

## **HEALTH AND WELLBEING BOARD**

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 11<sup>th</sup> March 2015 at 2.00pm in Meeting Room G3, Ground Floor, Addenbrooke House, Ironmasters Way, Telford TF3 4NT.

**PRESENT:** Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), Cllr A England (Telford and Wrekin Council), Cllr E Clare (Telford and Wrekin Council), Cllr G Green (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), Liz Noakes (Telford and Wrekin Council), J Chaplin (Healthwatch Telford and Wrekin), Cllr P Watling, (Telford and Wrekin Council), D Evans (Clinical Commissioning Group) and L Johnston (Telford and Wrekin Council)

Also Present: H Onions (Consultant in Public Health), H Patel (Pharmaceutical Advisor), M Bennett (Head of Commissioning, Integrated Care), L Mills (Service Delivery Manager, Health Improvement), V McKay (Service Delivery Manager, Commissioning Vulnerable People) J Smith (Service Delivery Manager, Access and Assessment) S Wain (Group Specialist Commissioner) and N Morrow (Telford & Wrekin CCG Commissioner).

Officers: M Cumberbatch (Legal Services) J Power (Delivery & Planning Manager) and J Clarke (Democratic Services Officer).

### **HWB-31 MINUTES**

**RESOLVED** – that the Minutes of the meetings of the Health and Wellbeing Board held on 21<sup>st</sup> January 2015 be confirmed and signed by the Chair.

### **HWB-32 APOLOGIES FOR ABSENCE**

D Wickham (NHS England Shropshire and Staffordshire Area Team), P Taylor (Telford and Wrekin Council) and Dylan Harrison (Clinical Commissioning Group)

### **HWB-33 DECLARATIONS OF INTEREST**

None

### **HWB-34 PUBLIC SPEAKING**

No members of the public had registered to speak.

### **HWB-35 PHARMACEUTICAL NEEDS ASSESSMENT 2015/16 – 2017/18**

H Onions and H Patel presented a joint report on the Pharmaceutical Needs Assessment (PNA) for 2015/16-2017/18.

The Health and Wellbeing Board had a legal duty to publish a revised PNA by 1<sup>st</sup> April 2015. The draft Telford & Wrekin PNA had been developed in line with national guidance and expectations and best practice.

A 60 day consultation period had taken place with statutory consultees, with the responses and suggestions being taken on board and used to develop the PNA going forward.

The Board discussed the report and Cllr P Watling raised the lack of provision of out of hours services in South Telford and no pharmacy was open until 11pm as there were in other areas of Telford. It was also asked if there had been any feedback regarding this during the consultation and if this was an issue with service users?

A public survey had taken place but nothing specific had been raised within the consultation and there was significant provision elsewhere. This had not been raised through the JSNA. H Patel suggested that a bespoke piece of work regarding the provisions within South Telford could be undertaken.

Cllr J Seymour raised concerns regarding the lack of provision of pharmacies within the rural area and felt that this was not being addressed. Large areas of the rural community were outside of the 1.6 mile distance to a GP dispensary. She also felt that the survey that was circulated did not cover the rural areas. It was further felt that the "over-the-border" provision did not meet the criteria as this was also the rural area.

H Patel expressed that it was very difficult to encourage pharmacies to set up in the rural area and operate as a business as it may not be commercially viable. There were 100 hour delivery & collection services offered by dispensing practices to the rural areas. Patients often had to pass a pharmacy when travelling in to use GP services. A repeat prescription collection and delivery service was also available.

Cllr J Seymour commented on Appendix VII of the report regarding the take up of enhanced and advanced commissioned services. She asked if the pharmacies were pro-active in taking up these services as these services gave a lot of scope for expansion of the business or were they prevented due to constraints and costs?

H Patel confirmed that pharmacies were paid by activity and some pharmacies had become Healthy Living Pharmacies and giving advice on services such as healthy eating and exercise advice. The pharmacies were only paid for the activity and not for the business being there. Dispensing, the treatment of chronic illness and prevention of illness needed to be addressed through the JSNA and the provision of services needed to be less confusing to the public. There was also a need for the provision of health checks for those patients who could not access GP Practices. H Onions confirmed that they were looking at expanding out practices to make them more comprehensive. H Patel confirmed that NHS England supported the services within GP Practices and dispensaries but they were working towards getting the practices more involved with the items marked yellow on Appendix VII. The core role of the services was to give a safe supply of medicine and this was paramount, but if there was capacity to extend and add on services this would be encouraged. Emergency contraception services needed to be more uniform for patients and order that they were not confused with what was on offer. There was currently a push to consolidate the services, but this needed to go hand in hand with high standards and be a comprehensive service.

L Noakes commented regarding the lack of out of hours and weekend services within South Telford and suggested that an impact assessment was undertaken as there was an issue with equity. South Telford was an area with less car ownership and this may be an area to be picked up during the 18 month review. The Report was a comprehensive document and did describe the offer that pharmacies could make and this needed to be communicated to the public and all partners needed to work together to make this happen.

H Patel discussed communication and suggested that community pharmacies had a role to play within this area.

Cllr G Green referred to page 18 of the Report showing that there were no pharmacy services after 6pm and no services on a Sunday. One in three people in this area were without a car. There were further issues with mobility and there were a large number of over 65s and over 85s. Cllr Green was of the opinion that the deferral to review the service until 18 months' time was too long to wait.

H Patel confirmed that a bespoke piece of work regarding the offer in South Telford would be undertaken during the next 6 months.

Cllr E Clare asked what controls were in place over pharmacies purchasing the types/brands of medicines in order to keep them standardised.

H Patel explained that medicines were a difficult area. Pharmacies were sent medicines by wholesalers under a generic name and the pharmacies had no control on what brand of medicine the wholesalers sent. NHS England did not have a great deal of control of this area except for the quality control and safety of the medicines dispensed.

D Evans referred to page 23 and 24 of the report and explained the pressures on services. Access to acute care was very important to the public and was also important with regard to Futurefit.

J Chaplin informed the Board that Healthwatch were happy to continue to provide the view of the public. With regard to the supply of medicines held by pharmacies how could issues regarding the elderly and infirm be addressed.

H Patel confirmed currently Care Plans were not available to GP Practices or pharmacies although they did have access to the medicines required by patients. There were home medicine reviews and collection and delivery of medication services available to the public.

H Onions confirmed that this work all connected into the Futurefit programme and included the PNA.

M Innes confirmed that there was a need for shared information across health and social care services in order to better care for the population and this was the opportunity for the Health and Wellbeing Board to drive this forward and it was asked if there was a piece of work the Board could do around this area?

Cllr E Clare asked if the pharmacies were paid for providing the medicine review service and commented that the public may prefer to talk to the doctor rather than the pharmacy as the doctor had prescribed the medicine.

H Patel informed the Board that the pharmacies were taking a holistic approach and asking patients if they knew how to take the medicine, how to use the medicine and with regard to inhalers checking that patients were using them correctly. The pharmacies were also looking at waste medicines and the over-ordering of medicines. The budget for this work was already included within the pharmacy budgets it was just being used in a different way.

Cllr J Seymour commented that she supported the new pharmacy specific interviews with regard to new medicines. Cllr Seymour asked whether any pharmacy currently offered stop smoking services or if there would be no services in place until the 1<sup>st</sup> April 2015?

H Onions confirmed to the Board that there would be new providers of stop smoking services from April 2015 but that there were currently no services available within pharmacies.

Cllr Seymour asked if it was up to individual pharmacies to ask to take up these services?

H Onions confirmed that all pharmacies would be contacted with regards to the supply of services.

Cllr Seymour asked about emergency prescriptions and the supply of emergency medicines.

H Patel informed the Board that there was a provision for the supply of emergency medicine. The public used ShropDoc and A&E services in order to access emergency medicines but it was hoped that pharmacies could be encouraged to use this provision. There were concerns about the misuse of medicines but the pharmacies would feed back the information to the GP Practice to inform them that emergency medicines had been supplied.

Cllr Seymour further asked if this was only for specific medication and if this was illegal?

H Patel confirmed that this was not illegal, it was a private transaction and that the public would have to pay for this service as it was not an NHS Service.

Cllr Seymour suggested that the points raised by the Board be included within the final document.

H Onions said that there would be changes to the PNA and the suggestions made would be incorporated with the changes.

The Chair referred to the recommendations and asked the Board if they consider that they had read the report, fully taken part in a debate and give the responses careful consideration and if there were any amendments required to the recommendations.

H Onions informed the Board that they would be in a very weak position if the PNA was not adopted by the 1<sup>st</sup> April 2015 but recommended that an urgent review took place within 6 months.

M Cumberbatch advised that the Board must be happy with the summary that the report authors had given and from P8 – 1.6 with the body of the report. If the Board members were content with the changes proposed by the report authors, then they could decide that the final amended version be signed off by the Chair.

#### **RESOLVED – that**

- a) the PNA process had been undertaken in line with the national expectations and that associated statutory duties for the HWB be noted;**
- b) the content of the PNA Equalities Impact Assessment and remedial actions set out to reduce the negative impacts identified be agreed;**
- c) all consultation responses received from both the statutory consultees and the wider respondents be considered;**
- d) the draft Telford and Wrekin Pharmaceutical Needs Assessment 2015/16-2017/18, subject to any amendments recommended in the report, which were**

**appropriate in consideration of the consultation responses, be adopted and that the Chair of the Health and Wellbeing Board be authorised to approve and sign off the final amended version for publishing;**

- e) An equity review of the provision within South Telford be undertaken and reported back to HWB in September 2015.**

## **HWB-36      LOCAL AUTHORITY COMMISSIONING INTENTIONS**

L Mills and V McKay gave a brief summary of the report which provided information around the local authority commissioning intentions for public health, universal whole population and vulnerable children, young people and adults.

Appendix 4 to the Report detailed the Procurement Plan and set out the detail relating to the allocations, timescales and outcomes together with desired outcome of high level strategies.

A key area of work was the offer of early help for children, young people and families with the focus being on taking a preventative approach.

A significant development with regard to commissioning would take place from 1<sup>st</sup> October 2015 whereby the Local Authority would take over responsibility from NHS England of 0-5 year olds. The transfer would encompass the 0-5 Healthy Child Programme which included the health visiting service, Family Nurse Partnership services - a services for teenage mothers.

Stop smoking services had been discussed during the previous item.

A tender process for the clinical element of the Drug and Alcohol Recovery Service (DARS) , the alcohol counselling service and the day care services was being undertaken.

Work with General Practices was being undertaken to expand the existing provision for shared care with regard to substance misuse to increase capacity and access within the community.

With regard to children and young people it was the intention to have an outcome based commissioning approach with personalisation and prevention to close the gap for the disadvantaged.

The Care Act 2014 would have an impact regarding adults. There were now a number of statutory requirements including advocacy services and a market position statement.

The Children's SEND reforms were generally progressing well and cost improvement plans were now in place.

For children in care including foster care it was the intention to make sure good outcomes were achieved.

Safeguarding was covered within the Better Care Fund.

L Noakes commented that the purpose of the report was to ensure that the commissioning intentions were aligned with the Health and Wellbeing Strategy and were integrated in their approach.

A discussion took place including:

- the monetary values not being shown on some items in Appendix 4 to the report
- children's commissioning work was clear on the needs of young people and these were being met appropriately
- making every contact count – workforce and partner agency training
- case studies to be brought to the Board on how the improvements were beginning to take shape
- holistic approach
- voluntary sector – grants and access to funding
- joined up decision making
- Strategic Commissioning Group
- Mapping of provisions and identifying gaps in service

**RESOLVED – that the high level of commissioning principles of the Local Authority and the details proposals outlined in Appendices 2, 3 and 4 be noted and endorsed.**

**HWB-37      NHS TELFORD AND WREKIN CCG STRATEGIC COMMISSIONING INTENTIONS 2015/16**

D Evans presented a report on the commissioning intentions for NHS Telford and Wrekin CCG for 2015/16.

From 1<sup>st</sup> April 2015 the CCG would be responsible for Primary Care Commissioning. This had not currently been looked at within the report and a paper would be brought back to the Board in due course. The vast majority of the commissioning work related to GMS Services and general practice services. The Local enhanced services would also need to be looked at with regard to the ring fenced monies.

It was important to make sure that the NHS Constitution was being met and included:

- A&E
- Elective Care
- Dementia
- IAX

Constraints gave a clear planning framework and this had to be adhered to.

An electronic format of the document would be circulated to the Board.

Cllr P Watling asked if the Better Care Fund (BCF) had been given a delivery value and if the budget had been agreed?

D Evans replied that the budget for the BCF had been agreed but that it had challenges with regards to acute providers being signed up to the agreement and this needed to be rectified. It would be necessary to take money from the acute budget and put this into the BCF. An invitation had been given to SaTH for a £3m contract variation. This was a global amount that sat with SaTH and a reduction in the contract would cause the contract to be varied and money released out of the current contract.

A discussion took place with regard to the voluntary sector, it's importance in supporting the sustainability of the health and social care system. D Evans outlined how the CCG had undertaken a process of awarding grants to the voluntary sector recently. He understood that this had not reduced the overall investment into the voluntary sector from the CCG but agreed to confirm if there had been a reduction of funding from the CCG to the third sector to this Board.

L Noakes suggested that the Board would be very interested in working with the CCG and seeing a Primary Care Strategy now the CCG had responsibility for commissioning General Practices.

A discussion took place including:

- Public Health budget
- 7 day working
- End of Life Plan
- Integrated Care

Following the discussion a suggestion was put forward to amend the recommendation to read:

“To consider the contents of the Commissioning Intentions for 2015/16 and ensure that they are aligned to those of the wider Health and Social Care plans.”

**RESOLVED – that the contents of the Commissioning Intentions for 2015/16 are aligned to those of the wider Health and Social Care plans.**

**HWB-38 BETTER CARE FUND: DEVELOPMENT OF THE SECTION 75 PARTNERSHIP AGREEMENT**

M Bennett and V McKay presented a report on the Better Care Fund and the development of the S75 Partnership Agreement.

From April 2015 there would be a single Agreement and a single pooled budget for the Better Care Fund (BCF). The agreement would represent the new ways of working between the two authorities and partner organisations with the Health and Wellbeing Board having oversight of these arrangements.

The template for the S75 Agreement was currently being worked through by NHS England and Bevan Brittain (Legal Advisors). A Pooled Budget Monitoring Group was being mandated to work through other services and the Community Trusts in order to look at the pooled budget. The risks of such an agreement were understood and monitoring and governance arrangements had been arranged and this work should be completed by the end of March 2015.

The Schedules and agreements were currently being worked on.

A discussion took place including:

- Pooled Budget Monitoring and the difficulties surrounding this. Michael Bennett confirmed that there would be a report back to this Board concerning the pooled budget work
- Template agreement
- Schedules and monitoring

It was expected that the date of implementation would be 1<sup>st</sup> April 2015.

**RESOLVED** – that

- a) the progress which had taken place to development a Section 75 Partnership Agreement be noted;
- b) the arrangements of the Section 75 Partnership Agreement over the coming year be overseen.

**HWB-39**      **PRIORITY UPDATE: MENTAL HEALTH AND WELLBEING – COMMISSIONING STRATEGY UPDATE**

S Wain and N Morrow presented a report on the Mental Health and Wellbeing – Commissioning Strategy.

Cllr A England asked how Telford and Wrekin would join up with the Foundation Trust. Cllr England felt that he would only be consulted a Lead Member for Mental Health and not be consulted as a governor of the Trust. He wanted to ensure that there was a strong consultation process including the foundation of the Trust.

N Morrow explained that engagement had taken place with the Foundation Trust so far regarding developments, conditions and outcomes.

Cllr J Seymour endorsed the consultation from users, their families, carers and members of the public who wanted mental health services to be responsive and have a real grasp of the needs of the local community.

S Wain informed the Board that there was a related piece of work was currently being undertaken with providers and the voluntary sector.

M Innes hoped that some views with regard to Mental Health could be normalised. The Telford and Wrekin CCG were lead Commissioners with regard to the health economy and were engaging with Shropshire to represent their views and take into account any similar needs and expectations.

S Wain informed the Board that a Crisis Concordat county-wide piece of work was being undertaken in order to pull together a joint action plan for crisis care between Telford and Wrekin and Shropshire and planning a joint contract negotiation and management.

L Noakes welcomed the development of the Strategy and stressed the need to take a holistic view with regard to physical health, affected mental health and people with severe mental health conditions who had significantly poorer physical health and lower life expectancy and felt that the draft Strategy should be brought back to the Board in September not December.

L Johnston welcomed the report especially with regard to children and that engagement would obtain diverse views in order to put service provisions in place. Improvements could be made to benefit transition arrangements which were currently a cause for concern.

J Tozer gave his concerns regarding the timing of the engagement and that the Police and other partners were keen to give their views but had not been listed as consultees and

sought clarification if their views would be sought. He felt that the county-wide approach was very important.

J Chaplin confirmed that Healthwatch had already been involved in the consultation process and were happy to continue to have an input and to work closely with the process and contribute to the writing of strategies.

D Evans informed the Board that the CCG Board had made a commitment, through the executive team, regarding the transitions for those with mental health, disabilities and long term conditions. The transition stage following an 18<sup>th</sup> birthday meant that the service user would have to deal with a complete set of new people within the health and social care environment. This service was currently disjointed and let down, children, their families and carers.

The Chair spoke of the lack of mental health services within Telford and Wrekin following the closure of Castle Lodge. The Redwood Centre was now open but this was not a local service and Telford was in need of a local Hub.

D Evans explained that the CCG were mindful of the situation it was proposed that a report be brought back to a future meeting of the Board and it was suggested that this would be during the Summer.

Following the discussion it was

**RESOLVED** – that

**(a) the approach outlined in the Report be endorsed; and**

**(b) a programme of engagement be confirmed and for the Chair to have delegated authority to sign off the programme.**

**(c) The draft mental health strategy be considered by the Board in September 2015**

**HWB-40      PRIORITY UPDATE SUPPORT PEOPLE TO LIVE INDEPENDENTLY**

L Thorogood and J Smith presented a report on the Health and Wellbeing Priority – Supporting People to Live Independently.

The focus of the report was to align the priorities but to be mindful of the critical elements of the Care Act 2014 (“the Act”) being compliance and responding to the current financial climate.

The draft Wellbeing and Prevention Strategy was attached at Appendix 1 to the report and set out the local approach to promoting wellbeing and independence across the continuum of need.

Appendix 2 and 3 of the report contained The Adult Social Care – Right help, Right time to Promote Independence – Commitment Statement 2015-2016 and the Adult Social Services Information and Advice Strategy 2015-2018.

The Prevention Strategy was in line with the principles of outcomes based commissioning.

Following consultation in December 2014 it was the intention to make a change in direction of Telford and Wrekin's Commissioning intentions in order to undertake as much as possible within the local community and to support people to live independently. The Commissioning and Operational Teams would work closely in order to move the strategy forward and comply with the duties and principles of the Care Act. A 3 week project was currently being undertaken looking into prevention within the community.

L Johnston confirmed that in terms of strategies and commissioning intentions and outcomes that the achievement of a personalised approach would be reviewed in order to see what was currently available and how improvements could be made before proceeding with an all-age approach. Community based solutions were reducing delay and dependence on services. It was also hoped that the promotion of assisted funding to keep people in their homes would be supported by domiciliary care and assisted help.

Cllr J Seymour welcomed the report but noted the risks which lay in the short term and how resources were shifted from the high costs services to support a preventative approach. It was fundamental to support this process or the BCF would not happen.

Cllr A England commented that the report led back to working with the voluntary sector. He also asked if discussions could take place with associations such as the Armed Forces Veterans and SAFA to see if they could help to support service users rather than the Local Authority.

J Smith informed the Board that an asset-based social work system was the way forward. Services users were unaware of the local services but better communication around what was out there would help to grow services.

All of the comments from the HWB meeting would be fed back to P Taylor for the Care Act Board.

**RESOLVED – that**

- (a) the update and progress since the last Board report on this priority be noted;**
- (b) feedback and comments on the draft proposed documents being**
  - i. Wellbeing and Prevention Strategy (Appendix 1)**
  - ii. Adult Social Care Commitment (Appendix 2)**
  - iii. Information and Advice Strategy (Appendix 3)**

**as part of the wider consultation process be provided.**

**HWB-41     NHS FUTUREFIT PROGRAMME REPORT**

D Evans gave a brief overview of the report on the NHS Futurefit programme.

The report gave details of the shortlisting which had taken place and which had been to the CCG and Trust Boards. An Evaluation Panel had been established which had looked at the long list and had narrowed this down to a short list which was currently being considered and included:

- Emergency Centre (EC) and Diagnostic & Treatment Centre (DTC) on a New site;
- EC on a New site, DTC at Princess Royal Hospital (PRH)

- EC on a New site, DTC at Royal Shrewsbury Hospital (RSH)
- EC at PRH, DTC at RSH
- EC at RSH, DTC at PRH
- Do minimum (existing dual site acute services maintained, provider and commissioner efficiency strategies implemented but no major services change).

M Innes commented that Urgent Care Centres (UCC) included an acute provision and would remain in Shrewsbury and Telford.

D Evans further commented that these UCCs were likely to be prototyped and repeated elsewhere.

L Noakes asked if confirmation could be given to the Board, similarly to that given to the CCG Board, that if the new build was no longer a viable option financially that further options from the long-list would then be considered.

D Evans commented that if any option dropped out as being unaffordable and this affected only 1 option on the short list then this was likely to continue. If, however, more than 1 of the options were affected then the short list would have to be reconsidered.

L Noakes confirmed that 3 of the short-listed options did include a new build and that this would ultimately affect the short list leaving very few options.

D Evans confirmed that if this was the case then they would revert back to the long list.

A discussion took place including:

- Evaluation Panel
- The ranking of the current short list options
- Affordability of the short list options
- The weighting of the options

M Innes informed the Board that the testing of the affordability of each option was done in its own right.

D Evans further commented that each option outlined its own business case which showed both financial impact and non-financial impacts and benefits. It would not be possible to put forward an unaffordable option.

