



Telford & Wrekin  
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

## HEALTH AND WELLBEING BOARD

Date **Wednesday 9<sup>th</sup> September 2015** Time **2.00pm**  
Venue **Room G3/G4, Ground Floor, Addenbrooke House, Telford TF3 4NT**

### Enquiries Regarding this Agenda:

|                     |                          |              |
|---------------------|--------------------------|--------------|
| Democratic Services | Jayne Clarke             | 01952 383205 |
| Media Enquiries     | Corporate Communications | 01952 382403 |
| Lead Officer        | Jon Power                | 01952 380141 |

### Committee Membership:

|                                      |   |
|--------------------------------------|---|
| Cllr R A Overton ( <b>Chairman</b> ) | Cabinet Member – Housing, Public Health & Protection      |
| Dr M Innes ( <b>Vice-Chairman</b> )  | Chair, Telford & Wrekin CCG                               |
| Cllr K T Blundell                    | Lib Dem / Independent Group                               |
| Cllr E A Clare                       | Cabinet Member – Leisure Services & Culture               |
| J Chaplin                            | Healthwatch   |
| Cllr A R H England                   | Cabinet Member – Adult Social Care                        |
| D Evans                              | Chief Operating Officer, Telford & Wrekin CCG             |
| D Harrison                           | Non-Executive Director, Telford & Wrekin CCG              |
| L Johnston                           | Director for Children's Services, TWC                     |
| L Noakes                             | Director of Public Health, TWC                            |
| Cllr J M Seymour                     | Conservative Group  |
| P Taylor                             | Interim Director: Health, Wellbeing & Care TWC            |
| J Tozer                              | Community Safety Partnership                              |
| Cllr P R Watling                     | Cabinet Member – Children, Young People & Families        |
| R Woods                              | NHS England (North Midlands – Shropshire & Staffordshire) |

## AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes**

To confirm the minutes of the meeting of the Health and Wellbeing Board held on 10<sup>th</sup> June 2015.

Appendix A

Continued ...

... Continued

4. **Public Speaking**

**Strategic**

- |     |   |            |
|-----|---|------------|
| 5.  | <b>Priority Update: Improve Adult and Children Carers Health and Wellbeing</b><br>To receive a report from Jill Tiernan | Appendix B |
| 6.  | <b>Living Well Priority Update</b><br>To receive a report from Louise Mills and Helen Onions                            | Appendix C |
| 7.  | <b>Smoke Free Ambition</b><br>To receive a report from Helen Onions   | Appendix D |
| 8.  | <b>Mental Health and Wellbeing – Commissioning Update</b><br>To receive a report from Clive Jones and Anna Hammond      | Appendix E |
| 9.  | <b>Mental Health Crisis Concordat Briefing</b><br>To receive a report from Helen Didlock and Frances Sutherland         | Appendix F |
| 10. | <b>Primary Care Commissioning Intentions</b><br>To receive a report from Dave Evans                                     | Appendix G |
| 11. | <b>Community Fit Update</b><br>To receive a report from Dave Evans  | Appendix H |
| 12. | <b>Healthwatch Telford and Wrekin Annual Report</b><br>To receive a report from Kate Ballinger                          | Appendix I |
| 13. | <b>Telford and Wrekin – Local Plan</b><br>To receive a report from the Assistant Director: Planning Specialist          | Appendix J |

**JSNA**

No Items

**Oversight of Performance**

No Items

**Future Meeting Dates:**

Wednesday 9<sup>th</sup> December 2015

Wednesday 9<sup>th</sup> March 2016

## HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 10<sup>th</sup> June 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 K Blundell (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) P Taylor (Telford and Wrekin Council) and L Johnston (Telford and Wrekin Council)

Also Present: M Bennett (Head of Commissioning, Integrated Care), M Jhawar-Gill (Commissioning Specialist and Contracts Officer: Commissioning Vulnerable People: Family and Cohesion Services) and A Mason (Independent Chair: Telford Safeguarding Adults Board)

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

The Chair welcomed and introduced Cllr K Blundell to the Health and Wellbeing Board.

Following the last meeting of the Board the Council with TACT had won a national LGC award for the development of the recovery orientated Drugs and Alcohol Strategy.

### **HWB-01     MINUTES**

L Noakes asked the Board to note that the Commissioning intentions would need to be reviewed in year due to the announcement last week that £200m was being taken from the national Public Health Grant this year – this equated to 7% of the Council's budget which was £700K-£800k. The Public Health Team were currently looking at the impact that this may have.

Following a discussion it was:

**RESOLVED** – that the Minutes of the meetings of the Health and Wellbeing Board held on 11<sup>th</sup> March 2015 be confirmed and signed by the Chair subject to the following changes:

**Page 2 – 6<sup>th</sup> paragraph “Emergency contraception services needed to be more uniform for patients and order that they were not confused with what was on offer” – replace “and” with “in”**

**Page 6 – HWB-37 Bullet Points – replace “IAX” with “IAPT”**

**Page 8 – HWB-39 2<sup>nd</sup> paragraph “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” – replace “consulted a Lead” to “consulted as Lead” and “foundation of the Trust” to “Foundation Trust”.

