencies in our locality and rethink the approach to the care of people with learning disabilities. It was hoped that the practice of placing people in far away locations would be abandoned due to the risks it posed with infrequent monitoring and loss of contact.

There had been over 70 actions from the Winterbourne Concordat although not all applied to Telford and Wrekin.

A cohort of 29 had been classified following the guidelines. Telford and Wrekin needed to ensure that the residents who lived outside the locality benefitted from regular reviews regarding the appropriate care and that their return to the locality was promoted. The pathway included a presumption that people would return to the local area. This had to be undertaken carefully as the placements would be considered to be “home” for the residents. Safeguards needed to be in place in order for them to be guaranteed a high quality of life. Eleven of the cohort were subject to the Mental Health Act and deemed to pose a risk to themselves or others. These residents were dealt with under a separate category as they demonstrated the most challenging needs. There had been two of the cohort that had moved back to the Telford and Wrekin area and further moves had been planned for September. There was now a 6 monthly review cycle in place.

Concerns had been raised regarding whether the appropriate advocacy was provided, but this was difficult to ensure when the residents were placed a long way away.

The challenge was to work with the CCG and look holistically at the support of individuals. Partnership work with Shropshire and a link to autism and joint self-assessments would also be of benefit.

A discussion took place including:

- Advocacy
- Safeguarding
- Size of homes – ie 5 residents or less
- The relocation of residents back to Telford and Wrekin in a slow, controlled way
- Avoid relocating people out of the area
- Funding
- Lessons learnt
- Good practice

RESOLVED – that

- a) the work which was being undertaken in seeking to implement locally the plans and requirements set out at a national level and to bring about the changes needed to ensure that the occurrence at Winterbourne View are not repeated, be endorsed;**
- b) the multi-agency and multi-disciplinary nature of this task be recognised;**
- c) a further update on progress be brought to the Board.**

The meeting ended at 4.08p.m.

Chairman:

Date:

Telford & Wrekin Area

Dental data

For routine NHS dental care there are 23 practices including one that provides emergency out of hours access.

The budget for primary care dental services for this area is approximately £10 million for 2013/13 and in the Quarter to June 2013 there were 147 performers (dentists) working in these practices.

Access

Access to dental services is expressed as the number of unique patient identities attending an NHS dentist in the previous 24 months ("24 month access") and between 2006 and 2013 all primary care trusts were required to work to increase access as part of successive NHS Operating Framework requirements. NHS England continues the commitment to ensuring people have a positive experience of care as stated in "Everyone Counts: Planning For Patients 2013/14".

In the Telford and Wrekin area the 24 month access has grown since the 2006 baseline as below.

March 2006 = 87,632

March 2013 = 104,663

This is an increase of 17,031 (19.4%)

The March 2013 figure of 104,663 equates to 62.75 % of the population which compares favourably with the England overall access (56%)

Latest in year data shows a further increase of 388 to June 2013.

Getting an appointment

As part of the GP patient survey conducted by MORI respondents are asked about their success in getting an NHS dental appointment if they had tried to get one in the previous two years.

For respondents in the survey published in June 2013 for the Telford & Wrekin area the following results are reported based on 898 responses:

% of respondents who were successful in getting an appointment 92.8% (England 93%)

Patient satisfaction

Other data provided by NHS BSA Dental Services to June 2013 is based on surveys conducted by them directly with patients who have used NHS dental services over the previous 12 months.

For patients in the Telford & Wrekin area the following results are reported based on 532 surveys returned:

% of Patients satisfied with the dentistry they have received 92.1% (England 92.2%)

% of Patients satisfied with the time they had to wait for an appointment 90.2% (England 87.6%)

Complaints for Shropshire and Staffordshire Area Team

Introduction

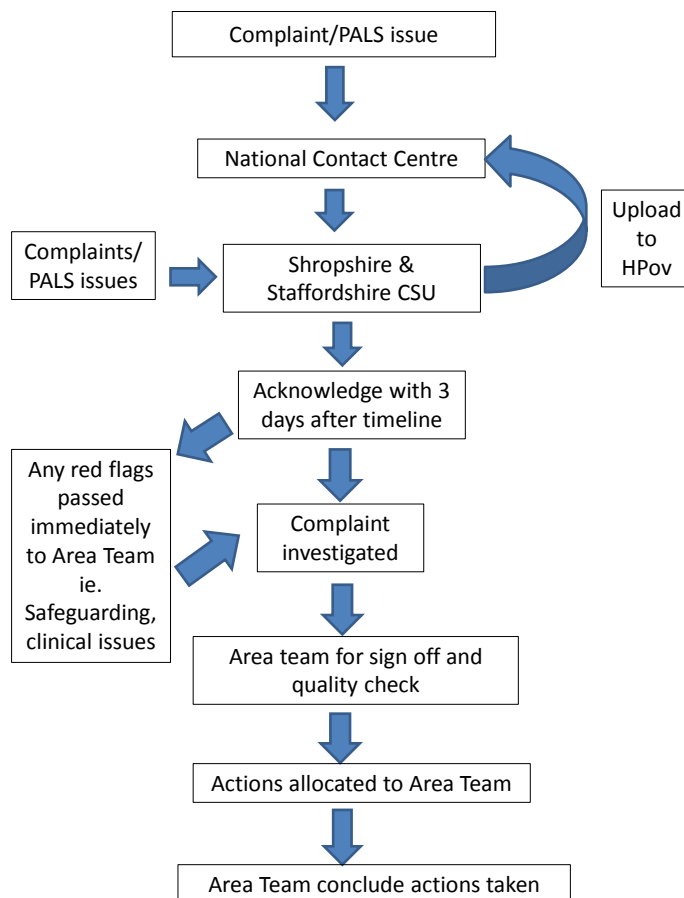
NHS England established the Customer Contact Centre to enable patients and the public to ask questions, seek information and provide feedback and complain. It was initially set up with 3 tiers and was established at speed so a service was in place for NHS England go-live date of 1st April 2013.

It became apparent that there were issues at tier 2 that meant complaints were getting stuck in the system. Locally we kept the previous systems running, and the public could access this via the previous complaints number that were still made available.

Current Situation

Patients and the public can complain/raise issues with Shropshire and Staffordshire Area Team through the local CSU number (which is still available and publicised) and through the Customer Contact Centre. If it is an issue that can be resolved without progressing to a complaint, CSU staff will try to resolve there and then for the benefit of the patient/member of public. The contact centre is able to give out information but won't have that local knowledge that the CSU has which enables a better experience for the public/patients.

Below is a flow chart describing the process. All issues and complaints are loaded into both HP Open View (NHS England's system) and DATIX (Shropshire and Staffordshire local system). This allows local reporting, and triangulation with CCGs and also reporting on a NHS England wide basis.



As of 15th August 2013 the patient service team have dealt with 83 complaints, 408 PALS queries and have collated 247 pieces of soft intelligence about primary, specialised commissioning or offender health services.

Currently the area Team are negotiating an extension for quarter 3 and 4 of the current system supported by the local CSU, to ensure continuity and a positive experience for anyone raising issues. This will then be reviewed as part of a wider complaints project commissioned by NHS England.

Way forward

A project has been commissioned to develop an end to end complaints process from the point the patient or member of the public first makes contact through to final resolution, which will be fit for purpose for April 2014.

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD: 13th November 2013

TITLE:

Health & Wellbeing Priority Update: Life expectancy and health inequalities

REPORT OF:

Helen Onions, Consultant in Public Health

Contributing authors:

Neil Adams, Screening and Immunisation Lead, NHS England, Area Team
Michael Bennett, Stephen Mayo, Nicky Wilde, Telford & Wrekin CCG

HEALTH & WELLBEING BOARD PRIORITY SPONSOR: Richard Overton, Deputy Leader Telford & Wrekin Council, Health & Wellbeing Board Chair

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The focus for this priority has been agreed as the prevention, early detection and treatment of cardiovascular disease (CVD) and cancer. Immunisation against seasonal 'flu' is also acknowledged as a key contributor. This report aims to give an overview of the programmes of work which will impact most significantly on life expectancy and related health inequalities.

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)

The Board is requested to:

- Recognise that life expectancy in Telford & Wrekin in males and females remained worse than the national average during the period 2010-2012.
- Note the recent developments which will contribute most significantly to improving life expectancy and reducing health inequalities, in particular the:
 - agreement of a detailed action plan to improve seasonal 'flu immunisation uptake across all at risk groups for 2013/14;
 - further development of the NHS Health Check programme;
 - important contribution that work led by the NHS England Area Team in collaboration with the CCG to improve the management and treatment of patients with cardiovascular disease by GPs makes to this priority;
 - processes which the CCG are leading to improve cancer treatment and the experience of cancer care in collaboration with Shrewsbury & Telford NHS Hospitals Trust; and
 - successful establishment of the local Abdominal Aortic Aneurysm Screening programme and also the approval of plans to extend bowel screening to cover 70-74 year olds in Telford & Wrekin.
- Acknowledge that a local approach to deliver the requirements of the national cardiovascular disease outcomes strategy needs to be agreed for Telford & Wrekin as it will significantly impact on improving local life expectancy in the Borough.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority -	
	Yes	Improving life expectancy and reducing health inequalities
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	To improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	See equality and diversity section below
TARGET COMPLETION/DELIVERY DATE		
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	Evidence-based cost effective services are commissioned according to national clinical guidelines across care pathways for cancer, cardiovascular disease and immunisation programmes.
LEGAL ISSUES	Yes	<p>The Public Health Outcomes Framework 2013-16 was published under section 73B(1) of the NHS Act 2006 (inserted by section 31 of the Health and Social Care Act 2012) as a document that local authorities must have regard to in the exercise of their public health functions.</p> <p>The two high level outcomes are:</p> <ul style="list-style-type: none"> • increased healthy life expectancy; and • reduced differences in life expectancy and healthy life expectancy between communities. <p>On 4 September 2013 Public Health England published the first data release since responsibility for the NHS Health Check programme moved from Primary Care Trusts to local authorities in April 2013 under the Health and Social Care Act 2012.</p>
EQUALITY & DIVERSITY	Yes	<p>The JSNA clearly demonstrates inequalities relating to life expectancy in Telford and Wrekin, including:</p> <ul style="list-style-type: none"> • Geographical hot spots where early death rates are significantly worse than average • Variations in the treatment of cardiovascular diseases across general practice, for example the management of

		<p>hypertension (high blood pressure)</p> <ul style="list-style-type: none"> • Variations in the uptake of cancer screening • Variations in the uptake of seasonal 'flu immunisation, for older people aged 65 years and over and people in risk groups with chronic diseases <p>Nationally, there is clear evidence that people from Black and Minority Ethnic Groups have a lower life expectancy</p>
IMPACT ON SPECIFIC WARDS	Yes	<p>See equality and diversity section above.</p> <ul style="list-style-type: none"> • Male life expectancy is 7.0 years lower for men in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas. • Female life expectancy is 2.8 years lower for women in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas. • The highest rates of early death (before age 75) are seen in the following wards: <ul style="list-style-type: none"> ○ Woodside, Brookside and Madeley in South Telford ○ Hadely and Leegomery, St Georges and Donnington in North Telford ○ Malinslee and Lawley & Overdale in Central Telford
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>Issues regarding the results of the cancer patient experience survey have been identified by the CCG.</p> <p>As part of the CCG Long Term Conditions (LTCs) incentive scheme, GP practices are expected to engage with their respective patient groups and gain feedback as they develop the management of patients with LTC's. This will involve patients with respiratory disease, diabetes, hypertension (high blood pressure) and dementia.</p> <p>NHS Health Check Programme: Exploring ways to effectively encourage patient engagement to understand people's experience of the Health Check process is a key priority for the remainder of 2013/14. In addition, there will be engagement with harder to reach groups at GP practice locations with lower uptake rates.</p>

OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<p>There are key interdependencies with the improving life expectancy and reducing health inequalities priorities and several other HWB strategy priorities. For example the strong influence the lifestyle risk factors: smoking, alcohol misuse and obesity have on the development and progression of both CVD and cancer is well recognised. These three risk factors are HWB priorities in their own right and as such action to tackle these is not repeated as part of this priority.</p> <p>Deaths from suicide and accidental deaths also have the potential to make a significant contribution to reduced life expectancy due, despite their number being small. This is because these causes of death tend to affect younger adults disproportionately, so the younger age at death of people dying from these impacts on life expectancy figures. Suicide prevention is included in the improving emotional health and wellbeing priority work stream.</p>
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PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Background

Male life expectancy in Telford & Wrekin has been worse than the national average over the past five years. Clear inequalities in life expectancy related to socio-economic deprivation have been highlighted through the JSNA, this gap is wider for men compared to women.

The focus for this priority has been agreed as the prevention, early detection and treatment of cardiovascular disease (CVD) and cancer. These areas have been chosen as the JSNA and the Annual Public Health Report indicate that cancer and CVD make the most significant contribution to reduced life expectancy and associated inequalities.

Protecting vulnerable people, who are aged over 65 years or have chronic health problems through immunisation against 'flu', also contributes to improving life expectancy.

1.2 Life expectancy figures update

In October 2013 the Office for National Statistics published updated life expectancy information for the period 2010-2012, in summary:

- Male life expectancy in Telford & Wrekin remained significantly worse than the England average, 77.9 years compared to 79.2 years (1.3 years below the national average) – see Appendix I for updated trends.
- Females life expectancy in Telford & Wrekin deteriorated and was significantly worse than the England average, 81.6 years compared to 83.0 years (1.4 years below the national average) - see Appendix I for updated trends.

1.3 Cancer: Early detection and treatment

The Be Clear on Cancer programme is a national campaign aimed at raising awareness of the signs and symptoms of cancer and prompting those with relevant symptoms to visit their doctor. To date campaigns have focused on encouraging people to visit their GP if they are experiencing key symptoms:

- Lung cancer - targeting men and women aged 50 and over with a persistent cough;
- Bowel cancer - encouraging those passing blood for more than three weeks; and
- Bladder and kidney cancer – for people who notice blood in their pee.

There are national cancer screening programmes for cervical, breast and bowel cancer. NHS England took over responsibility for commissioning screening programmes in April 2013. The Area Team Screening Leads are working closely with Shrewsbury and Telford NHS Hospitals Trust to age expand the local breast and bowel cancer screening programmes locally. There has unfortunately been delays to these extensions due to workforce issues in the radiography service and capacity issues in the endoscopy service. However, Department of Health approval to expand to bowel screening programme to cover 70-74 year olds is expected imminently.

1.3.1 Cancer Referral and Treatment Waiting Times

The CCG are responsible for commissioning high quality treatment and care for the majority of people with suspected or diagnosed cancers.

The CCG Board has been closely monitoring the performance of the Shrewsbury and Telford Hospital Trust against waiting time targets for Cancer after observing inconsistencies in compliance. For example one month achieving one target and missing another – the next month missing the first and achieving the second.

Commissioners and the Trust have been working through a Joint Investigation to analyse the causes of this and this will conclude in early November. A Remedial Action Plan will then be agreed to rectify the problems and we expect delivery of performance targets to improve.

1.3.2 Cancer Patient Experience

Shrewsbury & Telford Hospitals NHS Trust was one of 155 hospital trusts in England which participated in the National Cancer Patient Experience Survey in 2012. A total of 1,200 eligible patients who attended the trust during the period

September to November 2012 were surveyed. The trust response rate was 69%, compared to national average response rate of 65%.

Patients were asked 70 questions and in eight of the areas questioned the SaTH fell within the bottom 20% nationally, specifically in the following areas:

- Patients finding it easy to contact their Clinical Nurse Specialist (CNS);
- CNS definitely listened carefully the last time spoken to by the patient;
- Patient got understandable answers to important questions all/most of the time from their CNS;
- At the time of operation, staff gave a complete explanation of what would be done;
- Patient had confidence and trust in all doctors treating them;
- Always given enough privacy when discussing condition/treatment;
- Always treated with respect and dignity by staff; and
- Patient offered written assessment and care plan.

In two areas the trust had improved its score since 2011 and had come out of the bottom 20% nationally:

- Patient felt they were told sensitively that they had cancer; and
- Doctor had the right notes and other documentation with them

The Trust is coordinating the formulation of care group multidisciplinary responses and action plans from the various tumour specific clinical teams. There is particular concern from Telford & Wrekin CCG regarding the lung cancer and urological tumour specific teams. Additionally, Telford & Wrekin CCG have formally requested the 2012 survey action plans through the contractual process as part of its assurance processes due to the overall decline in the patient satisfaction rate of the Trusts cancer services.

1.4 Cardiovascular Disease

The 2012/13 Annual Public Health Report included a recommendation aimed at tackling cardiovascular disease:

“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.”

Discussions need to take place between the CCG, Area Team and the Council regarding proposals for taking this strategy forward locally to ensure improvements in outcomes related to life expectancy. The following sections summarise programmes currently underway led by the CCG, Area Team and the Council.

1.4.1 Risk assessment and early detection: NHS Health Check

In April 2013 local authorities took over responsibility for the NHS Health Check programme as part of their new public health role. Health checks have been

identified as one of the top ten actions which will reduce avoidable premature mortality in the national cardiovascular outcomes strategy.

The programme identifies people at risk of developing preventable illness including heart disease, stroke, diabetes and kidney disease so they can take action to prevent or delay ill-health. The seven main causes of preventable mortality i.e. high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol are targeted through the programme.

Local authorities have a statutory obligation to make arrangements for everyone eligible aged 40 to 74 years (who is not already diagnosed with a relevant condition or being treated for certain risk factors) to be invited for an NHS Health Check once every five years, and recalled if they remain eligible. At the check people undergo a risk assessment to determine the level of risk associated with alcohol consumption, and the risk of having or developing vascular disease in the next 10 years. This is followed by appropriate risk management and lifestyle intervention, as well as clinical intervention and treatment where necessary.

NHS Health Checks in Telford & Wrekin are carried out in GP practices by nurses and health care assistants, using a one stop shop model including a fingerprick blood test to provide immediate cholesterol results. Combined with other clinical measurements this enables a person's risk to be assessed and appropriate advice given at a single visit. The programme is very well embedded from an initial start-up in 2009/10 and all practices now delivering NHS Health Checks. Telford & Wrekin has exceeded national targets for both Health Checks offered and carried out. In 2012/13 29.9% of the eligible population were invited (against a target of 20%). A total of 6,129 people attended a health check and 860 of these (14%) were found to be at high risk of developing vascular disease.

Public Health England has published a number of key documents for the health check programme in recent months. Taken together, these represent a wealth of learning from the programme so far and also a clear plan to upscale the programme. The best practice guidance aims to support local authorities in understanding their legal duties. It is also intended to ensure close working between local authorities and their partners, particularly in primary care. This is paramount so that different elements of the programme link together to ensure delivery of a safe, high quality service.

The next steps and development priorities for the local health check programme for the remainder of 2013/14 include:

- Exploring ways to effectively encourage patient engagement such as post check interviews to gain feedback on patients experience
- Engaging with harder to reach groups through targeted support at GP practices with lower uptake rates
- GP engagement to consult on local authority commissioning intentions
- More robust data gathering to inform future commissioning plans

1.4.2 Risk assessment and early detection: Abdominal Aortic Aneurysm Screening (AAAS)

Abdominal aortic aneurysms (AAAs) develop most commonly in males and are associated with risk factors such as smoking, high blood pressure and also genetic predisposition. Aneurysms are often asymptomatic until they rupture and then they can often be fatal. AAAs are an important cause of death in men aged 65 years but detected early they can be repaired through planned surgery with much lower associated mortality.

To detect aneurysms before rupture the NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) commenced phased roll-out across England in the spring of 2009. The programme invites all 65 year old men to attend for ultrasound screening to determine their risk of developing an aneurysm. Men over 65 years are able to refer themselves into the programme and be screened.

The Shropshire, Telford & Wrekin programme was developed by PCT public health leads and the vascular service at Shrewsbury and Telford Hospital Trust. Screening began in April 2012 and during 2012/13 1,015 men aged 65 in Telford & Wrekin were invited to screening appointments at their GP practice. A total of 856 men attended for screening, giving a screening uptake of 84%. Aneurysms were detected in fifteen 65 year old men in Telford & Wrekin during 2012/13. Fourteen had small-medium aneurysms, these men are now being followed up annually or quarterly depending on their aneurysm size to detect any further growth. One gentleman had a large aneurysm detected and he has now recovered well following successful repair surgery.

1.4.3 Cardiovascular Disease: identification, management and treatment in General Practice

The JSNA highlights variations in the treatment of cardiovascular diseases across general practice in Telford & Wrekin, for example the management of hypertension (high blood pressure). At a CCG-level the management of patients with hypertension in Telford & Wrekin has been significantly worse than the national average consistently over a number of years.

The NHS England Area Team is now responsible for commissioning GPs and improving the quality of primary care, in collaboration with the CCG. A series of work streams have been established by the Area Team Director of Commissioning, as part of the development of the primary care quality strategy across Shropshire & Staffordshire. This includes the Securing Excellence work stream and the Primary Care Quality Group. See HWB agenda item for further information on the NHS England

The CCG have produced a draft Long Term Conditions Strategy (reported to the HWB in May 2013). This includes elements aiming to improve the identification, management and treatment of people with cardiovascular disease. As part of this strategy CCG commissioning leads have been working with GPs to develop a Long Term Conditions (LTCs) incentive scheme. The scheme includes diabetes and hypertension (high blood pressure) work streams.

The CCG also have in place a Locally Enhanced Service with GPs LTCs which includes Escalation Management Plans for Diabetes and a best practice template which will review of internal policies/protocols including referral criteria.

1.4.4 Cardiovascular Disease: treatment and care in hospital

As part of the LTC Strategy the CCG are working with Shrewsbury and Telford Hospitals NHS Trust to improve hospital services for people with cardiovascular disease, this includes:

- The development of cardiac rehabilitation for people with heart failure who had not had a heart attack
- Improvement to the Heart Assessment Team service

1.5 Protecting Vulnerable People from Influenza

The 2012/13 Annual Public Health Report for Telford & Wrekin included a specific recommendation on 'flu immunisation:

“The Telford and Wrekin Health and Wellbeing Board should receive a report from Public Health England on plans to further improve ‘flu’ immunisation rates in all target groups in Telford and Wrekin during the 2013/14 ‘flu’ season.”

A detailed report has been prepared for the Board by NHS England Shropshire and Staffordshire Area Team Screening and Immunisation Leads. (Appendix II).

In summary the national seasonal flu programme aims to minimise the health impact of seasonal flu through offering free immunisation to the at-risk groups, including: people aged 65 or over, those with serious medical conditions, all pregnant women, carers and frontline health and social care staff. In 2013/14 the programme was extended to include healthy children aged 2 and 3 years old.

During the 2012/13 winter season in Telford and Wrekin:

- 73.5% people over 65 years received flu immunisation, which was similar to the national average for England (73.4%) but below the 75% target;
- There was a 5% improvement in the uptake amongst patients in clinical risk groups which reached 55% and was higher than the national average (51.3%); and
- Uptake in pregnant women (56.8%) was significantly higher than the England average (40.3%) and a vast improvement on the previous year (40.7%).

The Area Team have lead the development of an action plan across HWB partners Colleagues from the CCG and Council's public health and communications teams have supported the development of the plan and continue to be involved in its implementation. The plan includes a series of actions under the following ten objectives:

- Objective 1:Overall system management of the seasonal flu programme
- Objective 2:Reach or exceed 75% uptake for people aged 65 years and over

- Objective 3: Reach or exceed 75% uptake for people under 65 years in clinical risk groups
- Objective 4: Reach or exceed 75% uptake for pregnant women
- Objective 5: Roll out of the extension for children aged ages 2 and 3 years
- Objective 6: Increase uptake in health and social care workers
- Objective 7: Increase uptake in carers
- Objective 8: Communications and promotional materials
- Objective 9: Responding appropriately to flu incidents and outbreaks
- Objective 10: Undertake performance monitoring and feedback to providers and wider stakeholders

Immunisation uptake at a GP practice level will be monitored on a monthly basis during the 2013/14 season. Any practices in need of support to help improve their uptake rates will be offered a visit from a Public Health England Screening and Immunisation Coordinator. The funding of the seasonal 'flu project in local maternity services has been continued following the success of the project in 2012/13.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See summary impact assessment section on pages 2-3 for details.