Further discussions took place including:

- The shortlisting of the 6 options
- Critical Care Units and agreed extra facilities
- Urgent Care Centres

D Evans informed the Board that it had always been the intention of the Programme Board to consider having Urgent Care Centres in both Shrewsbury and Telford and Wrekin. However, the opening hours and other basic information was still to be considered and the core offer although viability of services to the rural settings needed more work.

Following the drawing up of the short list the money and affordability aspects were being looked at further which included both the capital and revenue context.

M Innes confirmed the system of approach was a “bottom up” design and that the affordability was tested initially and once this had been established the quality of the offer was considered.

Cllr A England asked the Board to note that Telford and Wrekin Council had always demanded that there was 24 hour A&E provision for the Borough.

L Noakes discussed the weighting procedure and the process that would now be followed and suggested that the Treasury determine a higher weighting for affordability that as was the case at the shortlisting stage.

D Evans confirmed that neither of the CCGs would sign up to build something that was unaffordable.

**RESOLVED** – that the report be noted.

**HWB-42      CHILDREN, YOUNG PEOPLE & FAMILIES BOARD PROGRESS UPDATE**  
**(2014/15)**

L Johnston presented the report on the Children, Young People and Families Board.

The Board had now been in existence for 4 years and this report had focussed their priorities and now had 5 strategic priorities which were:

- Early Help
- Strengthening Families
- Children in Care
- Aiming High for Disabled Children
- Achievement for All

One of the key priorities within these areas was teenage pregnancy.

The report was welcomed by the Board and a discussion took place which included:

- Early Health’s clear strategy and prevention to reduce the need for services later
- The use of proactive link to re-shape the Youth Service with a targeted approach
- Positive issues around prevention work
- Government criteria in reducing exclusions

The Board raised concerns regarding the homelessness rates for 16 and 17 year olds which had jumped to 77.5%

L Johnston confirmed that the Council were currently looking at these issues and that a “step up and step down” facility at Dodmoor would help to provide support to young people and this area of work was also being driven forward by the Homelessness Partnership in conjunction with the Community Safety Partnership.

Cllr J Seymour asked if the pregnancy rates for 15-17 year olds included those teenagers who were married.

L Noakes confirmed to the Board that the figures were calculated regardless of marital status. She also confirmed to the Board that whilst the numbers had fallen up to 2013 but not as fast as nationally. An action plan was being drawn up to look at this area.

**RESOLVED** – that

- (a) the progress made against the priorities Children, Young People and Families Board strategic priorities and the Health and Wellbeing Board’s Priority “Reducing Teenage Pregnancy” be considered; and**
- (b) specific areas where greater focus/improvement should be sought by the Board and identified.**

The meeting ended at 4.11pm

Chairman:

Date:

**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**10<sup>th</sup> JUNE 2015**

**REVIEW OF THE TERMS OF REFERENCE OF THE HEALTH AND WELLBEING BOARD**

**REPORT OF: MATTHEW CUMBERBATCH, LEGAL SERVICES MANAGER**

**LEAD CABINET MEMBER – CLLR R. OVERTON**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

This report reviews the terms of reference for the Health and Wellbeing Board ('the Board'), recommends no changes to the current terms and makes reference to possible future changes to legislation which might result in a further review being required at a later date.

**2. RECOMMENDATIONS**

That the Board review the terms of reference attached at Appendix 1 and consider whether any changes should be made.

**3. IMPACT OF ACTION**

Any changes to the Board membership, meeting frequency and rules on quorum will require changes to the programme of meetings and their administration.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	The review ensures that the terms of reference are up to date and relevant to the work of the Board
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	The review contributes to the Council meeting the 'Health and Wellbeing' objective.
	Will the proposals impact on specific groups of people?	
	No	
<b>TARGET COMPLETION/DELIVERY DATE</b>	If the Board recommends any changes to the terms of reference; they will proceed to Council Constitution Committee and then, if approved, onto full Council at the earliest opportunity.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	No	There are no financial implications arising as there are no proposed changes to the current terms of reference. Any proposed changes agreed at the HWB meeting may impact on the frequency and administration of future Board meetings which may impact on future costs but it is anticipated that this would be minimal and within the existing resources available. Any financial implications resulting from significant developments as a result of the enactment of legislation will be detailed within a future report.
<b>LEGAL ISSUES</b>	Yes	Section 194 of The Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board as a formal committee of the Council in accordance with section 102 of the Local Government Act 1972 (subject to some exceptions). Accordingly the conduct and procedure of the Board must comply with the appropriate statutory requirements that relate to matters such as the publication of the meeting agenda and publishing of reports.

		Section 194 of the Health and Social Care Act 2012 also establishes the membership requirements of the Health and Wellbeing Board set out at paragraph 1.3 of this report. Any changes to the membership as part of the review of the terms of reference must comply with these requirements. In order to give effect to any changes full Council has to approve the changes which will result in the consequent amendment to the Council's constitution to incorporate the new arrangements. Council Constitution Committee also has involvement in the structure and content of the Committee terms of reference and procedures.
<b>EQUALITY &amp; DIVERSITY</b>	No	
<b>IMPACT ON SPECIFIC WARDS</b>	No	Borough-wide impact
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	No	
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	It is recommended that the Board take the opportunity to review their Terms of Reference on at least an annual basis.

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

It is good practice for Boards and Committees of the Council to review their terms of reference at the commencement of the new municipal year (it is contained in the Board's terms of reference at paragraph 18). It is now more than twelve months since the Board undertook the last review when changes were made to the frequency of meetings, membership and quorum.

Attached at appendix 1 are the current terms of reference including the membership of the committee and the quorum. Officers are not proposing any changes to the terms of reference but it is a matter for the Board to consider the current terms of reference and decide whether any changes are needed.

It should be noted that earlier in 2015 the government undertook a consultation concerning local government powers that included measures which may affect the powers of the Health and Wellbeing Board. A proposal to issue a new statutory instrument entitled The Local Government (Functions and Responsibilities)(England) Order 2015 could result in the Council having the option of delegating further powers to the Board. At the time of preparing this report it is not clear whether the aforementioned draft legislation will be enacted. It is suggested therefore that a further report is provided to the Board at a future date if there are significant developments concerning the powers and responsibilities of the Board which require further consideration.

### **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

The impact will depend upon whether the Board decide to make any changes to the current terms of reference at Appendix 1 of this report.

### **3. PREVIOUS MINUTES**

17th July 2013 – Health and Wellbeing Board, HWB - 22

15<sup>th</sup> May 2014 – Health and Wellbeing Board, HWB - 64

### **4. BACKGROUND PAPERS**

- Health and Wellbeing Boards – A practical guide to governance and constitutional issues. Issued by the Local Government Association, March 2013
- The Health and Social Care Act 2012
- <http://www.legislation.gov.uk/ukpga/2012/7/contents>

**Report prepared by Matthew Cumberbatch, Legal Services Manager,  
Telephone: 01952 383255**

## Appendix 1

# Telford & Wrekin Health and Wellbeing Board Terms of Reference

The Committee has the responsibility on behalf of the Council in respect of public health and health and wellbeing responsibilities within the Borough.

### TERMS OF REFERENCE

1. The Health and Wellbeing Board is responsible for guiding and overseeing:
  - 1.1. The ongoing development of the joint strategic needs assessment (JSNA)
  - 1.2. Developing a high-level joint health and wellbeing strategy based upon the findings of the JSNA
  - 1.3. The establishment of sound joint commissioning arrangements
  - 1.4. The development of HealthWatch forum for public and patient engagement and involvement
  - 1.5. Public Health responsibilities and arrangements in the local authority
2. The Health and Wellbeing Board will provide a key forum for public accountability of NHS, social care for adults and children and other commissioned services that the Health and Wellbeing Board agrees are directly related to health and wellbeing in Telford and Wrekin.
3. The Health and Wellbeing Board has a duty to encourage integrated working between local health, social care and health-related commissioners.
4. The Health and Wellbeing Board will work with, and receive reports from, the Children, Young People and Families Board, Community Safety Partnership, Better Care Fund Management Group and the Living Well Board.
5. The Health and Wellbeing Board will have a link to the overarching Telford and Wrekin Local Strategic Partnership but will also very much function in its own right. In addition it will link with the existing adult and children safeguarding boards in order to ensure the focus on the improved health and wellbeing outcomes for the whole population of Telford and Wrekin.
6. The Health and Wellbeing Board will lead on the development of a Telford and Wrekin Joint Health and Wellbeing Strategy for residents which drives health improvement, plans to deliver this strategy and keeps the implementation of these plans under review.
7. Through the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board will oversee a commissioning programme of service and/or pathway redesign to better meet the needs of patients and service users and to deliver improved outcomes. Successful delivery of this will be dependent on the Health and Wellbeing Board developing effective management mechanisms with both primary care and secondary care providers where relevant or appropriate.
8. The Health and Wellbeing Board will link into the Local Strategic Partnership, Strategic Boards and associated Partnership Boards, making recommendations to Full Council, NHS England, and the Clinical Commissioning Group Board, as appropriate.
9. The Health and Wellbeing Board will analyse the priorities for deployment of health and care resources in the area based on information collected through the JSNA and other sources.

10. The Health and Wellbeing Board will consider options and opportunities to maximise the impact of aligning the deployment of resources of the health and care agencies in the area on agreed priorities. This will include the joint commissioning of health and social care services for children, families, and adults in Telford and Wrekin, to meet identified needs and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.

11. The Health and Wellbeing Board will oversee the development of this proposed joint commissioning activity, ensuring any proposed activity is aligned with local priorities and levels of need and is undertaken within available resources. To consider options for joint commissioning and procurement between relevant organisations to support this work.

12. The Health and Wellbeing Board will oversee all areas of health and social care commissioning activity for people of all ages, to ensure that commissioning priorities are in line with those set through analysis of the JSNA and the local Joint Health and Wellbeing Strategy. This commissioning activity includes all local services commissioned by Telford and Wrekin CCG, Telford and Wrekin Council, Joint Commissioning CCG/Council, Public Health England and NHS England, which could include local specialised services; secondary dental care; general dental services; GP services; general ophthalmic services; pharmaceutical services; any services for the Armed forces or Offenders; and other primary care.

13. The Health and Wellbeing Board will keep under review, the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.

14. The Health and Wellbeing Board will identify and act upon changes that may be required following any new guidance in relation to the Health and Wellbeing Board.

15. The Health and Wellbeing Board will propose recommendations, as appropriate to:

15.1. Telford and Wrekin Council's Full Council

15.2. NHS England Board

15.3. Telford and Wrekin Clinical Commissioning Group Board

16. The Health and Wellbeing Board will ensure that the Health and Wellbeing Board works to promote the achievement of the objectives of the organisations represented on the Board, including the Council's health improvement responsibilities.

#### **General**

17. Annually at the first meeting after the Annual Council Meeting consider its terms of reference

### **PROCEDURE**

#### **General**

1. Unless specifically provided for in these Terms of Reference the Council Procedure Rules govern the way that committees operate but these may be varied or suspended<sup>1</sup> at the discretion of the Chairman of the Committee in the interests of efficient and effective management of the committee.

<sup>1</sup> With the exception of paragraph 12

## **Membership**

2. Members of the Health and Wellbeing Board will comprise representatives from the Clinical Commissioning Group, Telford & Wrekin Council, HealthWatch and NHS England Local Area Team. The core members are:

- 2.1. Cabinet Member responsible for Public Health and Public Protection (Chairman of the Health and Wellbeing Board)
  - 2.2. Cabinet Member for Adult and Social Care
  - 2.3. Cabinet Member for Children, Young People and Families
  - 2.4. Cabinet Member for Leisure Services and Culture
  - 2.5. Director responsible for Adult Social Care
  - 2.6. Director responsible for Children's Services
  - 2.7. Director of Public Health
  - 2.8. NHS England Local Area Team representative
  - 2.9. Chair of Telford and Wrekin Clinical Commissioning Group (CCG) (Vice Chair Health and Wellbeing Board)
  - 2.10. Non-Executive Director from Clinical Commissioning Group
  - 2.11. Chief Officer from Clinical Commissioning Group
  - 2.12. Representative of local HealthWatch
  - 2.13. Chair of the Community Safety Partnership
  - 2.14. Each opposition Group with 4 or more elected members shall have one place on the Health and Wellbeing Board with voting rights.
  - 2.15. Such other persons, or representatives of such other persons, as the Local Authority thinks appropriate
3. Attendance and support from such other persons, according to the agenda, including:
- 3.1. Assistant Directors responsible for Commissioning (AD Family, Cohesion and Commissioning)
  - 3.2. Executive Lead for Commissioning, CCG
4. This reflects the statutory minimum membership in the Health and Social Care Act 2012.
5. The members of the Board will be advised and supported by officers from the local authority and CCG.
6. Members agree to share all relevant information and data, to allow performance, and other joint working arrangements, to be properly monitored and managed.

## **Disqualification for Membership**

7. Any person who would be disqualified from being able to stand for election as a councillor will be disqualified from being a member of a committee or sub-committee of a local authority. The regulations state that these disqualifications will be retained for Health and Wellbeing Board, but the regulations will ensure the disqualifications do not apply to Health and Wellbeing Board in so far as they cover disqualifications in respect of members of the board holding any paid employment or office in the local authority – this allows the Directors of Adult Social Services, Children's Services and Public Health to be formal members of the Health and Wellbeing Board.

8. The following disqualifications will be retained for members of the Health and Wellbeing Board:

- 8.1. Being the subject of a bankruptcy restrictions order or interim order

8.2. Having been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

**Voting Rights**

9. All Members of the Health and Wellbeing Board will be able to vote alongside the elected representatives. This applies to any additional board members appointed in addition to the statutory membership set out in the Health and Social Care Act 2012.

## **Meetings**

10. The Health and Wellbeing Board will meet quarterly. Dates and times of meetings will be agreed and published in advance.

11. Agendas and supporting papers will be issued at least five clear days before each meeting and action notes will be produced, confirmed as a true record of the meeting and signed by the Chair.

12. Members of the public and press will have access to the meetings. A Protocol will be developed and agreed by Health and Wellbeing Board.

13. There will be a public speaking section at each Health and Wellbeing Board meeting. A procedure for public speaking at the Health and Wellbeing Board is in place and is available on the Council's website or by contacting Democratic Services.

## **Quorum**

14. Quorum of one quarter is required, with a minimum of one Councillor Board member from Telford and Wrekin Council and one Board member from the CCG required in attendance.

## **Code of Conduct and Declaration of Interest**

15. The Health and Wellbeing Board will adopt the Council's code of conduct. Any interests in item(s) on the agenda should be declared at the start of the meeting.

## **Access to Information/Transparency Provisions**

16. Meetings of the Health and Wellbeing Board will be held in public, although the press and public may be excluded during consideration of any matter which would involve the disclosure of confidential or exempt information.

17. The agenda and papers for meetings of the Board, except for any documents that may disclose confidential or exempt information, will be made available for public inspection five days before the meeting.

## **Reporting Mechanisms/Accountability**

18. The Health and Wellbeing Board, as a Committee of the Council, will report to Full Council.

19. The Health and Wellbeing Board will regularly update the Telford and Wrekin Local Strategic Partnership with its progress and specific contributions to achieving the vision and priorities of Telford and Wrekin.

20. The actions of the Health and Wellbeing Board will be subject to independent scrutiny by the relevant members of the Overview and Scrutiny Committee of the Council.

21. The Board will review its structure, membership and activities in response to any further guidance.

## **Establishment of Sub-Committees**

22. The Health and Wellbeing Board will be able to establish sub-committees and delegate functions to them.

## **Scrutiny**

23. Health scrutiny function and powers will be delegated by Full Council to the relevant Scrutiny Committee and the power of referral to the Secretary of State is also delegated to the relevant Scrutiny Committee. The relevant Scrutiny Committee will notify Full Council of an intention to refer a matter to the Secretary of State before a referral is made.

## **TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**10<sup>th</sup> JUNE 2015**

### **HEALTH & WELLBEING BOARD STRATEGY REFRESH - PROPOSED PROCESS**

**REPORT OF: JON POWER: HEALTH & WELLBEING BOARD LEAD OFFICER**

## **SUMMARY REPORT**

### **1. SUMMARY OF MAIN PROPOSALS**

The purpose of the Health & Wellbeing Board (HWBB) is to bring together key partner organisations to improve the health and wellbeing of the Borough's population. The mechanism for identifying the health and wellbeing priorities for the Borough and ensuring delivery of them is the Health & Wellbeing Board Strategy. The purpose of this report is to:

- outline a proposed approach for reviewing and refreshing the current Strategy which expires at the end of March 2016;
- present key project timescales to ensure that a revised and approved Health and Wellbeing Board strategy is in place by 1<sup>st</sup> April 2016.

### **2. RECOMMENDATIONS**

That:

- The Board approve the proposed strategy refresh process.
- Board members attend and engage in the 23<sup>rd</sup> June Development Session which will focus on developing and agreeing a high level vision and priorities for the Board for consultation through Summer 2015.
- The draft 2016/17-2018/19 Strategy is presented to the Board 9<sup>th</sup> December 2015 for approval.

### **3. IMPACT OF ACTION**

The existing Strategy's 10 priorities need to be reviewed and refreshed to ensure that it is focussed on the right challenges, issues and pressures faced by the Council and its partners over coming years.

Feedback from the February 2015 HWBB development session included Board

members wanting to ensure that the Board is able to demonstrate the impact it is having on our communities. This will be a key consideration of the Board when developing its new priorities and vision.

This report sets out the proposed process and timetable for completing the Strategy refresh (including reviewing priorities) in order to ensure that the Board has a new strategy in place by April 2016.

It should be noted that this report **does not** set out the detail of the strategy in terms of priority areas or contents – this will be discussed and developed as part of the development session in June.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	No	However, this report sets out a process and timescale for reviewing and revising the Board's priorities for 2016 onwards.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	This report sets out a process for ensuring that the development of the HWBB strategy takes account of the Council and CCG's key priorities over the coming year as well as future challenges/priorities for the Board and its key partners/stakeholders.  The views of Cabinet and CCG Governance Board and Executive Team will be sought as part of this process.
	Will the proposals impact on specific groups of people?	
No	The Strategy will be an all age strategy and will demonstrate the impact the Board will have on our local communities. The impact will become clearer once we have agreed our key priorities. The strategy and proposed priorities will come to the HWBB in December for final approval where all impacts will be identified in more detail.	
<b>TARGET COMPLETION/DELIVERY</b>	As per the attached report, the aim is to have a final strategy for sign off at Board on 9 <sup>th</sup> December	

<b>DATE</b>	2015.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	No	<p>There are no direct financial implications arising from the recommendations contained within this report.</p> <p>The full financial implications of the final HWBB strategy 2016-2019 will be detailed for consideration within a further report on this matter as part of the final approval process at the Board on 9th December.</p>
<b>LEGAL ISSUES</b>	Yes	<p>The HWBB has a statutory obligation to encourage integrated working and to encourage commissioners of health-related services to work closely with the HWBB (section 195, Health and Social Care Act 2012). Accordingly, the work proposed in this report and the officer recommendations will assist the HWBB in meeting its legal obligations.</p> <p>This type of integrated working is also part of the HWBB's terms of reference in particular at paragraphs 1, 3, 7,8,11 and 15.</p> <p>When looking at any proposed changes to strategy and/or commissioning decisions consideration will need to be given to appropriate consultation and whether equalities impact assessment(s) will be required as part of the decision-making process. Officers will need to continue to keep these considerations under review and update the HWBB where appropriate.</p>
<b>EQUALITY &amp; DIVERSITY</b>	No	No specific impact - any impacts associated with the strategy itself will be outlined in the covering report in December 2015.
<b>IMPACT ON SPECIFIC WARDS</b>	No	None.
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	It is proposed that following the HWBB Development session in June, the proposed priorities will be shared with key stakeholders and members of the

		public prior to the strategy being approved. This consultation activity will take place over Summer 2015 (based on previous consultation activity on the strategy in 2012).
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	None.

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

#### **1.1 Background**

The current Strategy was developed and launched in 2012/13 for the period 2013/14 to 2015/16. The strategy is now due for review in order to launch a new strategy in April 2016.

The purpose of the strategy is to identify the priorities against which the Board will drive delivery. It is the responsibility of the Board to establish sound joint commissioning arrangements aligned with the priorities of the Board. The current strategy sets out 10 key priority areas which were identified by the Board using Joint Strategic Needs Assessment, an engagement event and consultation activity held in July 2012 with our key stakeholders, partners, providers and members of the public.

Since the existing Strategy was adopted, it is recognised that significant changes have occurred including (but not limited to):

- the introduction of the Care Act 2014;
- development of the Better Care Fund;
- continuing reduction in resources within a challenging financial climate;
- developments in relation to the Governance structure of the Board with the introduction of Commissioning and Transformation Partnerships (CATPs) to progress the HWBB priorities.

It is timely for the Board to review its strategy and priorities to ensure that they remain fit for purpose, relevant and realistic in terms of what the partnership Board can achieve. Given the continuing demand on resources, it is imperative that the Board is able to focus its **efforts on delivering on key priorities which individual partners are unable to progress alone.**

#### **1.2 Timescales**

The Board needs to have a new strategy in place by **1<sup>st</sup> April 2016** when the current strategy expires. Work on the new strategy needs to begin in earnest to ensure that the Board is able to develop priorities which are meaningful, owned by all Board members and which members of the public are able to understand and recognise as issues which need resolving locally.

It is proposed that the final strategy is brought back to the Board on **9<sup>th</sup> December** for approval so that it can be launched on 1<sup>st</sup> April 2016 with reporting against new priorities commencing in the new municipal year.

### **1.3 The Process**

It is proposed that the following key stages need to be completed in order to develop a refreshed Strategy:-

- ***HWBB Development Session: 23<sup>rd</sup> June 2015***

Board members to discuss and agree a small number of high level priorities for the Board which are aspirational, transformational, meaningful and are areas where the Board can make a real difference and add value (i.e. areas which cannot be addressed by individual agencies alone).

- **6 Week Consultation Period: 20<sup>th</sup> July -30<sup>th</sup> August 2015**

6 weeks consultation with our key stakeholders (including the CATPS), partners, service users, carers, staff and members of the public in order to:-

- share and communicate the Board's proposed vision and priorities;
- ensure these priorities are right;
- identify any potential gaps.