P8 – HWB-39 – 5<sup>th</sup> paragraph – remove the word “was” from “. . . related piece of work was currently being undertaken . . .”

Page 11 – 9<sup>th</sup> paragraph – “It would not be possible to put forward and unaffordable option” – replace with “put forward an unaffordable option”.

Page 12 – 1<sup>st</sup> paragraph – “Mikes 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 officer was considered” - replace with “Mike Innes confirmed the system of approach was a “bottom up” design of the clinical model and that the affordability was tested independently once the quality of the offer had been established”.

Page 12 – HWB-42 – first Bullet points – replace “Early Health’s” with “Early Help”.

## **HWB-02      APOLOGIES FOR ABSENCE**

Vicki Taylor (NHS England), J Tozer (Community Safety Partnership) and Dylan Harrison (Clinical Commissioning Group).

The Board were informed that Dawn Wickham, NHS England, was no longer in post. A substitute Member of the Board, Vicki Taylor, had been appointed

## **HWB-03      DECLARATIONS OF INTEREST**

None

## **HWB-04      PUBLIC SPEAKING**

No members of the public had registered to speak.

## **HWB-05      REVIEW OF THE TERMS OF REFERENCE OF THE HEALTH AND WELLBEING BOARD**

M Cumberbatch presented the report on the Terms of Reference of the Health and Wellbeing Board. This was an opportunity to bring the Terms of Reference up to date and in line with current legislation and was considered good practice.

Several changes had been made to the Terms of Reference approximately 18 months ago where there had been changes to the HWB who now met 4 times per year. Changes to the quorum and the Board membership had also been incorporated, together with a general update following the transition from Shadow Board to full Board.

The report suggested no changes to the Terms of Reference at the present time as there had been no legislative changes. Prior to this year’s election the Government had announced changes to the local functions and a consultation exercise by the DCLG had taken place which closed on 6<sup>th</sup> March 2015. This new legislation would provide for Local Authorities to

delegate functions if they wished to. There were currently no further information on this legislation.

M Cumberbatch suggested that the Terms of Reference may need to be brought back to the Board later in the year if there were any developments with regard to the new legislation, but considered that there were no changes necessary at this stage.

Cllr J Seymour considered that the Terms of Reference were very wordy and repetitive. Although she understood the need for the depth of information it was requested that the Terms of Reference be set out with bullet pointed information for ease of reading. Cllr Seymour also queried if the Membership was politically balanced as following the election the balance of Members had changed and this would mean changes to the balance on the Board.

M Cumberbatch advised the Board that the regulation were very basic and quoted “at least 1 elected Member”. This Board membership did not follow the political balance rules. The decision with regard to allocation to the Board had been made by the Leader of the Council.

The Chair informed the Board that there was no statutory requirement to have opposition members on the Board, but that the Leader had wanted to make sure that the opposition had a voice on the Committee and had gifted seats to the Opposition Groups.

Cllr A England commented that he was frustrated that the Board did not drive enough change through co-operation and co-ordination. He was of the opinion that the Board could have an influence if they focussed their minds and he referenced points 7, 12 and 13 on Appendix 1 to the report.

Cllr L Clare commented that although the Board needed a comprehensive terms of reference she was also of the opinion that it may be useful to take out some information and also agreed that bullet points would be worthwhile considering.

P Taylor suggested that there would be a clearer idea of the Leadership Role once the national policy drivers had come forward.

M Cumberbatch suggested the Board consider the options with regard to the Terms of Reference and that he would consider the guidance and statute with regard to the political balance and continue to monitor changes to the legislation and any potential changes to the Board's membership.

**RESOLVED – that the Board confirm the Terms of Reference at Appendix 1 to the report.**

**HWB-06      HEALTH AND WELLBEING BOARD STRATEGY REFRESH – PROPOSED PROCESS**

J Power presented the report on the Health and Wellbeing Strategy refresh.

The report outlined the proposed approach for reviewing and refreshing the current strategy which would expire at the end of March 2016.

A development session had been organised for the 23<sup>rd</sup> June where it was hoped that Members would attend, engage and develop a vision for the priorities of the Board which would be consulted upon during Summer 2015.

It had been recognised that since the adoption of the strategy in 2012/13, significant changes around health and social care had occurred including the introduction of the Care Act and the Better Care Fund. The strategy was due to be reviewed and was a good opportunity to ensure the strategy was relevant and focussed on priorities that individual partners were unable to progress alone.

The new strategy needed to be in place by 1<sup>st</sup> April 2016. It would be a 3 year strategy running from 2016/17 to 2018/19. Three key steps had been identified within the timescale which were:

- HWBB Development Session 23<sup>rd</sup> June 2015
  - Agree a small number of high level priorities for the Board which were aspirational, transformational and meaningful
- 6 Week Consultation Period 20<sup>th</sup> July - 30<sup>th</sup> August 2015
  - To be undertaken with key stakeholders (including CATPS), partners, service users, carers, staff and members of the public
- Draft Strategy
  - The strategy would include comments received as part of the consultation exercise and approved by the Board in December 2015

P Taylor informed the Board that a meeting had been held with David Evans and Richard Partington together with members of the CCG and Senior Officers of the Council. The discussion was around the vision, the governance arrangements and the challenges ahead. At this meeting it was agreed that 3 groups of officers would meet in June for discussions and it was asked if it would be possible, in order for these meetings to take place, to defer the HWBB Development Session from 23<sup>rd</sup> June for a month or so, which would enable the officer groups to bring the work undertaken to the Development Session. This would also mean that the public consultation would also need to be deferred to a later date but still with the aim of bringing the Strategy back to the Board in December 2015.