3. PREVIOUS MINUTES

Health & Wellbeing strategy priority position statement May 2013: improve life expectancy and reduce health inequalities

4. BACKGROUND PAPERS

Report prepared by Helen Onions, Consultant in Public Health
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Figure 1 Trends in Male Life Expectancy at Birth

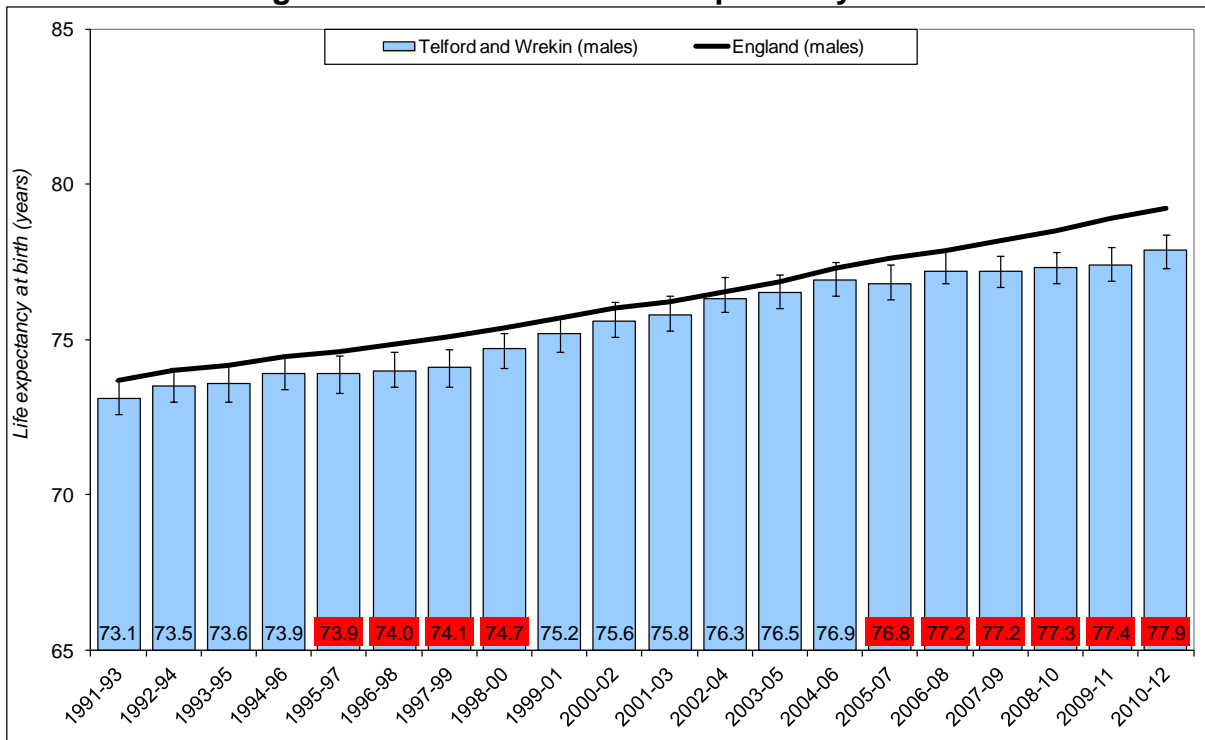
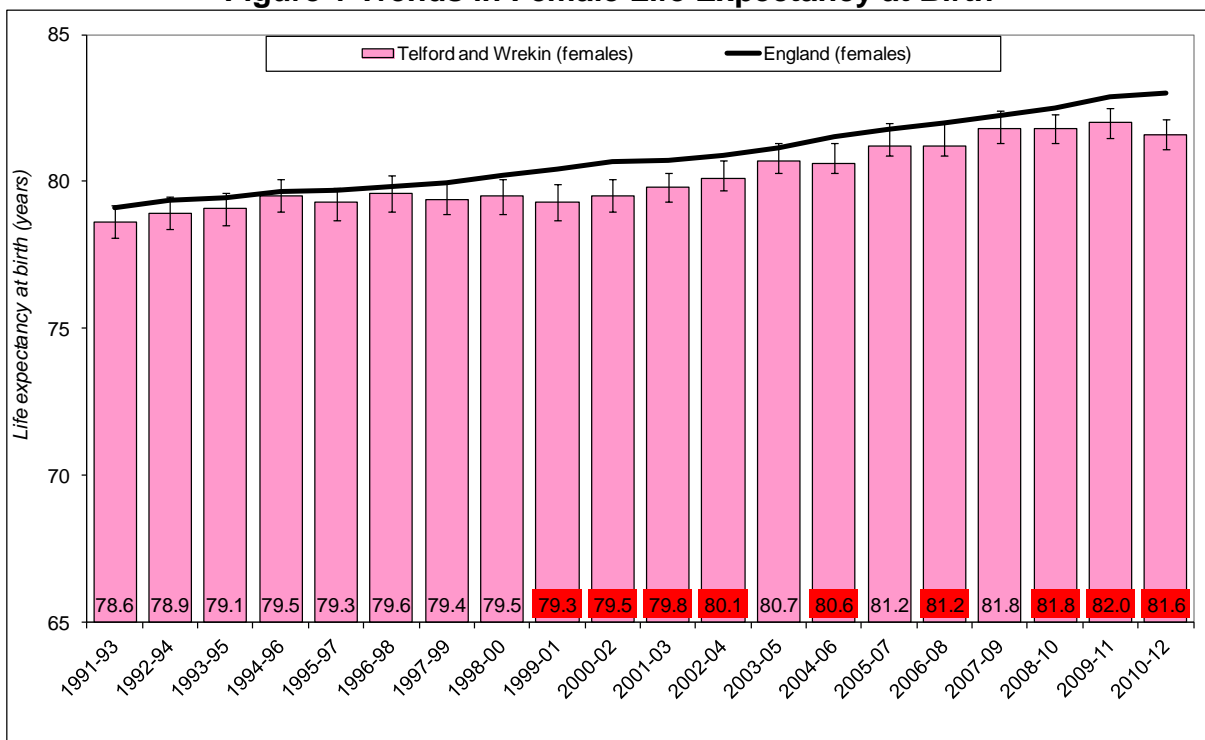


Figure 1 Trends in Female Life Expectancy at Birth



Source: Office for National Statistics © Crown Copyright

<http://www.ons.gov.uk/ons/rel/subnational-health4/life-expectancy-at-birth-and-at-age-65-by-local-areas-in-england-and-wales/2010-12/stb-life-expectancy-at-birth-2010-12.html>

Figures shaded in red indicate that the Telford and Wrekin position is statistically significantly worse than the England average



Seasonal Influenza 2013/14 Report to Telford & Wrekin Health & Wellbeing Board

Background

The purpose of the seasonal flu programme is to minimise the health impact of seasonal flu through effective monitoring, prevention and treatment. Seasonal flu vaccinations are currently offered free of charge to the following at-risk groups:

- People aged 65 or over
- Adults and children over 6 months with a serious medical condition / in clinical risk groups
- All pregnant women
- In 2013/14 the seasonal flu programme was extended to include healthy children aged 2 and 3 years old (as part of a phased introduction to include all children aged 2 to 16 years).
- People who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill.
- Also recommended to be vaccinated as part of occupational health: frontline health and social care workers.

Aspirational uptake targets

For 2013/14 seasonal flu uptake targets have increased to:

- 75% uptake for people aged 65 years and over and
- 75% uptake for people under 65 years in clinical risk groups, including pregnant women.
- For healthcare worker vaccinations there is still no nationally set target.

GP practices should strive to achieve this by ensuring that 100% of all those who fall into risk groups eligible for the vaccine are offered it.

Influenza Vaccination Uptake 2012-13

- In Telford and Wrekin, more than 7 in 10 people (73.5%) over 65 years received flu immunisation during the 2012/13 winter season. This showed continuous improvement from the previous season and was higher than the England (73.4%) and the West Midlands uptake (72.2%).
- Improvements were also made in the uptake of seasonal flu vaccination in patients in clinical risk groups during the 2012/13 season - in Telford and Wrekin uptake was 55.5%. This was a 5% improvement from the previous 2011/12 season and again higher than the England (51.3%) and the West Midlands uptake (51.6%).
- In Telford and Wrekin the seasonal flu vaccination uptake in pregnant women was 56.8%, significantly higher than the England (40.3%) and the West Midlands uptake (44%). This was a vast improvement from the 2012/13 season, from a 40.7% uptake in pregnant women and this appears to be due to the successful intervention at Shrewsbury and Telford Hospital (SaTH) maternity services (funded by the previous cluster PCT).
- Nationally the healthcare worker uptake was 45.9%, locally across the Telford and Wrekin health economy there was a range in uptake - Shrewsbury and Telford

Hospital NHS Trust achieved an uptake of 46.9%, Telford and Wrekin PCT 57.1%, and South Staffordshire and Shropshire Healthcare Trust 70.2%.

- Notably while considerable improvements have been made, on past performance the uptake in all eligible groups within Telford and Wrekin still fell short of achieving 75% uptake (this year's targets).

Actions to improve the 2013/14 flu vaccination uptake in Telford and Wrekin

The Shropshire and Staffordshire Area Team have the overall accountability and responsibility for commissioning the national seasonal flu vaccination programme across the wider geography of the Area Team footprint. The Public Health England (PHE) Screening and Immunisation team are embedded with the NHS England Area Team and provide the leadership, public health expertise and system management of the programme (planning, implementation, monitoring and supporting providers to achieve continuous improvement).

Seasonal flu planning and assurance processes

- The Shropshire and Staffordshire Area Team have been holding internal seasonal flu 2013/14 planning meetings since July 2013.
- In August 2013, the Area Team conducted a brief assurance survey to confirm that GP Practices were planning to implement evidenced based practice regarding maximising seasonal flu vaccination uptake in eligible groups. The overall response rate was 52%, however only 6 out of 22 Telford and Wrekin GP Practices responded to the Area Team (comments from these six practices were positive and gave no cause for concern).
- An assessment of 2012/13 seasonal flu performance data has identified practices with the lowest flu vaccination uptake across the Area Team and they have been offered additional support to enable them to make improvements in their uptake during this 2013/14 flu season. Notably, no Telford and Wrekin practices were highlighted as those with the lowest uptake across the Area Team in 2012/13.

Shropshire & Staffordshire Area Team Seasonal Flu meetings

- An initial wider stakeholder meeting was held on the 26th September 2013 and will continue to meet monthly to implement and monitor a cross Area Team seasonal flu 2013/14 action plan.
- The Telford and Wrekin public health team have additionally convened a small local working group with colleagues from Shropshire, which interfaces directly with the wider Area Team meetings via the support from a nominated PHE Screening & Immunisation Co-ordinator. This Telford and Wrekin and Shropshire seasonal flu working group have also developed a locality based seasonal flu action plan for 2013/14.

Shropshire & Staffordshire Seasonal Flu 2013/14 Action plan

A Shropshire & Staffordshire Area Team seasonal flu 2013/14 action plan with specific actions for all at-risk groups has been produced and agreed with all wider stakeholders across Shropshire, Telford & Wrekin, Staffordshire and Stoke on Trent, this includes specific actions to meet the following objectives:

1. Overall system management of the seasonal flu programme
2. Reach or exceed 75% uptake for people aged 65 years and over
3. Reach or exceed 75% uptake for people aged under 65 years in clinical risk groups
4. Reach or exceed 75% uptake for pregnant women
5. Roll out of childhood extension (ages 2 and 3 years) to the seasonal flu programme
6. Increase uptake in health and social care workers
7. Increase uptake in carers
8. Communications and promotional materials
9. Responding appropriately to flu incidents and outbreaks
10. Undertake performance monitoring and feedback to providers and wider stakeholders

NOTE: The full 16 page Shropshire & Staffordshire Area Team Seasonal Flu 2013/14 Action Plan is available as an appended document.

Performance monitoring during the 2013/14 flu season

The Shropshire & Staffordshire Area Team will be monitoring the uptake of flu vaccination within Telford and Wrekin GP practices on a monthly basis during the 2013/14 season. Any practices that are identified during the current 2013/14 flu season as in need of support to help improve their uptake rates will be offered a support visit via a PHE Screening and Immunisation Co-ordinator.

Continuation of the SaTH seasonal flu project for pregnant women

The Shropshire & Staffordshire Area Team has continued the funding of the SaTH maternity services to deliver a seasonal flu project for increasing uptake in pregnant women for the 2013/14 season. The project will be implemented similarly to the 2012/13 season however additional data capture requirements and a patient experience survey will be new improvements to this intervention, in anticipation of building the evidence base to inform the Area Team's future commissioning intentions.

Report Authors

Neil Adams – Public Health Consultant (Screening and Immunisation Lead)

Amanda Fletcher - Specialty Registrar in Public Health

29th October 2013

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD: November 13th 2013

TITLE: Emotional Health & Wellbeing and review of Mental Health Modernisation

REPORT OF:

Jo Robins, Locum Consultant in Public Health, Telford & Wrekin Council
Sarah Evans, Health Improvement Commissioner, Telford & Wrekin Council

Contributing authors:

Steph Wain, Group Specialist, Commissioning, Telford & Wrekin Council
Helen Swindlehurst, Head of Commissioning (Mental Health & Children), NHS Telford & Wrekin CCG

HEALTH & WELLBEING BOARD PRIORITY SPONSOR:

Cllr. Liz Clare

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report has two components. Firstly it provides the Board with an update on the development of the local offer for emotional health and wellbeing support across the life course, specifically preventative tier 1 and tier 2 levels. The offer will cover all children, young people and adults, older people in Telford & Wrekin. This report includes:

- a summary of progress on the development of the local offer, including local strengths weaknesses, key gaps and opportunities for improvement
- clarity on next steps, with milestones for progress

Secondly the report includes an update on next stage of Mental Health Modernisation prompted by the temporary closure of Castle Lodge and new approaches in Community based care.

2. RECOMMENDATIONS

The Board is asked to:-

1. Note the information in this report
2. Acknowledge the recent developments towards the development of the emotional health and wellbeing offer.
3. Support the proposals to complete a review of progress in modernising Mental Health Services.

3. IMPACT OF ACTION

There are two elements that support the lower level prevention work around emotional health and wellbeing previously which were identified as priorities for 2013/14:

Improving the universal health and wellbeing offer (tier 1) – agreeing and promoting key messages and information to support and encourage wellbeing

Improving the targeted information and approaches (tier 2) to young people who are vulnerable or at risk.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Emotional Health and Wellbeing
	Do these proposals contribute to specific Co-Operative Council priority objective(s)	
	Yes	Improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	It impacts on all people in the Borough and more vulnerable groups.
TARGET COMPLETION/DELIVERY DATE	Ongoing improvement as part of the Health & Wellbeing Strategy	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The National Framework To Improve Mental Health and Wellbeing was published by the Department of Health on 24 July 2012 and set out the vision for improving mental health and wellbeing in England for the NHS ,Public Health and Local Authorities and is consistent with the Outcomes Frameworks for the NHS , Adult Social Care and Public Health.</p> <p>The Public Health Outcomes Framework 2013-16 was published under section 73B(1) of the NHS Act 2006 (inserted by section 31 of the Health and Social Care Act 2012) as a document that local authorities must have regard to in the exercise of the public health functions for which they became responsible on 1 April 2013 under the 2012 Act.</p>
LEGAL ISSUES	Yes	<p>The National Framework To Improve Mental Health and Wellbeing was published by the Department of Health on 24 July 2012 and set out the vision for improving mental health and wellbeing in England for the NHS ,Public Health and Local Authorities and is consistent with the Outcomes Frameworks for the NHS, Adult Social Care and Public Health.</p> <p>The Public Health Outcomes Framework 2013-16 was published under section 73B(1) of the NHS Act 2006 (inserted by section 31 of the Health and Social Care Act 2012) as a</p>

		document that local authorities must have regard to in the exercise of the public health functions for which they became responsible on 1 April 2013 under the 2012 Act.
EQUALITY & DIVERSITY	Yes	There are specific health inequalities associated with levels of mental health.
IMPACT ON SPECIFIC WARDS	Yes	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	A period of consultation on a draft version of the action plan is planned, with feedback being used.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	There are key links to other HWB priorities, including teenage, pregnancy, excess weight, supporting people with autism, reducing the misuse of drugs and alcohol, improve carers health and wellbeing, supporting people to live independently, supporting people with dementia.

PART B) – ADDITIONAL INFORMATION – Emotional Health and Well Being

1. INFORMATION

1.1 Why is it important?

The Board received a brief report on the development of the offer for universal tier 1 and tier 2 emotional health and well being programmes in July 2013. The work is being led by the Public Health team working with a wide range of colleagues: across the council, the CCG, NHS England Area Team, the voluntary community sector, the police and local schools.

A set of objectives and terms of reference have been agreed for this work through senior Council officers in Children and Young People and Public Health teams. (A separate action plan is available, if required). This report provides an update on progress to date and outlines actions for the next steps.

1.2 The Process to Date

Engagement with key stakeholders has taken place through: dedicated workshops, 1-2-1 interviews and attendance at meetings with the voluntary sector, service providers and commissioners, head teacher forums, parent forums reps, PODS, multi-agency workshops (30 attendees) and has incorporated key findings from previous local consultation work. The workshops have included a summary of the national evidence base, demographic data, key local challenges, recent service reviews, local strategies and priorities, and emerging commissioning responsibilities across the mental health pathway for both adults and children. The workshops also included mapping and gapping of current activity, SWOT analysis of current practice, discussions on ideas for new programmes and different ways of working based around the five ways to wellbeing.

1.3 Consultation with Key Population Groups

A process for consultation with key local groups of children, adults and older people is taking place alongside the workshops for stakeholders and will be achieved through existing groups, through the participation team of the council as well as with voluntary sector organisations. The findings and personal insights of local men living in Telford & Wrekin has been included. The comprehensive and informative piece of consultation work previously carried out in Telford & Wrekin in 2012 captured personal insights from 103 local men who had experienced different levels of depression, anxiety and other mental health issues as well as feedback from 23 partners/family members and nine local organisations.

1.4 Mapping and Gapping

There are numerous activities, initiatives, organisations, project and workforce opportunities on offer at tier 1 for the wider population across the age ranges but especially for children and young people. There is less resource available for older people. At tier 2 there is also provision, but this is much more targeted and limited. A number of key challenges and strengths have been identified for children, adults and older people in relation to tier 1 and tier 2 provision - some of which are common across the life course, some can be easily rectified and others which require investment and change. A key emerging messages is the need to ensure that we intervene at the critical point before needs escalate and costs rise. See overleaf for an overview of key themes.

Children Tier 1 & 2**Adults Tier 1 & 2****Challenges**

- At tier one there is a large workforce but the profile of 'promoting universal emotional health & wellbeing as everyone's business' is not high enough
- School nurse workforce is not focused on emotional health and wellbeing
- Tier 1 offer needs to focus on the delivery of simple key messages and information across the entire population to support and encourage well-being
- No healthy schools programme or workforce
- No T&W-wide programme such as Targeted Mental health Service in Schools (TaMHS which promotes emotional health and wellbeing in schools
- No clear and commonly agreed pathway for EHWB and there is confusion about threshold levels
- Gap in provision of programmes at tier 2 for children and families with some evidenced-based services such as Parenting Programmes and Family Nurse Partnership in limited supply
- At tier two more targeted information needs to be developed for those who are vulnerable or at risk
- Data measures are limited both in terms of targeted provision and for the wider population

- At tier one there is a large workforce however the profile of 'promoting universal emotional health & wellbeing as everyone's business' does not seem to be high
- There is a gap in provision at tier two for the population with some specialised services such as Parenting Programmes and FNP in limited supply
- At tier two there is confusion around the thresholds
- There is a lack of provision of services and programmes for teenagers
- There is limited provision for post natal depression

Strengths

- At tier one there are local assets both physical such as the town park, community centres & libraries as well as at a social capital level through a strong community spirit and good practice to build on such as Park Lane and Brookside
- Highly committed and dedicated workforce that work together at grassroots level, but there is duplication and staff report the recent structural changes have resulted in confusion about who is doing what
- Good practice has been maintained locally such as Parenting Programmes, Triple P, parents as volunteers, activity days in the community, some staff outreaching via Children's Centres, parent partnerships, young carers
- At tier two there are many opportunities for the voluntary sector
- Some good integrated programmes and motivated workforces delivering these such as Triple P but limited availability

- At tier one there are many local assets both physical such as the town park, community centres and libraries as well as a strong community spirit and a dedicated workforce with good practice to build on such as Park Lane and Brookside
- There is a highly committed and dedicated workforce that work together at grassroots level but there is duplication and staff report the recent structural changes have resulted in confusion about who is doing what
- There are strong locality structures in place

Please see Appendices 1 & 2 (SWOT analysis Tier 1 & Tier 2) for further detail.

1.5 Developing the Offer

Using the feedback from the workshops and the SWOT analysis together with feedback and insight from consultation with key groups and stakeholders we will be in a position to develop a Telford & Wrekin-wide population based offer for tier 1 and tier 2 support, which will underpin more specialised service provision at tiers 3 and 4. The offer will be based around the Five Ways to Wellbeing. This is a clear and simple (with a strong evidence base) approach to improving the mental health and wellbeing of the whole population¹. Feedback from the workshops to date has already identified some practical and small scale solutions that will encourage individuals to think about and do the small things every day that helps them feel better about themselves.

Ambitious larger scale initiatives were also identified, including:

- an emotional health and well programme for schools
- development of Forest Schools
- peer and volunteer mentoring schemes
- mental health awareness training across sectors (helping to increase understanding and raise awareness of mental health and well-being).
- developing a befriending programme for older people
- creation of social capital in communities through locality structures using infrastructure such as Children's Centres, Parent Participation Groups, the Children's Participation Team and Voluntary sector
- link to the health initiative at Telford Football Club and promote sport and mental health
- better use of the Town Park and promotion of assets of the town to create a sense of 'Pride in Telford'
- promotion of mobile phone applications for children, adults and men

1.6 The Next Steps

During November and December 2013, key actions will include:

- Firm up the offer and sense check this with key representatives from local agencies
- Work with commissioning colleagues on a clear pathway for EHWP
- Work with relevant leads on threshold levels
- Work with head teacher representatives following a similar but shorter process
- Consult with the voluntary sector and key consultation groups on the draft offer
- Develop an action plan with clearly identified objectives, lead officers, and timescales for progress based on measures and outcomes
- Identify key resources required to implement the action plan

¹ Foresight Mental Capital and Wellbeing Project (2008)

<http://webarchive.nationalarchives.gov.uk/+/http://www.bis.gov.uk/foresight/our-work/projects/current-projects/mental-capital-and-wellbeing>

- Present the action plan to the H&WB for feedback and endorsement

2.1 **Modernisation of Mental Health Services Review**

Telford and Wrekin CCG is working with the Staffordshire and Shropshire Healthcare Foundation Trust (SSSFT) and all stakeholders to review progress against the Pan-Shropshire Mental Health Modernisation Plan and to develop proposals for future changes.

The need to review progress was prompted by the temporary closure of Castle Lodge and recognition that following the closure of Shelton Hospital, the opening of The Redwoods, and expansion of Home Treatment Services, there is a need to establish the future model for Mental Health services. This will be critical in determining what bed and community capacity will be needed for the future and what function bed based services will provide.

The decision to temporarily close Castle Lodge has been scrutinised by the Joint Health Overview Scrutiny Committee who support the need to complete a full review to inform future commissioning intentions and the development of best mental health practices in Telford & Wrekin.

A high level action plan is included at Appendix 3. This shows the planned engagement, analysis and timescale for the completion of the Review.

The 'Modernisation' review will dovetail with the current Telford & Wrekin Mental Health and Wellbeing 'Commissioning Strategy' review underway by the Mental Health Partnership Board. This Board includes statutory services (commissioners and providers), Voluntary Sector Services, and organisations representing service users and carers.

The Partnership Board intends to refresh the strategy, with a renewed focus on developing services which reflect the local priorities:

- Personalisation
- Promoting Independence
- Enablement
- Choice and Control

This work which had already been planned to include wide consultation and to deliver recommendations by the end of March 2014 will also inform the future landscape required for Mental Health Services for our population.

3.0 IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See summary impact assessment section on pages 2-3 for details.