- **Draft Strategy**

Following consultation, the Strategy will be reviewed to reflect the comments received as part of the consultation exercise. It is recognised that an additional meeting of Board members may be required to agree any significant changes during September. The Strategy will be approved by the Board in December 2015.

Once approved, the final strategy will be circulated widely amongst key partners, stakeholders and those who took part in the consultation process as well as being made available on the website.

- **Annual Strategy Review**

To ensure that the strategy remains fit for purpose, the high level priorities will be reviewed on an annual basis to allow some flexibility to meet future demands and challenges. Any proposed changes to priorities must be agreed by the Board.

## **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

No further impact assessment information.

## **3. PREVIOUS MINUTES**

- HWB Strategy Development and JSNA presented on 23<sup>rd</sup> January 2013
- HWB Strategy Development and JSNA (including sign off of final strategy) presented on 13<sup>th</sup> March 2013
- A progress update against the Health & Wellbeing Strategy priority 'asset mapping' process was presented to the Board on 13<sup>th</sup> May 2013.
- Joint Health and Wellbeing Strategy Performance and Partnership Framework presented on 17<sup>th</sup> July 2013 and 18<sup>th</sup> September 2013
- Joint Health and Wellbeing Board Strategy Performance presented 22nd January 2014

## **4. BACKGROUND PAPERS**

**Report prepared by Jo Winborn, Partnership & Planning Officer,  
Telephone: 01952 38067**



**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**10 JUNE 2015**

**AUTISM UPDATE**

- THE AUTISM STRATEGY 2014-2017 UPDATE**
- THE AUTISM SELF ASSESSMENT SUBMISSION (MARCH 2015)**

**REPORT OF PAUL TAYLOR – INTERIM DIRECTOR OF CARE, HEALTH & WELLBEING**

**PART A) – SUMMARY OF MAIN PROPOSALS**

**1. SUMMARY**

- 1.1 Under the Autism Act 2009 the Secretary of State issued guidance to Local Authorities and NHS bodies/NHS Foundation Trusts about ‘the exercise of their functions concerned with the provision of relevant services’. They also provided guidance in the main national report ‘Fulfilling and Rewarding Lives’ (DH, 2010).
- 1.2 Following a review in 2013/14 of ‘Fulfilling Lives’ (DH 2010), ‘Think Autism’ (DH, April 2014) was published which set 15 Priority Challenges for Action. The existing All Age Autism Strategy (Appendix 1) requires a refresh to incorporate these actions as well as an update on the status of the action plan.
- 1.3 The Autism Strategy refresh will incorporate consultation with service users, parents of children and parents of adults with autism, social care and health staff, the Foundation trust and staff from the Hub, with the aim to update the Action Plan and to find innovative community based solutions that promote well-being and independence and reduce or delay the need for care and support.
- 1.4 In order to oversee the work a category management approach will be adopted to ensure the Autism Strategy is aligned with other linked strategies i.e. Mental Health Strategy, Learning Disabilities Strategy, Carer’s Strategy, Well-being & Prevention Strategy and to record all the various work streams which make up the action plan.
- 1.5 In addition to the category management approach and to enable local strategy groups to review their progress and support their future planning, the Department of Health requested that all areas submit an Autism Self Assessment by 9 March 2015 demonstrating their achievements against the Think Autism. This was to be signed off by the Chief Executive of the CCG, Director of Adult Social Care and the Health and Wellbeing Board. Due to the short notice given prior to the request for the completion of the Self Assessment both the Chief Executive and Director of Adult Social Care signed off the self assessment. This is attached in Appendix 2.

1.6A successful application for funding via the Autism Innovation Fund has meant that Listen not Label who run the Autism Hub have been able to focus on working to support life after school for young people with Autism. The project called 'Fulfilling Futures' is a transition service offering targeted support and intervention.

1.7 In addition to the Autism Innovation Fund a further £18.5k Autism Capital Grant has been given to Local Authorities to purchase equipment to support the implementation of Think Autism. The Council sought proposals from local providers about how they might spend the funding and after a formal evaluation of the proposals Listen not Label secured the funding to enhance the Autism Hub. Their proposal is attached in Appendix 3, with revised costs in Appendix 4 and the Declaration letter to DH in Appendix 5.

## 2. RECOMMENDATIONS

2.1 To approve a refresh of the All Age Autism Strategy 2014 – 2017 and the accompanying Autism Action Plan to include progress against the action plan to date and to include the 15 Priority Challenges from Think Autism (DH 2014).

2.2 To confirm that overall governance for the Autism Strategy will be with the Telford & Wrekin Learning Disabilities Partnership Board with the Health and Wellbeing Board receiving an annual report on progress, with a softer accountability to report to Aiming High and South Staffordshire, Shropshire and Telford & Wrekin Autism Partnership Board.

2.3 To note submission of the Autism Self Assessment, submitted in March 2015.

2.4 To note how the Autism Capital Grant will be spent.

## 3. SUMMARY IMPACT ASSESSMENT

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	<b>Yes</b>	<ul style="list-style-type: none"> <li>• Put our children and young people first</li> <li>• Improve local people's prospects through education and skills training</li> <li>• Protect and support our vulnerable children and adults</li> <li>• Improve the health and wellbeing of our communities and address health inequalities</li> </ul>
	Will the proposals impact on specific groups of people?	

	<b>Yes</b>	The current prevalence data indicates 1 in every 100 people will be on the Autistic Spectrum. This cuts across all areas of society and all areas classified under diversity (age, gender, faith, disability etc.).
<b>TARGET COMPLETION/DELIVERY DATE</b>		The All Age Autism Strategy and Autism Action Plan covers the period 2014 – 2017. It will be a 'live' document, evolving with modifications occurring over the duration.
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	<b>Yes</b>	<p>The Council base budget for care and support includes provision for clients on the Autistic Spectrum, including Asperger's and their family carers. This budget for Community Care and Support is allocated on an individual basis following a needs assessment and is set to reflect Care and Support priorities and policy, including prevention and low level intervention services.</p> <p>The 'Lower Level' Autism Hub has now been in operation for 2 years and has provided support to a number of individuals to achieve outcomes which have either prevented, reduced or delayed their need for step up and acute services. The continuation of services required a renewed contract and identification of further funding. The CCG undertook a tender exercise and Listen not Label will deliver services in 2015/16. The funding available is for 2015/16 only and will be made up from funding remaining from the previous allocation of £6k, new funding of £18,800 from the CCG, and £6k one off funding from the Council. The funding resources available therefore total £30,800 for 2015/16. This funding is therefore available to deliver well-being and prevention services for the financial year 2015-16.</p> <p>The Autism Hub will also receive the full £18.5k Autism Capital Grant to improve the support they can deliver in line with Think Autism. The proposed use of the grant is detailed in Appendix 4. It is intended that this funding is used to support the work funded by the Autism Innovation Fund.</p> <p>There are areas of the Strategy which indicate that further resources may be required from partners to the Strategy. These will be considered prior to implementation. Where resources are requested from the Council and these are not included within existing budgets then these will be considered when requested as part of the ongoing budgets strategy.</p>

		Therefore, there are no significant funding/budget implications foreseen arising for the council budget by
<b>LEGAL ISSUES</b>	<b>Yes</b>	<p>The Autism Act 2009 placed a duty on the Secretary of State to prepare and publish the first National Autism Strategy for England. Strategic guidance followed in 2010 which gave councils a legal duty to implement the Act. This guidance was updated in 2014.</p> <p>The Council is complying with its duty to refresh its Action Plan and its All Age Autism Strategy. In addition it is one of the priorities of the Health and Wellbeing Board.</p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	<b>Yes</b>	Consideration of the inter-dependencies between several areas including autism, learning disability, and mental health, the further development of localised services will continue to provide improved outcomes for individuals and efficiencies.
<b>IMPACT ON SPECIFIC WARDS</b>	<b>No</b>	The Strategy is a Borough wide document.

## **PART B) – ADDITIONAL INFORMATION**

### **4. INFORMATION**

- 4.1 Telford and Wrekin Council and Telford and Wrekin Clinical Commissioning Group (CCG) have an All Age Autism Strategy in place. The Autism Strategy and Autism Action Plan is attached as Appendix 1. Statutory Guidance issued by the Department of Health sets out responsibilities for both local authorities and NHS organisations and sets out specific responsibilities for the Director of Adult Social Services to:
- develop the area's commissioning plan around services for adults with autism, using the best available information about adults with autism in the area.
  - appoint a joint commissioning/senior manager who has in their portfolio a clear commissioning responsibility for adults with autism – Autism Lead.. The Autism Lead is Manny Jhawar-Gill, Commissioning Specialist, Family, Cohesion & Commissioning Service.
  - ensure that the views of adults with autism and their carers are taken into account in the development of services locally.
- 4.2 Whilst the requirement is to have an adult strategy, locally the Autism Strategy (the Strategy) is all age and provides an opportunity for the Council and CCG to align approaches, developing the best of existing practices for Children, Young People and Adults. It covers all people with Autism and Asperger's, including those who may or may not have additional need linked to learning disability, mental health, behaviour which can challenge and any combination of these.
- 4.3 Whilst the strategy seeks to minimise costs, there is a need for some level of investment to progress the Well-being & Prevention Strategy agenda. The CCG and Council have made available £30k for the Autism Hub up to 31st March 2016 to continue the work of the last 2 years. In addition, CCG and Council Commissioners are working with Listen not Label to look at how they might generate an income, including the delivery of training to local organisations to support them to obtain the National Autistic Society Kite Mark.
- 4.4 In March 2015 DH released an £18.5k payment of the Autism Capital Grant to Local Authorities following the submission of a Declaration of how the grant would be spent. Council Commissioners requested proposals from local voluntary sector organisations. Proposals were evaluated by panel as per instruction in the invitation and awarded to Listen not Label – Autism Hub. The initial amount which was proposed by Listen not Label was increased following discussions with the Hub's Manager and prior to submission of the Declaration to DH in order that the entire grant was deployed effectively. Valid invoices will be sent to the Autism Lead who will monitor how the grant is being spent to ensure the grant conditions are satisfied.
- 4.5 Data from the pilot Autism Hub is being collated to inform future commissioning and service re-design in line with the Well-being and Prevention Strategy and

Think Autism, however anecdotally CCG and Council Commissioners are being told of the good work taking place to support people with Autism and their families.

#### 4.6 Progress against the action plan is as follows;

- Action 1.1 – work is underway to identify membership for a steering group who will drive the action plan and make recommendations to the Health & Well-being Board. Family carers are already working with Commissioners and the Autism Hub and a more formal arrangement is currently being looked at.
- Action 1.3 – A4U provide an advocacy for people with autism and their families.
- Action 1.4 – The Autism Hub have been working closely with other providers to deliver information, advice and guidance.
- Action 3.1 – a working group has been set up and have met a number of times to begin planning for how the Autism Strategy will be refreshed, including updating the action plan.
- Action 4.1 - improvement in collecting data
- Action 5.1 - development of an OLLIE training module for Council staff to access any time via the Council's intranet page. Training delivered by the Foundation Trust to various staff groups.
- Action 4.2 - Development of a Adult Diagnostic Pathway and Diagnostic Service
- Development of an Autism Hub to deliver low level preventative services
- Action 2.1 and 2.3 - Council Commissioning Team tracking young people in transition to ensure appropriate services, including homecare, support and accommodation are available, leading to the successful transition of 4 young people to their own homes
- Action 4.3 – Meetings between Education, Health and Social Care staff to plan for joined up work.
- Action 4.4 – Autism is referenced in the Health and Well-being Board top ten priorities. Further work is required to identify specific outcomes.
- Action 3.3 and 4.5 – The low level preventative Autism Hub is well established and is delivering well-being and preventative services. Analysis of service delivery data will follow, initial reports demonstrate value for money.

#### 4.7 In the further development of the Strategy and Action Plan, consultation will take place with various stakeholders including:

- Autonomy (voluntary group – Asperger's)
- STACs (Shropshire and Telford Asperger's Carers)
- Listen not Label (User Led Organisation)
- A4U (Advocacy service)

- PODs (Children's Carer organisation for carers of children and young people with disabilities)
- National Autistic Society rep for the region
- Educational Psychology Service
- South Staffordshire and Shropshire Foundation Trust
- Shropshire Community Health NHS Trust
- Schools

4.8 Governance is a critical element of the Strategy. This includes the need for the Council and CCG to monitor progress via Commissioners, informed by the work of Quality Monitoring staff. Reporting is proposed to be via the Adult Learning Disabilities Partnership Board with an annual report to the Health & Well-being Board. Softer accountability will be to Aiming High and South Staffordshire, Shropshire and Telford & Wrekin Autism Partnership Board. A project plan is currently being drawn up by Council and CCG Commissioners to drive the work forward.

4.9 The Council and CCG were required to complete The Autism Self Assessment about local progress and submit by the 9 March. Information gathered through the completion of the Autism Self assessment will inform the refresh of the Autism Strategy Action Plan. It was also required that the Self Assessment was considered by the Health and Wellbeing Board before the end of January 2014. The Self Assessment uses a red, amber, and green coding system with prescribed criteria to enable accurate coding.

4.10 Locally areas considered 'Green' include:

- Autism being referenced in the JSNA linked to the Health and Wellbeing Board priorities.
  - Engagement of people with autism and their carers in planning.
  - Transition process from Children's to Adult's Services taking into account the needs of people with Autism.
  - Development of a diagnostic pathway
  - Access for people with a diagnosis of autism to reasonably adjusted psychological assessments
  - Specific training for Advocates working with people with autism
  - Access to trained Advocates.
  - Accessible information available from support services
  - Carer's are routinely offered Carer's Assessments
- the introduction of the low level intervention hub, which is providing direct support and assisting in reducing the need for admission into acute settings

- supporting people into Housing – Autism was referenced in the original Learning Disability Housing Strategy and many people have been supported into appropriate accommodation – including single occupancy.

#### 4.11 Areas considered 'Amber' include:

- Data on people with diagnosis who are accessing health and social care services.
- Use of a range of data collection sources
- CCG engagement in planning
- reasonable adjustments,
- autism awareness training and specific training for staff
- involvement of older people with autism in planning
- Access for people with a diagnosis of autism to reasonably adjusted occupational therapy services
- Some contact with Job Centres to support employment opportunities
- Transition plans include reference to employment

#### 4.12 The areas considered 'Red' and therefore requiring more focused work are:

- Training – an OLLIE module is ready to launch and requires only a few amendments.
- Engagement with the Criminal Justice System – contact will be made by the steering group with an identified officer.
- Housing Strategy – specific mention of the needs of people with Autism as distinct from other disabilities is not specifically made in the Housing Strategy. However, Council Commissioners are working very closely with Social Care staff, particularly in the Transition Team to do some detailed tracking of young people moving into adulthood and independence.

## **5 IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

5.1 Under the Disability Discrimination Act and The Autism Act 2009, Telford & Wrekin Council is required to act in a way that is anticipatory, to make reasonable adjustments and to not discriminate on the basis of disability. The implementation of the Autism Action Plan linked to the Autism Strategy will assist the Council in fulfilling it's obligations in a way that supports prevention and enablement, meets individual needs, promotes independence, increases choice and control and seeks to avoid un-necessary high cost, out of area placements.

## **6 PREVIOUS MINUTES**

6.1 Health & Well-being Board 22<sup>nd</sup> January 2014 – supporting people with Autism including Autism Strategy and Self Assessment.

## **7 BACKGROUND PAPERS**

7.1 Autism Act 2009

7.2 Rewarding and Fulfilling Lives (DH, 2010)

7.3 Implementing Fulfilling and Rewarding Lives – Statutory Guidance (DH 2010)

7.4 Think Autism (DH April 2014)

### **Report prepared by:**

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## APPENDIX 1

### **Telford & Wrekin All Age Commissioning Strategy for Autistic Spectrum Condition**

#### **1. Introduction**

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

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

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

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

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

This is an all age strategy to support the needs of the population for people who are identified as having an Autistic Spectrum Condition (ASC) and who reside in Telford and Wrekin. The term ‘people’ used throughout this strategy therefore refers to children & young people, and adults. The All Age Autism Strategy (the Strategy) is written in response to the Autism Act 2009, and which reflects the priorities outlined in the original national strategy ‘*Fulfilling and Rewarding Lives*’ (DH, March 2010).

In writing this strategy it is important to acknowledge and recognise the contributions to work over the last 3 years from different partners. This includes meetings at a sub-regional level across Staffordshire/Stoke-on-Trent, Shropshire and Telford & Wrekin, as well as considerable engagement via the Shropshire and Telford & Wrekin Autism Partnership Board and various meetings to discuss specific areas of work and consultation events and ongoing dialogue. This includes individuals with Autism, family carers, clinicians, including named GPs, Parents Open Doors, Shropshire and Telford & Wrekin Aspergers Carers Support, Listen not Label, Autonomy, A4U and

the South Staffordshire and Shropshire NHS Foundation Trust. I would like to acknowledge and thank all those who have contributed to the writing of the Strategy.

The Strategy reflects the anticipated areas of work to be presented in the national, updated Autism Strategy due in Spring 2014; local priorities identified through producing a response to the *Improving Health and Lives – Learning Disability Observatory Self Assessment 2013* and feedback from local members of our community.

The Autism agenda and delivery of the Autism Action Plan (Annex 1) linked to the Strategy remains challenging, particularly because of the local decision to make it an 'all age' strategy rather than simply fulfilling the legal requirement to establish an Adult Autism Strategy. The challenges are exacerbated by the increased drive to achieve efficiencies across the public sector. No additional funding has been allocated by the Department of Health to support the implementation of the Strategy. Instead, the expectation is that the work will be absorbed within existing organisations. Whilst the strategy seeks to minimise additional costs, it is not possible to achieve progress without some level of investment. The intention will be to identify and meet needs in a timely and appropriate manner, which longer term should achieve savings to meet the costs of the required investment.

There is a demand for services from many vulnerable groups competing for the limited available resources or access to support services which offer appropriate support; for example towards sustainable, paid employment. Thus, all lead organisations involved in progress of the Strategy will be expected to work closely with partners and other stakeholders to introduce innovative approaches which will improve and deliver outcomes.

## **2. Telford & Wrekin Approach**

### **2.1. Telford & Wrekin Council – a Co-operative Council**

This section of the Strategy provides a context within which all partners will work together and take account of important underlying principles and values.

The Strategy will focus on developing services which reflect the social care local priorities and will be applicable to all who access services. These include

- Personalisation
- Promoting Independence
- Enablement
- Choice and Control.

Telford & Wrekin Council is committed to being a Co-operative Council. This commitment means we will work together with our residents, partners and local organisations to collectively deliver the 'best we can' for Telford & Wrekin. To do this we have adopted the following Co-operative Values and Priorities:

## **VALUES**

- **Openness and Honesty**
  - We will - be open and honest in the way we work and make decisions and communicate in a clear, simple and timely way
  - We would like everyone - to be open and honest about what they want to improve in their community
  
- **Ownership**
  - We will - be accountable for our own actions and empower others with the skills to help themselves
  - We would like everyone - to the best of their abilities, to take action and responsibility for themselves and their community
  
- **Fairness and Respect**
  - We will - respond to people's needs in a fair and consistent way
  - We will and would like everyone to - respect and care for themselves and others, valuing the different ideas and skills that people bring and treating each other as equals
  
- **Involvement**
  - We will - work together with our communities, involving people in decisions that affect their lives and be prepared to listen and take on new ideas
  - We would like everyone - to work with and support others, get involved and share their views to help us develop the way we do things.

## **PRIORITIES**

Our priorities are to:

- Put our children and young people first
- Protect and create jobs as a 'Business Supporting, Business Winning Council'
- Improve local people's prospects through education and skills training
- Protect and support our vulnerable children and adults
- Ensure that neighbourhoods are safe, clean and well maintained

- Improve the health and wellbeing of our communities and address health inequalities
- Regenerate those neighbourhoods in need and work to ensure that local people have access to suitable housing

## 2.2. Telford & Wrekin Clinical Commissioning Group (CCG)

The CCG is committed to *'Taking Care of Telford & Wrekin'* and this is reflected in the statement that *'Every patient experience matters - Every clinician is involved'*. This is reflected in the values, listed below which:

- Promote respect, dignity and compassion
- Put patients and the public at the heart of commissioning in Telford & Wrekin, allowing services to be personal and responsive to local need
- Deliver effective planning for health services based on a true understanding of the population and their needs, based on the Telford & Wrekin Joint Strategic Needs Assessment
- Maintain and improve the quality of health outcomes and the safety of services for patients
- Ensure clinical engagement and the achievement of the Quality, Innovation, Productivity and Prevention (QIPP) agenda
- Ensure a partnership approach to health and social care, through involvement in the Health and Wellbeing Board
- Work within the resources available

## 2.3. The shared context for the strategy includes the following:

- **Transformation and redesign** of services across the health, education and social care economies, working in partnership with other key partners and stakeholders from the public, private and voluntary sector to improve outcomes
- **Personalisation and enablement** to promote independence and self help in the community rather than requiring the support of social care
- **Efficiency** - required across all public sector service providers  
**Empowerment** – promoting independence and self care so reducing reliance on statutory and other services

## 3. Commissioning:

In commissioning services for the future, both health and social care will take account of the following:

### 3.1. Joint Strategic Needs Assessment (JSNA)

#### Autistic Spectrum Condition

Based on the prevalence of ASC on current accepted prevalence figures of 1:100 information the Table below provides an indication of local numbers. However, these figures may be an underestimate and further work will take

place to gather more accurate data in the future, as outlined in the Autism Action Plan.

	2012	2013	2014	2015
<b>Children (0 – 19)</b>	443	448	452	458
<b>Adults (20 +)</b>	1,294	1,311	1,328	1,345
<b>Total</b>	<b>1,737</b>	<b>1,759</b>	<b>1,780</b>	<b>1,803</b>

From September 2013 work will begin to collect data relating to people with Autism, with reporting commencing from April 2014. This information will be collected for all ages (children and adults).