It was suggested to the Board that if required maybe there could be an additional or extra HWBB meeting.

J Power commented that the Board needed to make sure that any significant changes were considered collectively but that it would be possible to delay the development session as requested.

L Noakes suggested that this was a timely review process and that there was a need to focus on key priorities that really needed transformational change and that the Board needed to be in a position to be able to flexibly review priorities on an annual basis if required.

J Chaplin commented that a consultation process during the summer months ie July/August during the school holidays would not be beneficial and suggested that this took place in September/October.

Cllr L Clare agreed and added that the school holidays also had an impact on staffing levels. Cllr Clare also suggested that it was important to have the correct priorities in order to get the

right and proper outcomes and that maybe some priorities be discontinued and other priorities be brought on board.

D Evans gave his support to P Taylor's suggestion of deferring the workshop in June in order that the officer discussions be undertaken to establish a clear vision for both organisations and make suggestions around governance arrangements. It was also suggested that it was important to overcome any tensions to ensure the work of the Board and its partnerships rise to future challenges.

Cllr P Watling welcomed the opportunity to review the priorities in light of the changes to funding.

Cllr J Seymour also welcomed the comments due to the changes following the Care Act and the BCF and the importance of understanding this new legislation.

The Chair suggested that the recommendation be amended to "the next development session" and the consultation be undertaken in the Autumn.

Following the discussion it was:

**RESOLVED – that:**

- a) the proposed strategy refresh process be approved;**
- b) Board Members attend and engaged in the next Development Session which would focus on developing and agreeing a high level vision and priorities for the Board with consultation taking place in Autumn 2015; and**
- c) the draft 2016/17 – 2018/19 Strategy is presented to the Board on the 9<sup>th</sup> December 2015 for approval.**

**HWB-07      AUTISM UPDATE – THE AUTISM STRATEGY 2014-2017 UPDATE AND THE AUTISM SELF-ASSESSMENT SUBMISSION (MARCH 2015)**

P Taylor reported to the Board that Autism was a current priority of the Board and that the legislation with regard to this was still very young and only introduced in 2009. The legislation introduced the need for an Autism Strategy and Action Plan. The Department of Health check to see that these strategies and plans were being implemented and this has been done by introducing a strategy refresh in 2014 called "Think Autism". This work had been co-ordinated by M Jhavar-Gill and this had been signed off by the CCG and the Council. There was a national recommendation that the self-assessment should be reported to the Board in 2015. At 4.9 to the report the date should read January 2015 and not "2014".

Cllr J Seymour brought to the attention of the Board that the report referred to at 2.3 to the recommendations, the Autism Self-Assessment, was missing from the papers.

M Jhavar-Gill presented an update on the Autism Strategy 2014-2017 and the Autism Self-Assessment submission (March 2015). There were a number of new Commissioners, along with the CCG, working to refresh the Autism strategy. The Action Plan was slightly out of date and further work was to be undertaken. The Steering Group had previously been asked to focus on adults but now children and young people issues were incorporated into the Strategy. The Board were asked to note how the capital grant had been spent with regard to learning disability and confirmed that this would be under the responsibility of the Partnership

Board. A Task and Finish Group were undertaking work with regard to parent carers of adults with Autism and raising concerns regarding funding. A meeting was due to take place to re-assure the parent carers' funding was in place until 31<sup>st</sup> March 2016. Work was continuing despite a slight drop in funding, although this would be at a lower level. Any issues raised were being picked up under the wider consultation which included the parents of carers of children. The Board were asked to engage in the consultation which was due to end in August/September 2015.

P Taylor referred the Board to the self-assessment that had taken place during February/March and the consultation responses from service users and asked Manny Jhawar-Gill to take the Board through the main points.

Manny referred to the RAG ratings at items 4.10-4.12 to the report which were undertaken using strict assessment criteria. There were a number of Amber and Red areas which could be found at 4.12 to the report and these were used to assess the work at the time of submission. A training module had now been developed and was ready to be rolled out, although it was thought that this needed to be more "Telfordised" with anecdotal information from local people. The Ollie module for staff would be updated going forward for the wider training programme. With regard to the housing specific criteria, the housing strategy was split into distinct groups. Discussions with Commissioners would take place to look at housing for people with autism more broadly, but this was not specifically mentioned within the self-assessment. Work was taking place regarding data cleansing and data sources from the hub. This would help with forward planning for both the CCG and the Council who were keen to gain an insight into who uses the service and the types of service users. They would also look at reasonable adjustments that may need to be undertaken by wider employers and businesses, especially around kite marks and accreditations, in order to entice businesses to support placements and paid work.

The Chair asked if there had been any consultation with the Job Centre, Job Box or Job Junction?