4.0 PREVIOUS MINUTES

Health & Wellbeing strategy priority position statement May 2013: emotional health and wellbeing

5.0 BACKGROUND PAPERS

Report prepared by:

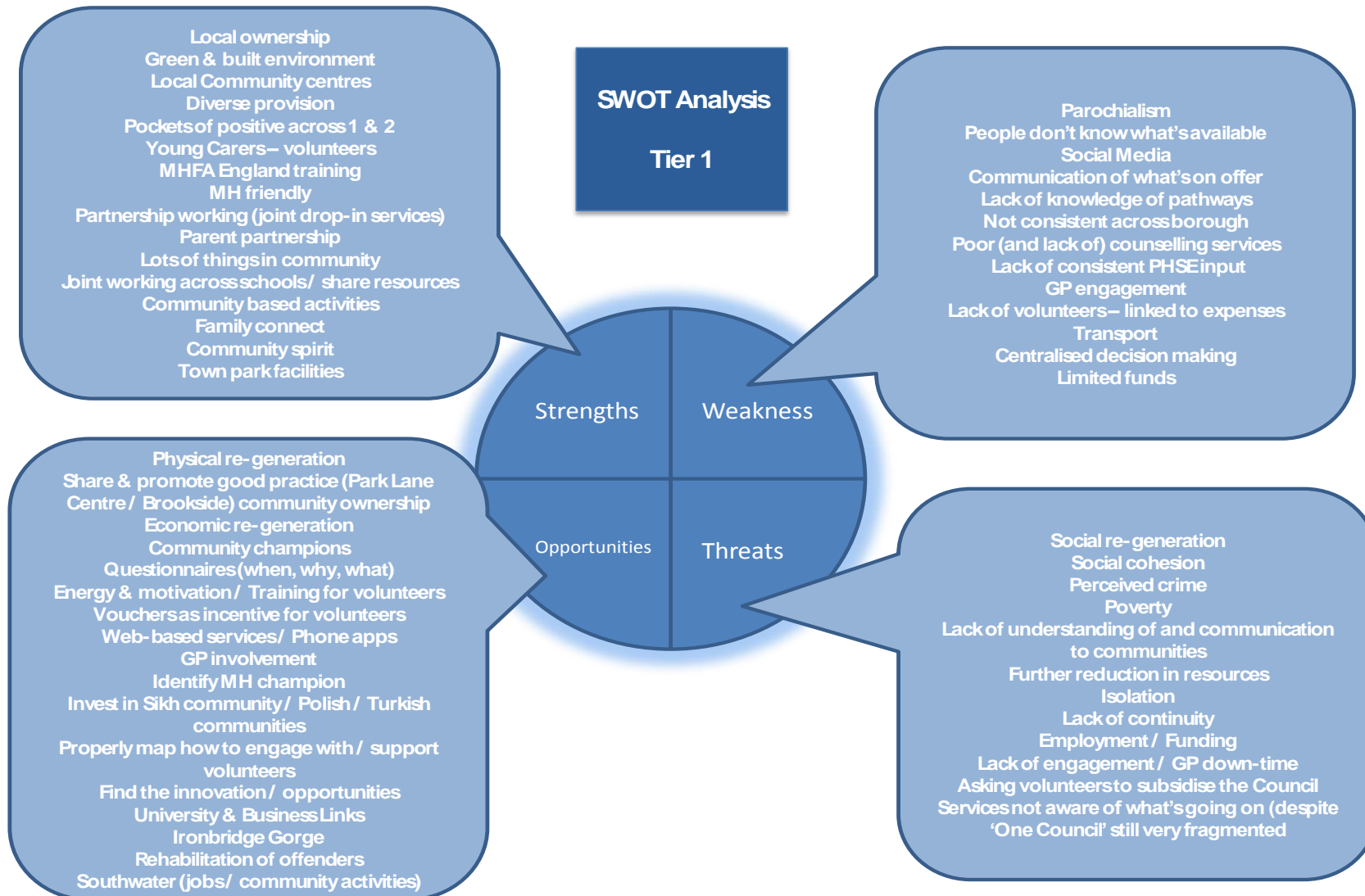
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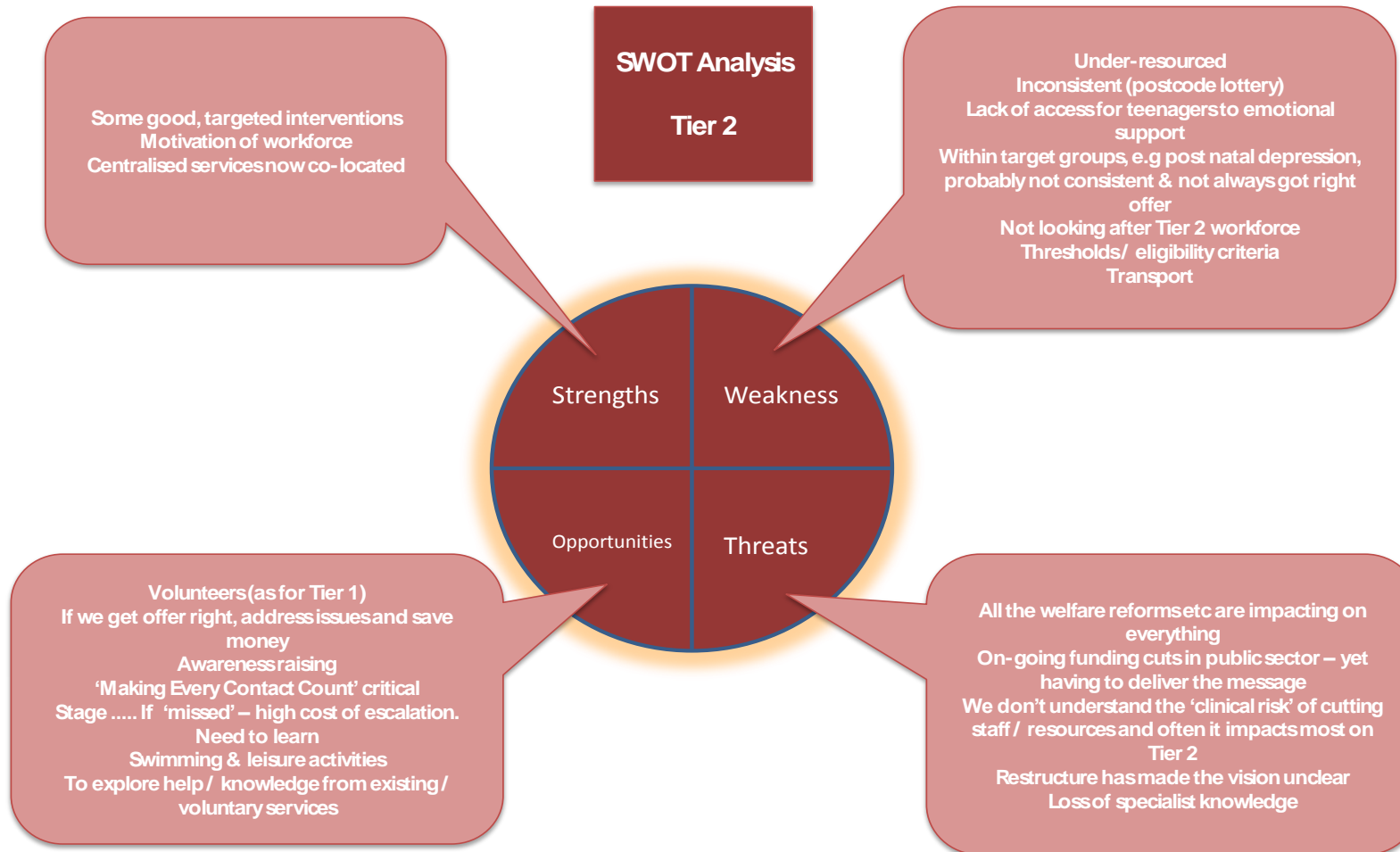
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Emotional Health and Wellbeing SWOT Analysis: Tier 1



Emotional Health and Wellbeing SWOT Analysis: Tier 2



Mental Health Modernisation review Action Plan

Action	Rationale	By when
Develop steering group for modernisation project	To assure CCGs, LA's and SSSFT that the process is robustly managed and accountable	November 2013
Agree how to dovetail the review of Mental Health Strategy with the review of Mental Health Modernisation	There is a risk that two related exercises each aiming to inform future commissioning intentions are not 'joined up'. The Steering group above will meet with the Mental Health Partnership to clarify how to ensure synergy is achieved.	End of November 2014
To hold a series of engagement events with patients, service providers, voluntary organisations, including with the Health Overview Scrutiny Committee.	To ascertain the views of the patients, local population and other stakeholders views about Mental health services and the needs for the future	To be arranged in December 2013 and January 2014
Assess activity and performance of all bed based services including measuring the frequency of the use of out of area placements and PICU (Psychiatric Intensive Care Units) following the changes implemented through the modernisation process.	To ensure that numbers of commissioned beds days and types of beds commissioned are appropriate for level of identified need Inform future commissioning process	January 2014
To map out best practice in relation to mental health provision and compare to present	To ensure quality of service meets local needs and encompasses best practice	January 2014

<p>Prepare options appraisal based on outcome of activity information and engagement with stakeholders</p>	<p>To identify most appropriate model of care to meet local population need</p>	<p>February 2013</p>
<p>Implement agreed model identified through the options appraisal and present to the Joint Health Overview Scrutiny Committee and Health and Well Being Board.</p>	<p>Ensure the continued delivery of mental health services matched to local need</p>	<p>April 2014</p>

TELFORD & WREKIN COUNCIL AND TELFORD & WREKIN CCG

HEALTH AND WELLBEING BOARD – 13 NOVEMBER 2013

HEALTH & SOCIAL CARE INTEGRATION

REPORT OF DIRECTOR OF HEALTH, WELLBEING & CARE, T&W COUNCIL AND CHIEF OFFICER, T&W CCG

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report sets out the requirements placed upon the Council and CCG to move towards the integration of health and social care services, with particular reference to the requirements to have an Integration Transformation Fund (ITF) agreed and in place by April 2015.

1.2 In reality this means that integration proposals need to be developed now, to allow relevant budgets to be freed up during 2014/15 for inclusion in the ITF and an initial planning template has to be submitted by 15 February 2014, signed off by the Council, CCG and Health and Wellbeing Board.

2. RECOMMENDATIONS

2.1 Health and Wellbeing Board note requirements to put in place an Integration Transformation Fund.

2.2 A further detailed report is brought to next Board Meeting with a view to signing off the Draft Plan Submission.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	<i>Vulnerable Children & Adults Health and Wellbeing</i>
	Will the proposals impact on specific groups of people?	
	Yes	Will impact on people who are ill or disabled, who need support and on their family carers.
TARGET COMPLETION/DELIVERY DATE	See attached actions.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The Government have identified £3.8bn nationally in 2015/16 for the Integrated Transformation Fund

		<p>(ITF). This includes the continuation of the £200m of additional national funding in 2014/15 to assist local authorities in the implementation of the ITF.</p> <p>Individual allocations of funding for 2014/15 and 2015/16 will be announced as part of the Government's Autumn statement.</p> <p>In 2015/16 the ITF will be created from £1.9bn NHS funding and £1.9bn based on existing funding in 2014/15.</p> <p>£1bn of the £3.8bn will be performance related - linked to achieving outcomes.</p> <p>As the pooled budget consists of funding already committed and does not include any new funding the requirements of the fund may well exceed the existing budget arrangements. The financial implications of the Integration Transformation Fund (ITF) will need to be fully assessed as work towards implementation progresses.</p> <p>More detailed financial information relating to the Fund is included in the main body of the report.</p>
LEGAL ISSUES	Yes	<p>The new integration provisions will bring significant changes to the commissioning of some Council and Clinical Commissioning Group (CCG) services. As the draft plan (referred to in paragraph 2.2 of the recommendations) takes shape, officers will identify specific areas where changes to existing commissioning processes will be needed to incorporate the integration required.</p> <p>These changes may affect the Council's and CCG's commissioning plans and may require separate reports elsewhere such as Cabinet and CCG Governance Board. For example, changes to existing delegated powers may need to be made to undertake the new joint commissioning. At appendix 1 of this report there is reference (at paragraph 17 of Appendix A to the letter) to potential legislative changes which, if implemented, will need to be complied with as part of this process. This will be monitored by officers.</p> <p>As mentioned in paragraph 4.4 of the report, there will be standards for the plan which are national requirements. However, there will also be the Council's and CCG's own requirements which officers</p>

		will advise upon to ensure good governance, effective contract management and the protection of sensitive data.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	<p>The timeframe for submitting a draft plan by 15th February 2014 is challenging, and will require a rapid joint effort by the Council and CCG.</p> <p>The existing information governance data sharing challenges in the NHS, caused by the introduction of the Health and Social Care Act 2012, may delay implementation of data sharing to support the integration of health and social care.</p>
IMPACT ON SPECIFIC WARDS	No	

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

- 4.1 The Health and Social Care Act, 2012 set out expectations around greater integration of health and social care services to provider more effective pathways and better outcomes and value for patients/service users. The spending review at the end of June 2013 set out the requirement to set up an Integration Transformation Fund (ITF) by April 2015, with at least a minimum value of CCG and Council monies included in the ITF. The national value of this funding in 2015/16 is £3.8bn and it includes the continuation of the national 2014/15 NHS transfer to local authorities. The spending review announced an increase to this transfer in 2014/15 by £200m to help local authorities prepare for the implementation of the ITF and make early progress on priorities.
- 4.2 On 17th October, NHS England and the Local Government Association jointly released a letter titled “Next Steps on implementing the ITF”. There is an expectation that Health and Wellbeing Boards will oversee the development of a shared plan for the totality of health and social care activity within their area and that over time the level of total funding the CCG and LA will commit into the ITF will increase. The letter suggests that a fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk.
- 4.3 Nationally there is a requirement to put our local share of £3.8billion identified as the minimum amount to be included in the ITF. This money is not new money but there is an expectation the Council and CCG will agree to use the money to take forward a new shared approach to health and social care. The local value of our proportion of the £3.8billion is still to be totally identified but include the local NHS proportion of £1.9billion of current NHS funding and the local proportion of another £1.9billion that currently is made up of existing funding badged as Carers Breaks Funding, CCG reablement funding and capital funding (including Disabled Facilities Grant).

- 4.4 The fund will be allocated to local areas where it will be put into a pooled budget under joint governance between the CCG and Council, with a condition that they must have a jointly agreed plan which meets certain requirements set nationally. There are 6 national conditions:
- Plans to be jointly agreed.
 - Protection for social care services (not spending).
 - 7 day services in health and social care to support patient discharge from hospital and prevent unnecessary admissions at weekends.
 - Better data sharing between health and social care based on the NHS number.
 - Joint approach to assessments and care planning, funding used for integrated packages and a named accountable professional in all cases.
 - Agreement on the consequential impact of changes in the acute sector.
- 4.5 Elements of the ITF will be performance related amounting to £1billion of the national £3.8billion total. Of this £1billion, 50% will be paid at the start of 2015/16 based on 14/15 performance and that there is a joint plan in place. The other 50% of the £1billion will be paid in the second half of 2015/16 based on in-year performance. Performance measures include delayed transfers of care, emergency admissions, effectiveness of re-ablement, admission levels to residential and nursing homes, patient and service user experience.
- 4.6 The CCG, Council and Health and Wellbeing Board will have to return a planning template by 15 February 2014. For more detail see attached letter – Appendix 1 and Planning Template – Appendix 2.
- 4.7 Discussions are underway between Officers of the CCG and Council to develop an vision for the integration of health and social care locally, to share with our respective organisations for approval . Reports will be taken shortly to Council’s Cabinet and CCG Governance Board to inform of this national requirement with a view to agreeing the governance arrangements in conjunction with the Health and Wellbeing Board.
- 4.8 Clearly the ITF provides significant opportunities to build on the very good examples we have locally of integrated working, but there will be huge challenges on the way.

5. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

6. **PREVIOUS MINUTES**

None.

7. **BACKGROUND PAPERS**

Report prepared by:

Paul Taylor, Director: Health, Wellbeing & Care
David Evans, Chief Officer, T&W CCG

17 October 2013

To: CCG Clinical Leads
Health and Wellbeing Board Chairs
Chief Executives of upper tier Local Authorities
Directors of Adult Social Services

cc: CCG Accountable Officers
NHS England Regional and Area Directors

Dear Colleagues

Next Steps on implementing the Integration Transformation Fund

We wrote to you on 8 August 2013 setting out the opportunities presented by the integration transformation fund (ITF) announced in the spending review at the end of June. While a number of policy decisions are still being finalised with ministers, we know that you want early advice on the next steps. This letter therefore gives the best information available at this stage as you plan for the next two years.

Why the fund really matters

Residents and patients need Councils and Clinical Commissioning Groups (CCGs) to deliver on the aims and requirements of the ITF. It is a genuine catalyst to improve services and value for money. The alternative would be indefensible reductions in service volume and quality.

There is a real opportunity to create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled fund. We encourage Health and Wellbeing Boards to extend the scope of the plan and pooled budgets.

Changing services and spending patterns will take time. The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health and care. Accordingly the NHS planning framework will invite CCGs to agree five year strategies, including a two year operational plan that covers the ITF through their Health and Wellbeing Board.

A fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk. There is excellent practice in some areas that needs to be replicated everywhere. The ingredients are the same across England; the recipe for success differs locality by locality.

Integrated Care Pioneers, to be announced shortly, will be valuable in accelerating development of successful approaches. We are collaborating with all the national partners to support accelerated adoption of integrated approaches, and will be launching support programmes and tools later in 2013.

Where does the money come from?

The fund does not in itself address the financial pressures faced by local authorities and CCGs in 2015/16, which remain very challenging. The £3.8bn pool brings together NHS and Local Government resources that are already committed to existing core activity. (The requirements of the fund are likely to significantly exceed existing pooled budget arrangements). Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that deliver better outcomes for individuals. This calls for a new shared approach to delivering services and setting priorities, and presents Councils and CCGs, working together through their Health and Wellbeing Board, with an unprecedented opportunity to shape sustainable health and care for the foreseeable future.

Working with providers

It will be essential for CCGs and Local Authorities to engage from the outset with all providers, both NHS and social care, likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. CCGs and Local Authorities should also work with providers to help manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services. It is also essential that the implications for local providers are set out clearly for Health and Wellbeing Boards and that their agreement for the deployment of the fund includes agreement to the service change consequences.

Supporting localities to deliver

We are acutely aware that time is pressing, and that Councils and CCGs need as much certainty as possible about how the detail of the fund will be implemented. Some elements of the ITF are matters of Government policy on which Ministers will make decisions. These will be communicated by Government in the normal way. The Local Government Association and NHS England are working closely together, and collaborating with government officials, to arrive at arrangements that support all localities to make the best possible use of the fund, for the benefit of their residents and patients. In that spirit we have set out in the attached annex our best advice on how the Fund will work and how Councils and CCGs should prepare for it.

The Government has made clear that part of the fund will be linked to performance. We know that there is a lot of interest amongst CCGs and Local Authorities in how this “pay-for-performance” element will work. Ministers have yet to make decisions on this. The types of performance metrics we can use (at least initially) are likely to be largely determined by data that is already available. However, it is important that local discussions are not constrained by what we can measure. The emphasis should be on using the fund as a catalyst for agreeing a joint vision of how integrated

care will improve outcomes for local people and using it to build commitment among local partners for accelerated change.

Joint local decision making and planning will be crucial to the delivery of integrated care for people and a more joined up use of resources locally. The ITF is intended to support and encourage delivery of integrated care at scale and pace whilst respecting the autonomy of locally accountable organisations.

This annex to this letter sets out further information on:

- How the pooled fund will be distributed;
- How councils and CCGs will set goals and be rewarded for achieving them;
- Possible changes in the statutory framework to underpin the fund;
- The format of the plans for integrated care and a template to assist localities with drawing up plans that meet the criteria agreed for the fund;
- Definitions of the national conditions that have to be met in order to draw on the pooled fund in any locality; and
- Further information on how local authorities, CCGs, NHS England and government departments will be assured on the effective delivery of integrated care using the pooled fund.

Leads from the NHS and Local Government will be identified to assist us to work with Councils and CCGs to support implementation. More details on this can be found in the annex. We will issue a monthly bulletin to Councils and CCGs with updates on the Integration Transformation Fund.

Yours faithfully



Carolyn Downs
Chief Executive
Local Government Association



Bill McCarthy
National Director: Policy
NHS England

Advice on the Integration Transformation Fund

What is included in the ITF and what does it cover?

Details of the ITF Fund

The June 2013 SR set out the following:	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements
In 2015/16 the ITF will be created from the following:	
£1.9bn NHS funding	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:	
<ul style="list-style-type: none"> • £130m Carers' Breaks funding • £300m CCG reablement funding • £354m capital funding (including c.£220m of Disabled Facilities Grant) • £1.1bn existing transfer from health to social care 	

1. The Integration Transformation Fund will be £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users. In 2014/15 an additional £200m transfer from the NHS to social care in addition to the £900m transfer already planned will enable localities to prepare for the full ITF in 2015/16.
2. In 2014/15 use of pooled budgets remains consistent with the guidance¹ from the Department of Health to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14. In line with this:
3. *“The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition we want to provide flexibility for local areas to determine how this investment in social care services is best used.*
4. *A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for*

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

discussions between the Board, clinical commissioning groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

5. *In line with our responsibilities under the Health and Social Care Act, NHS England is also making it a condition of the transfer that local authorities and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.*
6. *NHS England is also making it a condition of the transfer that local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer”*
7. In 2015/16 The fund will be allocated to local areas, where it will be put into pooled budgets under joint governance between CCGs and local authorities. A condition on accessing the money in the fund is that CCGs and local authorities must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.

How will the ITF be distributed?

8. Councils will receive their detailed funding allocation following the Autumn Statement in the normal way. When allocations are made and announced later this year, they will be two-year allocations for 2014/15 and 2015/16 to enable planning.
9. In 2014/15 the existing £900m s.256 transfer to Local Authorities for social care to benefit health, and the additional £200m will be distributed using the same formula as at present.
10. The formula for distribution of the full £3.8bn fund in 2015/16 will be subject to ministerial decisions in the coming weeks.
11. In total each Health and Wellbeing Board area will receive a notification of its share of the pooled fund for 2014/15 and 2015/6 based on the aggregate of these allocation mechanisms to be determined by ministers. The allocation letter will also specify the amount that is included in the pay-for-performance element, and is therefore contingent in part on planning and performance in 2014/5 and in part on achieving specified goals in 2015/6.

How will Councils and CCGs be rewarded for meeting goals?

12. The Spending Review agreed that £1bn of the £3.8bn would be linked to achieving outcomes.
13. In summary 50% of the pay-for-performance element will be paid at the beginning of 2015/16, contingent on the Health and Wellbeing Board adopting a plan that

meets the national conditions by April 2014, and on the basis of 2014/15 performance. The remaining 50% will be paid in the second half of the year and could be based on in-year performance. We are still agreeing the detail of how this will work, including for any locally agreed measures.

14. In practice there is a very limited choice of national measures that can be used in 2015/6 because it must be possible to baseline them in 2014/5 and therefore they need to be collected now with sufficient regularity and rigour. For simplicity we want to keep the number of measures small and, while the exact measures are still to be determined, the areas under consideration include:

- Delayed transfers of care;
- Emergency admissions;
- Effectiveness of re-ablement;
- Admissions to residential and nursing care;
- Patient and service user experience.

15. In future we would hope to have better indicators that focus on outcomes for individuals and we are working with Government to develop such measures. These can be introduced after 2016/7 as the approach develops and subject to the usual consultation and testing.

16. When levels of ambition are set it will be clear how much money localities will receive for different levels of performance. In the event that the agreed levels of performance are not achieved, there will be a process of peer review, facilitated by NHS England and the LGA, to avoid large financial penalties which could impact on the quality of service provided to local people. The funding will remain allocated for the benefit of local patients and residents and the arrangements for commissioning services will be reconsidered.

Does the fund require a change in statutory framework?

17. The Department of Health is considering what legislation may be necessary to establish the Integrated Transformation Fund, including arrangements to create the pooled budgets and the payment for performance framework. Government officials are exploring options for laying any required legislation in the Care Bill. Further details will be made available in due course. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected and will be helpful in taking this work forward.

How should councils and CCGs develop and agree a joint plan for the fund?

18. Each upper tier Health and Wellbeing Board will sign off the plan for its constituent local authorities and CCGs. The specific priorities and performance goals are clearly a matter for each locality but it will be valuable to be able to:

- Aggregate the ambitions set for the fund across all Health and Wellbeing Boards;

- Assure that the national conditions have been achieved; and
- Understand the performance goals and payment regimes have been agreed in each area.

19. To assist Health and Wellbeing Boards we have developed a draft template which we expect everyone to use in developing, agreeing and publishing their integration plan. This is attached as a separate Excel spread sheet.

20. The template sets out the key information and metrics that all Health and Wellbeing Boards will need to assure themselves that the plan addresses the conditions of the ITF. We strongly encourage Councils and CCGs to make immediate use of this template while awaiting further guidance on NHS planning and financial allocations.

21. Local areas will be asked to provide an agreed shared risk register, with agreed risk sharing and mitigation covering, as a minimum, steps that will be taken if activity volumes do not change as planned. For example if emergency admissions increase or nursing home admissions increase.

What are the National Conditions?