### **3.2. Health and Well Being Board Priorities**

Telford & Wrekin Health and Well Being Board published a Health and Wellbeing Strategy that includes agreed local priorities for its work. These are based on local data about services and community needs in the Borough. These are to:

- **Reduce**

- Teenage pregnancies
- the number of overweight children and adults
- the number of people who mis-use alcohol and drugs
- the numbers of smokers

- **Improve**

- differences in life expectancy particularly for people from deprived communities, black and minority ethnic groups, people with heart disease or cancer and differences within the male population
- emotional health and wellbeing of Borough residents
- unpaid carers health and wellbeing

- **Support**

- people with specific health needs to live independently for as long as possible
- people with dementia
- people with autism

### **3.3. National Policy and Guidance Fulfilling and Rewarding Lives (Department of Health, 2010)**

The Government's vision for transforming the lives of and outcomes for adults with autism is:

*'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'*

Currently, the Department of Health (DH) is reviewing its national Autism Strategy. A new version will be published in 2014. The Minister of State for Care and Support, Norman Lamb MP, identified five key areas for future work:

- increasing awareness and understanding of autism
- developing clear, consistent pathways for the diagnosis of autism
- improving access for adults with autism to services and support
- helping adults with autism into work
- enabling local partners to develop relevant services.

### **3.4. Local Priorities**

Historically, Telford and Wrekin Council identified a range of priorities in the draft strategy 2012, which are listed below and subsumed within the new Strategy.:

#### **3.4.1. Four priority areas were identified for children:**

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

#### **3.4.2. Five priority areas were identified for adults:**

- Training of staff who provide services to people with ASC
- Data collection and identification of people with autism and assessment of needs for relevant services
- Development of a care pathway for Telford & Wrekin.
- Transition planning in relation to people with autism moving from children's to adults services
- Local planning and leadership in relation to the provision of services for people with autism (including transition)

### **3.5. Autism Self Assessment**

Telford & Wrekin completed the Autism Self Assessment 2013 and submitted evidence to the Improving Health and Lives – Learning Disabilities Observatory on 30th September 2013. A considerable amount of information was gathered

reflecting work that was taking place locally, and shortfalls which required further action.

### **3.6. Partnership involvement**

Telford & Wrekin Council is working closely with key local partner organisations including:

- Listen not Label – user led group for people with disabilities
- Autonomy – supports adults on the Autistic Spectrum Condition, including Aspergers
- STACS – Shropshire and Telford & Wrekin Aspergers Carers support
- A4U – independent advice centre
- OSCA – Citizen advocacy group
- POD – Parents Open Doors/ Parent Carer Forum
- Parent Partnership Services (Education)
- SENCO Networks
- Head teachers networks
- Carers Partnership Board

Information from these partner organisations has informed the local Strategy and Autism Action Plan. In addition, the Health and Wellbeing Board has signed up to the Disabled Children’s Charter, which will also inform the Strategy.

### **3.7. Carers**

Telford and Wrekin is committed to supporting carers of all adult client groups, including those on the Autistic Spectrum. The local Carers strategy identified the following priorities:

- Information, advice and support
- Planning for the future
- Promoting well-being
- Time for yourself
- Having your say
- Meeting diverse needs
- A life outside caring
- Feeling financially safe and secure

## **4. Geographic Boundaries**

This strategy will respond to the needs of people living within the local geographical boundary area of Telford & Wrekin, including those ‘over the border, in Shropshire’ and those people registered with a Telford & Wrekin GP practice. As several Provider organisations/services work across Telford &

Wrekin and Shropshire the Strategy and Autism Action Plan will require collaborative partnership working with a wider range of colleagues.

## **5. Governance**

### **5.1. Approval**

The Strategy will be approved by the Council and the CCG and progress reported to the Health and Wellbeing Board. It will be circulated to other Boards for information including:

- Autism Partnership Board,
- Mental Health Partnership Board,
- Learning Disability Partnership Board,
- Carers Partnership Board,
- Winterbourne View Programme Board,
- Aiming Higher Disabled Children's Partnership Board,
- Clinical Commissioning Group,
- South Staffordshire and Shropshire NHS Foundation Trust Board,
- Criminal Justice System Board,
- Parents Opening Doors/Parent Carer Forum,
- Parents Partnership Services (Education),
- SENCO networks, and
- Head teacher's Networks.

### **5.2. Monitoring**

Responsibility for the monitoring of progress of the Strategy, and the Autism Action Plan to support it will sit with Telford & Wrekin Council and the CCG via Commissioners, with input and support from Contracting and Quality Monitoring staff from the council and CCG.

### **5.3. Reporting**

Reporting will occur via the Autism Partnership Board, with an annual report to the Health and Wellbeing Board.

### **5.4. Accountability**

5.4.1 Accountability is critical to achieving progress, particularly in relation to the Autism Action Plan which accompanies the Strategy. It is expected that each named lead from different organisations referenced in the Autism Action Plan will be accountable for developing an individual, robust Project Plan to support the delivery of the Objectives.

5.4.2 The development of the individual Project Plans by named, lead organisations will require consultation with others, including working with people with autism and family carers.

5.4.3 Overall responsibility for development, delivery, monitoring and reporting on progress will be with the named lead. Reporting will be on a quarterly basis, in the form of a written update to be submitted to the Autism Partnership Board.

5.4.4 Any issues that arise which prevent work taking place should be reported to the Chair of the Autism Partnership Board.

## **6. Expectations**

The Autism Act 2009 placed accountability on all public sector services to meet the needs of adults on the autistic spectrum. Locally, Telford & Wrekin has agreed to widen this strategy to incorporate all ages. There will be an expectation that all public sector services will engage with the implementation of the Autism Action Plan, including Telford & Wrekin Council, Telford and Wrekin Clinical Commissioning Group, Probation Services, Public Health, the CAMHs for children and teenagers and South Staffordshire & Shropshire Healthcare NHS Foundation Trust for Adults.

Autism Action Plans will respond to the needs of:

- People with autism and no other classification who are able to 'self care', this includes people with Aspergers
- People with autism and no other classification who are require support, this includes people with Aspergers
- People with autism and a learning disability
- People with autism and mental health
- People with autism who exhibit behaviour which is challenging
- People with autism and a learning disability and mental health needs

In responding to the needs of people with autism, there will need to be access to the appropriate services at the time it is needed. Timely interventions at the earliest point of need will prevent the escalation of costs as the need for support moves towards a point of crisis.

Responses will need to be diversified to respond appropriately in the following situations:

- People who require minimal support, possibly just access to information
- People who need specific, preventative or enablement support sometimes on a frequent basis, maintain independence within the community
- People who require extensive support, including 24 hour care

In all cases, individuals may need to access low level preventative support and specialist support according to their need.

Delivery of the Autism Action Plan will be based on collaborative, partnership work across the public, private and voluntary sector. It will be focussed in encouraging self care through empowerment, support and access to appropriate information.

## **7. Developing the Strategy**

This strategy reflects information gathered through:

- The Autism Self Assessment (2013)
- Local consultation (STACs and Autonomy)
- The Review of the 2010 Adult autism Strategy (October 2013)
- Big Lottery Fund Application (A4U)
- Parents Open Doors/Parent Carer Forum
- Children's Team/SEN
- Meeting with people with Autism/Aspergers and family carers/parents

Over the period of implementation of the strategy, further work will take place to improve the robustness of data. Overall, we will aim to gather information once and use it many times.

Also, in the near future, a revised Strategy is expected to be published by the Department of Health. This document is expected to highlight 'good practice' from other parts of the country, which will be used to inform local improvements and developments.

## **8. Next steps: areas of priority**

The following areas require further work to develop clear Project Plans which are linked to the Autism Action Plan, covering the period 2014 – 2017.

### **Section One: Engagement**

- **Local Autism Partnership Board:** There is a local Autism Partnership Board but meetings have been infrequent. Work is required to improve the robustness and effectiveness of this meeting, including membership (public, private and voluntary) frequency and partnership working. The Board will also link in with the group working across Shropshire, Telford & Wrekin and Staffordshire. Voluntary representatives in attendance at board meetings will be eligible for reimbursement of expenses, in line with Telford and Wrekin Council policy.
- **Engagement:** There is clear evidence of engagement locally, however, this remains an emerging area for further work. People with Autism/Aspergers, family carers and parents have strong views and wish to be listened to, so that their opinions inform future commissioning. Through the Autism Partnership Board there is a need to develop a more systematic approach encourage and support on-going engagement. In taking this forward, it is important to recognise that for some people with severe autism who may require additional support with communication.

- **Advocacy support:** Through existing/future advocacy contracts with local providers, individuals will be able to access advocacy support.

## **Section Two: Service Experience**

- **Data collection and reporting:** Data is gathered, but not in a robust and systematic manner across all commissioning and provider organisations, including schools and in line with Caldicott guidelines. Those involved in data will work together to increasingly align processes of gathering data. This is a significant task and will take time to achieve.
- **Health care:** Clinical engagement needs to be evident across all areas of the NHS provider services to improve outcomes for people with Autism. There is also a need to develop, agree and implement diagnostic pathways appropriate to children and young people, and adults which includes an expectation that a diagnosis will be made within 18 weeks following initial referral.
- **Transition for young people:** The strategy is for all ages. Further steps are required to ensure timely communication, anticipation of the need for future services and planned, reasonable adjustments to accommodate need during the transition process for young people. This will be supported by a Community Care Assessment undertaken in a timely manner, prior to an individual's 18<sup>th</sup> birthday.
- **Housing:** One of the areas for development identified in the local Housing Strategy for Adults with Learning Disabilities, 2009/10 to 2018/19 was planning and commissioning housing and support services for People with Autism. These needs will vary greatly between individuals. As part of this, there is a need to develop housing and accommodation planning for individuals, including young people in transition who will be entering adult services in the future (they will not necessarily be in unsuitable accommodation). Also to establish how many adults with autism are living in unsuitable accommodation or who will need alternative housing and accommodation in the longer term. The desired outcome should be increasing the number of people with autism that live in accommodation that meets their needs (which may include, for example, residential care, supported housing or fully independent living). A number of new supported housing schemes are in the development pipeline locally. These are generally one bed units, for which individual tenancies will be offered.
- **Employment:** Support for all vulnerable groups, including those on the autistic spectrum into employment should be strengthened. Currently, there is a strong view that this is an area that requires far more work to take place, leading to improved outcomes for those seeking employment.

## **Section Three: Value for Money**

- **Efficiency:** There is a need to work with all partners and providers to ensure robust financial management and control. We need to know and be able to evidence that money is used appropriately and achieves real

outcomes. This includes avoiding costly, unnecessary interventions, unless required, for example, appropriate interventions during school years to avoid higher costs later in life. The Strategy endorses the need for efficiency, innovation and monitoring. This will support the development of effective services which improve outcomes and quality of life and which are 'value for money'. A significant number of people with autism are already receiving services within the local area. Steps should be taken to identify:

- how much is currently spent, and
- reductions achieved through earlier, planned interventions, reflecting either preventative or enablement support.

A recent example of this is the low level hub is highly valued by individuals with Autism/Aspergers and family carers. Any future investment should reflect an 'Invest to Save' approach.

#### **Section Four: Operational Excellence**

- **Pathway of care:** The pathway of care including referral, assessment, diagnosis and interventions according to identified need must be formally established, with involvement and agreement from all relevant partners, professionals and stakeholders. This will ensure an improved and consistent approach across all organisations as well as providing:
  - clear governance to ensure timely access to services, and
  - information to family carers including clarifying whom to approach when seeking a diagnosis or assessment.
- **Health and Well-being:** Autism is referenced in the Health and Well-being Board top ten priorities. Further work is required to develop a clear programme of action to ensure the necessary support is available at a local level to individuals and family carers/parents.
- **Collaboration:** Education, social care and health services work together to provide a seamless service for all.
- **Access and support:** The establishment of the low level preventative Hub for adults is welcomed. This model needs to progress to become a sustainable and critical feature of local provision, successfully reducing the need for un-necessary clinical interventions. Further consideration is required to determine the appropriate, similar low level responses to children & young people, including family carers and siblings. . Currently information for families, carers and professionals can be accessed through the Autism Co-ordinator (Children's Specialist Services) and Family Connect to sign post to this service and others within children's services to offer appropriate support.

- **Criminal Justice System:** Work must begin to establish meaningful engagement with colleagues in the Criminal Justice System and to identify and respond to a range of areas of work, as required.
- **Community Care Assessment:** When diagnosis is confirmed, the individual will be offered to the opportunity to have a Community Care Assessment as a matter of course.
- **Access to information, including post diagnostic support:** The access point will signpost individuals to appropriate support required to ensure their needs are both identified and met. This will include the use of Family Connect for children and young people with an ASC diagnosis. The role of the Autism Co-ordinator already supports this process within children's services.

#### **Section Five: Organisational capability.**

- **Training:** Work is required to progress issues of training for staff via the Care Workforce Development Partnership (Telford & Wrekin Council) and Workforce Development initiatives, commissioned by the CCG to establish a robust training programme which includes a partnership approach to future workforce development and training will need to be developed. This will need to include education and awareness raising for Primary Care and other health professionals and engagement with the Education sector and specialist services. The Autism Education Working Group is addressing the training needs of schools through an Audit and offer of training to all Telford and Wrekin Schools. OLLIE an on line training programme has been developed for Telford and Wrekin employees to access and will be going live during 2014.
- **Communication:** establishment of protocols to support effective, timely and meaningful communication between professionals from all organisations, (health, education and social care), including to and with family carers particularly during times of crisis

**Annex 1****TELFORD AND WREKIN COUNCIL ALL AGE AUTISM STRATEGY 2014 – 2017****Introduction to the Strategy:**

As stated above (section 5), accountability is critical to achieving progress, particularly in relation to the Autism Action Plan which accompanies the Strategy. Each named lead from different organisations referenced in the Autism Action Plan will be accountable for developing an individual, robust and detailed Project Plan to support the specific Objectives listed in the Autism Action Plan. The development of the individual Project Plans by named, lead organisations will require consultation with others, including partnership working with people with autism and family carers. Overall responsibility for development, delivery, monitoring and reporting on progress will be with the named lead. Reporting will be on a quarterly basis, in the form of a written update to be submitted to the Autism Partnership Board, with other reports taken forward within each organisation, via their reporting mechanisms.

**OVERARCHING OBJECTIVE: ALL AGE STRATEGY**

<b>Action</b>	<b>Outcome</b>	<b>How measured</b>	<b>Lead</b>	<b>Deadline</b>	<b>Resource implications</b>
<b>Detailed discussions to take place between children's and adult services to ensure the all age strategy is taken forward.</b>	People with Autism or Aspergers and their family carers/parents will experience a 'seamless service'. Needs of all people, regardless of age will be taken into account and if appropriate, responded to.	Surveys which reflect improved outcomes.	Children and Adult services Directors	Ongoing	Within existing resources.

**SECTION ONE: ENGAGEMENT**

Action	Outcome	How measured	Lead	Deadline	Resource implications
1.1. Representation of people with autism and family carers on the Autism Partnership Board. (N.B. Numbers will need to be limited to three. This may therefore require a selection process if more than three people wish to attend)	The voices of individuals with autism and family carers will inform discussions and decision making. FYPD (Forum of Young People with Disabilities) have a local voice on all issues and services.	Attendance and monitoring the linkage between what is done and how this matches with what individuals and carers have said.	Joint chairs of the Autism Partnership Board Mark Taylor	January 2014, and quarterly thereafter.	Pre-meeting work, support (if required) during meetings. Reimbursement for attendance as applicable, in line with Telford and Wrekin Council policy.
1.2. Forums for discussion and debate will occur on a six monthly basis and be open to larger numbers of people with autism and family carers.	There will be opportunities for wider involvement of people with autism and family carers to have their views heard and to be involved in service planning for commissioning of future services.	Meetings occur. Maintain a list of attendees and contact details.	Listen not Label (Adults) Parents Open Doors (Children & Young People)	January 2014, and six monthly thereafter.	Possible hire of venue, refreshments
1.3. Ensure people with autism have access to appropriate advocacy support, if required.	Individuals receive the support they need and, when they need it, so that they are able to express their views or concerns to others.	Advocacy services record and reported locally on engagement with and support for people with autism.	Advocacy service managers	January 2014 and quarterly reporting, thereafter.	Within existing contracts.
1.4. Provide information to	Family carers are	Through the	Carers Centre	January	Within existing

<p>family carers on the support and services available to support them, and/or the family members) with autism on relevant areas of concern, for example Housing Benefits/and the 'Bedroom Tax'.</p>	<p>informed and aware of information relevant to supporting them and their family carers including:</p> <ul style="list-style-type: none"> <li>- Access Team, My Life Portal for adults,</li> <li>- the Telford and Shropshire ASD Parent &amp; Carer Information Pack hosted on the Telford and Wrekin Website <a href="http://www.telford.gov.uk/autism">www.telford.gov.uk/autism</a> ,</li> <li>- the Shropshire Community Health website,</li> <li>- Ican2 website</li> </ul> <p>all provide information for families and carers of children and young people with an ASC diagnosis Ican2 newsletter. DCYP bulletin distributed to parents, carers and all Telford and Wrekin employees offering local information and events The role of Autism Co-</p>	<p>Partnership Board and the Forum, receiving feedback that families are receiving information on a regular basis and feel more informed. This will be monitored over the duration of the Strategy. If evidence indicates this is not occurring, further steps will be proposed by the Autism Partnership Board.</p>	<p>PODs Autism Co-ordinator (Children's Specialist Services) Information Officer (Children's Specialist Services)</p>	<p>2014, and six monthly, thereafter</p>	<p>contracts</p>
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	<p>ordinator for Children and Young People with Autism and the Information Officer for all children with disabilities would sign post and provide information about local and national services for support including for example: charities or benefits.</p>				
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**SECTION TWO: SERVICE EXPERIENCE**

Action	Outcome	How measured	Lead	Deadline	Resource implications
<p>2.1. Young people moving through transition from children's services into adult services experience the appropriate level of support and care.</p>	<p>Young people who move from children's services to adult services feel positive about the experience and the way they were supported. They have increased knowledge, skills and confidence to live more independently and progress towards the right option for them, including Further Education, Employment or Housing.</p>	<p>Annual surveys of outcomes.                      Low referrals to specialist healthcare services for young people.                      Low numbers of young people entering into the Criminal Justice System.                      Forum for Young People with Disabilities (FYPD) – work with people from 0 – 25 years.</p>	<p>Transition Team                      CAMHs/                      SSSFT                      Mark Taylor</p>	<p>Ongoing</p>	<p>Within existing resources</p>
<p>2.2. Appropriate, timely, consistent clinical engagement is in place across all areas of CCG commissioned services,</p>	<p>People with autism receive healthcare interventions in a manner which reflects knowledge of staff about autism and demonstrates respect. This leads to positive and appropriate interventions, in a timely manner.                      Adults with autism, their</p>	<p>Use of the Quality and Performance Contract monitoring process and audit where required.</p>	<p>CCG and CSU contract and quality teams</p>	<p>Monthly on-going</p>	<p>Within existing resources/ contracts</p>

	families and carers are satisfied with local services.				
2.3. Telford and Wrekin will continue to develop local housing offers for vulnerable people, including those on the autistic spectrum ensuring the provision is matched to need including single occupancy, if required.	People with autism will have access to the same housing options and choices as other vulnerable groups, with reasonable adjustments being made to support their needs. Information will be available confirming the future housing needs of people with autism, including young people moving through Transition.	Monitoring of numbers of people with autism moving into different forms of accommodation, including children's fostering, tenancy or shared lives. In put from Future Focus (formally Connexions)	Community Access	Ongoing	Within existing resources
2.4. Through the Skills and Enterprise Hub (New Options) and the EEAST Team, and working with secondary schools/FE colleges to support people with autism towards long term, sustainable employment	More people with autism will become employed to work in jobs which are skilfully matched with their needs and abilities so that they are able to remain in sustained employment.	Through monitoring and reporting, data will evidence that more people with autism are moving into real employment opportunities, covering both paid and unpaid, part and full time.	Collaboration: - EEAST Team - Secondary Schools, and - TCAT	Ongoing	Additional resources may be required
2.5. Community Care	More people with a	Increase in the	Care and	Ongoing	Within existing

assessment: When someone is diagnosed with Autism, the individual will be offered access to a Community Care Assessment as a matter of course.	diagnosis of autism have a Community Care Assessment.	numbers of people with autism recorded and then offered and in receipt of a Community Care Assessment.	Assessment		resources
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<b>SECTION THREE: VALUE FOR MONEY</b>					
<b>Action</b>	<b>Outcome</b>	<b>How measured</b>	<b>Lead</b>	<b>Deadline</b>	<b>Resource implications</b>
3.1. There is a need for all organisations to ensure all financial resources are used in a way that achieves outcomes and is 'Value for Money'. The Strategy endorses the need for efficiency, innovation and monitoring, to ensure improved outcomes and value for money	Efficiencies will be identified. Improved outcomes. Providers and Commissioners will seek to establish new and innovative approaches to service delivery.	Efficiencies achieved. Use of contract monitoring processes.	Commissioners	Ongoing, within existing structures.	Within existing resources as much as possible. Investment linked to improvement and development, prevention and enablement will be linked to 'invest to save' proposals.
3.2.To ensure that quality monitoring and audit of services delivered by Providers occurs throughout the duration of the Strategy.	Value for Money. Timely response to meeting needs. Providers comply with contractual obligations. NHS constitutional objectives are met.	Contract reviews. Quality Monitoring visits. Audit	Commissioners	Ongoing, lined to contractual agreements.	Within existing resources.
3.3 To demonstrate that working in partnership with the Voluntary sector secures value for Money	Evidence of social and Emotional return on investment. Co-ordination of collaboration by different organisations, aligning support to individuals.	Reduction in crisis for individuals. Reduced admission into acute services.	Voluntary sector	Ongoing	Contracted services via the voluntary sector.