M Jhawar –Gill commented that the assessment looked more broadly at this area.

Cllr A England thanked M Jhawar-Gill and all officers involved with this work and welcomed the report and actions. With regard to the red rating at 4.12 to the report Cllr England asked if there had been any engagement with the Criminal Justice System as he had found that people with a lack of capacity were often in court and sentenced with little comprehension as to what was happening. It was important to ensure that early intervention was in place for those people with a lack of capacity or no understanding of what they had done. It was suggested that a structure was put in place in order that these people were not criminalised.

Cllr P Watling suggested that Custody Suite Staff and the Youth Offending Service and Young People Services needed to have a better understanding of Autism especially with regard to the relationship these people had with authority figures.

Cllr J Seymour raised the point that this had been on the "to do" list for the Criminal Justice System for some years. Now that officers had identified this as an issue it was hoped that this would move forward more quickly. Cllr Seymour also asked for further information with regard to 4.5 at Annex 1 to the report.

M Jhawar-Gill confirmed that this was not necessarily a financial resource that was required. The Hub could help to deliver diagnoses. The diagnostic part of the process took approximately 3 hours but the Hub could be involved with the latter part and help with the

data collection around consultations and information around Autism together with future careers advice. The funding was supplemented by a capital grant and the contract had been awarded to "Listen not Label" who bid for the funding and were awarded the full amount in order to support the project with equipment and software. This would remain the property of the Local Authority and could be used as a resource for schools.

Cllr J Seymour asked about the expectations at Item 6 on Appendix 1 to the report.

L Johnston confirmed that West Mercia Youth Offending Service Board had drafted up a Youth Justice Plan for the wider West Mercia Service that included Telford and that she would look to establish the link between this work and that of the Plan.

It was asked if there was any data to show the size of the problem?

M Jhavar-Gill said that information highlighted in the Youth Justice Plan was used to understand the national landscape and was not based on Telford data.

Cllr A England queried who had been consulted on this work, ie Youth Offending Service, Probation Service? It was also suggested that consultation be undertaken with the CPS the Youth Service, Telford and Wrekin Council and the Police.

J Chaplin offered the services of Healthwatch who would be happy to talk to people and bring back the responses.

Cllr E Clare raised the issue of housing and the Red RAG rating at 4.12 to the report. Cllr Clare considered housing to be a real issue and queried whether there was any figures on housing waiting lists and what was available. She asked the Board if it needed to be realistic in its expectations. There had been a new development at High Mount in Donnington but these facilities were few and far between.

It was confirmed that feedback on the numbers would be circulated to Members of the Board and that there was another project being considered for lower level accommodation with support.

P Taylor reminded members of the Board with regard to the local development of specialist housing, although it was hoped to try and support people to live in their own home. Locally a high proportion of adults with learning difficulties were supported in residential care and the Board needed to look at alternatives, ie the developments such as the Extracare Housing Schemes. There had recently been a scheme in Ketley and there may be further schemes coming forward.

M Jhavar-Gill commented that the assessment had been looking more broadly at accommodation issues and the offer of tracking services and the issues of transition from residential schools in readiness for independent living. They were currently tracking 13/14 year old children in residential care in order to see the level of support and care needed for the child and the family. Any outcomes would be identified and incorporated into the wider piece of work.

M Innes recognised the challenging numbers at 3.1 of Appendix 1 of the report. The figures were difficult to predict. The figures were based on a predictive prevalence and more accurate data was needed in order to compare where they were in order to get a true picture of diagnoses.

M Jhavar-Gill confirmed that national prevalence data had been used and 30 adults had been assessed and there were at least 30 new cases.

M Innes suggested that any further reports were more clear on the numbers.

**RESOLVED** – that

- a) **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) be approved;**
- b) **overall governance for the Autism Strategy 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 be confirmed; and**
- c) **how the Autism Capital Grant would be spent be noted.**

**HWB-08      TELFORD AND WREKIN SAFEGUARDING ADULT BOARD: GOVERNANCE ARRANGEMENTS**

A Mason presented the report on the Telford & Wrekin Safeguarding Adult Board Governance Arrangements.

Telford Safeguarding Adults Board had met for the first time in April 2015. Three sub-groups had been established which were:

- Quality, Performance & Operations (QPO)
- Partnership, Training, Learning & Development (PTLD)
- Service User Communication and Community Engagement (SUCCE)

Good progress was being made.

A Strategic Plan had been published without consultation which set priorities with wider partners and stakeholders and set out a plan until the end of the year. This was to look at the new requirements of the Care Act and this was going through the development stage. Suggestions and ideas were sought in order to work more effectively which may involve changes to Board Membership and sub-group membership. The Board ideally wanted to be structured and ambitious and improve outcomes and this would be moved forward in the first 6 months.

Cllr J Seymour commented that following the Groups being set up and the initial meetings, she was concerned about the amount of time taken up looking at cases which involved the Police, the CCG, Adult Safeguarding Manager and the Telford and Wrekin Board Manager and the amount of manpower that was required.

A Mason confirmed that the initial management support had been undertaken by a light admin structure and not from front-line staff and this was there to support the Panels, Boards and Sub-Groups and that this had been funded by the Council, CCG and the Police.