22. The Spending Review established six national conditions:

National Condition	Definition
Plans to be jointly agreed	<p>The Integration Plan covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Well Being Board itself, and by the constituent Councils and Clinical Commissioning Groups.</p> <p>In agreeing the plan, CCGs and Local Authorities should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.</p>
Protection for social care services (not spending)	<p>Local areas must include an explanation of how local social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with the 2012 Department of Health guidance referred to in paragraphs 2 to 6,</p>

National Condition	Definition
	above.
As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends	<p>Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement.</p> <p>There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The forthcoming national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England will provide guidance on establishing effective 7-day services within existing resources.</p>
Better data sharing between health and social care, based on the NHS number	<p>The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.</p> <p>Local areas will be asked to:</p> <ul style="list-style-type: none"> • confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing open APIs (ie. systems that speak to each other); and • ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place. <p>NHS England has already produced guidance that relates to both of these areas, and will make this available alongside the planning template. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health).</p>

National Condition	Definition
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Local areas will be asked to identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning.
Agreement on the consequential impact of changes in the acute sector	Local areas will be asked to identify, provider-by-provider, what the impact will be in their local area. Assurance will also be sought on public and patient engagement in this planning, as well as plans for political buy-in.

How will preparation and plans be assured?

23. Ministers will wish to be assured that the ITF is being used for the intended purpose, and that the local plans credibly set out how improved outcomes and wellbeing for people will be achieved, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
24. To maximise our collective capacity to achieve these outcomes and deliver sustainable services we will have a shared approach to supporting local areas and assuring plans. This process will be aligned as closely as possible to the existing NHS planning rounds, and CCGs can work with their Area Teams to develop their ITF plans alongside their other planning requirements.
25. We will establish in each region a lead local authority Chief Executive who will work with the Area and Regional Teams, Councils, ADASS branches, DPHs and other interested parties to identify how Health and Wellbeing Boards can support one another and work collaboratively to develop good local plans and delivery arrangements.
26. Where issues are identified, these will be shared locally for resolution and also nationally through the Health Transformation Task Group hosted by LGA, so that the national partners can broker advice, guidance and support to local Health and Well Being Boards, and link the ITF planning to other national programmes including the Health and Care Integration Pioneers and the Health and Well Being Board Peer Challenge programme. We will have a first review of readiness in early November 2013.
27. We will ask Health and Well Being Boards to return the completed planning template (draft attached) by 15 February 2014, so that we can aggregate them to provide a composite report, and identify any areas where it has proved challenging to agree plans for the ITF.

Integration Transformation Fund

Draft Plan Submission Template

Local Authority

<Name of Local Authority>

Clinical Commissioning Groups

<CCG Name/s>
<CCG Name/s>
<CCG Name/s>
<CCG Name/s>
<CCG Name/s>

Boundary Differences

<Identify any differences between LA and CCG boundaries and how these have been addressed in the plan>
--

Date agreed at Health and Well-Being Board:

<dd/mm/yyyy>

Date submitted:

<dd/mm/yyyy>

Minimum required value of ITF pooled budget: 2014/15
2015/16

£0.00
£0.00

Total agreed value of pooled budget: 2014/15
2015/16

£0.00
£0.00

Authorisation and Sign Off

Signed on behalf of the Clinical Commissioning Group	
By	<Name of ccg>
Position	<Name of Signatory>
date	<Job Title>
	<date>

Signed on behalf of the Clinical Commissioning Group	
By	<Name of Signatory>
Position	<Job Title>
date	<date>

<Insert extra rows for additional CCGs as required>

Signed on behalf of the Local Authority	
By	<Name of Signatory>
Position	<Job Title>
date	<date>

Signed on behalf of the Health & Wellbeing Board	
By Chair of the HWB:	<Name of Signatory>
Position	<Job Title>
date	<date>

Service provider engagement

Please describe how health and social care providers have been involved in the development of this pla, and the extent to which they are party to it

--

Patient, service user and public engagement

Please describe how patients, services users and the public have been involved in the development of this plan, and the extent to which they are party to it

Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition

Vision for Health and Care Services

#####

Integration Aims & Objectives

#####

Description of Planned Changes

#####

Implications for the Acute Sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

National Conditions

1 Protecting social care services

Please outline your agreed local definition of protecting social care services.

Please explain how local social care services will be protected within your plans.

2 7-day services to support discharge

#####

3 Data-sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Please confirm that you are committed to adopting systems that are based upon Open APIs and Open Standards (i.e. secure email standards, interoperability standards (ITK))

#####

4 Joint-assessments and accountable lead professional

#####

Outcomes and metrics

Please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

Outcome measures- Examples only	Current Baseline (as at....)	14/15 Projected delivery (full year?)	15/16 Projected delivery (full year?)
Delayed transfers of care			
Emergency admissions			
Effectiveness of reablement			
Admissions to residential and nursing care			
Patient and service-user experience			
<Local measure>			
<Local measure>			
<Local measure>			

Finance

Please summarize the total health and care spend for each commissioner in your area. Please

Organisation	2013/14 spend	2013/14 benefits	2014/15 spend	2014/15 benefits	2015/16 spend	2015/16 benefits
Local Authority Social Services						
CCG						
Primary Care						
Specialised commissioning						
Local Authority Public Health						
Total						

Please summarize where your pooled budget will be spent. NB the total must be equal to or more than your total ITF allocation

ITF Investment	2014/15 spend	2014/15 benefits	2015/16 spend	2015/16 benefits
Scheme 1				
Scheme 2				
Scheme 3				
Scheme 4				
Scheme 5				
Total				

Approximately 25% of the ITF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

--

Contingency plan:	2015/16	Ongoing
Outcome 1	Planned savings (if targets fully	
	Maximum support needed for other	
Outcome 2	Planned savings (if targets fully	
	Maximum support needed for other	

Key Risks

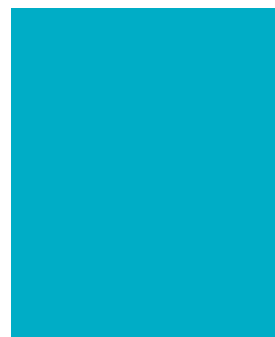
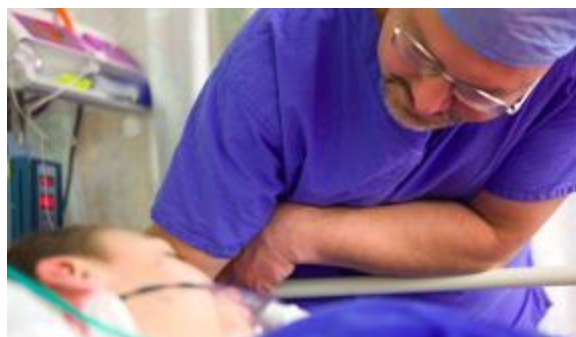
Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk Rating	Mitigating Actions
Risk 1		
Risk 2		
Risk 3		
Risk4		

Primary Care Strategy: Where we are

Sultan Mahmud

Director of Commissioning



Staffordshire & Shropshire Area
Team September 2013



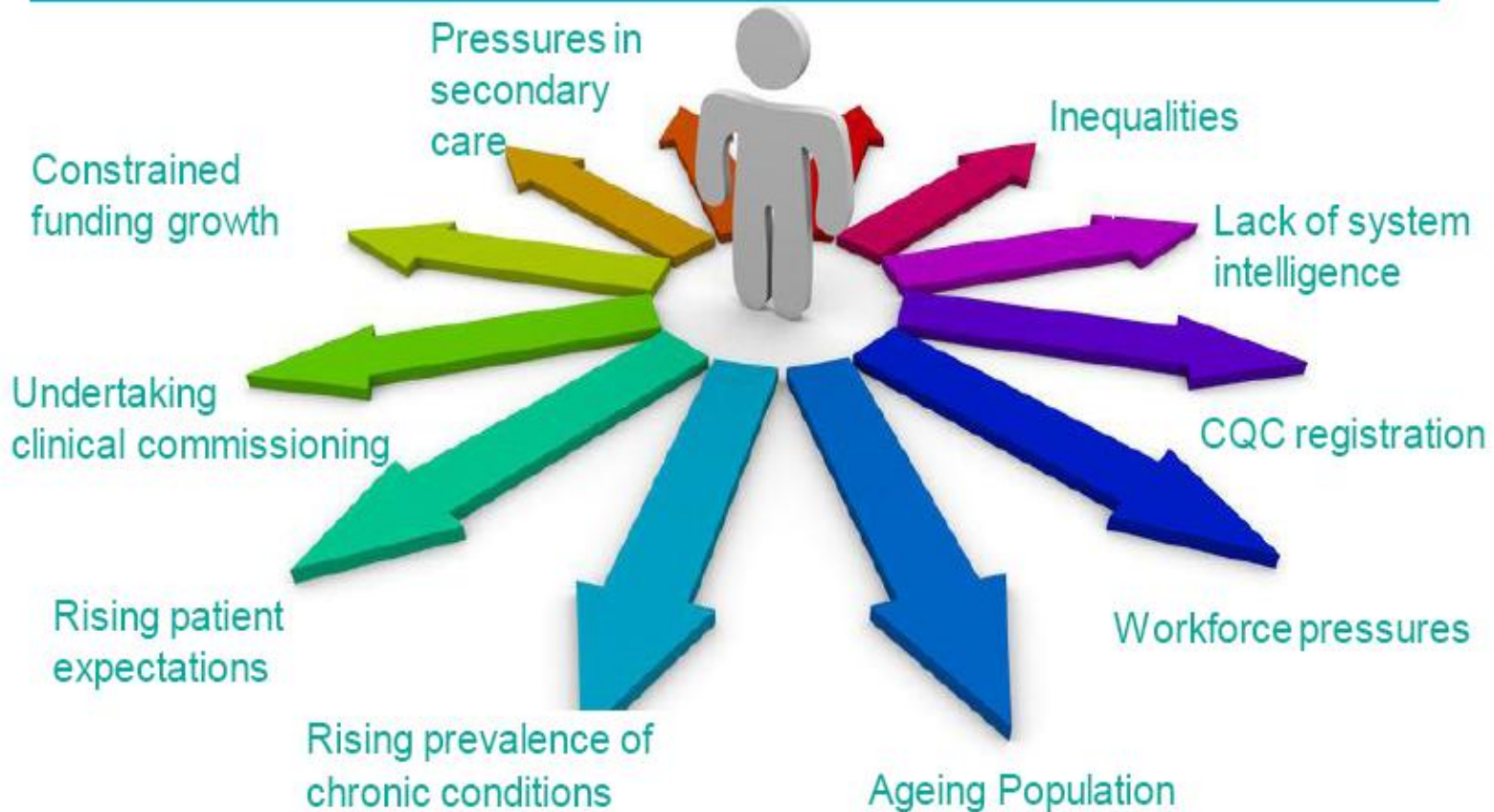
Aims and Objectives

- Background & Context
- Stock Take- Where are We?
- Burning Platforms
- Engagement- Good and Bad
- Agreeing Next Steps for Securing Excellence and PCQG

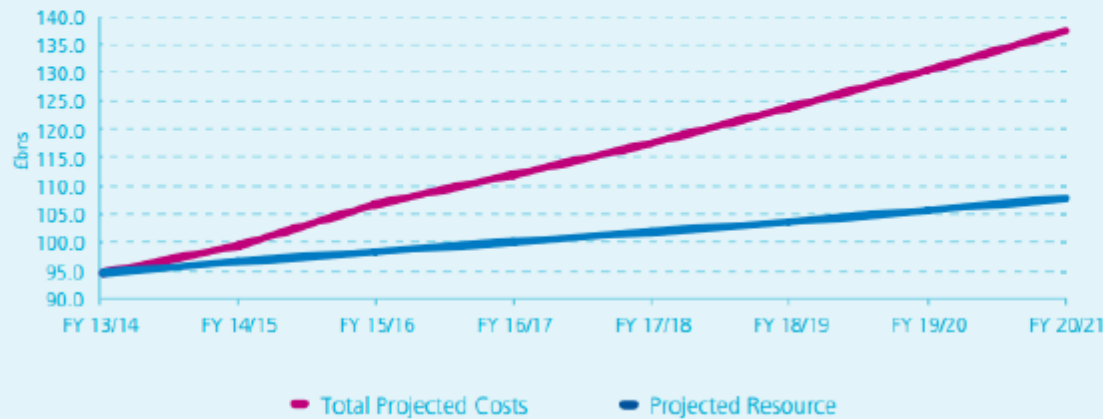


“There is a coherent plan in the universe, though I don't know what it's a plan for”

Current pressures on General Practice in England



Projected resource vs. Projected spending requirements



Source: NHS England

In England, continuing with the current model of care will result in the NHS facing a funding gap between projected spending requirements and resources available of around £30bn between 2013/14 and 2020/21 (approximately 22% of projected costs in 2020/21). This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.

Stocktake

Variation in Access across the AT

GP to patient ratio (Shropshire) = 1,948

GP to patient ratio (Staffordshire) = 1,974

GP to patient ratio (Stoke) = 1,981

GP to patient ratio (Telford) = 2,416

GP to patient ratio (Area Team) = 2,101

GP to patient ratio (England) = 1,900

What does this hide?

The Patient to GP WTE ratio within the AT footprint is worse than the NHS England Average.

Stocktake

Variation in Access across the AT-

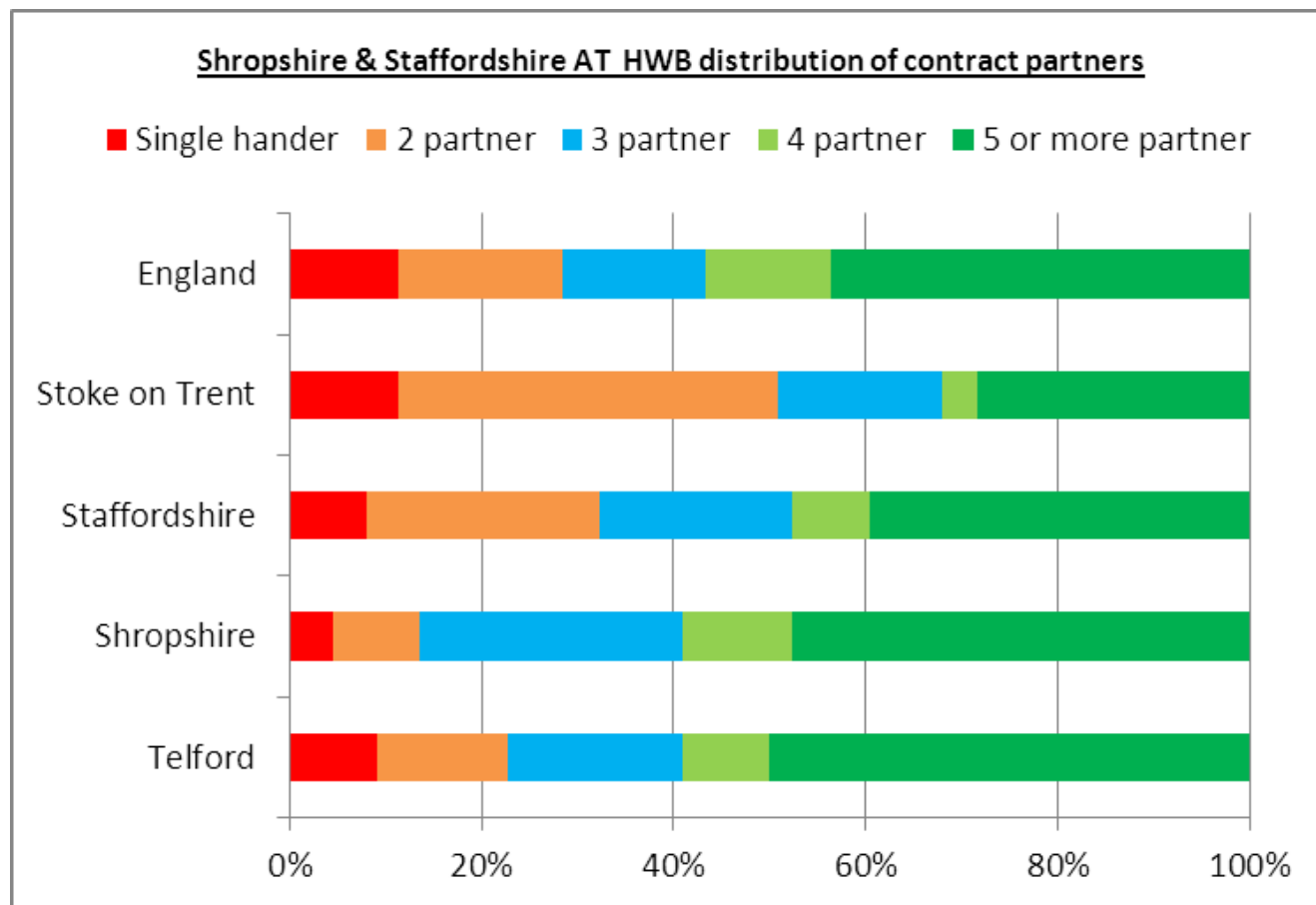
Number of practices open 8am – 6:30pm (52.5 hours)

- Shropshire : 2%
- Stoke : 13%
- Telford: 14%
- Staffordshire: 48%

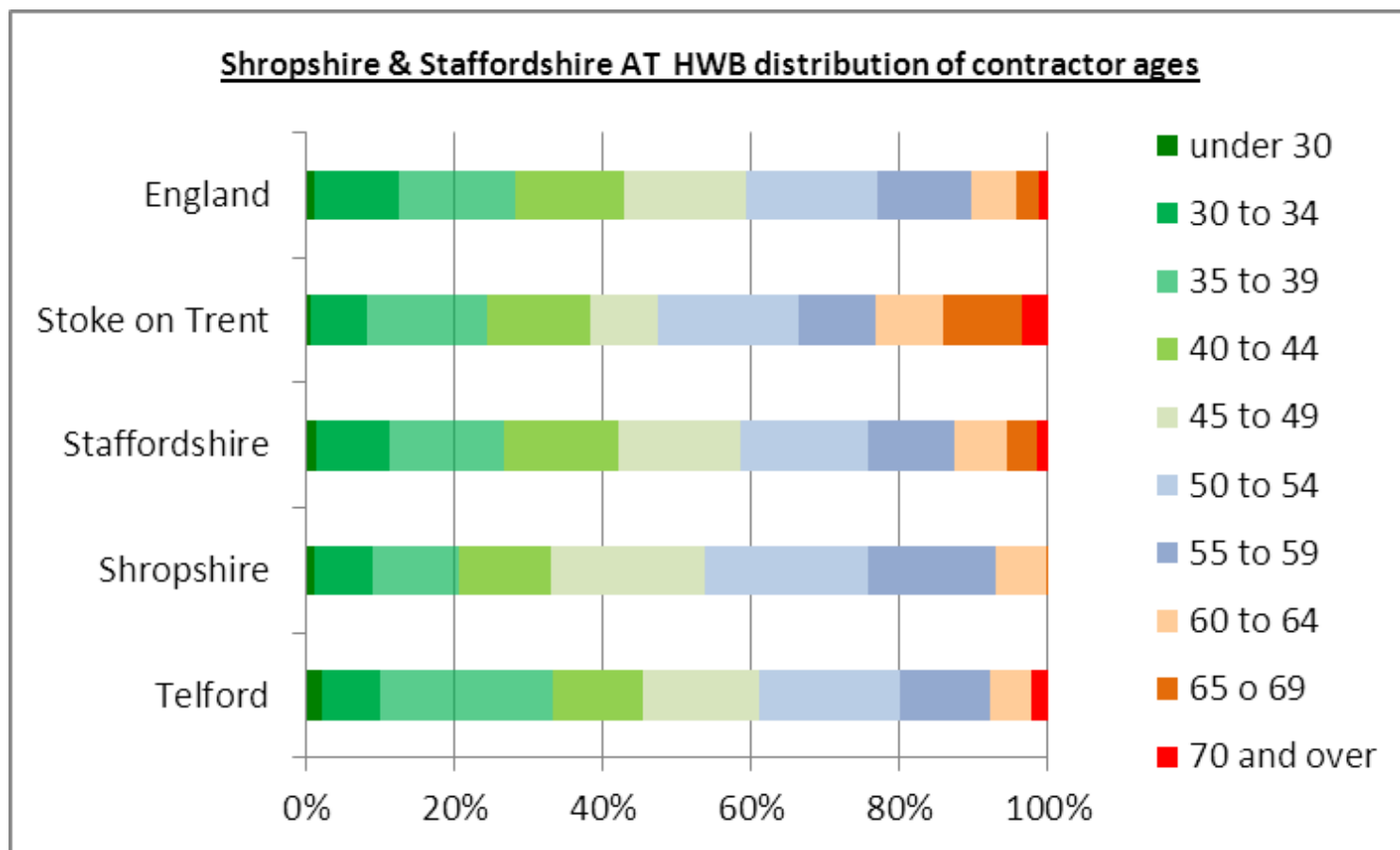
Unknowns

- Patients per WTE general practice Nurse?
- Telephone lines per 1000 patients?
- Appointments per 1000 patients
- Number of DNAs?

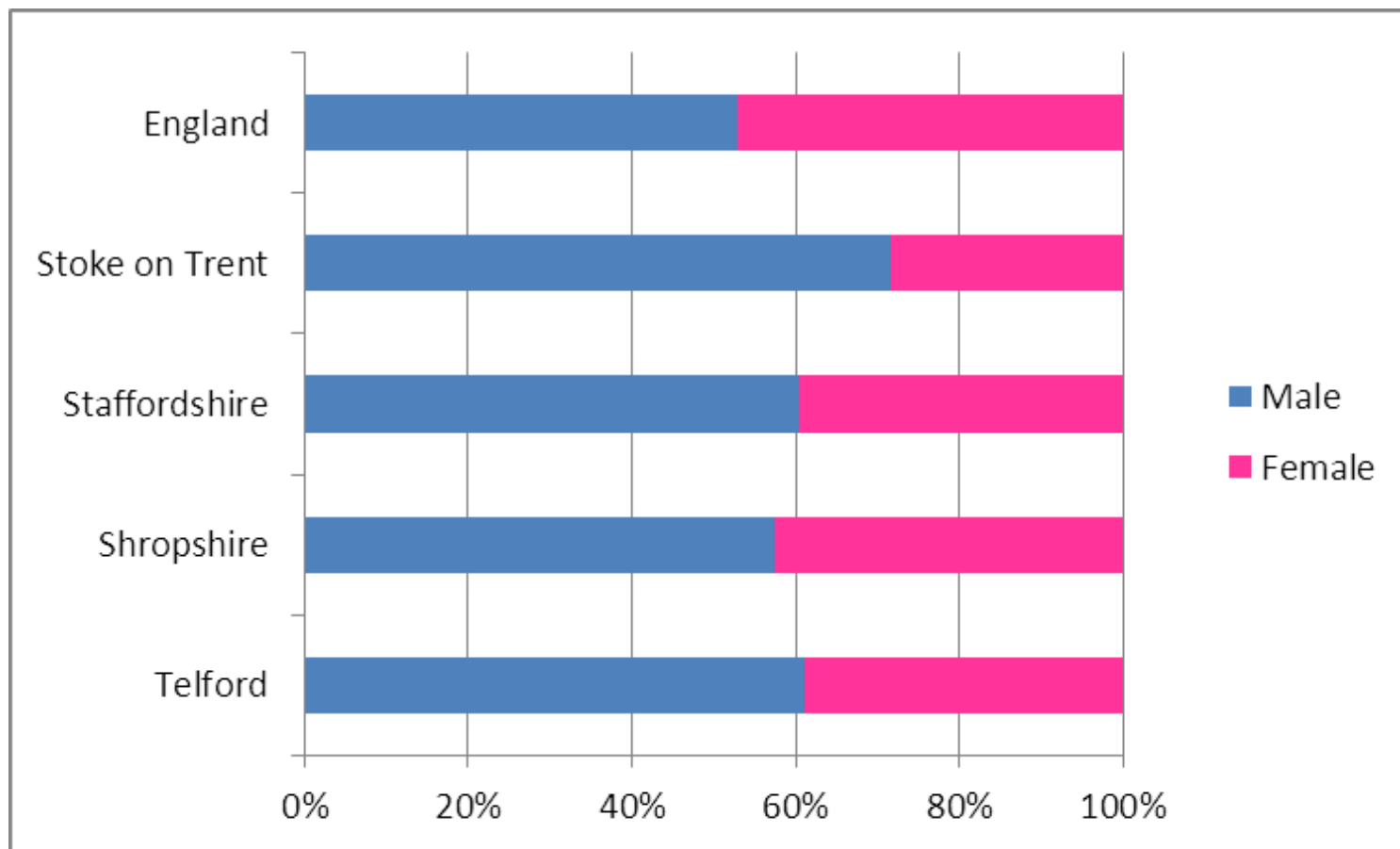
Area Team and England comparisons – Number of Contract holders



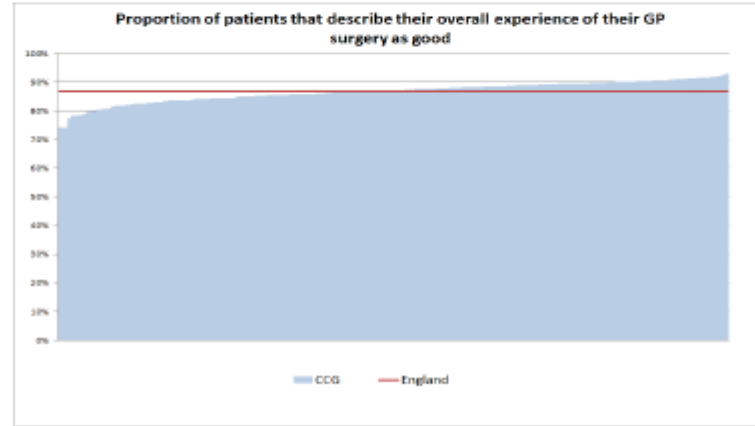
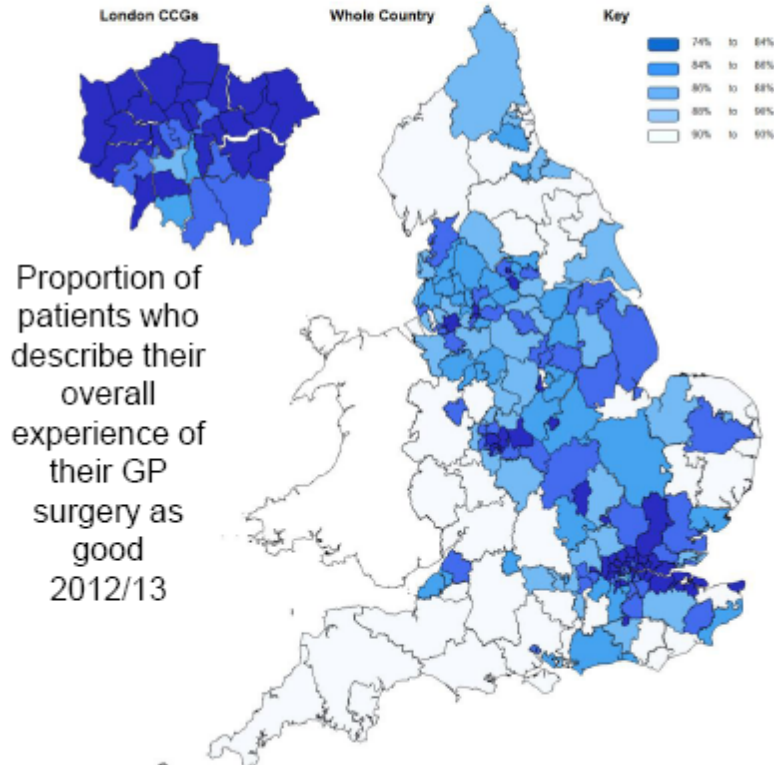
Area Team and England comparisons – Age of Practitioners



Area Team and England comparisons – Gender of Practitioners



87% of people describe their overall experience of their GP surgery as good



- In England 87% of people describe their overall experience of GP surgery as good.
- In CCGs across the country this ranges from 74% to 93%.
- Nationally, from 2011/12 to 2012/13, there was a fall of 1.5 percentage points in the proportion of patients who describe their experience of their GP surgery as good.