**SECTION FOUR: OPERATIONAL EXCELLENCE**

Action	Outcome	How measured	Lead	Deadline	Resource implications
<p>4.1. Data is gathered. Work takes place to align the data so that it is accurate, and gathered once but used many times in a systematic manner across all commissioning and provider organisations</p>	<p>Data compliance with Caldicott guidelines. Information sharing agreements in place. Information is gathered in a systemic manner which informs future planning and commissioning of services. Data demonstrates improvement in the quality of service delivery whilst delivering value for money.</p>	<p>Annual reporting, with quarterly gathering of data.</p>	<p>Performance and Planning Business intelligence services. Public Health</p>	<p>Ongoing</p>	<p>Within existing resources</p>
<p>4.2. Pathway of care including low level intervention, referral, assessment, diagnosis and interventions, differentiated according to categories of need must to be formally established, with involvement and 'sign up' from all relevant partners and stakeholders as well as clear governance and</p>	<p>Development and use of an agreed pathway of care including low level intervention, assessment, diagnosis and clinical intervention where appropriate. Patients receive a diagnosis within 18 weeks following initial referral.</p>	<p>Quality and contract performance e.g. waiting times/admission data. Satisfaction of people who use services and family carers/parents.</p>	<p>SSSFT/CAMHs/Commissioners/stakeholders</p>	<p>Agreed pathway in place by Spring 2014. On-going monitoring.</p>	<p>Within existing resources</p>

monitoring in place to ensure timely access to services, when needed.	Health services, which may be required intermittently, are available in a timely manner and for an appropriate amount of time.				
4.3. Collaboration: Education, Social Care and Health services work together to provide a seamless service of care across all ages.	Children's services across Education, Social Care and Health will work in an aligned manner to deliver a seamless service to children and young people, including supporting transition.	Children and Young People have their needs addressed in a way which reduces the need for unnecessary support in adulthood.	Children's services	Ongoing	Additional resources may be required
4.4. Autism is referenced in the Health and Well-being Board top ten priorities. Further work is required to develop and Programme manage the Projects to ensure necessary support is available at a local level.	People with autism receive high quality care which supports their overall health and well-being. People are enabled to actively engage within their local communities (relative to capacity) and avoid un-necessary admissions to health run services or the Criminal Justice System.	The Health and Wellbeing Board is able to provide evidence which shows achievement in the annual Autism Self Assessment.	H&WBB lead officer	Ongoing from Project Leads and annual report to the H&WBB	Within existing resources
4.5. The establishment of the	Adults diagnosed with	Contract reviews	Commissioning	Six	Additional

<p>low level preventative Hub is welcomed. This model needs to progress to a sustainable and critical feature of local provision, successfully reducing the need for unnecessary clinical interventions.</p>	<p>autism are able to access high quality, low level access to preventative and enabling support services within the local community. Early discussions at 'the Hub' providing information and access to commencing the initial stages of assessment, leading to the diagnostic pathway.</p>	<p>with providers</p>		<p>monthly reporting</p>	<p>resources required</p>
<p>4.6. Strong links are established and maintained with the different sections of the Criminal Justice System including probations, Police, prison and specialist commissioners so that people with autism are treated appropriately</p>	<p>People with autism who encounter any services within the Criminal Justice System are treated appropriately, with respect and reasonable adjustments are in place to improve safeguarding. Experiences which have a long lasting impact on their overall health and wellbeing reduced, or cease..</p>	<p>TBC</p>	<p>Probation</p>	<p>Quarterly reporting</p>	<p>TBC</p>

## SECTION FIVE: ORGANISATIONAL CAPABILITY

Action	Outcome	How measured	Lead	Deadline	Resource implications
5.1. Work is required to progress issues of training for staff via the Care Workforce Development Partnership (LA) and Workforce development, commissioned by the CCG to establish a robust training programme which includes a co-production approach to future workforce development and training.	The Care Workforce Development Partnership, provider organisations and the CCG establish robust programmes of differentiated training. This includes different professions including Primary Care, to ensure that staff are knowledgeable about autism. Staff in different organisations have the skills required to meet individual needs and make reasonable adjustments.	People with autism encounter staff working across the public sector who meet their needs, make reasonable adjustment to deliver high quality care/services and treat them with respect.	SPIC	Ongoing	Additional resources may be required from all partner organisations
5.2. Establish protocols to support effective, timely and meaningful communication between professionals from all organisations, including to and	Professionals will have clarity on who to liaise with and when. Family carers will be	Evidence of improved engagement and addressing of individual needs. Family carers	Council (children and adults) and CCG	Ongoing	Additional resources may be required from all partner organisations

with family carers, particularly during times of assessment and crisis	more informed and 'kept up to date', particularly during times of crisis. Family Connect Local Officer providing information.	indicating higher levels of satisfaction with the information and support they receive.			
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### APPENDIX 3

#### EXPRESSION OF INTEREST AUTISM CAPITAL GRANT

<b>Contact Details</b>	
Name:	Tina Jones
Telephone 1:	01952 916108
Telephone 2:	01952 262066
Email:	<a href="mailto:tina.jones@listennotlabel.org.uk">tina.jones@listennotlabel.org.uk</a>
<b>1. What would you use the Autism Capital Grant funding for, how much would it cost and what outcomes would you like to achieve? Weighting 35%</b>	
<p>Telford and Wrekin Council for Voluntary Service deliver the Young Carer's Service, Adult Carer's Service, IASS, Independent support and Listen not Label (LnL).</p> <p>LnL is a Disabled User Led Organisation (DPULO) delivering person centred services to people with autism at our local Autism Hub.</p> <p>The funding will be used to ensure modifications to the environment to support clients. Low arousal and a well structured environment are important.</p> <p>We will support communication by offering a consistent approach in providing an improved information technology (IT) infrastructure, ensuring we;</p> <ol style="list-style-type: none"><li>1. enable clients to access on line peer support,</li><li>2. improve capacity to search for autism information, supporting independent living,</li><li>3. support employment aspirations,</li><li>4. develop systems to take information and support out into the community,</li><li>5. develop new IT skills and access to on line learning modules,</li><li>6. ensure the Autism Hub is accessible.</li></ol> <p>The funding will meet the following outcomes for people with autism;</p> <ul style="list-style-type: none"><li>• Reduce the barriers to services</li><li>• More people will report increased independence through the development of their peer to peer skills</li><li>• Increase opportunities to access personalised training and career advice</li><li>• Improved information, advice, advocacy and low level support services</li><li>• Improve the Hubs environment</li><li>• Increase self help and self management skills through enhanced knowledge and learning</li></ul>	

## Equipment cost

Laptops	£1,832
Tablets	£796.00
License	£400
Software	£600
Television	£349.00
Projector	£270.00
Height adjustable desk	£175.00
Hearing loop	£1,500
De sensitised lighting	£2,500
<b>TOTAL</b>	<b>£8,442</b>

## **2. How would you ensure that your purchases will have an expected life of more than one year and beyond? Do you foresee any issues which might limit the expected life of your purchases?**

**Weighting 10%**

Purchases would come from existing suppliers that Telford and Wrekin CVS have long term relationships with. Trusted suppliers will ensure the purchase and maintenance of high quality equipment.

The one off purchases will support the sustainability of the autism hub. The delivery is of a high standard and is continually quality assured.

The organisations internal policies and procedures include;

1. training for Volunteers and Staff that will support delivery of the activities identified above,
2. procedures for safe keeping of equipment,
3. asset register and procedures for itemising equipment,
4. indemnity and Liability and insurance for replacing stolen goods,
5. maintenance contracts for IT equipment.

Other projects within Telford and Wrekin CVS will benefit from the environmental changes to the building and the equipment. Children and young people going through transition will be onsite being supported to access information around changes from their statement to an education, health and care plan.

Unpaid family carers are often in the building and access the Autism hub regularly. Telford and Wrekin CVS have created on line training and have examples of modules created.

The effectiveness of this funding will change the environment permanently.

## **3. Discuss the outcomes of any consultation you have had with people with Autism during the last 3-6 months which can influence the thinking around the bid?**

**Weighting 25%**

Our bespoke Autism Hub has a steering group of clients (which includes younger people) They are actively involved in participation and engagement of the local activities and

functions of the Hub. Their voices are fed into the priorities alongside local commissioners and other service providers. The voice of people with autism is gained through individual work sessions and group engagement, ensuring everyone can contribute. We have engaged by using a range of media including film, recently capturing clients experiencing social isolation.

Listen not Label are active members of the local Autism Partnership board and work with the Autism Lead on the Health and Wellbeing Board. Our clients have a voice in local, regional and national decision making, covering the entire health and social care economy. Listen not Label provides a “Mystery customer” service for the local Clinical Commissioning Group to improve reasonable adjustment under the Equality Duty for Public Sector providers.

This proposal has been developed as part of on going co-production with people with autism.

Telford and Wrekin has identified rural areas that can add to the social isolation of clients with autism. Many are already living with social behaviour challenges showing barriers when engaging and socialising with others.

It is well evidenced through local consultation that;

- services need to be autism friendly and accessible,
- an improved IT system would greatly improve communication and engagement with isolated clients,
- addressing the employment aspirations is a high priority for meeting successful client outcomes.

**4.How many service users do you estimate will benefit from your proposal?**

**Weighting 5%**

**Please tick**

1 – 5 people	
6 – 10 people	
11 – 15 people	
16 – 20 people	
21 people or more	X

**5.How do you currently monitor services and will there be any changes to your approach for this project?**

**If Yes, please state how you will make changes and why.**

**Weighting 23%**

The proposed project will be operated under the principles and values of a DPULO and clients will have a role in the project delivery, monitoring and evaluation of this project.

A performance management framework is used to monitor the delivery of services across Telford and Wrekin CVS and includes;

1. a project plan that includes indicators for quantitative and qualitative targets, milestones and timelines.
2. project plan monitoring by the delivery team, including clients and led by the project manager.

3. quantitative and qualitative data collection on a database recording workshop attendees, referrals, activity, person centred goal settings and personal outcomes. This includes client narratives demonstrating their journey, goals and outcomes.
4. low level intervention targeted support monitoring as a cost comparator and as a preventer to crisis intervention from a social and financial perspective.
5. using Google media development tools to capture data, showing how many people are using the site. This will be monitored and evaluated as a rich source of intelligence and will include “hits” from professionals using the site as an information resource.
6. evaluation as part of the learning outcomes of the project, showing differences made and achievements, pre and post intervention.

The only change for monitoring and evaluating this project will be the additional involvement of clients in the performance management framework as part of individual development of their IT skills in capturing and presenting data using the equipment purchased.

**6. Would you be prepared to provide two reports on achieved outcomes?  
The report will need to include a description of what outcomes were achieved, and if they were the outcomes you wished to achieve, what difference it has made to individuals etc.  
Weighting**

<b>Yes</b>	X
<b>No</b>	
<b>Signed:</b>	
<b>Date:</b>	

## EXPRESSION OF INTEREST SCORING CRITERIA

Question Number	Score	Description
<b>Question 1</b>	1	Limited description of how the funding will be spent and how outcomes will be achieved.
	2	Good description in part, with some costs and limited outcomes
	3	Good description, clarity about the skills and resources required to deliver the service, information on cost and
	4	Excellent clarity about the service delivery and clear costs.
<b>Question 2</b>	1	Limited explanation, purchases unlikely to be sustainable
	2	Some explanation, purchasing likely to be sustainable
	3	Good explanation, purchasing likely to be sustainable and one limitation explored.
	4	Excellent explanation, purchases likely to be sustainable and can foresee a range of issues that might limit the expected life limit of purchases.
<b>Question 3</b>	1	No/little consultation, limited outcomes and no link to the bid
	2	Some consultation and some outcomes and
	3	Good consultation and clear outcomes
	4	Excellent consultation and clear outcomes
<b>Question 4</b>	1	1 – 5 people would benefit
	2	6 – 10 people would benefit
	3	11 – 15 people would benefit
	4	16 – 20 people would benefit
	5	21 or more people would benefit
<b>Question 5</b>	1	Limited understanding of how services are currently monitored and no evidence to this project
	2	Some understanding of how one service is currently monitored, but limited understanding of how it can be adapted to meet the needs of this project
	3	Good understanding of how one service is currently monitored and good understanding of how it can be adapted for this project.
	4	Excellent understanding of how a number of services are currently monitored, excellent understanding of how the current monitoring can be adapted for this project.
<b>Question 6</b>	Yes	Pass
	No	Fail

## APPENDIX 4

### Autism Capital Grant – Revised Equipment Sosts

	Initial Costs	Revised Costs
Laptops	£1,832	£3,662
Tablets	£796	£2,500
License	£400	£1,000
Software	£600	£1,500
Television	£349	£698
Projector	£270	£540
Height adjustable desk	£175	£350
Hearing loop	£1,500	£1,500
De sensitised lighting	£2,500	£6,000
Website	£0	£750
TOTAL	£8,442	£18,500

#### Notes;

1. Doubled laptop and tablets based on your assumption that the grant would be shared between lots of organisations.
2. Increased the licence figure due to the increase in number of the laptops and tablets.
3. Increased software as Julie has informed me of several software packages available that families in Telford and Wrekin have either paid for themselves or obtained from charities.
4. Doubled the number of TVs
5. Doubled projector cost
6. Doubled height adjustable desks
7. I have kept the hearing loop the same unless you say otherwise because I assume you would only need one at the hub. Is this correct?
8. Increased the lighting as your research was based on a Google search which may have been quite conservative and would not include fitting of the lights.
9. I have added website as per our discussion as LNL are updating their website. Although, this was not mentioned explicitly in the letter from the DH, I do think that the virtual world as is as much of a reality as equipment so I think we could stretch the interpretation.

## APPENDIX 5



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**Private and Confidential**  
Autism Team  
Department of Health

**Paul Taylor**  
Director: Adult Social Services  
Health Well-being and Care

Addenbrooke House  
Ironmasters Way  
Telford  
TF3 4NT  
Tel: +44 (0)1952 381 208  
e-mail: [paul.taylor@telford.gov.uk](mailto:paul.taylor@telford.gov.uk)

**Contact:** Paul Taylor      **Telephone:** 01952 381208      **Date:** 8 December 2014

Dear Colleagues

### **Re: Autism Capital Grant 2014-15 Proposal**

On behalf of Telford & Wrekin Council, I am writing to you with a proposal for how the Autism Capital Funding will be utilised.

### **Declaration**

We agree to utilising this one-off grant to enable progress with the implementation of Think Autism as per this Memorandum of Understanding.

### **The Proposal**

The proposal requests the full grant to ensure modifications can be made to the Autism Hub to support people with Autism and improvements to communication through the use of technology allowing Customers to;

- Access online peer support
- Improve capacity to search for autism information
- Support employment aspirations
- Develop systems to take information out to the community
- Ensure the Telford Autism Hub is accessible.

The grant will be given to an existing provider who have also been awarded the Autism Innovation Grant, thus strengthening the services they can deliver. It is anticipated that the proposal will benefit more than 20 people.

### **The Equipment**

The assets to be acquired are a combination of laptops, tablets, projectors, hearing loop, desensitised lighting, height adjustable desks, licenses and software.

### **Objectives and Outcomes**

The proposal will enable people with autism to reduce barriers to accessing services; increase opportunities to access personalised training and career advice; improve information, advice, advocacy and low level support services; improve the Hubs environment and increase self help and self management skills through enhanced knowledge and learning.

I would like to thank you in advance.

Yours Faithfully

Paul Taylor  
Director of Adult Social Services  
Health, Well-being and Care

**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**10<sup>th</sup> JUNE 2015**

**TELFORD & WREKIN SAFEGUARDING ADULT BOARD: GOVERNANCE ARRANGEMENTS**

**REPORT OF: ANDREW MASON: INDEPENDENT CHAIR**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

The Care Act 2014 introduced a requirement on all local authorities to establish a Safeguarding Adult Board (SAB) which would be, for the first time on a statutory footing. Although Telford & Wrekin already had a joint board with Shropshire, it was agreed that a separate Board should be established in order to better meet the needs of Telford and Wrekin population.

This report provides the Board with an update and assurance on the governance arrangements which have been put in place for the management of the Telford and Wrekin Safeguarding Adults Board (TWSAB) since its inception on 1<sup>st</sup> April 2015.

The report also proposes that the TWSAB provides an annual update to the Board to include the TWSAB annual report.

**2. RECOMMENDATIONS**

That the Board note the governance arrangements which are in place for the Telford & Wrekin Safeguarding Adults Board (TWSAB).

That future updates will be provided on an annual basis – this will be used to present the TWSAB Annual Report (which will include progress and achievements of the Board over the last 12 months).

**3. IMPACT OF ACTION**

The purpose of the Telford & Wrekin Safeguarding Adults Board (TWSAB) is to reduce the risk of harm to adults within our community and enhance the equality of life for adults who are, or may be, at risk of being harmed or abused. The governance arrangements set out within this report demonstrate how the TWSAB will assure itself that it remains effective in safeguarding adults at risk and remains accountable to the organisations represented on

the Board

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Support people to live independently</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>Protect and support our vulnerable children and adults</i>
	Will the proposals impact on specific groups of people?	
	Yes	<i>The adult safeguarding board aims to protect adults who are or maybe at risk or being harmed or abused.</i>
<b>TARGET COMPLETION/DELIVERY DATE</b>	<p><i>The Telford &amp; Wrekin Safeguarding Adults Board was launched on 1<sup>st</sup> April with its first formal meeting on 23<sup>rd</sup> April 2015.</i></p> <p><i>The Board will continue to meet on a bi-monthly basis.</i></p>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes/No	<p>The Board support costs amount to approximately £62,000 and the Council has temporarily established a budget for this amount whilst contributions from partners are sought, a contribution of £12k has been requested from each of the statutory partners, some agreements have already been reached.</p> <p>The Board's budget will be monitored by the PTLD sub-group and regularly reported to the Board with an annual review of the budget at the Board. Further development of the budget will be undertaken as the Board becomes established and it's work plans agreed but this must be based on the level sustainable funding made available through partners.</p>
<b>LEGAL ISSUES</b>	Yes/No	<p>The Care Act 2014 received Royal Assent on 14 May 2014.</p> <p>Part 1 of the Act (Care and Support) came into force on 1 April 2015</p>

		<p>In Part 1, Sections 42 to 47 and Schedule 2 set out the local authority's responsibilities for adult safeguarding for the first time in Statute.</p> <p>Section 43 requires each local authority to establish a Safeguarding Adults Board ("SAB") for its area. The objective of the SAB is to help and protect adults in its area in cases as described in Section 42.</p> <p>The SAB must seek to achieve its objective by coordinating and ensuring the effectiveness of its member's activities and may do anything which appears to it to be necessary, or desirable, for the purpose of achieving its objective.</p> <p>Schedule 2 of the Act covers membership, funding, strategy and the annual report of the SAB.</p> <p>The SAB must publish a plan (its "strategic plan") for each financial year which sets out its strategy for achieving its objective under Section 43 and what each member will do to implement that strategy.</p> <p>The SAB must consult the Local Healthwatch organisation in respect of its strategic plan, and involve the community.</p> <p>The SAB must publish a report after the end of each financial year and must send a copy of the report to the chief executive and the leader of the local authority, the local policing body, the Local Healthwatch organisation and the chair of the Health and Wellbeing Board.</p> <p>The Statutory Guidance for Safeguarding is set out in Chapter 14 [pages 229 -280] of the Care and Support Guidance published on 23 October 2014.</p>
<b>EQUALITY &amp; DIVERSITY</b>	No	<i>None</i>
<b>IMPACT ON SPECIFIC</b>	No	<i>None</i>

<b>WARDS</b>		
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	No	<i>None</i>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	<i>None</i>

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

The Telford Safeguarding Adults Board met for the first time on 23<sup>rd</sup> April 2015 with representation from across our partner agencies including its statutory partners (Telford & Wrekin Council, Telford & Wrekin Clinical Commissioning Group and West Mercia Police). A full list of board members can be found on page 6 of the attached Terms of Reference (Appendix 1). The main focus of this meeting was to agree a governance structure for the future effective running of the Board – decisions made in relation to governance are set out within this report.

#### **1.1 Responsible Officers**

The Telford & Wrekin Safeguarding Adults Board (TWSAB) has been established using the well established structure and principles already in place for the Telford & Wrekin Safeguarding Children Board. Whilst the focuses of the two boards are different, there is recognition that there are many similarities and potential linkages. It is for this reason that the Managing Director: Telford & Wrekin Council and the Board's statutory partners agreed to appoint an ***Independent Chair*** who is common to both the adult's and children's boards to ensure some consistency and continuity for the Boards.

There is a requirement for each of the statutory partners to appoint a ***Designated Adult Safeguarding Manager (DASM)*** who is responsible for management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer, or student, paid or unpaid. The Local Authority will shortly be recruiting to this post (0.2fte) but in the Interim the Director of Care, Health and Wellbeing and Service Delivery Manager for Safeguarding and Mental Capacity will cover this role. The Police and CCG have also identified officers within their organisations who will take responsibility for their DASM function.

It is recognised that the role of ***Board Manager*** is also required to provide some independent and objective overview of the board governance and activity. The post of DASM and Board Manager (0.3fte) will be merged to form one post within the Local Authority. Recruitment to these posts will be commenced shortly.

#### **1.2 Board Structure**

Whilst the Board exercises overall responsibility for all statutory functions and objectives, authority for delivery against these objectives are delegated to three sub-groups whose membership represent all key relevant partner agencies. These are:

- **Quality, Performance & Operations (QPO)** – will be responsible for quality assurance and performance frameworks to support operational practice across all agencies.
- **Partnership, Training, Learning & Development (PTLD)** – will be responsible for developing good practice, local guidance and planning training/learning across agencies.
- **Service User Communication and Community Engagement (SUCCE)** – Will be responsible for improving the engagement of individual/communities with promoting and informing the adult safeguarding agenda and raising the profile of the Boards work.

A detailed work plan for the sub-groups was agreed and is attached at Appendix 2. All sub-groups will meet for the first time in May to prioritise and progress the work plans.

### **1.3 Board Resources**

The previous joint board had no dedicated Board support, funding or budget. It was recognised that in order to meet its new statutory responsibilities, the new TWSAB would require adequate dedicated support and resource to be effective in its role. In addition to the Board Manager, it was agreed that a Partnerships and Planning Officer (0.5fte) and admin support (0.5 fte) would be provided and funded by the Board to support the work of the Board.

The Boards support and budget has been agreed based on a minimal approach given the current financial climate and it is on this basis that Board members have been invited to provide support in kind or funding to support the work of the Board. In addition, the Boards statutory partners will make a contribution to the budget of the board.