P Taylor confirmed to the Board that there had been no detrimental effect on services and resources within the Council's Safeguarding Team and with their workload. The Care Act came into effect in April 2015 which required Local Authorities to establish a statutory Safeguarding Adults Board, which needed an Independent Chair to oversee the quality of local safeguarding arrangements including the Council's responsibilities. The Chair was an additional cost but this was seen to be a positive in order to drive forward safeguarding. It was recognised that the previous Board was not fit for purpose and not delivering against the new agendas and a small resource had been needed to establish and service the Board. The Council received a small amount of additional funding (£16,000) which was given notionally for new safeguarding. The budget was currently £62,000 for support. Together with the £16,000 of additional new money, two statutory partners, the Police and the CCG, were to contribute £12,000 each so the additional cost would be just over £20K. This was something that should have been spent previously.

Cllr J Seymour asked if the Children's Safeguarding would still continue?

P Taylor confirmed that there was a 0.3 Manager Position, a 0.2 DASU/Local Authority Designated Officer (LADO) which would look at the synergies of Board Management roles and produce detailed guidance regarding the role.

Cllr J Seymour raised further concerns whether there was enough capacity.

A Mason commented that every Safeguarding Board would need to have an Independent Chair.

Cllr E Clare asked why Wrekin Housing Trust had been picked as a Board Member when there were other landlords out there?

A Mason replied that the Board wrote as widely as possible to landlords but that Wrekin Housing Trust were the only ones that showed an interest and were willing to attend.

Cllr E Clare asked who was representing the Trust?

P Taylor confirmed that it was Andrew Johnson.

A Mason confirmed that it was difficult to send people to the Board and they had nominated substitutes ie for items such as extracare facilities.

Cllr E Clare asked if the Board had closed agendas?

L Johnston confirmed that the Children's Board had closed meetings.

A Mason commented that the documents were available on the website as this was a public Agenda.

P Taylor confirmed that the Board itself did not deal with individual cases, only agreed serious case reviews. The terms and conditions of the Adult Safeguarding Board were statutory.

Following the discussion it was

**RESOLVED – that**

- a) the governance arrangements which were in place for the Telford & Wrekin Safeguarding Adults Board (TWSAB) were noted; and
- b) future updates would be provided on an annual basis – this would be used to present the TWSAB Annual Report (which included progress and achievements of the Board during the last 12 months).

## **HWB-09     BETTER CARE FUND UPDATE**

M Bennett and C Jones presented an update on the Better Care Fund.

M Bennett confirmed that there had been progress on both the S75 and the work across the whole year. The funding work had brought together 5 Agreements into the S75 agreement and the S256 agreement. They were currently working through the Terms and Conditions and the Schedule in order that they could avoid conflict to help move forward and deliver health and social care within the legal document and framework. M Bennett did not want to underestimate how important it was to get the agreement signed off in order to avoid the risk of contract issues and performance issues. General agreement was in place although they were still working on areas such as service specifications. It was the intention that this work would be ready by the end of the month which was the end of the 1<sup>st</sup> quarter. A summary BCF progress report was presented – M Bennett described the different elements of the programme and that in the last quarter of 2014/15 the BCF target reduction in non-elective admissions had been met but that there had, however, been an increase in non-elective admissions in older people and that delayed transfers of care had reduced in the latter part of the year. With regard to patient experience, Age UK had been asked to carry out a process to get a clearer picture of patient experience and feedback from those with long term conditions and a stakeholder event would take place in July which had been extended to carers. More work around community understanding and caring at home was needed in order to improve independence, save money and reduce costs. The programme of work was ongoing.

M Bennett confirmed that 65+ was the challenge area with increasing rates of admissions and people staying in hospital longer. A more detailed analysis was needed as it was hard to say if a rapid response had been effective.

The Chair raised the issues around Delayed Transfers of Care (DTC) – there were no percentages in the figures about the causes of the delays.

M Bennett said that this could be added to the report. It was now easier to identify people who were being discharged earlier and that the delayed transfer numbers had reduced. These issues had been looked at over the last few months and a focus on length of stay had been undertaken.

The Chair asked if this was evidence based.

M Bennett said that there had been a lot of discussion and planning around this area.

D Evans agreed that it would be helpful to show the percentages as there may be controlling factors around A&E when people who were medically fit to be discharged had been delayed. This would show the benefits of being almost at target. Mr Evans thanked the staff involved who had worked very hard.

Cllr J Seymour welcomed the report as the work and improvements had shown results but she was disappointed that the BCF Board had cancelled two meetings. She wondered if there had been any underlying concerns, difficulty of attitudes or challenges. Cllr Seymour was concerned that money may be held back if targets were not met.

M Bennett confirmed that new dates had been circulated. He would circulate the dates in order to make sure Cllr Seymour was aware of these. Reports had been requested on workstreams and progress meetings were to take place with stakeholders.

C Jones confirmed that a need had been identified for the NHS, CCG and the Council to look at governance. This was currently being considered as a key issue alongside health and social care. They were currently taking stock and it was hoped that this work would be completed by the end of the month. Further changes would need to be made in order to work more smartly.