What CCGs/HWBs want in a Primary Care Strategy?

- Make Explicit The Primary Care Offer- Access
- Ambitious and Bold
- Modern Patient Centric services fit for the 21st Century
- Improved Co-ordination with other services
- Managing patients' LTCs proactively
- Appropriate Capacity/Skill Mix to Meet Appropriate Demand
- Reduction in the GP Workforce Gap- North staffs/Stoke and Shropshire/Telford
- Contracting Models to Support Innovation/System Resilience
- Coherent Approach to Walk in Centres
- Integration with the Urgent Care System
- Technology/Innovation

How we will Work



- Roving Programme of Meetings with Clinical Leads and AOs, HWBs
- Vision Setting: Securing Excellence Group (AT & CCGs Execs)
- Delivery: Primary Care Quality Group (AT, LMCs and CCGs)
- Strategy Project Manager
- Short Life Working Groups for Specific Issues- Workforce, innovation etc..
- Call to Action Forums
- Regional and National Events

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD: 13th November 2013

TITLE: Homelessness Strategy 13 November 2013

REPORT OF:

Clive Jones Assistant Director Family & Cohesion Services, Telford & Wrekin Council

HEALTH & WELLBEING BOARD PRIORITY SPONSOR:

LEAD CABINET MEMBER – Cllr Charles Smith

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The Homelessness Strategy (Annex A) provides a framework for directing the Council's activity in managing Homelessness in partnership with the voluntary sector and other local partners.

2. RECOMMENDATIONS

That the Board notes the draft Homelessness Strategy 2014-17, and endorses the contribution the strategy makes in reducing health inequalities. Board members are asked to circulate the draft with their respective organisations for consultation and feedback any comments should be sent to the Assistant Director Family & Cohesion Services by 29th November 2013

3. IMPACT OF ACTION

- Prevent homelessness in Telford and Wrekin
- Have appropriate housing pathways, including advice and support for homeless households in Telford and Wrekin
- Meet the Council's statutory duty to accommodate Gypsies and Travellers

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priorities	
	Yes	Regenerating those neighbourhoods in need and work to: <ul style="list-style-type: none"> • Ensure people have access to suitable housing • Putting our children and young people first • Improving local people's prospects through education and skills training • Protecting and supporting our vulnerable children and adults • Improving the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	Protecting and supporting our vulnerable children and adults.
TARGET COMPLETION/ DELIVERY DATE	Following a period of consultation a final version of the strategy will be presented to the Council's cabinet for approval. Actions within the strategy will be delivered by the end of 2016.	
FINANCIAL/ VALUE FOR MONEY IMPACT	Yes	<ul style="list-style-type: none"> • The Council currently owns 17 houses and leases in 31 properties from the private sector which are used to accommodate homeless people in both the medium and short term. The Council owns supported accommodation hostels including a refuge, this reduces the demand for Bed & Breakfast and the associated housing benefit subsidy loss.
LEGAL ISSUES	Yes	<p>In addition to the Statutory Powers in respect of homelessness and housing under the Housing Acts 1985 and 1996, the Council can utilise the general power of competence under the Localism Act 2011. The proposed actions must be in the social, economic or environmental interests of the Community.</p> <p>The ability to charge for the service to landlords derives from the Local Government Act 2003 and the Localism Act 2011, as it is a discretionary service the amount of the fee will be subject to the general rules for all discretionary fees.</p> <p>In charging a fee to Private Landlords, if providing a commercial service the Local Authority must set up a company to do so. If not on a commercial basis, the charge must not exceed the expense of provision of the service. The Private Landlord must agree to the charge as set out in the Localism Act 2011.</p> <p>The Local Authority has a duty to produce and publish a Homelessness Strategy under the Homelessness Act 2002.</p> <p>We understand funding for the Bond Scheme and the Prevention Scheme is not coming from a central government grant but from the service areas own budget. If it were to come from a grant any restrictions on the use of the funds would need to be adhered to.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Working co-operatively with our partners and the voluntary sector creates opportunities to enable us to provide a co-ordinated approach to delivering services, to effectively tackle and reduce the risk of homelessness in Telford and Wrekin.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Review of homelessness in Telford & Wrekin

In 2012, a comprehensive review of homelessness in Telford & Wrekin was undertaken by a small task force in order to:

- Assess the impact of national context, in particular the introduction of the Welfare Reform Bill, introduced in April 2013, on homelessness and service provision
- Understand the current scale and nature of homelessness on a local level and the likely increase in demand
- Review current service provision to prevent and tackle homelessness, in the context of national and local factors
- Assess future service needs and challenges
- Ensure more rapid assessment of individual homelessness cases and the delivery of initiatives to meet the Council's statutory duty to prevent and tackle homelessness

1.2 Homeless Review

The review identified a number of issues with the most significant being:

- An over reliance on Bed & Breakfast accommodation to meet the Council's statutory duty on homelessness. This had resulted in a budget pressure and was at the same time failing to address the longer term needs of people being accommodated
- An overreliance on officers within Family & Cohesion Services in delivering a fully integrated solution to homelessness. The review concluded that officers in a client facing role were not best placed to manage property related functions and that there was evidence that this is leading to the inefficient use of resources

1.3 Revised Homelessness Strategy

This has been developed which sets out how the Council will work with partners to **prevent and tackle statutory and non statutory homelessness**, including eliminating the need for rough sleeping.

1.4 Public Health Responsibilities

The Health and Wellbeing Board recognises the impact the strategy will have on the board's priorities and the wider links to public health priorities including:

- Improving the health and wellbeing of the local population

- Reduce health inequalities across the life course, including hard to reach groups and people at risk of becoming or are homeless

It is recommended that the Public Health Outcomes Framework is cross referenced and used to inform measure of success of the Homelessness Strategy.

Working co-operatively with our partners and the voluntary sector will create opportunities to enable us to provide a co-ordinated approach to delivering services, to effectively tackle and reduce the risk of homelessness in Telford and Wrekin.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

The Strategy is set against the backdrop of unprecedented change in public spending, welfare benefits and social housing which will increase pressure on homelessness services at a time when resources are facing cuts. To achieve this the council are proposing a more robust approach on how we manage council owned and leased temporary accommodation, ensuring capital investment is made to keep the current stock to a decent homes standard. This gives the council and partners the opportunity to be more creative in managing the challenges brought on by the changes in Welfare Reform.

Following Cabinet approval in September it was agreed that a further 60 day consultation programme be put in place, this will conclude at the end of November 2013 ensuring all internal and external partners have the opportunity to contribute to the Homelessness strategy.

This will include:

- Stay,
- LIFE,
- Maninplace and KIP
- Wellington YMCA
- West Mercia Police,
- Wrekin Housing Trust,
- Sanctuary House,
- Homeless Link
- Bromford Housing

3. PREVIOUS MINUTES

None

4. BACKGROUND PAPERS

None

**Report prepared by Jas Bedesha, Service Delivery Manager; Cohesion Services,
Telephone: 01952 382101**

Annex A

DRAFT HOMELESSNESS STRATEGY
FOR THE BOROUGH OF TELFORD AND WREKIN 2014 – 2017



Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

Foreword

I am pleased to introduce the Homelessness Strategy for Telford and Wrekin for the next three years (2014 - 2017) and I would like to take this opportunity to thank all the local partners and organisations across the borough who has contributed towards its development.

The overall aims of the strategy is to provide a framework for directing the Council's activity in partnership with the voluntary sector and other local partners. These are to:

1. Prevent homelessness in Telford and Wrekin
2. Have appropriate housing pathways, including advice and support for homeless households in Telford and Wrekin
3. Meet the Council's statutory duty to accommodate Gypsy, Romani and Travellers

The Strategy is set against the backdrop of unprecedented change in public spending, welfare benefits and social housing which will increase pressure on homelessness services at a time when resources are facing cuts.

We recognise that we face a challenging time over the next three years and beyond, however, by working co-operatively and recognising that tackling homelessness is 'everybody's' business, we are confident that the priority actions set out in this strategy, together with the support of our partners, will enable us to provide a co-ordinated approach to delivering services, to effectively tackle and reduce the risk of homelessness in Telford and Wrekin.

Councillor Charles Smith-Cabinet Member-Housing, Development & Borough Towns

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Welfare Reform Bill Localism Act 2011 No Second Night Out Vision		
4. Local context		8-12
Homelessness in Telford & Wrekin The Local Housing Market Local strategies and plans		
5. Future challenges in Telford and Wrekin		12-13
PART TWO: THE STRATEGY		
6. Aims and priority actions		14
1. Prevent homelessness in Telford and Wrekin		14-16
1a. Provide a Single Referral Access Point and a Single Assessment Tool for all people who present themselves as homeless		
1b. Commission and monitor a range of support services for vulnerable groups		
2. Have appropriate housing pathways, including advice and support for homeless households in Telford and Wrekin		16-20
2a: Establish sustainable pathways for all homeless people from temporary accommodation into sustainable tenancies and discharge the Council's homelessness duty.		
2b Enhance provision to accommodate young people		
2c: Develop a social lettings model and a Landlord Accreditation Scheme to help people into private rented sector tenancies		
2d: Adopt a No Second Night Out Model		
2e: Work with Private Landlords to bring empty properties back into use for use.		
2f: Work with local Registered Providers (RPs) (through the Council's Allocation Policy and Tenancy Strategy) to help local people to access and retain affordable housing and to make best use of the Borough's		

Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

housing stock.	
3. Meet statutory duty to accommodate Gypsy, Romani and Travellers	20-22
3a. Develop a strategic plan to identify appropriate locations that meet the needs of the Gypsy, Romani and Traveller Community	
3b. Establish a programme of support to address health and wellbeing and educational needs of the Gypsy, Romani and Traveller Community	
3c. Work with the wider community and the Gypsy, Romani and Traveller Community to improve the understanding and integration of different cultures	
7. Resources to implement the Homelessness Strategy	22-23
8. Action plan, performance measures and monitoring arrangements	24-39
Appendix 1 – National context explained	
Appendix 2 – Statutory homelessness: Priority Need groups	
Appendix 3 – Local voluntary sector providers	

1. Introduction

The Homelessness Act 2002 places a legal duty on Councils to carry out a review of homelessness in their local area and develop a homelessness strategy based on the review, in consultation with other local authorities and voluntary organisations.

In 2012, a review of homelessness in Telford and Wrekin was undertaken to:

- Assess the national context, in particular the introduction of the Welfare Reform Bill and the potential impact on homelessness and service provision;
- At a local level understand the current scale and nature of homelessness and the likely increase in demand;
- Review current service provision to prevent and tackle homelessness, taking account of the national and local context and identify future challenges.

The Homelessness Strategy has been developed to respond to the challenges and following consultation with partners and local providers.

'Homelessness means not having a home. Some people have no roof over their head and sleep on the street, in doorways or on night buses. But much more homelessness is hidden – on a friend's sofa, spare room, or in squats.

Even if you have a roof over your head you can still be homeless, if you don't have any rights to stay where you live or your home is unsuitable due to severe overcrowding or other reasons.' (Shelter 2013)

This strategy sets out how the Council and local partners will work together to prevent and tackle statutory and non statutory homelessness, including eliminating the need for rough sleeping. It identifies aims and priority actions over the next three years and how they will be achieved.

2. Achievements since 2008

Since the 2008 Homelessness Strategy was approved, the Council and local partners have made progress in improving services and preventing homelessness in Telford and Wrekin. Some of our shared achievements so far include:

- Bringing together a range of council and multi-agency teams to deliver a new targeted approach to assessing individual homelessness cases and deliver initiatives which enable the Council to meet its statutory duty to prevent and tackle homelessness.
- The way the Council provides housing advice and support to local people has been improved:
 - Existing and new employees working at the Council's First Point Contact Centres located across the borough are trained to enable them to provide high quality, comprehensive housing advice and provide access to mediation and other support services.
 - The Council's Emergency Duty and Housing teams are now working more closely to ensure that people who approach the Council outside office hours receive housing advice and support when they need it.

Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

- A more co-ordinated partnership approach is taken with between the Council and local housing and support providers by:
 - Establishing a Single Allocation Panel to ensure that vulnerable households aged 16-32 receive the support they need and that their accommodation needs are met.
 - Putting in place procedures to ensure that appropriate intervention is taken to avoid evictions where possible.
- The Council has recently introduced a mediation scheme, delivered by the Council's Targeted Youth Support team by helping rebuild relationships and find solutions which allow young people to remain in the family home. Since April 2012, 91 young people have been referred.
- In 2012/13, using DCLG Homelessness Prevention Funding, the Council has:
 - Prevented nine households from losing their homes and entering temporary accommodation.
 - Resolved five Mortgage Rescue cases, alleviating £464,000 of mortgage debt.
 - Enabled 51 customers to obtain additional benefits which helped to resolve their financial difficulties.
 - The Council's Housing team have now been trained to provide information, advice and guidance to households experiencing financial difficulties.
- Since 2011, the Council has significantly reduced the use of Bed and Breakfast to accommodate statutory homeless households.
- The Council has secured funding to help vulnerable households to move from temporary accommodation to sustainable tenancies through the Bond Scheme.
- In 2012/13 the Bleak Mid Winter project which provides short term accommodation for people that are sleeping rough during the coldest months of the year prevented 100 people from sleeping rough in the borough.
- The 'Night Inn' pilot has been delivered to provide a night by night emergency provision for anyone presenting as homeless in an emergency.
- A high quality Sanctuary Scheme is delivered by the Council and local partners. Since 2011/12, 84 victims of domestic abuse have been provided with effective security measures which have enabled them to remain in their home.
- A Hospital to Home Protocol has been established to enable timely assessments to be carried out for people who are homeless at the point of admission, or become homeless during their stay in hospital.
- The Council has established a number of life skill programmes with young people accommodated within the Council's accommodation project for 16-19 year olds. This complements programmes which are provided by STAY and YMCA.
- The Council is supporting the delivery of the Freedom programme is a national programme for victims of domestic abuse.
- Working with national agencies and Registered Providers to increase the supply of new affordable homes (including general needs and specialist housing) and to make best use of the existing housing in the borough

Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

- Maninplace was established since 2008 and now provides 75 units of accommodation for non-statutory homeless people, and Stay has brought into management an additional 20 units of accommodation for 16-25 year olds.

3. National Context

Welfare Reform Bill

In 2012, the Government introduced the **Welfare Reform Bill** which sets out their approach to social and economic policy. Key changes in Housing Benefit policy and administration present significant implications for housing and homelessness:

- The introduction of Universal Credit to provide one single streamlined benefit
- From April 2011, the rates for Local Housing Allowance (LHA) were reduced and the rate was 'capped' at a maximum payment, set at the LHA for four bedroom properties.
- Deductions made from Housing Benefit will be gradually increased if there are non-dependent children living in the household.
- The shared accommodation rate applicable to single people has been extended from people aged 25 up to 35.
- From April 2013, Housing Benefit will be restricted for some people who are living in a property that is larger than their household size. This will also apply to working age tenants who are renting from a social landlord.

Localism Act 2011

This act changes the powers of local government and includes amendments to legislation relating to homelessness and housing.

- The option for Local Authorities to discharge homelessness duties with the offer of private rented sector accommodation. Local Authorities must be satisfied with the affordability and condition the accommodation and household circumstances. Tenancies must be a minimum of 12 months.
- The option for Local Authorities to withdraw its services if a suitable offer is not accepted.
- The introduction of new Flexible Tenancies which enable social housing landlords to offer shorter tenancies (minimum of two years).

A more detailed explanation of the national context is available in Appendix 1.

No Second Night Out Vision July 2011

The Ministerial Working Group for Homelessness which brings together eight Government departments has been working with public and voluntary sector partners to develop ways tackle the complex causes of homelessness, including housing, health, work and training.

The 'No Second Night Out Nationwide report' sets out six partnership commitments which will give local people the tools to tackle rough sleeping and put an end to second nights out on the street.

4. Local Context

Homelessness in Telford & Wrekin

Telford and Wrekin has an estimated population of 166,641 (census 2011), however, the Council estimates suggest that this figure is slightly higher with some 170,300 people (2010).

Statutory homelessness

The Council has a statutory duty to:

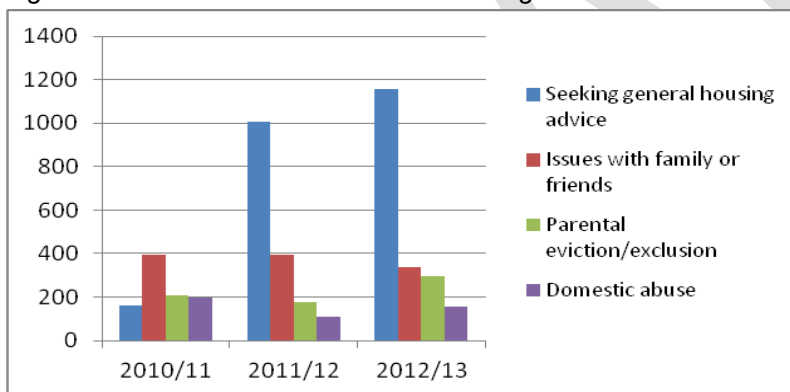
- Provide advice and guidance to all.
- Prevent homelessness where possible.
- Provide help to homeless households who are in priority need (see Appendix 2). This includes providing interim and temporary accommodation for households until they are able to move into sustainable accommodation.

The figures stated in this section are for 2012/13 (up to end January 2013), unless otherwise stated.

Housing support/advice

2,919 households contacted the Council for housing support. The most reported reasons were to seek housing advice; due to issues with family or friends; due to parental eviction/exclusion; and due to domestic abuse (see Figure 1).

Figure 1. Reasons for households contacting the council for housing support.



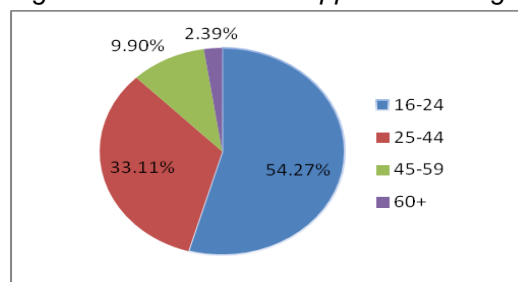
Homelessness prevention

The Council prevented 203 households from becoming homeless either by enabling them to remain in their own home (34%), assisting them to find alternative accommodation (63%), or assisting those who are intentionally homeless or are not in priority need (3%).

Homelessness applications and acceptances

Since 2010/11, the number of homelessness applications has continued to increase. In 2012/13 54% of the 293 applications made were by young people aged 16-24, of which 20.8% were aged 16-17 (see Figure 2).

Figure 2. Homelessness applications – age profile

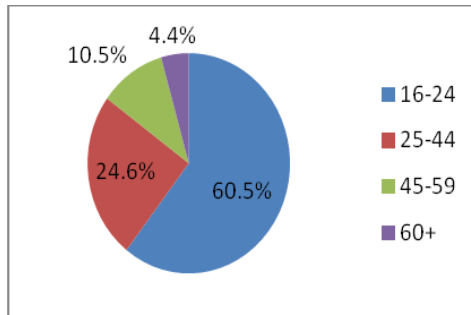


Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

The top reasons for people making homelessness applications are due to parents not willing to accommodate (27.3%), due to a violent partner (15.4%) and other relations not being willing to accommodate (10.6%).

Three people who were discharged from hospital to home were presented as homeless. Nine people were discharged from other institutions and four people were released from prison or remand was also forwarded to the Council's Housing Options team.

Figure 3. Homelessness acceptances – age profile



60.5% of households who were accepted as statutory homeless and in priority need were young people (see Figure 3). This is significantly higher than the national average where 35% of priority need acceptances are aged 16-24.

For the last five years the top three priority need groups have remained the same (see Figure 4).

Since 2011/12 the number of repeat homeless acceptances has reduced from 11 to three in 2012/13 (up to end of January).

Council managed temporary accommodation

Throughout 2012/13, 304 homeless households were accommodated in council managed temporary housing.

Figure 4. Priority need acceptances

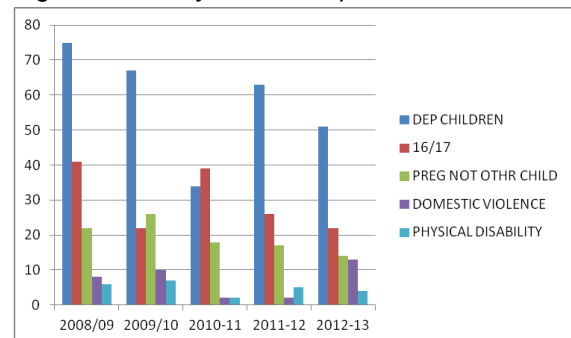
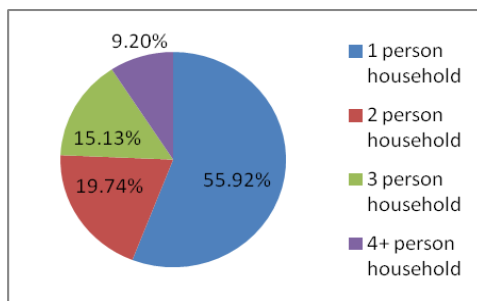


Figure 5 illustrates the size of all priority need households placed in temporary accommodation.