The board support costs amount to £62,852 and the Council has established a budget for this amount (including £16k notionally identified by Government for additional safeguarding responsibilities arising from the Care Act 2014). A contribution of £12k has been requested from each of the statutory partners. The Board's budget will be monitored by the PTLD sub-group and regularly reported to the Board with an annual review of the budget at the Board.

### **1.4 Future Reporting**

The Board and its sub-groups have a work plan for the coming 6 months (Appendix 2) after which, a strategic business plan will be developed. Progress against this will be reported in the TWSAB Annual Report. It is proposed that the TWSAB reports annually to the HWBB on its annual report and progress made during the year.

## **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

No further impact assessment information.

3. **PREVIOUS MINUTES**

None

4. **BACKGROUND PAPERS**

- See attached TSAB Terms of Reference (Appendix 1)
- See attached TSAB Work Plan (Appendix 2)

**Report prepared by Jo Winborn, Partnership & Planning Officer,  
Telephone: 01952 380672**

## Appendix 1: Telford & Wrekin Safeguarding Adults Board

### Terms of Reference

#### 1. Introduction

Safeguarding adults and reducing the risk of harm to individuals in our communities requires effective co-ordination. The [Care Act 2014](#) requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear basis in law for the first time. The [Care Act 2014 Guidance](#) provides further detail on how this should be achieved.

The objective of a SAB is to help and protect adults who have needs for care and support, who are experiencing or are at risk of abuse or neglect, and as a result of their needs are unable to protect themselves from abuse or neglect. This is whether or not the adult is having their needs met or they meet the local authority's eligibility criteria for care and support services.

The Act says that the SAB must:

- *include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues;*
- *develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;*
- *Publish a safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.*

The SAB is the key statutory mechanism for agreeing how the relevant organisations in Telford and Wrekin will cooperate to safeguard adults at risk in the Borough and for ensuring the effectiveness of what they do. The work of the Board is governed by the following principles:

- **Empowerment** – Presumption of person led decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

## 2. Role and scope of the Telford & Wrekin Safeguarding Adults Board (TWSAB)

The Telford & Wrekin Safeguarding Adults Board (TWSAB) has a strategic role to enhance the quality of life for adults who are, or may be, at risk of being harmed or abused by:

- Co-ordinating and developing a strategic adult safeguarding plan and producing an annual progress report on the TWSAB's objectives.
- Supporting the West Midlands regional safeguarding group who develop policy & procedures at a regional level to ensure consistency across the region
- Ensuring the adoption and compliance of the adult safeguarding policies and procedures in accordance with The Care Act 2014 by monitoring and developing the interagency safeguarding systems and processes.
- Developing local guidance which supports and interprets regional policy & procedure into a practical 'how to' guide for local staff
- Improving the identification of adults at risk of abuse
- Ensuring that the collation and interrogation of data on safeguarding occurrences is being undertaken in order to ensure that the prevention of abuse is being applied across all partner agencies within Telford and Wrekin.
- Working with, and on behalf of, Adult citizens to promote community awareness and engagement with adult safeguarding within Telford and Wrekin and ensuring their views are taken into account when developing policies and strategies for protecting adults.
- Advocating on behalf of Telford and Wrekin's adults for measures which ensure effective adult safeguarding arrangements and challenging partners where their arrangements are not effective.
- Developing and embedding assurance processes, including peer reviews and self assessments.
- Conducting Safeguarding Adults Reviews (SARs) in accordance with Section 44 of The Care Act 2014.
- Implementing best practice developments following evidence based reviews and research about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults;
- Implement an Information Sharing Agreement and protocol that balances confidentiality vs. "need to know"
- Developing a framework for multi agency learning, development and training
- Approve and monitor the TWSAB budget.

### 3. Governance Arrangements

#### a) Title/Identity

The SAB will be known as the Telford & Wrekin Safeguarding Adults Board or TWSAB.

#### b) Equalities

In undertaking any activity, the TWSAB will take account of the need to promote equality of opportunity and to meet the diverse needs of adults at risk and their families within Telford and Wrekin. This will include developing strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect.

#### c) Sub-groups

While the Board exercises overall responsibility for all statutory objectives and functions, it will delegate authority for the detailed examination and delivery to sub-groups who will support the TWSAB's strategic objectives and work plans. These sub-groups will be directly accountable to the Board and report back on their activities to each Board meeting. To facilitate this, a representative from each sub-group will be full members of the Board.

The three strategic sub-groups will be:

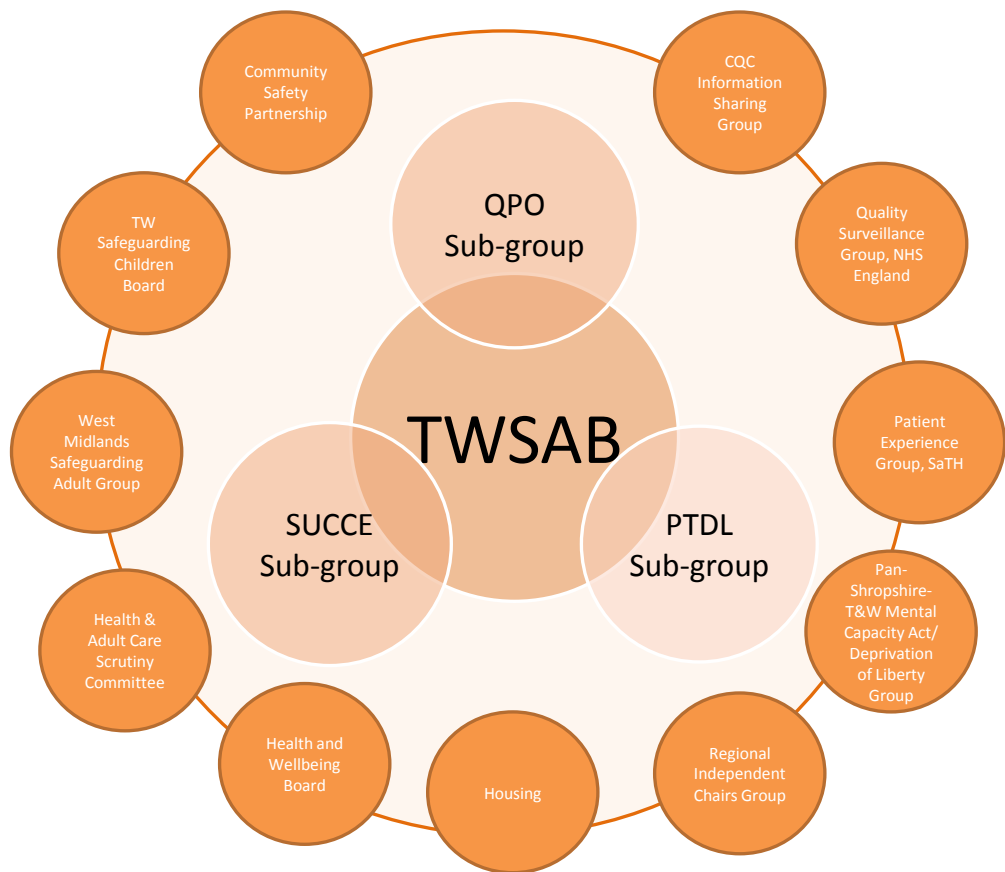
- **Quality Performance and Operations (QPO)**
  - development of quality assurance and performance frameworks to support operational practice across all agencies
- **Partnership Training, Learning & Development (PTLD)**
  - Developing good practice and local guidance which protect and safeguard adults
  - to improve the skills and knowledge of professionals who have responsibilities relating to safeguarding adults,
  - to influence and guide practice, to set standards and require individual organisations to ensure that staff are trained to agreed core competencies / standards,
  - to ensure partnership working around training planning and delivery by all SAB partners.
  - to roll-out good practice to the wider partnership
  - to engage with partners and stakeholders to promote adult safeguarding using a collaborative approach
  - To ensure that learning outcomes highlighted by existing processes (e.g. complaints, unexplained deaths,

Safeguarding Adults Reviews) are shared effectively across the partnership

- **Service User Communication and Community Engagement (SUCCE)**
  - Raising the profile of adult safeguarding across Telford and Wrekin with individuals and communities.
  - Improving the engagement of individuals and communities with promoting and informing the adult's safeguarding agenda including young people in transition.

Each sub-group will be individually responsible for how it organises its work and may establish time-limited Working or Task and Finish groups to deal with specific issues as and when required. Any amendments to the sub-group structure must be approved by the Board.

**4. Relationship with other partnerships and groups**



**a) Relationship with Health and Wellbeing Board**

The Health and Wellbeing Board (HWB) has a statutory duty to improve the health and wellbeing of the local population. The Board has led a new relationship between Telford & Wrekin Council, Telford &

Wrekin Clinical Commissioning Group and NHS England through the Better Care Fund and provides an opportunity to explore new approaches to commissioning, service design and collaborative, partnership working.

The Director for Adult Social Services is a member of both the Health and Wellbeing Board and the TWSAB and will therefore provide a link between these two Boards.

#### **b) Relationship with Community Safety Partnership (CSP)**

The CSP provides strategic leadership, to drive forward and oversee the progression of community safety issues either impacting upon the implementation of CSP plans or the broader community safety agenda across Telford and Wrekin. The CSP has four outcomes:

- i. Delivering against the Safe, Strong and Cohesive priority section of Telford & Wrekin's Sustainable Community Strategy, and the Safer & Stronger Theme of the Local Area Agreement.
- ii. Reducing crime, anti-social behaviour and issues that adversely affect the local environment.
- iii. Reducing the harm caused by drugs and alcohol.
- iv. Developing policy and strategy to make Telford and Wrekin even safer and stronger

The CSP and the TWSAB will have strong links through the Partnership Learning, Training and Development Sub-group due to the links with Domestic Homicide Reviews.

In order to develop the links between the two Boards the Chair of the CSP or their nominated representative will also be a member of the TWSAB.

#### **c) Relationship with Telford & Wrekin Safeguarding Children Board (TWSCB)**

The TWSCB is the key statutory mechanism for agreeing how the relevant organisations in Telford and Wrekin will cooperate to safeguard and promote the welfare of children and young people in the area and for ensuring the effectiveness of what they do. The TWSCB has three priority areas:

- Missing Children
- Neglect
- Domestic Abuse

As well as the three priority areas the TWSCB also monitors the effectiveness of the Child Sexual Exploitation pathways within Telford and Wrekin.

The Independent Chair of the TWSAB is also the chair of the TWSCB which will enable links and sharing of good practice between the two Boards to be established where deemed necessary. The Chair will also be able to highlight concerns raised about adults that might affect children's safeguarding and vice versa.

**d) Relationship with Health and Adult Care Scrutiny Committee**

Scrutiny is an essential part of ensuring that local government remains effective and accountable. It is led by local Councillors who examine how services are meeting the needs of residents, making evidence-based improvement recommendations as required. Scrutiny has several key roles including holding decision makers to account, engaging in policy development/review and challenging/monitoring the performance of the Council. The Chair of the Health and Social Care Scrutiny Committee will be invited to attend the Board as and when appropriate to the agenda or the Scrutiny work programme.

**e) Relationship with regional safeguarding adults group and regional Independent chairs group**

It is recognised that policy and procedure for the Safeguarding Adults Board is developed at a regional level to ensure consistency across the West Midlands Local Authorities. The Service Delivery Manager for Mental Capacity & Safeguarding will represent Telford on the regional safeguarding Leads Group. Similarly, the Chair of the Safeguarding Adults Board will attend and represent Telford & Wrekin on the regional independent chairs group to ensure consistent in approach across the region.

## **5. Board Meetings**

Board meetings will be held bi-monthly and an annual Board timetable will be published no less than four weeks before the commencement of the year indicating the date, time and venue for all Board meetings and subgroup meetings; where possible agenda items will also be timetabled.

The Chair may call an extra-ordinary meeting at any time, and members can make a written request for such a meeting to the Chair. (NB/ this will normally only be considered if several members make such a request.)

A Board meeting will only be quorate if the 3 statutory partners are present.

All Board meetings will be minuted; draft minutes will be distributed within 15 working days and submitted for approval to the next meeting.

## 6. Board Membership

Whilst the responsibility for establishing a SAB rests with Telford & Wrekin Council, certain agencies are named within The Care Act 2014 as Partners. Each of these agencies are represented on the TWSAB:

- Telford & Wrekin Council
- Telford & Wrekin Clinical Commissioning Group (CCG)
- West Mercia Police

The Care Act 2014 guidance also makes recommendations for other (non statutory) organisations to attend. Both statutory and non-statutory partners who are members of the board are listed at section b) below.

All members of the Board and its subgroups will be named, designated representatives of their organisation or sector. Members will have a strategic role in relation to safeguarding and promoting the welfare of adults within the organisation. They will be able to speak for their organisation or sector, commit them to policies and practice and hold them to account.

All Board members will identify at least one nominated substitute to attend the Board when they are not available. Substitutes will receive all Board papers. It is expected that the lead Board member will keep them briefed on Board activities in order that they can make a positive contribution if called upon to attend Board meetings. In nominating their representatives, organisations will be asked to confirm their commitment to allowing the individual time to be a pro-active member of the Board.

On accepting the role, individual members and their substitutes will be asked to confirm their commitment to tasks detailed in the Membership Agreement. All Board members will be required to demonstrate that they have a current satisfactory Disclosure and Barring Service (DBS) check. It is expected that any necessary checks will be undertaken by the member's organisation.

If a Board member misses two consecutive meetings without sending apologies or an appropriate representative, then the Chair, on behalf of the Board, will write to that member. If non-attendance continues, the Chair will write to the senior person of that agency seeking a replacement. This proviso also applies to sub-group membership.

### a) Independent Chair

The Chair of the Board will be appointed by the Managing Director of Telford & Wrekin Council with the agreement of a panel of statutory partners. Before appointing anyone to the role, they must be satisfied that the person has appropriate references and a current Disclosure and Barring Service check. The Chair will be held to account by the Managing Director: Telford & Wrekin Council in the performance of their functions relating to the Board.

Wherever possible the Board will seek to establish a consensus on any decisions made. If this is not possible however, a vote is required amongst Members, should there be an impasse the Chair will have the casting vote. The roles and responsibilities are stated in the job description for the post.

The Vice Chair of the SAB will be appointed by the Board.

If the Chair, or Vice Chair, is not able to be present at any meeting, a substitute Chair may be appointed for that meeting, with the agreement of members.

## b) Board members

In line with The Care Act guidance the TWSAB will be comprised of the Independent Chair and the following partners:

	Job Role and Organisation/Representing	Substitute member role
<b>Chair</b>	Independent Chair	Not applicable
<b>Board Manager</b>	Board Manager	Not applicable
<b>Community</b>	Community members x 2	To be recruited
<b>Telford &amp; Wrekin Council</b>	Director of Adult Social Services	Not applicable
	Director of Children's Services	
	Assistant Director: Health, Wellbeing and Public Protection	
	Assistant Director: Adult Social Services or	
	Assistant Director: Family, Cohesion & Commissioning	
	Service Delivery Manager for Safeguarding and Mental Capacity Act	
	Local Authority Legal representative	
	Lead Member for Adult Social Care ( <i>Observer</i> )	
<b>Health</b>	Deputy Director of Nursing and Quality: Shropshire Community Health NHS Trust (SCHT) representative	
	Director of Nursing and Quality: Shrewsbury and Telford NHS Hospital Trust (SaTH) representative	Associate Director of Patient Safety
	Safeguarding Lead: Staffordshire and Shropshire NHS Trust (SSSFT) representative	
	Executive Nurse, Lead for Quality & Safety: T&W Clinical Commissioning Group (CCG) representative	N/A
	GP Safeguarding Lead (CCG)	N/A
<b>Police</b>	Head of Protecting Vulnerable People Unit: West Mercia Police	
	Chair of Community Safety Partnership (CSP)	
<b>Key Partners &amp; Stakeholder</b>	Head of Safeguarding: West Midlands Ambulance Service <sup>1</sup>	
	Chief Officer: Shropshire Partners In Care (SPIC)	
	Head of Service: West Mercia National Probation Service representative	
	Head of Service: Herefordshire, Shropshire & Telford Community Rehabilitation Company representative	

<sup>1</sup> The West Midlands Ambulance Service will attend the TWSAB once a year but will receive the information about the Board to enable them to participate virtually.

	Further Education Representative: Telford College of Arts & Technology (TCAT)	
	Healthwatch representative and Chair of Service User Communication & Community engagement Sub-group	
	Deputy Executive Nurse, Lead for Quality & Safety: T&W Clinical Commissioning Group and Chair of Quality, Performance & operations Sub-group (CCG)	N/A
	Organisational Development Manager: Chair of Partnership, Training, Learning & Development Sub-group (TW)	N/A
	General Manager: Wrekin Housing Trust (WHT)	
	Inspection Manager: Care Quality Commission (CQC)	
	Sector Support Lead: Telford & Wrekin CVS (Council for Voluntary Services)	

### c) Roles and Responsibilities of Members

Members will undertake their roles in accordance with the TWSAB Membership Agreement

## 7. Resourcing

The TWSAB will be supported by an Independent Chair (commissioned through the Council) and Board Manager, Partnership & Planning Officer and Administration Officer employed by the Council.

The Council will establish a TWSAB budget and seek contributions towards it from the statutory partners, Telford & Wrekin Clinical Commissioning Group and West Mercia Police.

## 8. Board and Sub-groups Administration and Support

The Chairs of the Board and its Sub-groups will be responsible for agreeing agendas and for reviewing and approving minutes. During Board and Sub-group meetings the Chairs will be responsible for identifying decisions taken, actions agreed, any further work to be commissioned and the individual and organisation responsible. They will also agree deadlines for completion of any tasks identified.

In this role, Chairs will be supported by the Partnership and Planning Officers who will be responsible for ensuring that:

- notes are taken at meetings,
- communications with members following meetings regarding follow-up activities,
- expediting reports and responses,
- circulation of agendas and papers for meetings, and
- arrangements for securing meeting rooms.

Each subgroup will be required to produce a written report of its activities for submission to each Board meeting which identifies the work it has undertaken and any exceptional items which the Board needs to be made aware of and any recommendations requiring a decision from the Board.

The Board and sub groups will be supported by the Board Manager, a Partnership & Planning Officer and an Administration Officer.

## **9. Board Communication**

The TWSAB will develop and implement a Communication Strategy and Plan to outline how they will communicate with the community, professionals and members. It will include the development of a website to share information with the public and professionals and a secure portal to share information with TWSAB members.

The TWSAB Board Minutes will be published on the website once finalised.

The Service User Communication and Community Engagement sub-group will be the lead for ensuring that the TWSAB's Communication Strategy and Plan are implemented and progressed.

## **10. Freedom of Information**

Under the Ministry of Justice extension to the Freedom of Information Act 2000 Local Safeguarding Adults Boards are not deemed as Public Authorities under the Act and therefore will be exempt from requests for the disclosure of information under the Freedom of Information Act 2000.

## **11. Disputes and Complaints**

The Board is intended to be a collaborative, co-operative body and needs to ensure that no particular sector or member is unduly favored. Problems and issues should normally be debated and resolved at Board meetings.

### **a. Disputes**

If there is a dispute between Board members the Independent Chair and Director of Adult Social Services will convene a joint meeting with the parties. This should take place within 28 days of the determining that the dispute exists. In most cases the Independent Chair of the TWSAB will chair these meetings. The agenda will be agreed jointly by the parties in dispute.

If no agreement can be reached, either party to the dispute may suggest to the chair that an independent mediator be appointed in a further attempt to resolve the dispute. If parties are not in agreement with this and no resolution has been identified within 28 days then the

TWSAB Chair may refer the dispute to a Chartered Institute for Arbitrators to be resolved.

If there is a dispute between the Independent Chair and a TWSAB partner or any other Board a similar process will be followed. The Director of Adult Social Services will convene a joint meeting of the parties as above. If no agreement can be reached, either party to the dispute may suggest that an independent mediator be appointed in a further attempt to resolve the dispute. If parties are not in agreement with this and no resolution has been identified within 28 days then the Director of Adult Social Services may refer the dispute to a Chartered Institute for Arbitrators to be resolved.

The TWSAB can require a person or body to comply with a request for information. This can only take place where the information is essential to carrying out TWSAB statutory functions. Any requests for information about individuals must be “necessary” and “proportionate” to the reasons for the request the TWSAB will be mindful of the burden of requests and should explain why the information is needed.

#### **b. Complaints**

The Board shall refer all complaints from members of the public in relation to the provision or performance of any function of a member organisation to the Board Partner’s own internal complaints handling process.

Complaints regarding the operation of the Board should be addressed to the Chair who will investigate and attempt to reach satisfactory resolution with the complainant.

The Care Act 2014 introduced the right of any individual who has concerns regarding the operation of the SAB and whose complaint is not resolved satisfactorily, to take their concern to the Local Ombudsman for further investigation. TWSAB will work with the Local Government Ombudsman (LGO) in any such circumstances.

Complaints about the Chair of the Board should be addressed to the Managing Director: Telford & Wrekin Council.

#### **c. Non compliance of activities**

The work of the TWSAB will be set out in the Business Plan. All member agencies will sign an agreement stating their commitment to fulfill their obligation to safeguard and promote the welfare of adults. This will include a commitment to fulfilling their role within the TWSAB. This will be reviewed within the first twelve months and every 3 years thereafter.

Issues of non-compliance will, in the first instance, be referred to the Chair of the Board who will investigate and attempt to reach satisfactory resolution through discussion with the representative of the agency concerned. In the event of satisfactory resolution not being reached, the matter will be referred back to the Chief Officer within the agency to the relevant inspectorate, and, if necessary, to the relevant government Department.

## **12. Monitoring and Inspection**

The TWSAB's role is to ensure the effectiveness of work to safeguard and promote the wellbeing of adults at risk of abuse or neglect and as such the TWSAB will monitor and evaluate this through its work. The TWSAB will publish performance against objectives set out in the business plan within the Annual Report.

## **13. Overview and Scrutiny**

The TWSAB and its members will co-operate with any reasonable request by the Council in respect of its Overview and Scrutiny functions under Section 21 Local Government Act 2000 and as a minimum will meet twice a year to provide independent dialogue on Safeguarding.