M Bennett informed the Board that an awful lot of work was happening, but that this was not as co-ordinated as he would have liked it to be. At 3.3.20 to the report, the diagram aimed to give an understanding around the work of the BCF and other non-BFC funded work that would contribute to the targets.

Cllr L Clare asked how the membership of the BCF Programme Management Board had been chosen.

M Bennett confirmed that Board had been set up on the 14<sup>th</sup> March and board members had been constituted from stakeholders with regard to the BCF Plan.

Cllr J Seymour confirmed that she had been chosen to be on the Board as the Board Sponsor for supporting people to live independently.

P Taylor praised the staff of the NHS and the Local Authority who were at the front end of the services. Something appeared to be working compared to other parts of the county. They had to abide by the BCF. He was pleased that this had now been simplified for the local service area. The "jigsaw" diagram described the whole of the Health and Social Care system not just the BCF pot. Telford and Wrekin needed to show leadership.

Following the discussion it was:

**RESOLVED – that**

- a) the progress of the Better Care Fund programme be noted;**
- b) the progress of the development of the Section 75 Pooled Budget Agreement be noted; and**
- c) that the respective organisation ensure that they support and facilitate approved BCF implementation within the identified timescales.**

The meeting ended at 3.42pm

Chairman:

Date:

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

**9<sup>TH</sup> SEPTEMBER 2015**

**PRIORITY UPDATE: IMPROVE ADULT AND CHILDREN CARERS HEALTH AND WELL BEING**

**REPORT OF: CLIVE JONES: ASSISTANT DIRECTOR**

**LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND/CLLR PAUL WATLING**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

This report is an update on the progress being made with the HWBB priority: **Improve adult and children carers' health and well being.**

**2. RECOMMENDATIONS:**

Members of the H&WB Board:

2.1 Note the update and acknowledge progress and achievements since receipt of the last Board Report in June 2013.

2.2 Support the strategic priorities and associated action plans.

2.3 Support and recognise the significant and financial contribution family carers bring to the social and health economy.

2.4 Note the authorities continued progress in working towards Care Act compliancy and collaborative practices and co-production with carers of all ages in particular young carers and those in transition to adulthood.

**3. IMPACT OF ACTION**

The following principles are critical to the successful delivery of eight key outcomes set out in the Carers Strategy:

3.1 Continued engagement and working in co-production with family carers, who are best placed to inform and shape service provision and drive service improvement.

3.2 Raising awareness to prevent, reduce and delay the need for acute, complex or more intensive support for carers.

3.3 Constant reflection on how we extend our reach, hard to engage carers within our local

community. In particular young carers, those in transition 16-25 year olds and in diverse and hard to reach communities.

3.4 Continued ownership of the all age carer agenda by the Council and its partners whilst reflecting the Co-operative Council principles, Clinical Commissioning Group priorities and Health and Well Being priorities.

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

|   |  |   |
|---|--|---|
| <b>COMMUNITY IMPACT</b>                 | Do these proposals contribute to a specific HWB Priority   |   |
|   | Yes  | Improve carers health and well being all ages   |
|   | Do these proposals contribute to specific Co-Operative Council priority objective(s)?  |   |
|   | Yes  | Put our children and young people first. Protect and support our vulnerable children and adults. Improve the health and wellbeing of our communities and address health inequalities.   |
|   | Will the proposals impact on specific groups of people?  |   |
|   | Yes  | The proposals impact on carers of all ages. A carer is someone of any age who provides unpaid support to a family member or to a friend who could not manage without their help. This could be caring for a relative, partner or friend who is ill, frail, disabled, has mental health or substance misuse problems.  |
| <b>TARGET COMPLETION/DELIVERY DATE</b>  | Referenced with the Adults Carers Strategy 2013 – 2016 and associated plans<br>Young Carers Strategy: 2012 - 2015<br>Market Position Statement: 2015 |   |
| <b>FINANCIAL/VALUE FOR MONEY IMPACT</b> | Yes  | Carers make a significant contribution to the health and social care economy. Without unpaid carers the financial burden to both health and social care would significantly increase. The Care Act 2014 ensures carer's contribution is acknowledged and appropriate; and proportionate support is provided. The Council and CCG have approved a pooled budget arrangement for adult carers, whereby a financial investment is combined to achieve better outcomes. |

|                            |            |   |
|----------------------------|------------|---|
|                            |            | <p>The total of the pooled budget investment (adult) is £515.5K and young carers is £90K.</p> <p>Through tendering the All Ages Carer Service, resources will be redirected to support The Care Act, compliancy assessment outcomes which result in an Individual Budget payment to the carer.</p>  |
| <p><b>LEGAL ISSUES</b></p> | <p>Yes</p> | <p>The Care Act 2014 came into force on 1 April 2015.</p> <p>On 29 December 2014, the Department of Health (DH) published guidance on the Care Act 2014 for carers and the cared for ,which explained the changes to care and support to be introduced under the Care Act 2014.</p> <p>On 5 June 2015 the House of Commons Library published a briefing paper on carers’ rights and benefits in England, which summarised the law applicable to carers.</p> <p>Adult carers have the right to assessment under Section 10 of the Care Act 2014, where they may have need for support. Originally introduced by the Carers (Recognition and Services) Act 1995, until 1 April 2015 there was no duty upon local authorities to meet a carer’s assessed needs, only to take them into consideration. Any carer who meets national eligibility criteria must have services provided to meet their needs for support now or in the future. The onus is on the authority to identify those in need of an assessment and to carry this out.</p> <p>Young carers have the right to an assessment under Section 96 of the Children and Families Act 2014. Unlike adult carers there are no national eligibility criteria and local authorities need only consider the assessment in deciding whether to provide support.</p> <p>Parent carers have the right to an assessment under Section 97 of the Children and Families Act 2014. As with young carers, the local authority must only consider whether to provide any services the parent carer is assessed to need. The Breaks for Carers of Disabled Children Regulations 2011 require the local authority, as far as is reasonably</p> |