Figure 5. Size of priority need households in temporary accommodation in 2012/13



In 2011, 78.9% of households in Telford and Wrekin had more bed rooms in a property than they required, which is higher than the national figure of 72.6%. 5.2% of households have fewer rooms in the property than is required, compared with a national average of 8.7%.

In 2012/13, 75% of the tenancies were one and two person households indicating the demand for one and two bedroom properties.

Non statutory homelessness

It is recognised that many people who are non statutory homeless seek housing advice, accommodation and support from local partners in Telford and Wrekin. Third sector provision for the homelessness is serviced via supported housing and defined homeless provision (see Appendix 3).

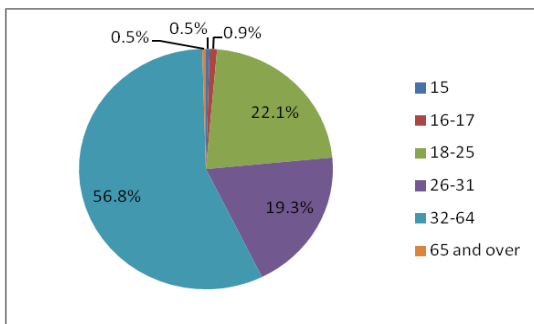
Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

The Salvation Army KiP Project

The number of people being referred to The Salvation Army KiP Project continues to increase each year, with 213 people contacting them between April 2011 and December 2012 compared with 134 referrals in 2010/11. Of these, the majority (87%) were men and 56.8% were aged 32-64 (see Figure 6).

Since 2010/11 there has been an increase in the number of non-statutory homeless women (15 in 2010/11 and 28 in 2012/13).

Figure 6. Age of KiP referrals Apr 2011-Dec 2012



During 2012, KiP interviewed six people who had been discharged from hospital with no fixed accommodation. In addition, 33 people who were released from prison were referred to KiP.

Each person referred reported on average three different health issues. The most common health issues reported over the last three years were depression / anxiety / panic attacks; problems with alcohol and drugs misuse/addiction.

Maninplace

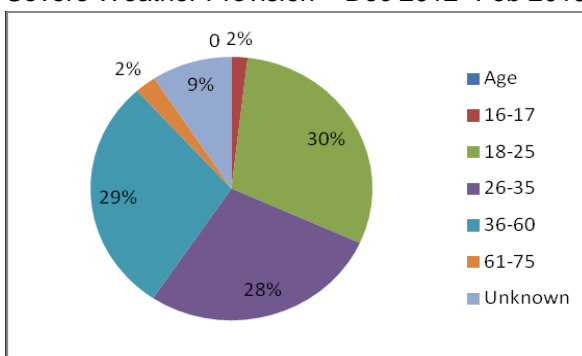
The Bleak Mid Winter Project runs every year between December and February and provides short term accommodation for people who are sleeping rough during the coldest months of the year.

70 people accessed accommodation through the project in 2012/13. In addition, 30 people were assisted to avoid them from rough sleeping through private landlord HMO, returning to family, staying with friends or other means. An additional 62 people contacted the project however, either did not leave any personal details and could not be contacted, or did not attend interview, declined an offer of accommodation or took another option.

The majority of people contacting the project were men (80%). The age profile of these people accessing is illustrated in Figure 7.

14% of people presenting themselves as homeless were due to hospital discharge and leaving prison.

Figure 7. Age profile of people accessing the Severe Weather Provision – Dec 2012 -Feb 2013



The number of people aged 18 to 25 is much higher in 2012/13 than any previous year, accounts for 30% of all who accessed this provision.

Maninplace accommodates 70 people every night in temporary accommodation, who are non-statutory homeless, of which the majority are single households.

Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

The Council's count for rough sleepers continues to increase each year with eleven people found to be rough sleeping in the borough on 21 November 2012 compared with two in 2010.

Wellington and District YMCA

68 people who were accommodated by YMCA in 2012/13, compared with 53 in 2011/12.

Figure 8. People accommodated by YMCA



There has been an increase in the number of 16-17 year olds and a reduction of people aged 18-25 being accommodated by YMCA.

Of these, the main way to help people to move on was either through Choose Your Home (13 people) or by helping people to move back to the family home (11 people).

In 2012/13, 59% of the young people accommodated had issues with substance misuse, 41% were not in education or training, 37% had complex issues and 32% were ex offenders.

Stay

During 2012/13, Stay supported 225 young people across its range of services including Houses in Multiple Occupation, self-contained flats and floating support. Stay supports people up to the age of 32. In 2012/13, 24% of clients were under 18 and 49% were between 18 and 21. 58% were female and 42% were male.

These figures represent a 6% increase on the previous year.

The Local Housing Market

- Whilst Telford & Wrekin Council is no longer a social landlord, it has an important strategic housing role, working with partners to meet the housing needs of local people and to help to balance the local housing market.
- Between 2001 and 2011 there was a 7.7% shift to private renting tenure and a move away from owner-occupation of 4.5%. This shift in tenure reflects national changes, which are closely associated with population growth.
- Total housing association stock has fallen slightly in last decade.
- New social housing vacancies (relets) has remained stable, however the number of households registered seeking housing (Choose Your Home') has risen significantly to around 17,747 in 2012/13.
- There is an estimated net shortfall of 1,240 affordable homes for local people every year. The majority of these should be for rent. The cost of entry level housing is on average eight times greater than household incomes, although this varies across the borough (2009).

Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

- There is a shortage of all property types (apart from one bed room flats) in the borough.
- Early indications are that housing providers are seeking to develop smaller house types including two bed room houses and one bed roomed flats. However, new supply will continue to represent a very small proportion of the borough's overall housing stock.
- The expected delivery of specialist housing, including extra care housing, has the potential to increase the supply of social housing vacancies.
- Long term empty homes in the borough are comparatively low.
- In 2011, 615 mortgage and landlord possession claims were made. In addition, 470 mortgage and landlord possession claims led to orders. These figures are slightly higher than the national figure (source: Ministry of Justice).

Local strategies and plans

The Homelessness Strategy supports the following local strategies and plans: Telford & Wrekin Council's Community Strategy – Our Journey to 2020; Strategic Housing Strategy (2013 - 2018), Supporting People Strategy 2013-2018, Children and Young People's plan 2012/13, Safer Stronger Communities Partnership Plan, Health and Wellbeing plan 2008-2011, Reducing Re-Offending Strategy (2013-2016), Domestic Violence Strategy (2013-2016).

5. Future Challenges in Telford and Wrekin

- As a result of the National Reforms it is expected that there will be an increase in households experiencing financial challenges and rent arrears which could lead to an increase in homelessness and a need to access homelessness services:
 - 2,613 households (47%) of all working age tenants will be affected by the 'bedroom tax' and will see a reduction in Housing Benefit.
 - The budget shortfall for a local Council Tax Support scheme will need to be found by reductions in Council Tax support paid to the 10,742 working age customers who currently receive this Council Tax benefit. Of these, 7,957 currently pay no Council Tax at all. In addition their entitlement will reduce by around 21% and from April 2013, they will have to start to pay a portion of their Council Tax.
 - The challenges that individuals face as a result of introduction of the Shared Room Rate, in particular for many young people who are unable to secure or sustain affordable accommodation and are left facing shortfalls, arrears and homelessness.
- There is an estimated net shortfall of affordable homes and a shortage of all property types (apart from one bed room flats).
- New social housing vacancies (relets) has remained stable, however the number of households registered seeking housing (Choose Your Home) has risen significantly over the last five years to 14,747 (5,769 in 2007).
- Mortgage and landlord possession claims and orders in the borough are slightly higher the national position.

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- The number of homelessness applications to the Council is increasing year on year and the majority of accepted as homeless and in priority need continue to be young people (60.5%). This is significantly higher than the national average where 35% of priority need acceptances are aged 16-24.
- The number of non-statutory homeless people being referred to the Salvation Army KiP project continues to increase each year.
- Since 2011, there has been a 65% increase in people presenting themselves as homeless to the Bleak Mid-winter project (Severe Weather Provision between the months December and February).
- There are a growing number of rough sleepers in the borough - the Council's counted 11 rough sleepers on 21 November 2012 compared with two in 2010.
- The need for the Council and local partners to deliver the Government's 'No Second Night Out' vision at a local level.
- There is a limited amount of housing advice and support for people aged 18-25 as accommodation provision for non-statutory homelessness is generally targeted at people aged 16-19. This has been compounded by the closure of STAY's Hostel which was the 'front door' where young people could get support.
- There is a growing need to accommodate people with complex needs. These include people who are being presented as homeless following discharge from hospital, release from an institution, prison and remand.
- Individuals with a substance misuse, whether alcohol or drug dependency prove an ongoing challenge as people struggle to maintain all that is necessary to stay in accommodation
- Mental health problems are a concern when Houses of Multiple Occupancy are inappropriate, finding alternatives and engaging with statutory services is problematic.
- Homeless women are more difficult to accommodate due to their potential vulnerability.
- One person households make up over half of all priority need homeless households placed council owned/leased temporary accommodation, with 75% of the tenancies being 1 and 2 person households in 2012/13. This demonstrates the demand for 1 and 2 bedroom properties.
- 1,463 (55.9%) of households affected by the 'bedroom cap' require one bed accommodation
- The current provision of accommodation to support victims of domestic abuse is no longer suitable due to its location.
- The majority of Council owned/managed accommodation is in South Telford only.
- KiP is limited to the availability of suitable Houses of Multiple Occupancy accommodation with private landlords and very often the level of deposit provides a significant problem for the homeless individual. Also the standard and quality of available properties continues to be a concern.
- The current temporary and emergency accommodation is under pressure due to the growing demand in the borough

PART TWO: THE STRATEGY

6. Aims and priority actions

The overall aims of the Homeless Strategy are for the Council to work in partnership with the voluntary sector and other local partners to:

4. Prevent homelessness in Telford and Wrekin
5. Have appropriate housing pathways, including advice and support for homeless households in Telford and Wrekin
6. Meet the Council's statutory duty to accommodate Gypsy, Romani and Travellers

Aim 1: Prevent homelessness in Telford and Wrekin

The Government's homelessness prevention strategy states that *'there is no place for homelessness in the 21st century'*.

The Council and local partners will work together to ensure that a proactive approach is taken to prevent homelessness in Telford and Wrekin. Early intervention and the provision of integrated services are important to help local people to stay in their homes and where this is not possible, support them to find alternative accommodation before they become homeless.

Priority action 1a: Provide a Single Referral and Access Point and Single Assessment Tool for all people who present themselves as homeless

The Council recognises the need to ensure that appropriate support is provided all local people who present themselves as homeless.

As a result of the Welfare Reforms it is expected that there will be an increase in households experiencing financial challenges and rent arrears which could lead to an increase in homelessness and a need to access homelessness services.

In order to limit the risk of homelessness, households affected by reductions to housing and welfare benefits have been provided with early advice, in particular:

- Households affected by deductions in housing benefit payments due to the Housing Benefit Social Rented Sector room cap
- Households affected by the changes to the Council Tax support scheme

The Council has delivered briefing sessions to council employees and local partners to increase awareness and understanding of the Welfare Reforms, local implications and potential impact.

The Council's Housing Options team currently provide housing advice and support to people who are eligible and in priority need. However, this does not assist and support those people who are non-statutory homeless.

Therefore, the Council and local partners will put in place a Single Referral and Access Point for all local people regardless of whether they are statutory homeless or not, providing a pathway of advice, guidance and access to support services which meet their housing needs.

The Single Referral Access Point will be managed by the Council, in partnership with local partners. A Single Assessment Tool will also be developed so that anyone who

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presents themselves as homeless will only have to be assessed once to determine the pathway to appropriate housing and support providers.

In addition, in 2013, the Telford Crisis Network has been established to respond to the needs of people who find themselves in crisis.

Until recently, emergency response in the borough has been delivered by individual organisations at the point of need, providing shelter and/or food and other basic essentials for people to live. However, these organisations have been finding it increasingly difficult to meet the rising need.

In response, local partners are working together to provide a more co-ordinated and effective crisis provision for local people. The immediate priority for the Network has been to provide emergency food provision, but longer term they will review that provision and look at other essential items to help address the underlying issues that cause people's financial crises.

Priority action 1b: Commission and monitor a range of support services for vulnerable groups

The provision of Supporting People Services is an important element of the Council's preventative service provision, providing the delivery of housing related support which encompasses a wide preventative role aiming to promote independence, confidence building and social inclusion. Supporting vulnerable residents to maintain independence and remain in their home is an underlying principle of the Supporting People programme, in particular providing services for mental health and substance misuse.

The Council is developing a new support service delivery model which will create a more flexible, equitable, joined up and needs led service, through a combination of sheltered housing for older people; floating support to people in their own homes; and hub/outreach accommodation where support is provided to them through accommodation based support schemes or Sheltered Housing schemes.

The new Single Access and Referral point which will be developed with local partners and managed by the Council to ensure that local people can access Supporting People services to meet their needs (see Priority Action 1a).

Housing advice sometimes needs to be supported by practical assistance. The Council and local partners use a range of prevention tools to reduce the number of people at risk of homelessness and to help to minimise repeat homelessness.

- The Prevention Scheme – The Council will continue to use this fund to reduce the number of households who become homeless. The fund ranging from helping to clear rent areas to mediation to enable households to remain in their homes.
- The Mediation Scheme – The Council will continue to work with families to resolve issues that lead to young people being unable to remain at home.
- The Sanctuary Scheme – the Council in partnership with the Police, Shropshire Fire Service and Wrekin Housing Trust will continue to offer a range of extra security measures to enable victims of domestic abuse to remain in their own home.
- Life skills training programme – the Council is developing a programme to support

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and develop the most vulnerable young people (aged 16-19) who are accommodated in Council temporary accommodation.

- Hospital Discharge Protocol – This Protocol enables timely assessments to be carried out for people who are homeless as at the point of admission, or become homeless during their stay in hospital. The Council will continue to work with health providers to raise awareness and ensure that that housing needs are met.
- Financial advice – The Council will continue to work with households facing financial difficulties, covering all areas of Mortgage Rescue, debt advice and counselling.
- Integrated Offender Management – The Community Safety Partnership are developing operational protocols to eliminate rough sleeping and prevent homelessness.

Aim 2: Have appropriate housing pathways, including advice and support for homeless households in Telford and Wrekin

The Council's objective is to provide suitable interim accommodation in Telford and Wrekin as quickly as possible to homeless households who are in priority need (see Appendix 2), together with a mechanism to allow households to move into sustainable accommodation.

In addition, it is recognised that many people who are non statutory homeless seek housing advice, accommodation and support from local partners in Telford and Wrekin.

The Council and local partners will continue to work together to ensure that future action and resources are focussed on overcoming the challenges impacting on homelessness in Telford and Wrekin.

Priority Action 2a: Establish sustainable pathways for all homeless people from temporary accommodation into sustainable tenancies and discharge the Council's homelessness duty.

Most affordable homes in the borough are accessed through the local choice based lettings arrangements ('Choose Your Home'). The demand for this service has increased significantly over the last five years from 5,769 to 14,747 applications. With fewer social rented homes available to meet demand, and with deposits for mortgages out of reach of those on low incomes, private renting is fast becoming the only option for many people.

The Council works with the Homes & Communities Agency (HCA) and local Registered Providers (housing associations) to increase the supply of affordable homes in the borough. As part of its strategic housing role it also:

- helps to provide a strategic framework through its Homelessness Strategy, Housing Allocation Policy and Tenancy Strategy.
- provides services that will support tenants to maintain their tenancy and prevent unnecessary evictions
- provides an Anti-Social Behaviour unit in partnership with the Police to tackle

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local issues.

In 2012/13, the Council carried out a review of how its property related schemes operate; the use of accommodation to support homeless people; and the future challenges for Telford and Wrekin which will impact on homelessness.

This has led to the development of a comprehensive package of support and accommodation to address local challenges and meet the housing needs of both statutory and non-statutory homeless households. This includes the provision of short term accommodation and a mechanism to enable households to move on into permanent accommodation quickly. The Council will:

- Restructure its portfolio of temporary accommodation, purchasing or leasing additional accommodation and carrying out alterations to existing accommodation (if economically viable).
- Consider expanding the existing Bond Scheme which provides a bond guarantee to private sector landlords to allow households to secure accommodation. The expansion of this scheme will assist more households to move on from temporary accommodation by securing sustainable tenancies and will enable the Council to discharge its homelessness duty into the private rented sector. This scheme may also be used to assist households who need to move out of accommodation with social landlords due to the Welfare Reforms.
- Work with local partners to revise the Council's Housing Allocation Policy to ensure it is fit for purpose; supports the prevention of homelessness; provides temporary accommodation; and enables service users to access and secure longer term or permanent accommodation in the community. (Also see 2f).

Priority Action 2b: Enhance provision to accommodate young people

The number of young people presenting themselves as homeless continues to increase; including people aged 18-25.

In response to this and the increasing pressures resulting from the introduction of the Shared Room Rate, the Council and local partners will increase the supply of rented, affordable, specialist accommodation for this group:

- Bromford Housing Association and Stay will develop a 16 unit supported accommodation for young people with complex needs 'Foyer provision' in Woodside.
- Sanctuary Housing Association will develop 12 units of accommodation in Ketley for young

These projects will be implemented by 2015.

The Council will look to create additional units of temporary accommodation within its current facilities for young people.

In addition, through developing their work with local private sector landlords, Stay will increase the number of accommodation units available to people aged 16-25.

Priority Action 2c: Develop a social lettings model and Landlord Accreditation

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Scheme to help people into private rented sector tenancies

The Councils Tenancy Relations Service advises both landlords and tenants on their rights and responsibilities.

Sustaining tenancies in the private rented sector and sustaining access to private rented and voluntary sector accommodation is fundamental to prevent and tackle homelessness, both as a mechanism for the initial placing of homeless and to move persons on into permanent accommodation.

Therefore, improving the ability of residents to access all housing that is available in Telford and Wrekin is crucial to enable local residents to better manage their own housing pathway. In addition, improving Council relations with the private and voluntary sector is crucial to maintaining a steady supply of accommodation for the existing Services that the Council provides for the homeless.

Currently, where households are not in priority need (see appendix 2) and are non-statutory homeless, the Council's statutory duty is to provide advice and guidance.

This usually includes information on private lettings, Choose Your Home, referrals to voluntary sector partners, referral to the Single Allocations Panel for supported housing and details of hostels for street homeless. Despite the advice provided not all of these households will successfully find somewhere to live.

To meet the above needs the Council, in partnership with voluntary sector partners and private Landlords is exploring the creation of a Social Lettings Agency to provide affordable, good quality accommodation to homeless households.

The agency will provide:

- A mechanism to find accommodation for all service areas within the Council that need residential accommodation
- To set up a Landlord accreditation scheme to apply to all private landlords that the Council uses.
- To establish links with the local private rented sector landlords to provide properties through the agency for those clients who contact the homelessness services.
- Be a main point of contact, providing information and assistance to residential landlords and being a link to all of the services that are available in the Council
- To work closely with the voluntary sector to provide accommodation for non statutory homeless.
- To purchase accommodation to provide long term tenancies for those with challenging circumstances and would otherwise be unable to move on into sustainable accommodation

Once established the Social Lettings Agency will initially focus on supporting those affected by the Welfare Reforms and setting up service level agreements with the voluntary sector. A Landlord Accreditation scheme will be developed and a programme will be put into place to purchase residential accommodation in accordance with the model.

Priority Action 2d: Adopt a No Second Night Out Model

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The Government has a requirement that before the winter months begin and severe weather becomes a factor, that there is provision across the country to prevent people from sleeping rough on the streets of England. 2011 saw the introduction of the Government's "No Second Night Out" vision, which is intended to ensure that any person that has slept rough does not do so for a second consecutive night.

In response to this, a co-operative partnership has been developed with the Council and local partners; Stay Supported Housing, The Salvation Army KiP Project, Wellington & District YMCA, Bourneville Housing Association and Maninplace to deliver the Bleak Mid-Winter Project.

The Salvation Army KiP project, provide daytime first response and Maninplace manage the project every year during the months of December to February and provides short term accommodation for people that are sleeping rough during the coldest months of the year.

In response to the increase in people presenting themselves as homeless, Telford & Wrekin Community Safety partnership has invested funding into a partnership agreement between the Council and Maninplace. This will enable the delivery of services offered through the Bleak Mid Winter Project all year round. This new initiative will be called 'Nights Inn' and an emergency line will be available 24/7.

Nationally, it is recognised that the risk of offending or reoffending is reduced when a prison leaver or an offender has the appropriate accommodation and ongoing support and given the individual and opportunity to succeed and integrate back into society.

Therefore, the 'Nights Inn' initiative will include a support service to reintegrate prison leavers back to the area.

The Council will strengthen its partnership working with the Prison Service, the Integrated Offender Management Team, Probation, and Youth Support Services to ensure that no one prison leaver or Integrate Offender Management nominal 'slips through the net' and that their accommodation needs are met.

This cooperative approach will allow all partners to develop an appropriate engagement, support and enforcement package designed to concentrate on the offender rather than the offences.

Priority Action 2e: Work with Private Landlords to bring empty properties back into use.

Within the borough there are estimated to be around 300 empty properties. These are not only a waste of a valuable housing opportunity, but are often detrimental to local communities causing blight, reducing the values of surrounding properties and contributing to a sense of general decline.

In response to this a Home Improvement Agency will be established to identify empty properties, promoting the reporting of such properties, working with each owner to identify what could be done to get the property back into use and working with a cross council Housing Action Team (HAT) to co-ordinate support/action to bring properties back into use, linked with housing options and temporary accommodation

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to meet the housing needs identified.

A further report will be brought to Cabinet detailing the interventions to be implemented to tackle empty properties.

Priority Action 2f: : Work with local Registered Providers (RPs) (through the Council's Allocation Policy and Tenancy Strategy) to help local people to access and retain affordable housing and to make best use of the Borough's housing stock

The Council's Homelessness Strategy, Housing Allocation Policy and Tenancy Strategy are closely linked and will be developed in a co-ordinated way. The Tenancy Strategy will set out how the Council will work with local Registered Providers to influence the type and length of tenancies that will be offered (including the circumstances where this may vary). It will also describe the process under which tenancies will be renewed or terminated at the end of a fixed-term. Also see 2a above.

Aim 3: Meet statutory duty to accommodate Gypsy, Romani and Travellers

The Council has a duty under The Housing Act 1996 and Homelessness Act 2002 to accommodate those Gypsy, Romani and Travellers which are assessed as homeless/or unlawfully encamped and have a right to be within the Borough due to a local connection in the area determined by employment, family or there are special circumstances which result in unlawful encampment in the area i.e. health.

It is recognised and accepted that the Telford & Wrekin Gypsy, Romani and Traveller Community is expanding and therefore plans need to be put in place to ensure that this community is able to live and integrate as part of the wider community in the borough.

In addition, issues currently arise as a result of unlawful encampments being established in the local area by transient Gypsy, Romani and Travellers who have lawful sites elsewhere in the country. The Council will explore options for effectively managing this transient accommodation.

Priority Action 3a: Develop a strategic plan identify appropriate locations that meet the needs of the Gypsy, Romani and Traveller Community

The Council has identified the following actions in order to meet its statutory obligation to provide temporary accommodation:

- Extend the existing Gypsy, Romani and Traveller site off Lodge Road in Donnington. This extension of this site will be subject to planning permission.
- Designate a site for temporary Gypsy, Romani and Traveller accommodation, located off Holyhead Road in Snedshill, adjacent to the M54 motorway. It is proposed that this site is used to accommodate those gypsies and travellers who we have a statutory responsibility for, whilst permanent accommodation is developed at Lodge Road. The site may also be large enough to accommodate transient Gypsy, Romani and Travellers who are unlawfully

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encamped in the Borough. The designation of this site for Gypsy, Romani and Travellers, whether for lawful or unlawful gypsies will require planning permission and an extensive period of consultation would take place with local residents and businesses as part of this process.

Travellers using either site will be required to pay an appropriate rent, service charge and Council Tax and will be subject to a tenancy agreement setting out conditions for using the site. The Council believes that by making appropriate provision for travellers it can reduce the incidence of illegal encampments and enable the faster enforcement of removing illegal encampments.

The council are developing and identifying long term solutions through the Shaping Places strategy.

Priority Action 3b: Establish a programme of support to address health and wellbeing and educational needs of the Gypsy, Romani and Traveller Community

The Council will continue to work with Health and Education services to deliver statutory services to this community. Additional training opportunities are being piloted and will be reviewed to ascertain their effectiveness and develop these further if appropriate.

In addition, the Council and local partners are putting together a three year plan to look at how the Council more effectively manages illegal encampments which can adversely impact on residents and businesses within the Borough. A task group, involving officers from across the Council and the Police, will take this review forward and develop a clear policy for dealing with illegal encampments.