## Appendix 2: TWSAB Work Plan by Sub-Group

### Telford & Wrekin Safeguarding Adults Board (TWSAB)

#### Quality, Performance and Operations Sub-group

#### Action Plan

<b>Initial Work Programme for QPO – May to Oct 2015</b>			
<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Comments</b>
1. Review proposed arrangements for monitoring performance: <ul style="list-style-type: none"> <li>• West Midlands Safeguarding Adult Boards Performance Framework</li> <li>• National requirements - mandatory national returns</li> <li>• Regional requirement</li> <li>• Local requirements</li> <li>• Hants Balanced Scorecard</li> </ul>			
2. Review and adapt assurance tools to ensure consistency across the West Midlands and to use other organisations knowledge/ tools/best practice where applicable.			
3. Arrange completion of Annual Assurance Statement for Safeguarding Board Members			
1. Review provisional Risk Register and agree arrangements for further development			
2. Review links to Regional Group.			
3. Review quality assurance practices and agree quality assurance framework for the TWSAB.			
4. Review arrangements for Deprivation of Liberties and			

Mental Capacity Act arrangements.			
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**Telford & Wrekin Safeguarding Adults Board (TWSAB)**

**Partnership Training, Learning and Development Sub-group**

**Action Plan**

<b>Initial Work Programme for PTLD – May to Oct 2015</b>			
<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Comments</b>
1. Review and update Safeguarding Competence Framework for Care Act 2014 compliance			
2. Review S42 Enquiries policy and procedure.			
3. Review existing procedures and local guidance approve and identify gaps and development requirements			
4. Review role of West Midlands Safeguarding Editorial Adults Procedures group			
5. Monitor Board budget, funding, expenditure, value-for-money and external funding sources.			
6. Use regional guidance to develop Designated Adult Manager Role and Positions of Trust procedures/local guidance			
7. Review and Development of Strategic Business Plan			
8. Map all activity partner agencies are currently undertaking regarding prevention, identify gaps and develop prevention plan responding to key areas.			
9. Map all activity partner agencies are currently undertaking regarding training and identify any gaps and scope and benefits of			

multi-agency training development			
10. Ensure safe recruiting practices are in place for all partner agencies who have direct contact with adults who may be at risk			

## Telford & Wrekin Safeguarding Adults Board (TWSAB)

### Service User Communication and Community Engagement Sub-group

#### Action Plan

<b>Initial Work Programme for SUCCE – May to Oct 2015</b>			
<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Comments</b>
1. Review approve and develop communication strategy and plan to share information on safeguarding services and actions to keep people safe			
2. Agree approach for Board communications through website and social media.			
3. Develop outcome focused practice that is person centred to safeguard adults			
4. Map and document community and stakeholder groups with interest in adult safeguarding			
5. Identify upcoming Adult Safeguarding events and initiatives (e.g. World Action on Elder Abuse Day in June)			
6. Review arrangements for provision of advocacy services and statutory duty to provide.			
7. Review Safeguarding Adults Provider Guidance			
8. Review the status of "Making Safeguarding Personal" plans.			
9. Arrange for production of Annual Report			
10. Develop how the TWSAB can be assisted by service			

user/community expertise.			
11. Assistance in arranging the recruitment of TWSAB Community Members.			
12. Review and update previous Q&A document			

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD - 10th JUNE 2015**

**BETTER CARE FUND UPDATE REPORT**

**REPORT OF: FRAN BECK EXECUTIVE LEAD FOR COMMISSIONING  
TELFORD AND WREKIN CCG AND CLIVE JONES ASSISTANT  
DIRECTOR FAMILY, COHESION & COMMISSIONING**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

**1.1** The Better Care Fund (BCF) is a national programme, jointly led by Telford & Wrekin CCG and the Borough of Telford & Wrekin. The aim of the BCF programme is to transform the health and social care system in Telford and Wrekin, promoting greater independence for patients and service users and improving on current areas of integrated care by:

- Delivering the best possible health and social care outcomes for individuals in a personalised way.
- Promoting and encouraging self-help and self-care wherever and for as long as possible
- Enabling those at increased risk of hospital, nursing or residential care admission to have easy access to systems in place, to get appropriate help at an early stage.
- Ensuring financial efficiency and reducing duplication.

**1.2** The initial focus is on the transformation of services for adults needing high levels of health and/or social care support, particularly frail older people at risk of and/or suffering as a result of:

- Falls
- Dementia
- Long term conditions /End of Life
- High risk of admission to hospital or care home
- Discharged from hospital with a need for rehabilitation and/or enablement

**1.3** To deliver the BCF aims, two thematic areas and objectives have been developed which are:

- 1.4 Theme (Scheme) 1 - Building Community Capacity in Telford and Wrekin
- 1.5 Theme (Scheme) 2 – Enhanced community services for Telford and Wrekin as an alternative to hospital provision
- 1.6 An update on progress is provided in Part B section 1
- 1.7 Six performance measures are being used to monitor progress through the BCF Programme Management Board:
- Reducing non-elective hospital admissions, re-admissions and length of stay.
  - Reducing permanent admissions to residential and nursing care.
  - Improved patient experience
  - Reducing delayed transfers of care.
  - Improving the effectiveness of reablement/rehabilitation services.
  - Reducing emergency admissions in 65 years + age group.

An update on performance is provided in Part B section 1

## **2. RECOMMENDATIONS**

**2.1 The following recommendations are made:**

- **Note the progress of the Better Care Fund programme**
- **Note the progress of the development of the section 75 pooled budgets agreement**
- **Ensure respective organisations support and facilitate approved BCF implementation within the identified timescales**

## **3. IMPACT OF ACTION**

3.1 Key actions for the development of the Better Care programme are:

- Finalise and sign the s 75 agreement
- Agreeing the investments within specific teams and services within the Pooled Budget to maximise likelihood of achieving targets and outcomes
- Reductions in admissions by at least 3.5% for Payment for Performance and 7% to achieve the local target.
- Achievement of key targets should improve quality and reduce costs to the economy

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	<p>Improve emotional health and wellbeing of Telford and Wrekin residents.</p> <p>Support people with specific health needs to live independently for as long as possible.</p> <p>Support people with dementia</p>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Vulnerable adults and children
	No	The BCF will impact on all groups.
<b>TARGET COMPLETION/ DELIVERY DATE</b>	<p>The BCF will commence from April 2015.</p> <p>The Pooled Budget (section 75) will commence on that date.</p>	
<b>FINANCIAL/ VALUE FOR MONEY IMPACT</b>	Yes	<p>In Telford, the Better Care Fund Pooled Budget in 2015/16 will be £12.529m.</p> <p>Whilst all metrics included within the plan will be monitored, only the reduction in admissions target will have any impact on funding to the Pooled Budget.</p> <p>The required minimum 3.5% reduction is linked to £840k of performance pay which will be held back out of the Pooled Budget and only released as and when admission reductions are achieved. If the reductions are not achieved this money will flow to the acute sector to fund admission activity. This is currently the only quantifiable financial risk known. This amount is currently identified as a contingency within the Pooled Budget and will be available for repayment to the CCG of pump priming being invested in 2015/16 and investment in the Care Act up to a maximum of £409k.</p> <p>The final s75 agreement will include schedules detailing the financial governance arrangements, scheme by scheme budgets and a risk share agreement.</p>
<b>LEGAL ISSUES</b>	Yes	The BCF s75 Framework Partnership Agreement (“the Agreement”) is based on the template generic agreement drafted by Bevan Britten

	<p>solicitors for NHS England, and released for use by any Health Service body or Council. The Agreement provides the legal framework for a pooled budget between the Council and the CCG and also provides for future flexibility via the likes of the optional Non-Pooled Fund which has its contributions identified but held separately and transferred between partners via separate standard agreements under s76 and s256 of the National Health Service Act 2006.</p> <p>The Agreement sets out the terms on which the Council and the CCG have agreed to collaborate and establish a framework through which they can secure the future position of health and social care services through lead commissioning arrangements.</p> <p>Whilst the Agreement “Commencement Date” of the 1<sup>st</sup> April 2015 has passed without the generic template being finalised it has been progressed to a first-draft stage by the Council and this has been shared with the CCG for its approval of, and/or comments on, the various amendments and populations and for its input into the Agreement schedules. Once agreed and finalised, the Agreement will be formally executed by both parties.</p> <p>The NHS England generic template agreement makes clear that the commencement date should be no later than the <b><u>1<sup>st</sup> April 2015</u></b>.</p> <p>Due to its generic nature the parties are required to agree to various optional drafting, within the template, and to formulate (and agree) the contents of its various schedules, such as aims and outcomes, financial contributions, risk and benefit sharing arrangements etc.</p> <p>The difficulty of not having a formal written agreement, duly agreed and executed, as of the commencement date, creates a potential contractual risk, for both parties, as to the precise terms that the parties are contractually obligated to, and their commitment to practical obligations within any draft schedules, should there be a dispute or litigation, something that Clause 23 of the Agreement clearly makes allowances for. There were specific requirements in relation to</p>
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		<p>national requirements, which have been acknowledged as now being attained through being formally approved.</p> <p>However, the Council and CCG have their own requirements to have effective Governance, contract management and data protection processes in place.</p> <p>Where the BCF results in possible changes to existing service provision to people, consideration will be given through Quality and/ or Equalities Impact Assessment and consultation will be undertaken.</p> <p>New integrated provisions will bring significant changes to the commissioning of some Council and CCG commissioned services. Where changes affect the Council and CCG commissioning plans, separate reports through respective Governance structures will take place.</p> <p>Where identified, clarification with respective legal advice has been, and will continue to be, utilised.</p>
<b>EQUALITY &amp; DIVERSITY</b>	Yes	<p>The BCF is intended to reduce risks of admissions to groups at high risk of hospital admission as identified from local analysis.</p> <p>Further targeted engagement of hard-to-reach groups has been identified as an action.</p>
<b>IMPACT ON SPECIFIC WARDS</b>	No	Borough-wide impact
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	<p>Engagement has taken place with:</p> <ul style="list-style-type: none"> <li>Carers Partnership Board</li> <li>Local Strategic Partnership</li> <li>Health Round Table</li> <li>Shropshire Partners in Care</li> <li>Voluntary Sector Chief Officers Group</li> </ul> <p>A BCF launch event took place in June 2014. A follow up event is being planned to take place in late June or early July 2015.</p> <p>Healthwatch are a member of the programme Management Board and all work-streams.</p>

<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	A risk register is reviewed within the Programme Management Board
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## **PART B) – ADDITIONAL INFORMATION**

### **1 INTRODUCTION**

1.1 The Better Care Fund, a nationally defined programme of integration, is intended to transform the health and social care system in Telford and Wrekin. It will promote greater independence for patients and service users and improvement on current areas of integrated care. The aims are to:

- Deliver the best possible health and social care outcomes for individuals in a personalised way.
- Promote and encourage self-help and self-care for as long as possible
- Enable those at increased risk of hospital, nursing or residential care admission to have easy access to systems in place, to get appropriate help at an early stage.
- Reduce avoidable hospital admissions
- Ensuring financial efficiency and reducing duplication.

1.2 The BCF planning process and submission identified two Thematic areas for development: 'Building Community Capacity' and 'Developing the Integrated Community Enablement Service'.

1.3 In order to progress the agreed Implementation Plan a Programme Management Board has been in place since March 2014. It has monitored the following BCF targets:

- Reduction in admissions
- Reduction in Delayed Transfers of Care (DToC)
- Reduction in permanent admissions to care homes
- Reduction in admissions for 65 years + (local target)
- Improved patient experience (patients feeling supported to manage their long term condition)

1.4 The BCF programme implementation formally commenced from April 2015. This includes the requirement to achieve the agreed BCF targets and to have a section 75 agreement (pooled budget) in place.

### **2 PROGRESS OF THE PROGRAMME**

2.1 There has been substantial progress made, ahead of the formal implementation of BCF including some significant improvements, but also some key challenges in relation to the BCF programme. These are summarised below

## 2.2

### Improvements

- Admission avoidance pathway developed which has been in place since July 2014. This has evidenced the maintenance of more patients with more complex needs at home
- Reductions in admissions have been achieved since August 2014
- Effective partnership working with Shropshire Community Healthcare NHS Trust (SCT) who have developed care pathways to support admission avoidance; identified innovations including shadowing WMAS crews and In-reach to SaTH to divert ambulance conveyances to care at home
- Additional capacity within Rapid Response to enable immediate response to referrals
- Targeted interventions and clinical training within care homes to develop care home skills and reduce admissions
- Admission avoidance pathway included on the 111 Directory of Services to divert conveyances from hospital
- Effective development and engagement of the voluntary sector including identification of voluntary sector Providers, establishment of a BCF working group to support admission avoidance pathway and commissioning Age UK to provide and signpost low level prevention from within Rapid Response
- Recognition that other CCG initiatives also have an impact on BCF reduction of admissions and early discharge
- Collaborative working in relation to the 'Discharge to Assess' programme, enabling early discharge and reducing DToCs
- Additional commissioning and Programme support capacity
- Joint working with SaTH in relation to the Rehabilitation model following formal notice to de-commission service
- Implementation of the South Telford locality prototype has commenced within the potential of reducing demand for health and social care
- Development of a Well Being and Prevention strategy by the Council that focuses on managing demand and promoting independence
- Production of a market position statement "*what are we doing to improve people's lives*" by the Council to encourage market development and sustainability and support growth in community capacity
- Development of initiatives within partner agencies such as Shropshire Partners in Care and Care Homes to introduce "Telehealth"]
- Development of personal budgets for carers

### 2.3 **Challenges and Opportunities**

- Proposals are under consideration whereby the Council take over the function of brokering care identified by Rapid Response and currently brokered by them. This should improve value for money and coordinated care planning.
- No agreement has occurred between the Council and SCT to develop the Integrated team by December 2014 as originally timetabled. However, models have been developed and are in consultation between the parties.
- Development of Community Capacity is still an area for development but new provision is being commissioned that will promote personalisation and self help in the community and at home.
- There has been a lack of detail regarding existing 2014/15 pooled budget activity. This has hindered considerations of how future services could potentially be transformed to achieve better integration. However agreements have now been reached in terms of social care data/performance reporting and the analysis of flow from discharge and data from health sources.
- Lack of integrated planning for other programmes of work e.g. South Telford Locality Prototype, single point of access, single assessment and care planning

### 3. **DEVELOPMENTS**

3.1 There have been a range of developments. These include BCF work-streams and additional initiatives.

#### 3.2 **BCF workstreams**

3.2.1 Progress on work-streams is summarised below

Work-stream	Summary of progress against Implementation Plan
Single Point of Access	Modelling to be completed of all single points to understand referral numbers, profile of reasons, flows across current services, destinations, overlaps and duplication.
Single assessment and care planning	Initial meeting taken place with SCT and Council. Revised milestones or timescales to be identified at next BCF Project Board.
Integrated Community Enablement Team	Initial progress to develop the integrated team such as multidisciplinary workshop, development of draft specifications, planning meetings, team location option appraisal. Agreement of final model and implementation

	<p>will be considered at the next BCF Project Board.</p> <p>Integrated Community Enablement Service – proposed service model’ - details the proposed model.</p>
Rehabilitation sub-group	<p>Formal notice provided to SaTH of the future delivery of rehabilitation via a community-based approach from July 2015.</p> <p>Clinical engagement in analysing potential demand, capacity needed and model for delivery. Service specification developed, consulted on and revised.</p> <p>Clinical model of community rehabilitation agreed – SaTH lead community-based stroke rehabilitation.</p> <p>Developing phased Implementation Plan.</p> <p>A Rehabilitation Business Case which has been shared with SaTH, SCT and Council.</p>
Data sharing	<p>Agreed timescales for health and social care data sharing but progress on implementation waiting for decisions over single point of access, single assessment and care plan and establishment of Integrated Community Enablement Team.</p>
Development of voluntary sector / community capacity	<p>CCG completed Grants framework and implemented from April 2015.</p> <p>Council developed Well Being and Prevention strategy. Consultation at the end of the development process. Implementation plan and timescales unspecified to date. Requested to be in line with BCF timescales.</p> <p>Council has commenced voluntary sector commissioning with tenders underway. New contracts to be in place on 1<sup>st</sup> September that will be co-terminus with CCG grant agreements.</p> <p>Personalised support planning developed through the South Telford Prototype will build community capacity.</p>
Pooled Budget	<p>Pooled budgets for 2014/15 has been agreed.</p> <p>Pooled budget (s75) in development as two schedules (one each for monies held by CCG and Council). Risk sharing Agreement has been developed and will be</p>

	<p>integrated into the s75 agreement.</p> <p>CCG monies identified within SaTH, WMAS and SCT specifically to avoid admissions as part of NHS contracts for 2015/16.</p>
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### 3.3 **Additional initiatives**

A number of additional initiatives that support the development of Better Care are summarised below.

#### 3.3.1 Admission avoidance pathway and related developments

3.3.2 The Accelerated Admission pathway was developed as a pilot from July 2014 in order to learn from experience and develop further. The pathway was fully implemented from August 2014. The Admission Avoidance Evaluation' demonstrated:

- A 40% increase in referrals to the pathway compared to the previous year
- Higher acuity of patients referred to the pathway
- An increase in referrals for 90+ years patients from 5% in quarter 1 to 18% in quarter 3.
- Falls, UTIs, respiratory conditions and End of Life accounted for 50% of all referrals.
- Evidence of reduced admissions using the identified criteria

3.3.3 Additional initiatives were introduced to support admission avoidance:

- Rapid Response In-reach to SaTH and joint assessments with the SaTH Frailty team from August 2014
- Care Home helpline delivered by ShropCom from September 2014
- Rapid Response shadowing WMAS crews from November 2014
- Age UK based within Rapid Response to support admission avoidance from November 2014
- Rapid Response pilot for shadowing GPs on home visits to identify those who could be treated at home
- Care Home interventions delivered by SCT from December 2014 to provide admission avoidance interventions, care management and training in clinical skills to avoid admissions
- Winter resilience funding to provide falls prevention in care homes to avoid conveyances to SATH

#### 3.3.4 Early discharge from hospital and Delayed Transfers of Care (DToC)

3.3.5 A key indicator of the BCF programme is to reduce DToCs. An identified process to support this was the Discharge to Assess approach with SaTH.

3.3.6 The Discharge to Assess (D2A) approach was an agreed initiative within the economy. The principle was that most patients should have a level of Intermediate care before a decision about long term care was made rather

than the decision made while in hospital. This approach identified therapists in SaTH who determine, with the clinical team, whether patients are discharged to one of three pathways:

- Home with or without care
- Stepped down to an Enablement bed
- Discharged to Assess into a nursing care level bed for more assessment and therapy before determining a final destination for longer term support.

- 3.3.7 There is anecdotal evidence that the demand for Enablement and D2A beds has varied depending on the judgement of the particular therapists. Additional work is on-going to ensure there is a consistent approach to determining the pathway patients are aligned to.
- 3.3.8 An economy-wide Working Group is in place to monitor the development of the D2A
- 3.3.9 Development of Care Pathways and Ambulatory Care pathways
- 3.3.10 Identified care pathways were developed as part of the admission avoidance pathway. Additional pathways need to be developed to support further admission avoidance based on conditions that are being targeted for reduced admissions and set out within the NHS Contract for SaTH.
- 3.3.11 Previously agreed clinical pathways are being reviewed to maximise the opportunities for effective community based care.
- 3.3.12 Ambulatory Emergency Care pathways are 49 nationally mandated pathways that are being developed by SaTH to further reduce avoidable admissions.
- 3.3.13 Economy-wide working groups and a Strategic Group are in place. Additional consideration is being given to understand how the care pathway planning can be developed across community and hospital services to ensure effective interventions are given at the right time minimise the need for higher levels of care.
- 3.3.14 Reducing admissions from care homes
- 3.3.15 A programme of work in care homes is taking place to reduce avoidable admissions including the reduction of falls. This includes community nurses providing:
- Clinical assessment of residents
  - Supporting care homes in care planning
  - Supporting reviews of residents who have been admitted
  - Training in subcutaneous hydration in nursing homes
  - Clinical observations in residential homes
- 3.3.16 Additional training is taking place in care homes delivered through the Care Workers Development Partnership. This includes end of life care

training.

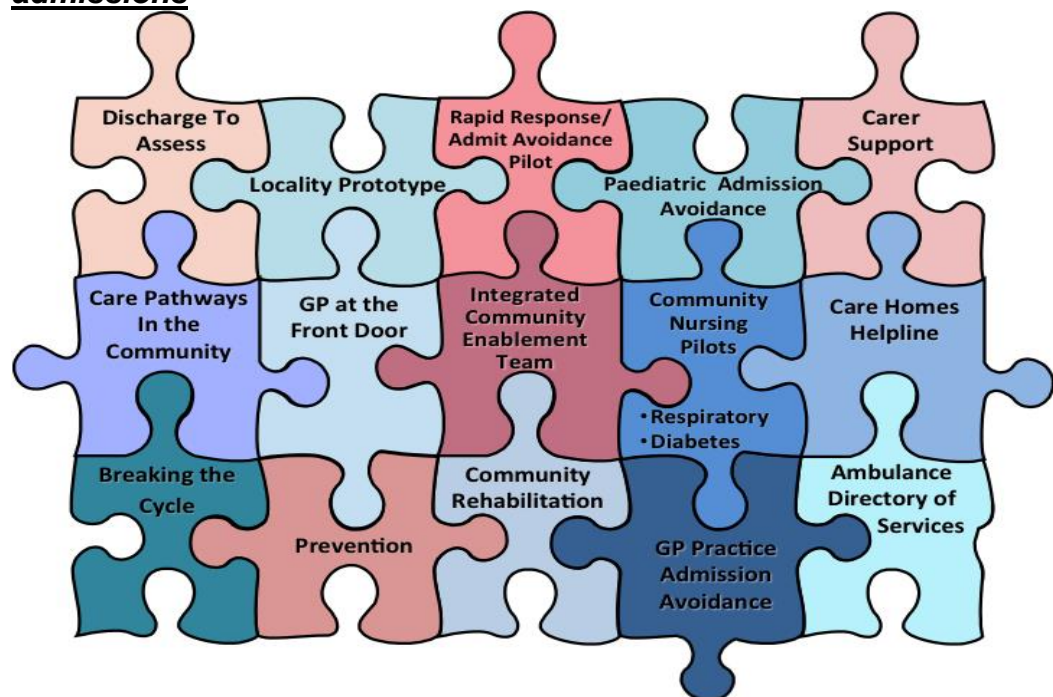
3.3.17 Winter resilience funding has been extended to support falls prevention in care homes. This includes weekly evidence-based exercise in 10 care homes and falls prevention training to care home staff. The intention is to imbed the principles and the roll out to further homes.