|   |     |   |
|---|-----|---|
|   |     | <p>practical, to provide a range of services to assist parent carers to provide care. Local authorities must also publish a “short breaks services statement” setting out these services and their eligibility criteria for accessing them.</p> <p>Since the introduction of the Work and Families Act 2006 carers for adults have had the right to request flexible working from their employers. This was extended to all employees under the Children and Families Act 2014. Employers can only refuse a request to work flexibly on limited grounds identified by statute.</p> <p>In addition, employees have the right to reasonable time off if a dependent is ill, injured or their care arrangements are disrupted. Carers of disabled and elderly people are also protected from discrimination at work under the Equality Act 2010. There are changes to the benefits that carers are entitled to, including changes to the eligibility of the person they are caring for, and the spare room subsidy or bedroom tax.</p> |
| <b>EQUALITY &amp; DIVERSITY</b>         | Yes | <p>Family carers and former carers come from a wide range of backgrounds, cultures, faiths and communities. The Care Act highlights the need to seek out those individuals that do not recognise themselves in this role, and the impact this has on their health and well being.</p> <p>Within the Carers Strategy meeting diverse needs raises the challenges in identifying and raising awareness to this hidden and isolated group. A collaborative approach across health and social care economy ensuring that we utilise the principle of ‘Every contact counts’.</p>  |
| <b>IMPACT ON SPECIFIC WARDS</b>         | No  | Borough wide impact.  |
| <b>PATIENTS &amp; PUBLIC ENGAGEMENT</b> | Yes | <p>Carers and former carers contribute in a variety of ways:</p> <ul style="list-style-type: none"> <li>• Carers Partnership Board: 9 carers provide active and critical contribution including undertaking Chair and Vice Chair roles.</li> <li>• Community Engagement Panel: Carer representatives.</li> <li>• Regular Consultative Sessions with all age</li> </ul>  |

|  |            |  |
|--|------------|--|
|  |            | <p>carers including young carers.</p> <ul style="list-style-type: none"> <li>• Commissioning, evaluation and moderation working as active contributors.</li> <li>• Contract and Monitoring evaluations.</li> <li>• Contribution to ADASS Council Peer Reviews.</li> <li>• Contribution to national developments such as Carers Call for Action/ Dementia Alliance.</li> <li>• CCG: Health Round Table</li> <li>• Health Watch</li> <li>• Co-production of Carer Self Assessment Tool.</li> <li>• Carer Lead in the development of Carers Strategy outcome: A Life outside caring which focuses on Employment, Education and Housing.</li> <li>• Members of SATH: Ward visiting teams.</li> <li>• Carer Membership: Local Health Economy: Dementia</li> <li>• Contribution to commissioning arrangements and evaluation of tender submissions.</li> </ul> |
| <p><b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b></p> | <p>Yes</p> | <p><u>Risks:</u><br/>The Council contributed to a national adult carer survey in 2014/2015 which is run bi annually. Analysis of five questions is being undertaken which are reporting a 5% decrease compared with 2012/13 relating to impact of caring role, how they spend their time, control over their daily life and social contact.</p> <p><u>Carers Pooled Budget arrangement</u><br/>Ascertaining the impact of the current investment and whether the budget is sufficient to meet individual payment requests for adult carers.</p>  |

**PART B) – ADDITIONAL INFORMATION**

**1. BACKGROUND**

**National Context**

1.1 This report provides a progress overview in relation to the Health and Wellbeing priority of improving carer's health and well being (all ages). Reference will be made to both the Young Carers and Adult Carers Strategy, associated plans, Pooled Budget arrangements and commissioning intentions for 2015 – 2016.

1.2 The National Carers Strategy states that by 2018 every Carer should be:

- Recognised and supported as an expert carer.
- Enjoy a life outside caring.
- Not financially disadvantaged.
- Mentally and physically well; treated with dignity.
- Children will be thriving: protected from inappropriate caring roles.

1.3 Other national initiatives compliment the Telford offers, including:

- Think Local Act Personal: Making it Real (TLAP) 'I Statements'.
- Development of the Memorandum of Understanding (No Wrong Door: Working together to support Young Carers and their families contribute to promoting a person centred and whole family approach).

## 2. LOCAL CONTEXT

**2.1** The 2012 census told us **600 young people** and **18,000 adults** provide regular support to someone in Telford & Wrekin. We are currently aware of **332** young carers and **2000** adult carers where we offer a wide range of information, advice and support.