In 2013, the Council will initiate a formal consultation process with the Gypsy, Romani and Traveller Community who legally reside in Telford and Wrekin, to listen to their views on the service that they receive and any ideas that they have for future service provision.

Priority Action 3c: Work with the wider community and the Gypsy, Romani and Traveller Community to improve the understanding of the different cultures and needs

The Council will continue to be represented at the One Telford Safer Stronger Businesses meeting which is made up of local businesses. The challenges that both local businesses and the Gypsy, Romani and Travellers face will be reviewed at this meeting to identify positive solutions for both. This is also an opportunity to raise awareness of the Gypsy, Romani and Traveller culture and traditions.

The Gypsy, Romani and Traveller Community access local schools, health facilities and local amenities in the borough and the designated Gypsy Liaison Officer actively encourages them to integrate with the community wherever possible, such as participating in community wide events and discussions around local decision making.

The Council will continue to offer support, advice and guidance to local residents who raise any challenges that they may be facing whilst living in the same area.

7. Resources to implement the Homelessness Strategy

This section of the strategy outlines the following:

- the resources available for preventing and tackling homelessness;
- Arrangements to monitor the delivery of the strategy.

Resources available for preventing and tackling homelessness

Financial resources for tackling homelessness are limited and are likely to come under significant pressure in the future. Resources preventing and tackling homelessness come from a variety of sources:

- **Preventing Homelessness Grant** – this is a specific Government funding source for Local Authorities based on the level of need identified in each area and is intended to fund the development of preventative initiatives such as mediation, outreach and resettlement services. After 2013, CLG Homelessness Grant will not be specifically tied to homeless prevention and these activities will be funded through the business rates retention scheme
- **General Fund** – the Local Authority funds the majority of revenue expenditure on homelessness and related activities from the General Fund. This includes the costs of providing a housing options and advice service, grant funding to voluntary partners that provide services to homeless people and the cost of providing emergency accommodation to homeless households who have made an application for assistance.
- **Supporting People Funding** – Current and future years of funding are under pressure to generate savings and are subject to the review of the provision of Supporting People Services in 2013. *Supporting people since 2011/12 is funded through the General Fund.*
- **Discretionary Housing Payments (DHP)** – are housing benefit payments made to people who are experiencing housing difficulties and can help them to access and retain accommodation. This provides a valuable source of funding in preventing homelessness. In future will come under increasing pressure due to new calls on it from households at risk of rent arrears leading to a risk of homelessness due to the Welfare Reform.
- **Funding for new Affordable Homes** - Capital funding for new accommodation-based services for homeless households and new affordable housing is provided by the Homes & Communities Agency (HCA) and increasingly by Registered Providers from their own resources, as national grant rates have been reduced. The HCA also has a number of targeted funding programmes, including Empty Homes and Gypsies, Romani & Travellers. The supply of non-grant funded affordable homes, e.g. through (s106) agreements with private house builders has been falling.
- **Other funding** – from time to time additional grant resources are made available for new accommodation based initiatives and/or to improve existing accommodation. It is difficult to access the size and scope of resources down to a local level or whether they will be available in future years. The Council and local

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partners will seek additional investment and funding to improve services to prevent and tackle homelessness

Homelessness Strategy Monitoring

A range of methods for monitoring the progress against actions contained in the Homelessness Strategy Action Plan will be put in place. This framework seeks to make use of existing structures:

- **Homelessness Taskforce** – This partnership of service providers will meet quarterly to review progress of the Homelessness Strategy Action Plan and challenges.
- **National Performance Indicators and Statutory Returns** – Performance will continue to be monitored through quarterly P1E returns and will be reviewed regularly by the Council.
- **Local Performance Indicators** – The Council's Cohesion Service will continue to monitor local indicators relating to homelessness. Whilst these figures are not reported to central Government they will continue to be used to give a detailed picture of service delivery and improvements needed.

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8. Homelessness Strategy action plan and performance indicators

Action	By when	Lead	Resources (<i>within existing / to source</i>)	Performance indicators (<i>link to a performance framework</i>)
Aim 1: Prevent homelessness in Telford and Wrekin				
Priority action 1a: Provide a Single Referral and Access Point and Single Assessment Tool for all people who present themselves as homeless				
Develop a Single Referral and Access Point	April 2014	Cohesion Services – T&WC (coordinate with partners)	Within existing	Number of all homelessness presentation presented
Develop a Single Assessment tool	April 2014	Cohesion Services – T&WC (coordinate with partners)	Within existing	Single assessment tool that identifies need and provides tailored support packages
Improve access to employment and training for homeless people	April 2014	Cohesion Services – T&WC (coordinate with partners)	Within existing	To be developed as part of the consultation
Seek to identify funding sources across a range of partnerships and emerging opportunities throughout the life of the strategy.	Ongoing	Homelessness Taskforce (T&WC and partners)	Within existing	Identify funding sources across a range of partnerships
Review the local partnership performance monitoring arrangements: <ul style="list-style-type: none"> • Identify gaps in strategy information • Set up appropriate mechanisms to capture and report this data in the future • Develop a partnership performance management framework to enable a coordinated evaluation of <u>all</u> homelessness in Telford and Wrekin (both statutory and non statutory) 	April 2014	Homelessness Taskforce (T&WC and partners)	Within existing	Develop a performance mentoring framework for the Homelessness Task Force

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Action	By when	Lead	Resources (<i>within existing / to source</i>)	Performance indicators (<i>link to a performance framework</i>)
Develop revised Council Housing Allocation Policy.	April 2014	Family & Cohesion Services, T&WC	Within existing	Ensure clear pathway and procedures back in to Social Housing
Priority action 1b: Commission and monitor a range of support services for vulnerable groups				
Map and scope the support services available to vulnerable groups	April 2014	All housing and support providers	Within existing	Monitored through the Task Force
Develop and implement briefings to front line staff and partners to raise awareness and understanding of the support services available and how to access them	ongoing	Homelessness Taskforce	Within existing	Monitored through the Task Force
Carry our refresher training to enable the Housing Options team to deliver mortgage rescue, debt advice and counselling to households facing financial difficulties.	ongoing	Cohesion Services, T&WC	Within existing	Performance framework
Improve coordination of service for older people experiencing homelessness	ongoing	Adult Services, (Older People Team) T&WC	Within existing	Monitored through the Task Force
Develop multi-agency services to help people with a learning disability	ongoing	Adult Services, (Disability Team) T&WC	Within existing	Monitored through the Task Force
Work in partnership to achieve targets around supporting all vulnerable households to live independently	ongoing	Homelessness Taskforce	Within existing	Monitored through the Task Force
Improve opportunities for service users to influence the services they receive	ongoing	Adult Commissioning Service, T&WC	Within existing	Monitored through the Task Force
Aim 2: Have appropriate housing pathways, including advice and support for homeless households in Telford and Wrekin				

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Action	By when	Lead	Resources (<i>within existing / to source</i>)	Performance indicators (<i>link to a performance framework</i>)
Priority Action 2a: Establish sustainable pathways for all homeless people from temporary accommodation into sustainable tenancies and discharge the Council's homelessness duty.				
Enhance current prevention and housing support schemes to all council and partner housing related services	ongoing	Family & Cohesion, Commissioning Services T&WC	Within existing	Monitored through the Task Force
Review the business case for purchasing new premises using a combination of capital received from sales and additional funds so as to maximise the effectiveness of the portfolio	April 2014	Asset & Property Management, T&WC	To be reviewed	Monitored through the Task Force
Consider conversion of two of the existing 3 bed Council owned accommodation into house shares and or Houses of Multiple Occupation	April 2014	Asset & Property Management, T&WC	Within existing	Monitored through the Task Force
Review privately leased in properties and look to hand back those which are in poor condition or subject to uncooperative landlords	April 2014	Asset & Property Management, T&WC	Within existing	Monitored through the Task Force
Consider purchasing housing from the Wrekin Housing Trust, bringing these properties up to standard to deal with the rise in demand due to the Welfare Reforms.	April 2014	Asset & Property Management, T&WC	To be considered by A&P	Monitored through the Task Force
Carry out alterations to accommodation currently used for victims of domestic abuse to improve efficiency and enable the Council to meet its objectives in providing support to non statutory homeless persons, together with emergency facilities and will create additional one bed roomed accommodation in North Telford	April 2014	Asset & Property Management, T&WC	Within existing	Monitored through the Task Force
Priority Action 2b: Enhance provision to accommodate young people				

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Action	By when	Lead	Resources (within existing / to source)	Performance indicators (link to a performance framework)
Develop a 16 unit supported accommodation and 6 units of first stage move on accommodation for young people with complex needs	2015	Bromford Housing Association and STAY	Government funded	Partnership steering group
Develop a Young Persons Hub, where young people can go and discuss housing issues and get advice and assistance	2015	Bromford Housing Association and STAY	Partnership Resources	Partnership steering group
Develop a 12 unit accommodation for young people	2015	Sanctuary Housing Association	Partnership Resources	Partnership steering group
Develop additional units of temporary accommodation within the councils current facilities for young people	April 2014	Asset & Property Management, T&WC	Within existing	Monitored through the Task Force
Develop a programme of life skills activities to promote independence for young people	ongoing	Cohesion Services, T&WC	Within existing	Monitored through the Task Force
Develop work with the private sector to provide additional units of accommodation in response to the WM Framework for 16/17 year olds, and this increasing demand in relation to 16-25 year olds.	Ongoing	STAY	Partnership Resource	Partnership steering
Priority Action 2c: Develop a social lettings model and Landlord Accreditation Scheme to help people into private rented sector tenancies				
Create a Social Lettings Agency managed by the Council to provide affordable, good quality accommodation that meets statutory and non-statutory homelessness requirements	April 2014	Asset & Property Management, T&WC	Within existing	Monitored through the Task Force
Develop a Landlord Accreditation Scheme in consultation with partners and private landlords	April 2014	Asset & Property Management, T&WC/ Family and Cohesion Services,	Within existing	Monitored through the Task Force

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Action	By when	Lead	Resources (<i>within existing / to source</i>)	Performance indicators (<i>link to a performance framework</i>)
		T&WC		
Set up a virtual advice point (one stop shop) for landlords to get help and advice. As part of this one stop shop we will:	April 2014	Asset & Property Management, T&WC/ Family & Cohesion Services, T&WC	Within existing	Monitored through the Task Force
<ul style="list-style-type: none"> Continue to work with landlords and tenants to reduce rent arrears in the Borough 	Ongoing	Tenancy Relations Service Family & Cohesion Services, T&WC	Within existing	Monitored through the Task Force
<ul style="list-style-type: none"> Continue to work with landlords and tenants to guide them through the possession process and ensure the correct legal framework is adhered to 	Ongoing	Tenancy Relations Service Family & Cohesion Services, T&WC	Within existing	Monitored through the Task Force
<ul style="list-style-type: none"> Continue to work with landlords and tenants guiding them through the process of claiming housing benefit, discretionary housing payments, overlap payments and safeguarding, ensuring sustainable tenancies in the borough 	Ongoing	Tenancy Relations Service Family & Cohesion Services, T&WC	Within existing	Monitored through the Task Force
<ul style="list-style-type: none"> Continue to support landlords when their property is abandoned, ensuring correct surrender allowing the property to be brought back into use 	Ongoing	Tenancy Relations Service Family & Cohesion Services, T&WC	Within existing	Monitored through the Task Force
<ul style="list-style-type: none"> Continue to support landlords to set up tenancies ensuring inventories, agreements and rent books are correct and appropriate records are kept 	Ongoing	Tenancy Relations Service Family & Cohesion Services, T&WC	Within existing	Monitored through the Task Force
Review the business case for converting the house in Dodmoor Grange into a House of Multiple Occupancy	April 2014	Asset & Property Management, T&WC	To be reviewed	Monitored through the Task Force
Develop a crash pad to accommodate 18 to 65 year olds into emergency accommodation	April 2014	Asset & Property Management, T&WC	Capital investment sourced	Monitored through the Task Force

Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

Action	By when	Lead	Resources (<i>within existing / to source</i>)	Performance indicators (<i>link to a performance framework</i>)
Priority Action 2d: Adopt a No Second Night Out Model				
Establish a 'first point' response for non-statutory homeless people to be accommodated.	Ongoing	Maninplace	Partnership funding	Monitored through the Task Force
Establish and implement an Offender Protocol which will support homeless offenders into accommodation	ongoing	Integrated Offender Management Steering Group	Partnership funding	IOM steering group
Priority Action 2e: Work with Private Landlords to bring derelict properties back into use				
Encourage owners of empty properties to bring their properties back into use and rented under the bond scheme or temporary accommodation	Ongoing	Home Improvement Agency	Within existing	Monitored through the Task Force
Priority Action 2f: Work with local Registered Providers (RPs) (through the Council's Allocation Policy and Tenancy Strategy) to help local people to access and retain affordable housing and to make best use of the Borough's housing stock.				
Develop Council Tenancy Strategy.	TBC	Development, Business & Housing, T&WC / Family & Cohesion service – T&WC	Within existing	Monitored through the Task Force
Aim 3: Meet statutory duty to accommodate Gypsy, Romani and Traveller Community				
Priority Action 3a: Develop a strategic plan identify appropriate locations that meet the needs of the Gypsy, Romani and Traveller community				
Develop local policy to respond to national requirements to manage Gypsy, Romani and Traveller sites	July 2013	Development, Business and Housing – T&W Council / Family & Cohesion service – T&WC	Within existing	Monitored through the Task Force
Develop plans for an extension of Gypsy, Romani and	End April	Development, Business and	Within existing	E.g. Reduction in the

Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

Action	By when	Lead	Resources (<i>within existing / to source</i>)	Performance indicators (<i>link to a performance framework</i>)
Traveller site at Donnington to assist with bid for HCA funding.	2013	Housing – T&W Council		number of unlawful encampments
Develop and submit bid to secure partnership funding to develop site.	End of April 2013	Asset & Property Management, T&WC	Funding secured, planning permission pending.	Monitor through the Homelessness Task Force.
Identify and procure land within the borough to meet interim needs of the Gypsy, Romani and Traveller Community.	End Sept 2013	Asset & Property Management, T&WC	Land identified for a temporary tolerated transit site. Pending planning permission.	Monitor through the Homelessness Task Force.
Explore future Gypsy, Romani and Traveller site locations to meet the long term needs of this community.	2018	Asset & Property Management, T&WC	Need has been identified through the “Shaping Places Strategy”.	Monitor through the Homelessness Task Force.
Work with the Gypsy, Romani and Traveller Community to expand sites and facilities on land which they already own.	Ongoing	Asset & Property Management, T&WC	Funding secured, planning permission pending.	Monitor through the Homelessness Task Force.
Priority Action 3b: Establish a programme of support to address health and wellbeing and educational needs of Gypsy, Romani and Traveller community				
Deliver European Funded project ‘Springboard’ to deliver current training, review and expand the programme to the Gypsy, Romani and Traveller Community.	End Dec 2013	Education and Skills – T&WC	Within existing	Monitor through the Homelessness Task Force.

Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

Action	By when	Lead	Resources (<i>within existing / to source</i>)	Performance indicators (<i>link to a performance framework</i>)
Complete formal consultation with the Gypsy, Romani and Traveller Community	End Sept 2013	Community Engagement, Equality and Action – T&WC	Within existing	Monitor through the Homelessness Task Force.
Use feedback from 2013 consultation exercise to inform future service provision	Ongoing	Family & Cohesion service – T&WC	TBC	Monitor through the Homelessness Task Force.
Raise awareness within the community regarding the health and well being services and facilities available within the borough	Ongoing	Gypsy & Traveller Officer	Within existing	Monitor through the Homelessness Task Force.
Work with the Gypsy, Romani and Traveller Community to encourage their participation in sport and leisure activities	Ongoing	Education and Skills – T&WC	Within existing	Monitor through the Homelessness Task Force.
Priority Action 3c: Work with the wider community and the Gypsy Traveller community to improve the understanding of the different cultures and needs				
Continue to raise public awareness of the needs and cultural lifestyles of the Gypsy, Romani and Traveller Community	Ongoing	Gypsy & Traveller Officer	Within existing	Monitor through the Homelessness Task Force.
The Council will continue to be represented at the One Telford Safer Stronger Businesses meeting which is made up of local businesses. The challenges those local businesses and the Gypsy, Romani and Travellers face will be reviewed at this meeting to identify positive solutions for both. This is also an opportunity to raise awareness of the Gypsy, Romani and Traveller culture and traditions.	Ongoing	Family & Cohesion services – T&WC	Within existing	Monitor through the Homelessness Task Force.

Homelessness Strategy for the Borough of Telford and Wrekin 2014 - 2017

Action	By when	Lead	Resources <i>(within existing / to source)</i>	Performance indicators <i>(link to a performance framework)</i>
Explore ways to encourage the Gypsy, Romani and Traveller Community to participate in community wide events and discussions around local decision making.	Ongoing	Gypsy & Traveller Officer	Within existing	Monitor through the Homelessness Task Force.
Continue to offer support, advice and guidance to local residents who raise any challenges that they may be facing whilst living in the same area.	Ongoing	Gypsy & Traveller Officer	Within existing	Monitor through the Homelessness Task Force.
Deliver awareness raising session to community groups to improve the understanding of the different cultures and needs	Ongoing	Gypsy & Traveller Officer	Within existing	Monitor through the Homelessness Task Force.
Identify measures which demonstrate the prevention of anti-social behaviour and cohesion in the community and develop further work to respond to issues raised.	March 2014	Gypsy & Traveller Officer	Within existing	Monitor through the Homelessness Task Force.

Appendix 1 – National Context Explained

The **Housing Act 1996** is the key legislation for homelessness and contains the legal provisions for statutory homelessness.

Since then the Government introduced the **Homelessness Act 2002**, and in March 2005, the Government published '**Sustainable Communities: settled homes; changing lives: a strategy for tackling homelessness**' which places emphasis on a the need for a proactive partnership approach to the preventing and reducing homelessness, reducing the number of households in temporary accommodation and ending the use of bed and breakfast accommodation for families with children.

'Making Every Contact Count' - The Government's homelessness prevention strategy was published on 16 August 2012. The key points of the strategy reflect these conclusions:

- The responsibility for homelessness prevention is widened to all local services
- An integrated approach should be taken at local level, with a commitment to making every contact with a vulnerable person count
- Commitments are made for five cross cutting priority areas including troubled children/adolescents, health, crime, skills/employment and specific social groups.
- Ten 'local challenges' are set for local authorities. These include using elements of the Localism Act to strengthen the approach to homelessness prevention.

In 2012, the Government also introduced the **Welfare Reform Bill** which sets out their approach to social and economic policy. Key changes in Housing Benefit policy and administration present significant implications for housing and homelessness:

Universal Credit

The Universal Credit is a new single payment for people looking for work or on a low income. It will cap the total amount of benefit that can be claimed and will restrict Housing Benefit entitlement for social housing tenants whose accommodation is larger than the Government deems them to need.

The introduction of Universal Credit will be rolled out nationally from October 2013 on a geographical basis, to be fully implemented by 2017.

Some claimants may find budgeting more of a challenge due to a change from weekly to monthly payments. It is also likely to impact on the Council, both directly as set out above and as a result of increased demand for other services from those suffering financial hardship.

Housing Benefit Social Rented Sector Room Cap – 'bedroom tax'

From 01 April 2013, the Government is introducing a national Housing Benefit Social Rented Sector room cap, commonly known as the 'bedroom tax'. This will mean a reduction in the amount of Government Housing Benefit for people of working age, who rent their homes from a Housing Association if they are considered to be living in a property that has more bedrooms than they and their family require.

If the customer receiving the benefit or their partner have reached the age to claim pension credit then they are exempt from this change.

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The Department for Work and Pensions has set criteria for determining the number of bedrooms that a family require. If the house has more bedrooms than the family require based on the criteria, then Housing Benefit will be reduced by:

- 14% if the person has one extra bedroom, or
- 25% if the person has two or more extra bedrooms.

Local Housing Associations have identified that approximately 47% of all their working age tenants will be affected by this cut in benefit, which equates to around 2,613 people in Telford and Wrekin.

2,136 households in the borough have one bedroom more than they require and will receive a 14% reduction in Housing Benefit, losing an average of £13 per week. 477 households have two or more bedrooms than they require and will receive a 25% reduction in Housing Benefit, losing an average of £24 per week.

1,463 households require one bed accommodation based on their family make-up i.e. single or couples with no dependants or non dependants. This just shows the high demand there will be for one bed accommodation. 55.99% of people affected by the bedroom cap in Telford and Wrekin require one bed properties. A small number of these will require extra bedroom for overnight carer or on medical grounds. 25 households are under occupying by 3 or more bedrooms.

Council Tax Benefits

On 01 April 2013, the Government are abolishing the national Council Tax Benefit Scheme which is administered by Local Authorities on behalf of the Department for Work and Pensions. Instead, each Council has been tasked with designing its own local scheme and criteria for how it will award Council Tax reductions to customers who are financially vulnerable. This new scheme will be called Council Tax Support.

Councils will be given a ring-fenced budget from the Government from which to award Council Tax Support, which for Telford & Wrekin is approximately £3.1 million less than we would need to continue to support everyone at current levels.

The Government have stipulated that customers of pension age are protected from any loss in support and a national set of entitlement rules will remain in place for them. This means that the whole of the £3.1 million funding shortfall needs to be found by reductions in Council Tax support paid to the 10,742 customers of working age who currently receive this benefit in the borough.

Of these customers, 7957 currently receive full Council Tax Benefit and therefore pay no Council Tax at all. They will also see their entitlement reduce by around 21% and will have to start to pay a portion of their Council Tax from April 2013.

Shared Room Rate

In January 2012, the Government extended the shared room rate to single claimants aged under 35 on Housing Benefit in the private rented sector (previously under 25). These claimants are restricted to the rate for a single room in a shared house, rather than the rate for a self-contained one bedroom property.

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Localism Act 2011

This act changes the powers of local government and includes amendments to legislation relating to homelessness and housing.

It enables Local Authorities to discharge homelessness duties with the offer of private rented sector accommodation. Local Authorities must be satisfied with the affordability and condition the accommodation and household circumstances. Tenancies must be a minimum of 12 months. This amendment aims to prevent homeless people from waiting in temporary accommodation for an allocation of social housing.

It enables Local Authorities to withdraw its services if a suitable offer is not accepted. However, if an offer is accepted, the person/people will retain their 'priority need' for two years. This means that if for example, the person/people become unintentionally homeless within the two year period and have cause to represent themselves as homeless they will have a priority even if their circumstances have changed and they actually no longer have a priority need.

New Flexible Tenancies have been introduced which enable social housing landlords to offer shorter tenancies (minimum of two years). This means that at the end of the term the RSL is entitled to apply to the court for repossession. Before this amendment tenancies were not for a fixed term and possession could only be regained if the tenant broke the conditions of the tenancy. Most housing associations are supporting residents to manage and maintain their tenancies; including support with skills development and seeking employment. Local authorities have the ability to influence the overall approach of providers through their tenancy strategies.

Appendix 2 – Statutory homelessness: priority needs homeless groups

- Person with whom dependant children reside or might reasonably be expected to reside
- A Pregnant woman
- Homeless or threatened with homelessness as a result of an emergency such as fire, flood or other disaster
- Vulnerable as a result of old age, mental illness or handicap or physical disability, having served a custodial sentence, been a member of Her Majesty`s regular naval, military or air forces.
- A person aged 16 or 17 who is not a “relevant child” or a child in need to whom a local authority owes a duty under section 20 of the Children Act 1989
- A person under 21 who was (but is no longer) looked after, accommodated or fostered between the ages of 16 and 18.
- A person aged 21 or more who is vulnerable as a result of having been looked after, accommodated or fostered
- Aged 18 – 20 and vulnerable, having been looked after by Social Care
- Fleeing domestic Abuse from an associate/perpetrator

Appendix 3 – Local voluntary sector housing and support providers

- **The Salvation Army KiP Project** provides the first response service to non-statutory homeless people. This includes Drop-in, outreach, tenancy support, signposting and information service. KiP now assist individuals beyond the previous age range of 26 to 65. Due to recognition of the increasing need, they now offer the service to 18 to 65.
- **Maninplace** operate a social lettings agency to support and provide emergency and temporary accommodation for non statutory homeless who are aged 26 to 65.
 - The Night Inn is the point of access into this accommodation and provides immediate emergency accommodation (maximum of 10 day stay) reducing the need to use Bed and Breakfast.
 - Other accommodation caters for a variety of needs and ranges from specialist accommodation for the entrenched rough sleepers.
 - Provides ring fenced accommodation in line with the No Second Night Out concept.
- **Stay** is a registered charity that supports young homeless people and young families aged between 16 and 32 in a range of services in Telford and Wrekin.