3.3.18 NHSE have commissioned an audit of care home admissions to support identification of approaches that may help avoid admissions. This is intended to provide the report by the end of July 2015.

3.3.19 Potential impact on non-BCF funded innovations on reducing admissions

3.3.20 There has been increased recognition that a number of initiatives have or may contribute to reducing admissions. The 'Jigsaw' below indicates these initiatives. Those highlighted in red are directly funded via BCF monies. Initiatives in blue are not BCF funded but contribute to the delivery of Better Care.

**'Jigsaw' of interventions to impact admissions**



3.3.21 The initiatives listed below are all CCG funded schemes (except South Telford locality prototype) that has evidenced a reduction in admissions or the potential to reduce admissions:

- Paediatric pathways have led to reduced short stay admissions  
Respiratory and diabetic pilots have demonstrated reductions in emergency admissions by improved planned care/care management
- South Telford Locality Prototype is seeking to create a multi-disciplinary team around a GP practice and local communities

working alongside health professionals and community groups to prevent and delay a potential crisis. It also aims to make Social Workers more accessible in their communities. The Prototype will implement Support Brokerage and support planning, whole promoting choice, control and personalised approach to achieving better outcomes. There is early evidence of avoiding high cost interventions have been avoided

- GP at the Front Door triaging and re-directing to GP practices
- GP admission avoidance schemes
- Care home helpline has reported to have reduced 130 admissions between July 2014 - March 2015
- Discharge to Assess (D2A) model refers to three identified community pathways to be discharged promptly from hospital. This has led to a reduction in DToC

#### 4 **BCF PERFORMANCE**

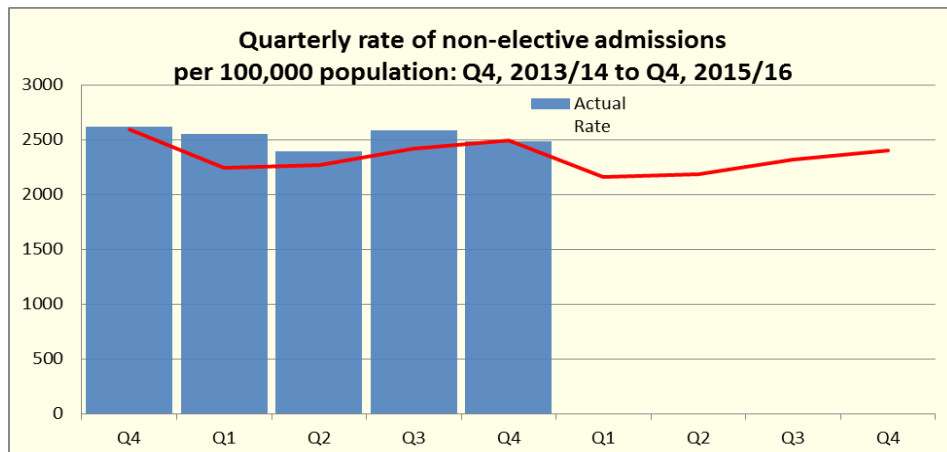
4.1 BCF performance is summarised below.

#### 4.2 **BCF target reduction in admissions**

The BCF metric for reduction in admissions is specified nationally. It includes 'non-elective' admissions to all hospitals (SaTH accounts for 97% of non-elective admissions); transfers between hospitals and maternity admissions. It uses a national dataset for the projection of activity.

The chart below shows the activity to date and projected target for 2015/16

4.2.1



4.2.2 The last quarter achieved the BCF target. (4233 target/ 4216 actual).

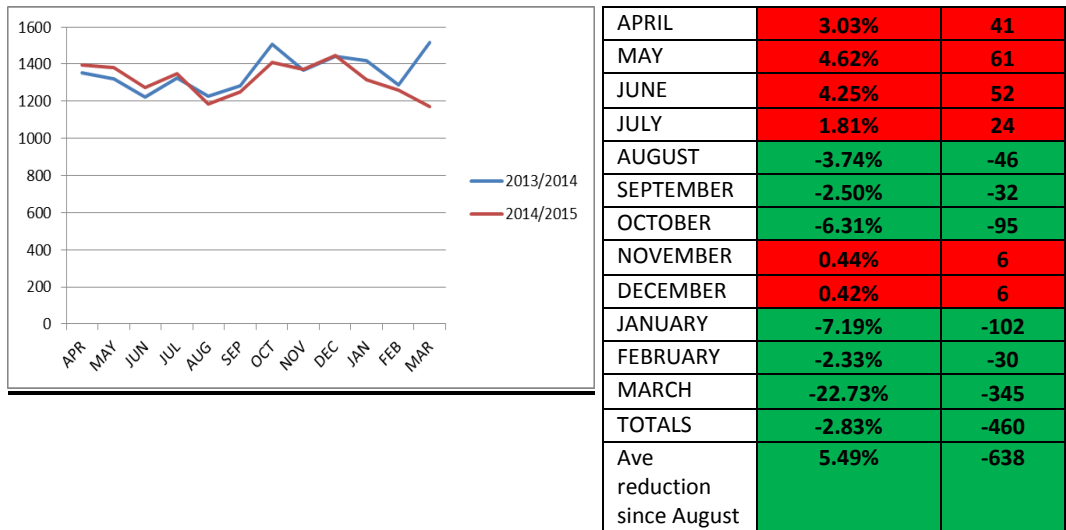
The target is 3548 for Quarter 1 of 2015/16.

#### 4.3 **Reductions in admissions against 2013/14**

4.3.1 Local monitoring of emergency admissions is in place. This uses acute hospital data. The figures below demonstrate an overall reduction in

emergency admissions of 2.83% against last year (16272/ 15812 admissions). This is against a 4% year-on-year increase of emergency admissions over the previous four years.

4.3.2



4.3.3 If comparing activity reductions from August, when the admission avoidance pathway was fully implemented there has been a reduction in emergency admissions of 638 (11,049/10411): a reduction of 5.49% against last year.

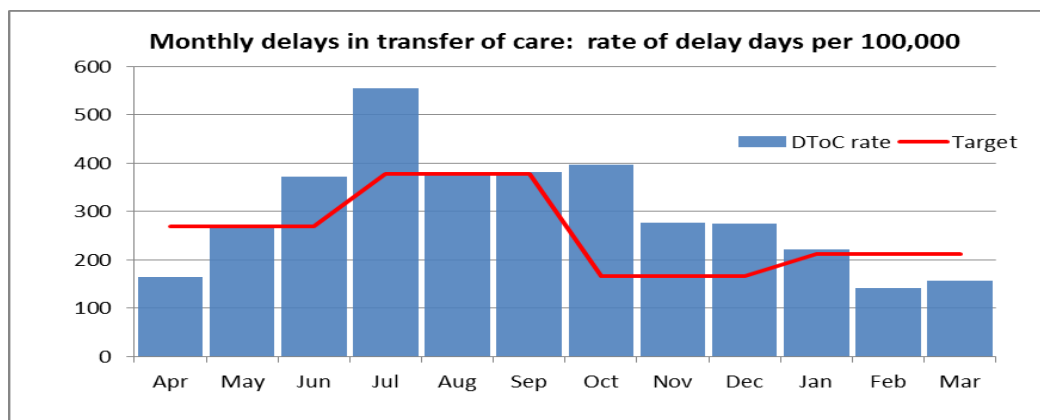
*NB There will be further revisions of the figures as this data set utilises admissions.*

4.3.4 To compare the national BCF metric with local monitoring data, the last quarter activity was 3748 emergency admissions. The national BCF performance metric is 4216 outturn – a difference of 468 admissions.

#### 4.4 Reductions in Delayed Transfer of Care

4.4.1 Reductions in DToCs are summarised below

4.4.2



#### 4.4.3

	Delay Days		Monthly rate per 100,000 population	
	13/14	14/15	Target	Actual
Apr	228	213	268.5	<b>163.7</b>
May	95	351	268.5	<b>269.8</b>
Jun	80	484	268.5	<b>372.0</b>
Jul	91	721	377.6	<b>554.2</b>
Aug	155	496	377.6	<b>381.2</b>
Sep	205	497	377.6	<b>379.1</b>
Oct	255	517	165.8	<b>397.4</b>
Nov	124	361	165.8	<b>277.5</b>
Dec	265	358	165.8	<b>275.2</b>
Jan	248	291	212.2	<b>222.4</b>
Feb	327	185	212.2	<b>141.4</b>
Mar	254	205	212.2	<b>156.6</b>

4.4.4 During the year there were of high levels of DTtoC the key reasons:

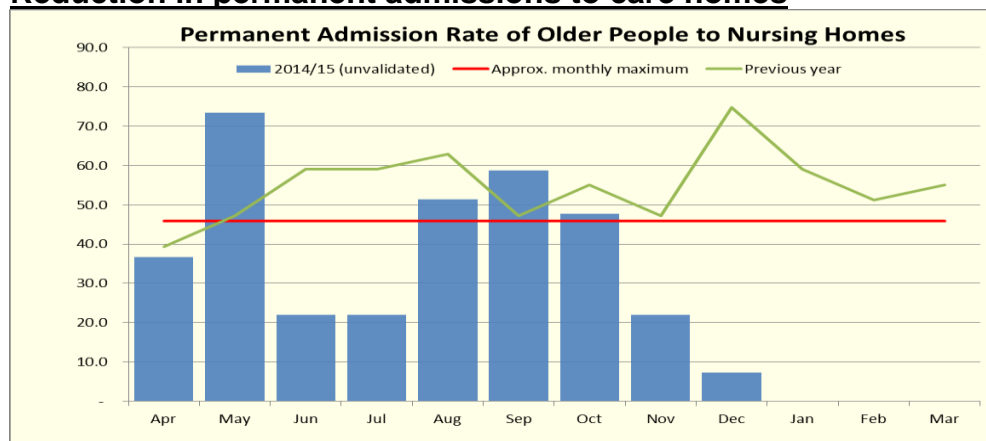
- Awaiting internal transfers for non-acute care
- Significant delays in completion of assessments in SaTH to medically fit to transfer
- Delays in gaining nursing and residential care beds
- Housing delays

These areas have reduced significantly in the latter part of the year.

#### 4.5

#### **Reduction in permanent admissions to care homes**

##### 4.5.1



4.5.2 This shows a reduction against target for 2014/15 from the latest data.

This is not due for submission until the last week of May so data quality analysis is taking place. The current outturn is 639 per 100,000 population. This equates to an increase of 9 people on the previous year.

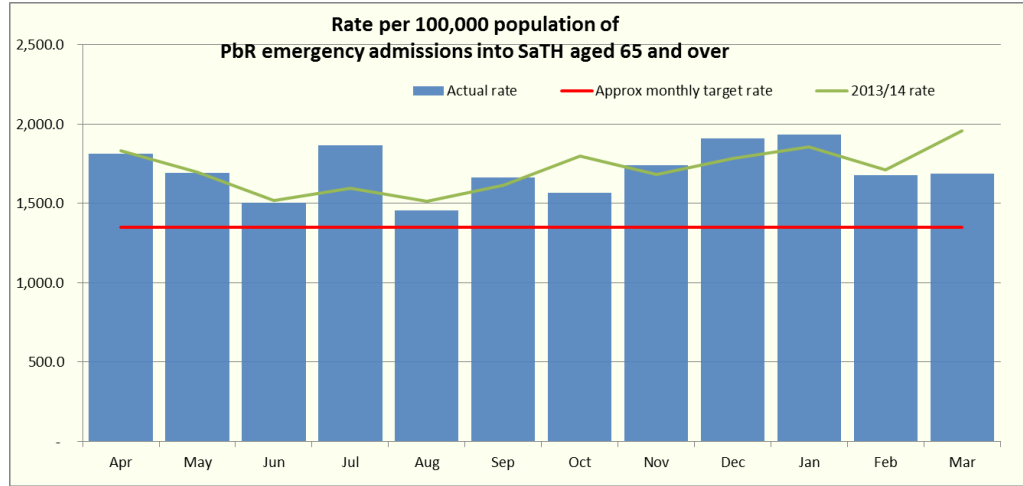
However, the measure is different to the previous year (which was based on actual permanent admissions and excluded people in the 12 week disregard period). However this new measure counts those who planned a permanent residential or nursing care (even if they did not actually take the bed eg if they died before hand).

It is possible that the change in definitions etc. will impact on the ability to reliably measure performance on this metric.

4.6

**65+ years admissions**

4.6.1



4.6.2

There has been an increase in admissions for 65+ and 75+ years. The main reasons for admissions include:

- Heart failure
- COPD
- Respiratory failure
- Non-specific conditions

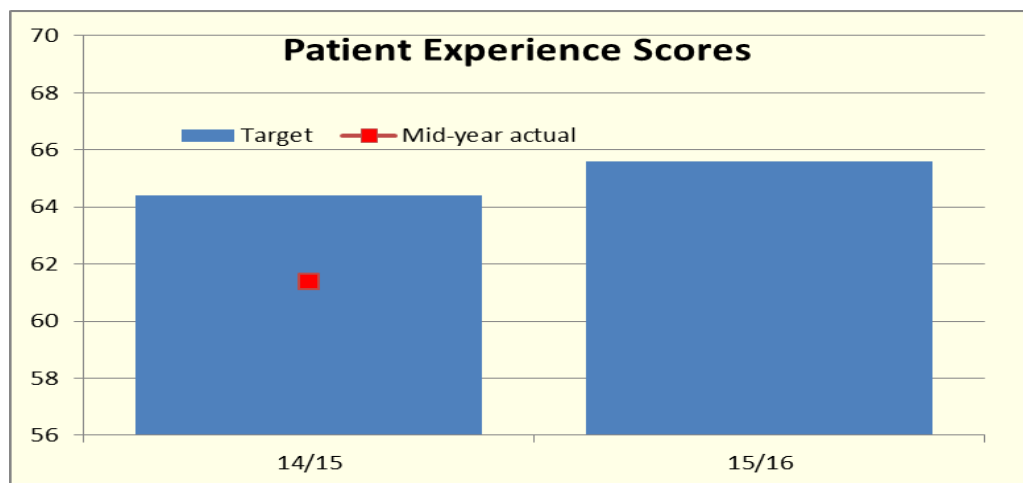
4.6.3

The admission avoidance pathway had an average age of referrals of 77 years. 18% (96 of 512) have been 90 years or older.

4.7

**Patient experience**

4.7.1



4.7.2

The locally agreed patient experience metric was Question 32 of GP Survey (feeling supported to manage LTC).

The Interim GP Practice Survey - CCG report in January 2015 showed

publication a 61.38% feel supported against a national rate of 63.7%. A full report is published later in the year

4.8. **Improving the effectiveness of reablement/rehabilitation services**

4.8.1 The performance for people maintained at home 91 days after Enablement is below. It is very similar to last year's 64.9% outturn.

4.8.2

	<b>Total - 65 and Over</b>		<b>OVERALL TOTAL</b>
	<b>Male</b>	<b>Female</b>	
Number of discharges in period to rehabilitation where the intention is for the patient to go back home (1st October – 31st December)	26	60	86
Number of discharges above where person was still at home 91 days later	16	39	55
			<b>64%</b>

5 **BCF FINANCE ISSUES AND POOLED BUDGET DEVELOPMENT**

5.1 **Pooled budget expenditure 2014/15**

5.2 Expenditure against the Pooled budget monies has been shown a small overspend against the total budget.

5.3 Pooled budget monies aligned to the SaTH and Community Trust for NHS Contracts are identified as activity variations identified below:

5.4 SaTH relates to reduced emergency admissions:

- Reduced emergency admissions by 2.83% against last year
- Reductions were noted in specific areas including Respiratory conditions, Abdominal disorders, DVT, Heart Failure, shock and collapse, Cardiac conditions and Poisoning.

The SaTH contract is commissioned through the national Payments By Results tariff. Potential savings relate directly to reduced admissions.

5.5 Shropshire Community Trust relates to increases in community contacts. These are been identified within specific reported activity:

- Increased IDT (Rapid Response and Community Nursing) contacts
- Increased Respiratory Nursing contacts
- Increased Diabetic Nursing contacts
- Increased Tissue Viability nursing contacts

There has been increased funding for Rapid Response via CCGs Transformation monies. There has also been pilot funding for the identified teams through non-recurring monies within the CCG.

5.6 Use of transformation monies  
 5.7 The CCG identified non-recurring Transformation monies in 2014/15 to support BCF development.

5.8 A summary of expenditure and savings from utilisation of transformation monies is set out below. This shows direct expenditure and costs in relation to BCF.

**Overall costs summary**

2014/15 costs	Admission Avoidance costs	Resilience Costs	Savings
Savings from reduced admissions			YTD +£277,701 Since August 2014 -£106,585
Rapid Response admission avoidance pilot	£142,000		
Domiciliary care packages to avoid admissions	£20,423 208 packages		
Care home admissions to avoid hospital admissions	£31,974 Spot purchase admissions		
Admission avoidance low level support – Age UK	£21,000		
Fall Prevention - Fit for All		£10,000	
<b>Total costs</b>	<b>£215,397</b>	<b>£10,000</b>	<b>- £106,585</b>
Balance of costs			<b>+£118,812</b>

**Summary of Transformation monies expenditure and savings**

The Summary of Costs chart shows the expenditure in additional Rapid Response nurses and care costs to avoid admissions. Domiciliary care and care beds were procured by Rapid Response rather than the exiting Brokerage team. It is unclear if the costs could have been absorbed within the pooled budget.

5.9 While savings have been made since August from reduced admissions the overall costs have been more than the savings.

5.10 Savings due to reductions in admissions need to take account of marginal rate of savings. Reductions in admissions above the Benchmark activity level set in 2009/8 can only be calculated at 30% savings.

5.11 **Pooled budget development 2015/16**

5.12 The two pooled budgets for 2014/15 (S75s) and two s256 agreements have been agreed.

5.13 The S256 with NHSE has been formally signed off.

5.14 The Pooled Budget for 2015/16 is: £12,529,000

	Contribution	Within Schedules
Council	£1,647,000	£9,453,000
CCG	£10,882,000	£3,076,000

5.15 Development of the s75 for 2015/16 has been progressing through the Pooled Budget work-stream:

- Development of the legal agreement
- Two service specification schedules are in development: one Council- and one CCG-led schedule in respect of their respective lead commissioning arrangements
- Agreement of the high metrics and reporting has been developed

5.16 Risk Sharing Agreement has been agreed and will be included within the legal agreement

5.17 The Council-led service specification schedule will set out:

- Rehabilitation and Re-ablement to support community services
- Domiciliary care
- Rehabilitation and Re-ablement beds
- Assistive Technologies
- Maintaining eligibility of clients with long term conditions
- Preventative services
- Management costs
- Carers
- Social Care Capital
- Disabled Facilities Grant

This schedule has a value of £9,453,000

High level reporting of this schedule will be included. Detailed reporting of each scheme will be agreed.

5.18 The CCG-led service specification schedule will set out:

- Shropshire Community Trust
- SATH
- BCF Management costs

This schedule has a value of £3,076,000

High level reporting of this schedule will be included. This will be based on detailed provides through the monthly monitoring of the NHS contract Detailed reporting of each scheme will be agreed.

5.19 Once schedules and the legal agreement have been agreed locally they will be reviewed by the respective legal departments before the leaformal agreement

## 6 **GOVERNANCE ARRANGEMENTS IN RELATION TO ALIGNED WORK PROGRAMMES**

6.1 There are a number of work programmes that are interrelated with BCF objectives across the economy. Examples are indicated below:

- Care Act 2014
- South Telford locality prototype
- Council Well Being and Prevention strategy
- Ambulatory Emergency Care
- GP at Front Door
- Urgent Care Working group and economy-wide System Resilience Group (SRG)

6.2 BCF and Care Act report to the Strategic Commissioning Group, which reports to the HWB Board. However, some of these work programmes have separate Governance and Programme Management arrangements; sometimes limited understanding of their shared agendas; and no clear linkages into the BCF Programme. This was highlighted by the recent Home from Hospital visit.

6.3 There is potential to reduce duplication of meetings, improve planning and increase the rate of development and transformation by more co-ordinated working.

6.4 The Council has indicated recently that it would be helpful to ensure greater alignment between the BCF and other work programmes by having the over-arching governance via the BCF Programme Management Board that reports to SCG.

6.5 However, some meetings have wider accountabilities. For example, the SRG is economy-wide and reports to NHSE; Ambulatory Care is economy-wide and currently without Council representation, as it focuses

on medical treatments.

6.6 Further discussion will take place to improve the over-arching governance arrangements between strategic groups

## 7 **ADDITIONAL WORK PROGRAMME RELATED TO BETTER CARE**

7.1 To build on the progress to date and accelerate progress to meet the Better Care objectives additional initiatives are being taken forward:

- Completion of the s75 Pooled Budget agreement
- Developing additional strategies to increase referrals from GPs, WMAS, care homes and ShropDoc by further engagement and raising the profile of the pathway with evidence of success and benefits
- Additional clinical pathway development by aligning existing pathway development and Ambulatory Care pathways
- Development of the Integrated team
- Development of the community-based rehabilitation provision
- Further development of voluntary organisations to support admission avoidance utilising Age UK within Rapid Response to signpost
- Development of a simplified care home telephone support/ response service
- Ensure the development of the Wellbeing and Prevention strategy to support BCF objectives and timescales
- Ensure that the South Telford locality prototype is fully integrated into the BCF work programme and supports reduced demand for NHS and social care.

Further innovations to reduce admissions based on guidance, best practice or evidence will be identified.

## 8 **Recommendations**

- Note the progress of the Better Care programme
- Note the progress of the development of the section 75 Pooled Budgets agreement
- Ensure all representative statutory organisations support and facilitate approved BCF implementation within the identified timescales

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