Working with Single Homeless or Vulnerable Service Users

Since Stay was established by Telford Christian Council in 1990, our role has been to house and support young, vulnerable and homeless people and young families. Our work with this client group involves the provision of a range of accommodation types – Houses in Multiple Occupation, dispersed flats in the community and supported housing schemes. We also run a floating support service for young vulnerable people.

The ethos of Stay's support is one that places the young person at the centre of their support, working with them to help them take ownership of the issues that may have contributed to their homelessness and vulnerability.

Our approach to supporting young people aims to prepare them for transition into adulthood, working with them to develop the key skills required to live independently. Our work with young people begins at the very first contact with them. This helps us to understand their needs, where they are in their own personal development, and any pertinent issues that may impact on their progression. From then on, via thorough and personalised support planning; ongoing progress reviews; and regular, creative keyworking with dedicated and professional staff, the emphasis of our work is firmly placed in helping the young person from a position where things are done for them to one where they do things for themselves.

All of Stay's work is done in partnership with housing providers, statutory and voluntary agencies. Since 2009, Stay has also worked productively with the private rented sector to broaden our property base, from where we support young people who are homeless and vulnerable

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- **LIFE Housing** provides shared accommodation and support to up to three young homeless women from the age of 16, who are either pregnant or have a child under the age of five. Support includes:
 - Access to LIFE skills training that will enable them to live successful independent lives with their children.
 - Floating support in the community enabling the client of sustaining their own tenancies
 - Early intervention work, supporting young families for up to two years.
- **Wellington and District YMCA** provides accommodation and support for young homeless people. Support includes motivating and encouraging them to develop strategies to change lifestyles and improve their chances of stable tenancies.
- **Wellington and District YMCA** provides accommodation and support for young homeless people aged 16-25. Support includes motivating and encouraging clients to develop strategies in changing unacceptable or chaotic lifestyles and improve their chances of independent living.
 - YMCA success focuses on staff deploying a consistent approach with all clients regardless of their history or needs.
 - YMCAs warnings procedure is applied as a tool that teaches clients what is or is not acceptable behaviour. By showing the client how they can rectify their mistakes. Mistakes are seen as a learning curve that with the right support acts as a guide to help them through problems made on their journey into independent living
 - YMCA confronts all issues with a determination of real life solutions and consequences to actions.
 - Homeless people usually have complex issues and need to obtain stable accommodation. Some often present well on the surface and appear to have no needs at all. Our experience eradicates this myth and ensures that we are aware they exist by taking action immediately, during a 3-day induction. A client with complex and chaotic lifestyles can only be helped fully using other relevant agencies
 - YMCA operates because of well-established practises and working relationships with other agencies this enables us to sign post when the need arises. However, more often than not these agencies have waiting lists or the clients do not fit the full criteria for entry into a service.
 - YMCA work successfully with: Future Focus, Risk counselling, C.M.H.T, Substance misuse, NACRO, Nova training, TCAT and County Training, Stay, Maninplace, Kip, Housing providers, Telford & Wrekin Council, CAB and the Crisis Network
 - YMCA offer floating support when a client moves into independent accommodation. The support can continue up to 2 years, however, 6 weeks is often enough to help them establish their new tenancy. The support consists of, assisting clients understand their tenancy agreement their housing providers ideals, setting up utilities and assisting them to familiarise their surrounding in their chosen area
- **The Supporting People programme** provides housing related support to homeless households and those at risk of homelessness. This support is delivered to people in

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their own homes or is provided to them through accommodation based support schemes or Sheltered Housing schemes.

- **Registered Social Landlords: Wrekin Housing Trust, Bromford, Bournville and Severnside Housing** – provides social housing for local people in need of accommodation. This includes specialised support and supported accommodation for vulnerable groups.

DRAFT

What Adult Care and Support are doing to improve people's lives in Telford and Wrekin



Easy Read

ADULT SOCIAL CARE
LOCAL ACCOUNT 2012 - 2013

a co-operative
council



Telford & Wrekin
COUNCIL

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Contact us about our Local Account

Introduction



Welcome to the 2012 - 2013 Local Account.

Adult Care and Support services for vulnerable people in Telford & Wrekin are getting better. We still have a lot to do to give people more choice and control over their lives and make sure they can live as independently as possible.



With big cuts to money from the Government, welfare benefits and to NHS services, it has been very difficult. There is a lot to do to be able to cope with so many people getting older.



In the Care and Support Bill, the Government has also said that some people will not have to pay for all of their own support. This will start when the Care and Support Act starts in 2015. It will be even more difficult for us to decide how to spend money on services.



The future will be both challenging and exciting as we develop closer working relationships with GP run Telford and Wrekin Clinical Commissioning Group.



We also have to put in place the changes introduced by the Health and Social Care Act in 2012. This includes the development of our Health and Wellbeing Board and working closely with our partners to make life better for people.



We have to keep working hard to make sure care and support is good for everyone. We also have to get ready for the big changes that will need to happen when the Care and Support Act starts in 2015.



This local account is a way for us to let you know what we are doing to improve people's lives in Telford and Wrekin. If you have any comments you will find details of how to contact us on [page 43](#).



Cllr Arnold England
Cabinet Member



Paul Taylor
Interim Director Health,
Wellbeing and Care

Our Telford and Wrekin



In **2010**, there were **170,300** people living in Telford and Wrekin. The age of those people were:

18-64	106,600
65-84	21,900
85+	2,800



We think that:

By 2026 there will be 33,900 people aged 65 and over living in Telford & Wrekin.

Around 31,000 people report having a long term, limiting illness.



Around 24,800 people are aged 65 or over. It is estimated that 8,800 of these live alone.



Around 18,000 people care for a partner, family member or other person without being paid



Around 8,300 people (aged 18-64) have a moderate physical disability. There are another 2,500 people with a severe physical disability

Around 17,200 people are estimated to have a common mental health disorder



Around 2,800 people aged 18 – 64 are thought to have a learning disability



To find out more about the population of Telford and Wrekin, visit www.telford.gov.uk/factsandfigures

What we do



Adult Social Care works closely with partners to help people over the age of 18 stay as independent as possible when they need some care and support. We also support the family, friends or neighbours who help care for these people.

We support lots of different people. These include adults with:



- physical disabilities
- sight or hearing problems
- learning disabilities
- mental illnesses
- people on the autistic spectrum



As well as:

- older people - including those with dementia
- people needing drug or alcohol recovery services.



We also support young people to move from children's to adult services. We call this Transition.

The support we give can be in lots of different ways. This includes:



- giving people the money to find their own care and support to meet their needs
- arranging and managing a package of care on people's behalf.



We also support the development of the right kind of housing to help people stay independent, healthy and well. We support the community to help people so they do not need to use care services or ongoing care and support.



For people who do have care and support needs we have plenty of choice of good quality services in their local community. We also have to make sure we keep people safe from the risk of abuse.



For more information, visit www.telford.gov.uk/healthandsocialcare

or for a full directory of our services visit <http://telford.mylifeportal.co.uk>



Lots of people received lots of different services from us in 2012 - 2013. These services were:

- A first point of contact Access Service for information, advice and referrals
- Community Care Assessments and Reviews
- Safeguarding Adults Investigations
- Preventative services - when we try to reduce the need for more care and support
- Equipment or changes to homes to help people live independently
- Short-term enablement – help to make and keep people independent
- Day Services and Short Breaks
- Care at Home, including ExtraCare Housing
- Care in Residential or Nursing Homes
- Drug and alcohol recovery services
- Carer's assessments and services
- Housing related care and support (Supporting People)



The money we will spend in 2012/13

£2.9million Direct Payments

Residential & Nursing

£23.9million

£16million Community Care
e.g Home & Day Care

£5.3million Social Work, Prevention & Support

£1.3million Transport

£2.8million Supporting People

£0.6million Equipment

£1.4million Respite

£5.6million Support Services

£2.1million Commissioning, Business Support and Management

£6.7million Other services including grants to voluntary organisations

TOTAL = £68.6 million

Our performance



There are lots of ways to look at how we are helping people and communities. Here are some examples of how we did in 2012-2013:

Making life better for people with care and support needs



- One of our goals is to make sure that people can manage their own support as much as they wish (we call this 'self-directed support'). A lot more people are now able to have control of their support. This is a lot better than last year.



- Next year we hope to have more people having a direct payment to manage their support.
- People who use Social Care Services say that life is better than last year. This is good news. We think that we could still do more to match the national numbers. We will continue to do work to understand this.



- The number of people with a learning disability that we know are in paid employment and are living in their own home (or with their family) is lower than the national rates.



Delaying and reducing the need for care and support



- We are happy that there are more people who are being helped to stay in their own home. There are less people having to go into residential and nursing care homes. We have worked hard to make this happen.
- We have also worked hard to make sure less people have long stays in hospital because of care and support issues.
- One of our main goals is to support carers. We have not given information, advice and services to as many people, but we still support a lot of carers.



Making sure that people have a positive experience of care and support



- Less people have said that they are happy with the care and support services they received. We need to do more work to understand why this has happened.



- Some early information from surveys tells us that carers are happier with social services in Telford and Wrekin than other areas in the UK. Most of our carers feel that they have been included in talks about the person they care for.



- Less people say that they find it easy to find information about our services. We think that this is because of the changes we have been making to how we organise ourselves. We are now putting together a collection of online information called MyLife.



Keeping vulnerable adults safe

- We are pleased to see that more people who use care and support services say they feel safe.
- Our goal for the next year is for more people who receive social care services to be reviewed. We did not do as many reviews as we hoped in the past year.
- We have a new way of checking on cases where we have helped to reduce or remove risk to vulnerable adults. For more information on our performance please see:



www.telford.gov.uk/factsandfigures

Our main goals

Our main goals for this year are:



1 Making life better for people with care and support needs

- People manage their own support as much as they wish. They are in control of what, how and when they have support to meet their needs.
- Carers can do their caring roles and do other things that make them happy.
- People are able to:
 - find employment when they want
 - have a family and social life
 - be involved in community life
 - not feel lonely



2 Delaying and reducing the need for care and support

- People can have the best health and wellbeing throughout their life. They can have support and information to help them manage their care needs.





- Helping people earlier so they need less care and support.
- When people need care and support, they get it in a place that helps them to become independent again.

3 Making sure that people have a positive experience of care and support



- People who use social care and their carers are happy with their care and support services.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what:
 - choices are available to them locally
 - what they are entitled to
 - who to contact when they need help
- Workers respect the dignity of the individual and make sure support is about the needs of each individual.





4 Keeping vulnerable adults safe

- People enjoy physical safety and feel secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.



5 Delivering transformation and managing resources

Main Goal 1 - Making life better for people with care and support needs



What we have done

- We have worked to develop local care and support services. This helps people have more choice of services for their individual needs.
- We have worked with the Hospital and Community-based Health teams to make things better for people when they leave hospital. We are now one of the best local authorities in the area supporting people to leave hospital safely, when the time is right.
- Supporting people with Dementia is a one of our main goals. We created some services to help with this. They are:
 - The 'Who I am' Passport.
 - Community Speech and Language Therapy Service for Dementia.
 - Community support projects and cafes, like the Age UK Diamond Drop-Ins at Frizes Leasowe.
 - DARE Project Delivery of 'Creativity in Dementia Care'. This has helped to make sure more people know





about dementia and for people with dementia to live well in the community.

- Dementia Services Directory.

- Adults with learning disabilities and their families have worked with us on a project to live more healthy lives. The project went very well and we had some good results.



- More people with learning disabilities are now living more independently in Telford and Wrekin as tenants.
- After doing a survey of carers' needs, we have written a Carers Strategy and action plan to help us get services right.



- We still have 'carers champions' within teams. This helps to make sure that the needs of carers are always thought about.



- We have bigger and better rehabilitation services to help more people become independent. We are now using more technology to help people stay independent and in their own homes. To find out more about staying independent visit:



<http://telford.mylifeportal.co.uk> or see **page 43** for how to contact us.



- We have a draft autism strategy and action plan. This will make it easier for people get services before there is a problem. It also means that staff will have better access to training.

What we still need to do



- In 2013, we will be looking at what we can do to help people who cannot get services from us. This includes
 - community meals services
 - low level preventative services – this is a service that works with people on an issue before it becomes a problem
 - people with autism.



- New Extracare Housing is being built by Sanctuary Housing in Lawley and Ketley:
 - In Lawley there are 60 apartments which should be completed sometime in 2013.
 - In Ketley, there will be 86 apartments later in 2014. 12 of these apartments will be for people with learning disabilities.



- We will be looking at the services we provide ourselves. We call these 'in house' services.



We will be thinking about the best way to give the right kind of care to adults with learning disabilities and other people.



- We have done an early consultation and have some ideas for a new way of providing services. There will be a big consultation from September 2013.

Consultation – this is where we speak to you and lots of other people about our ideas for change. Nothing will change until we know what people think of our ideas.



- We will keep working to make local care and support services even better.



- Services will be joined together to help with a Prevention Strategy. Some of these services will be:
 - Clinical Commissioning Group
 - Voluntary and private sector organisations
 - Healthwatch
 - Commissioning – how services are bought and paid for



Strategy – this is a plan that helps to make changes to something to make it better.



- We are looking at how we help people needing a lot of health and social care and palliative care. We will think more about how personal health budgets can help with these needs.



Palliative care – this is a service that helps stop people from being affected by an illness that will not go away. It could help people to have less pain and try to live their life in the best possible way.



- We will look at the Transition and Leaving Care Services. We want to have better results for young people who:
 - Leave care
 - Are in transition to adult services
 - We will change the Drugs and Alcohol Recovery Services for the better. We want to help more people get work, education and a place to live.



- We will be looking at the Mental Health and Wellbeing Commissioning Strategy. We want to make sure we are doing what we need to provide services in the best possible way.



- We will be putting actions in place to have more people getting a Direct Payment.

Main Goal 2 - Delaying and reducing the need for care and support

What we have done



- We are using more technology to help people stay independent and in their own homes.
- We have put more into services that help make sure people are not waiting in a hospital bed when they are ready to go home.
- We have continued to build our Reablement service; this is a team with lots of different Social Care and Health Staff.
- We have a new service called Healthwatch. It gives information and advice about health and social care across adult care and support and health services. POhWER are now giving Advocacy Support for Health Complaints.
- There are 9 more beds for people who need a little help and support to get ready to go home after being in hospital.



- We used one-off funding to support people over the winter period. This was to make sure that people could stay in their own homes, not go to hospital.

One-off funding – money that has been given for use once. It will not happen again.

- We have worked with our partners across health to update local mental health services.

What we still need to do



- We are working to change housing support services for the better. We are talking to service providers and the people who use their services.
- We will be looking at how we can work more closely with Telford and Wrekin Clinical Commissioning Group to make services better.



- We will work with health to see how technology can help people stay independent and in their own homes.



- We will produce an Information and Advice Charter and Local Information and Advice Strategy.



Charter – this is a paper that has some rules and ideas to help people provide a service in the same good way.



- We will keep working to make community mental health services better. We want more people to have support in their own home and not be in hospital for so long.

We will work closely with the CCG (Clinical Commissioning Group) and the SSSFT (South Staffordshire and Shropshire NHS Healthcare Foundation Trust).



Main Goal 3 - Making sure people have a positive experience of care

What we have done



- There are some new projects to support people with dementia to make sure they have a good experience of care. These projects include:
 - Training our staff to have a better understanding of dementia.
 - Working with Shrewsbury and Telford Hospitals Trust to have a Dementia Pathway which supports person-centred care.
 - We have worked with the Alzheimer's Society to create an information book about dementia.
- There is a new website for all Adult Care and Support. You can find all sorts of information and advice about your care, support and money. Find out more at:
<http://telford.mylifeportal.co.uk>
 - The Directory of Services is also now on the website:
<http://telford.mylifeportal.co.uk>
You can get it in a paper or electronic version.



- There are some new easy-read fact sheets to make our information clear and understandable to everyone. Find them and our directory of services at <http://telford.mylifeportal.co.uk> or see [page 43](#) for how to contact us.



- Through the carers partnership board and carers forum we are making sure that carers are involved in the services we run.



- We have made the care assessment process better. It is all about making sure it gives people choice and control around their needs and what they want to be able to do.

- We are making reviews better. People who have community care services are being helped to think about their services on a regular basis.



- We have a new service that helps people to look at and buy different services from different service providers. We call it a brokerage service.



- We have made our information and advice services better. We have done this through paper and electronic information.



These include the new:

- Healthwatch service
- Independent Complaints and Advocacy Service, which is for health



- We did the advocacy service review. There are new rules and standards to make sure advocacy services are all of the same good quality. The Council is now responsible for buying Independent Mental Health Advocacy services. We have looked at what this means and what we need to do.

- We always talk to the independent and voluntary sector to find out their thoughts and ideas to help us make our services better.



What we still need to do

- We will keep listening to what people say to make sure our services keep getting better.
- Our new computer system still has some problems with making and asking for payments. We are thankful that everyone has been understanding and patient. We will keep working to make the system better.





- We are making sure the way we sort out personal budgets for care services is fair and equal. This is for people who can have care and support services. We call it a Resource Allocation System (known as a RAS). It is about putting money and services in the right place at the right time.



- We are making it more simple for our customers by making sure we have the right information in the right place. We are trying to make sure we do not have the same information in lots of different places.



- We are looking at how we can sort personal budgets in a better way. We are also hoping that more people can have direct payments as a first choice.



- We are looking at how what transport is needed for our service users. We will have a strategy that includes transport review.



- We are looking at the training needs of our staff. We are working on having a new e-learning system with on line training courses.



- We are working on new ways of working using IT applications and mobile working.



- We will make sure we have a good Independent Mental Health Advocacy (IMHA) service. We will do this by asking organisations to tender for the service.



Tender – this is when companies or organisations have to bid to provide a service. The company that offers the best service for the best price will win.



We also want more people to be supported by an IMHA in the community.

Main Goal 4 - Keeping vulnerable adults safe

What we have done



- We have kept a lot of vulnerable adults safe from harm because of our adult protection process.
- We have started using the same Adult Safeguarding policy and procedure as 11 other local authority areas in the West Midlands. This is so that we all work in a similar way and collect the same information.
- We have a new Person at Risk practice guidance to support using the new Safeguarding Policy and Procedures. It helps to think about the information that needs to be collected to make decisions and plans to keep people safe.
- By being involved in Multi-Agency Public Protection Arrangements (MAPPA) people are kept safe from harm by dangerous offenders – these are people who have committed very serious crimes.



- The risk of harm from domestic violence is less because we take part in Multi-Agency Risk Assessment Conference (MARAC) partnerships.



- We are leading the work on promoting Dignity in Care across the area.
- We make sure people know about abuse and what it is. For example, the World Action on Elder Abuse Day.



- We make sure safety, well-being and dignity are important in the services we buy from the independent and private sector.

- We have looked at how we want advocacy to be provided generally with a few of our different providers.

- Most of the people we have assessed agreed they were treated with dignity and respect during the assessment process.



What we still need to do

- Keep making sure that all service providers follow safe working practices and meet agreed quality and safety standards to keep people safe.



- Find ways of involving people in helping us to make our safeguarding service work even better.

- Look at Advocacy Services to provide better support for vulnerable adults within the adult protection system.



- Improve the way we collect information about people's experiences.

- We will think about the 'Winterbourne' report and how it can help us to keep people with learning disabilities safe in our area.



- Some people who use our services say that they do not feel safe. We will keep working with our partners, like the Police and Fire Service, to help make people feel safe and secure.

Main Goal 5 - Delivering Transformation and Managing Resources

east



What we have done

- We have changed the way our Mental Health Services work. There are two teams known as East and West. This helped to save money but also made the team work better.
- The money we give the voluntary sector stayed the same. We have changed the way we buy services to make sure we are making the best of the money we have.
- We keep changing the way some of our services work to help us save money because of the government funding cuts.
- We finished the Rehabilitation and Reablement Strategy for Telford and Wrekin. We have started to put it in place as part of our new ways of working and delivering services.
- We have made our Access team one point of contact, one team, one telephone number for all people.





- We created the My life Portal. This is a way for staff and the public to see all the choices that are available to them to help meet care and support needs.



- We started a project to look at how Domiciliary Care services are bought. This will help have a guide for the Council and people using Direct Payments.

What we still need to do



- We will have new ways of working and IT systems to meet the personalisation and transformation agenda. This will include a system that will give people statements about what their personal budget has been spent on.



- We will be looking at how the Council will buy services to make best use of council money.



- We will work with Shropshire Partners in Care (SPiC) to look at how we buy services to help save money across the whole council. This includes:
 - contract fees
 - domiciliary care
 - residential & nursing home care
 - Supporting People (housing)

We are happy with how we are doing so far but plan to do a lot more.



- We will be working with the voluntary sector to improve the way we choose service providers.
- We are looking at the services we provide. The new agreed services will start to be brought in from April 2014.
- We will write a paper to tell people how we are doing with the Adult Learning Disability Strategy. The strategy is called 'Getting a better life for adults with learning disabilities in Telford and Wrekin'.
- We will be helping to make sure adult social care gets better by having service users and carers at the centre. We will make sure keeping people safe is a main goal. We are also looking at the best way to use the money we have.
- We have received and taken part in a Peer Challenge of our adult social care activity.





Peer Challenge – this is a way of looking at what:

- we have done
- we need to do
- we can do next to make things better

- We will sign up to the Making it Real programme. This will help move towards personalised, community based support.



This programme is led by Think Local Act Personal as part of changes to Adult Care & Support. It tells us what people who use services and carers want to see and feel for support services to really be personalised.



To find out more, please visit www.thinklocalactpersonal.org.uk/Browse/mir/

Health and Wellbeing in Telford and Wrekin



The future will be challenging and exciting as we build closer working relationships with Telford and Wrekin Clinical Commissioning Group. We will put in place the changes introduced by the Health and Social Care Act which became law on the 27 March 2012.



The Act supports health and social care services to work together better. It also asks local authorities to have a Health and Wellbeing Board by 2012/2013. This is to:



- Watch over the Health and Wellbeing priorities and strategy
- Have new ways of choosing and buying health and social services
- Create a local Healthwatch organisation. It will support local people to represent their views and will move most of the public health responsibilities from the NHS to the local authority.



On the 1 April 2013 Telford & Wrekin Council took responsibility for Public Health and our Health and Wellbeing Board (HWB) became a part of the local authority. Over time this should help support our plans to help people before they need a lot of care and support.



Parkwood Healthcare were given the contract to set up Healthwatch Telford and Wrekin. It was set up to find out the thoughts of patients, service users, carers and the public about local health and social care services.



Healthwatch will help to look at the way services are bought for health and social care needs across Telford and Wrekin. It will help to make sure that the people in the community:

- are being listened to
- have a say in how changes are made
- can work closely with health and social care services



You can contact Healthwatch by telephone: **01952 739540**
email:

info@healthwatchtelfordandwrekin.org.uk



From April 2013 the Council started having to buy Independent Mental Health Advocate (IMHA) services. The Care and Support Commissioning team are working with partners in Shropshire Council to make sure a good quality service is provided for people with mental health issues.



The Council has also had to take responsibility for deprivation of liberty safeguarding. This is for protecting the rights of people in a hospital setting, who are not able to make their own decision, but appear to want to leave the hospital setting.

Our Health and Wellbeing Main Goals for 2013/14 are:



- 1** Reduce excess weight in adults and children
- 2** Reduce teenage pregnancy
- 3** Improve emotional wellbeing
- 4** Support people with autism



5 Reduce the number of people who smoke

6 Reduce the misuse of alcohol and drugs



7 Improve carers' health and wellbeing (all ages)

8 Help people live longer and make health more equal



9 Support people to live independently

10 Support people with dementia



You can find out more by visiting the Telford and Wrekin Health and Wellbeing website www.telford.gov.uk/hwb

Care and Support



In last year's account we told you about our Council's response to the Care and Support White Paper and the first draft of the Care and Support Bill. We are starting to plan for changes that will be put in place from the Care and Support Bill, from 2015 onwards.



To find out more about the Bill and what it means for us, you can talk to us or read the full version of this Local Account. Please see our Contact Information on [page 43](#)

To contact us about Adult Social Care



Visit the council's website at
www.telford.gov.uk/healthandsocialcare



Email us at access.team@telford.gov.uk



Telephone **01952 381280**



Or write to **Adult and Social Care Access Team, Telford & Wrekin Council, Darby House, Lawn Central, Telford TF3 4JA**

To contact us about our Local Account



Email us at localaccount@telford.gov.uk



Telephone **01952 381118**



Or write to **Delivery and Planning, Telford & Wrekin Council, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT**

ADULT SOCIAL CARE
LOCAL ACCOUNT 2012 - 2013



Telford & Wrekin
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