**2.2** It is the identification and raising of awareness across Telford community which requires particular focus. Through the Prevention and Well Being Strategy, a collaborative approach is required to raise awareness of the impact of caring and to promote the range of community based solutions which enhances resilience and promotes well being among our carer community.

**2.3** In Telford and Wrekin the adult's carer's agenda is driven by the multi-agency Carers Strategy 2013-2016, the delivery of which is overseen by the Carers Partnership Board (CPB). The CPB comprises of the CCG, Local Authority (including a cabinet member), Voluntary Sector, Health watch and most significantly nine carers, who are at the heart of the partnership arrangements. The adult's strategy has received endorsement by the Chair of the CCG, Director of Social Services and Director of Children and Families.

**2.4** The Young Carers agenda is set out with the Young Carers Strategy 2012 – 2015 in line with the national vision, and this is overseen by the Children, Young People and Families Board. Both strategies are due to be reviewed and will be combined to reflect an all age carer approach.

**2.5** At the heart of the young carer approach is a strong emphasis on prevention and intervention, with a greater focus on enabling self help and self service accessing community based solutions for those who are able.

**2.6** With the changes brought in by the Care Act the design and delivery

of the services, ensures that vulnerable children and families with significant needs receive a range of co-ordinated help and support from the right services through a whole family approach.

**2.7** Building on the **Think Family** approach and in response to the Government's **Troubled Families Programme** the use of a key worker model has become a key element to us achieving improved outcomes for families. Having a single consistent point of contact to facilitate the development of trust and engagement of families, a key worker is central to our Strengthening Families programme. It also facilitates the whole family approach required to fulfil our requirements within the new Care Act legislative framework for young carers.

**2.8** Both strategies drive forward service development and shape commissioning intentions across partner agencies. They set out our shared vision, reflecting outcomes that matter most to local carers reflecting the wellbeing principle which is subsequently embedded within the Care Act 2014 placing us in a strong position to be Care Act compliant.

**2.9** Our shared strategic ambitions for adult carers have been translated into action by creating pooled budget arrangements which includes the role of the Joint Carers Commissioner, central to driving forward the local carer agenda. During 2015 the combining of young carer and adult commissioning responsibility allows the transformation of all age carer services across the Borough to create a local offer which reflects local need and efficiency of resources.

**2.10** This report allows Board members to gain an appreciation of how these arrangements are working on the ground to improve adult and children's carer's health, well being and development of resilience is based on the following eight key outcomes:

1. Information and Advice
2. Planning for the future
3. Promoting Wellbeing
4. Time for yourself
5. Meeting diverse need
6. A life outside caring
7. Feeling financially safe and secure
8. Having your say

### **3. PROGRESS AGAINST CARER STRATEGY OUTCOMES**

#### **3.1 Outcome: Information Advice and Support**

An all age carer service is currently being tendered. The service will go live 1<sup>st</sup> October 2015. All age Carer involvement has been included in the whole process including shaping the specification, evaluation submission and moderation.

Carers Champions: Raising carer awareness across Telford community linking with local businesses and organisations. The establishing of Carer Champion, Dementia Friends are essential requirements within assisting to raise awareness and identify

carers in a wide range of settings. A Carer Champion fact sheet is available on My Life portal.

Carers Logo: Carers are developing a logo to be used to locally brand carer services allowing businesses and communities to promote that they are Carer Friendly.

National Carers Survey: Analysis of this survey will be published shortly. Local analysis of the responses in relation to how carers spend their time, how much control they have over their life and well being is being examined further.

Care Act: As from 1<sup>st</sup> April 2015 Carers are entitled to an assessment of need as well as the person they care for. Previously assessments were predominately carried out if a carer was providing a substantial amount of care. Carers who are providing regular support can now request a Carers assessment which is set against eight national outcomes. Where outcomes are unachieved, an individual payment may be awarded to address the unmet need.

Individual payments: Since April 2015 a multi-agency forum has met to consider carer assessments and requests for individual payments; to support carers to achieve unmet outcomes. A working group comprising of LA commissioning/service delivery/operations and Carers Centre have developed a tool which allows the equitable awarding of payments in line with the personalisation agenda (see Appendix 1 Outcomes Pyramid).

Memorandum of Understanding - No Wrong Doors: A national agreement which is being localised between Adult and Children and Family directorates. Its main thrust focuses on young people in families who are undertaking caring responsibilities. It encourages whole family working.

Carers Self Assessment Pilot: A group of carers have been working in co-production with an external facilitator to develop assessment documents. The draft document is near to completion and will be piloted shortly. The document will be accessible on My Life and in paper format. It focuses on carer's needs along with a range of prompt sheets relating to each outcome. This pilot has been funded through Regional ADASS.

Young Carer - On the Map (Carers Trust): The Care Trust has written to all Social Services Directors seeking a commitment to the identification of young adult carers. A statement has been prepared which contributes to a national map illustrating Telfords commitment to Young Adult Carers.

### **3.2 Outcome: Planning for the Future**

Emergency Response Service: This service provides replacement support to carers when a crisis/illness occurs. The support will be available every day of the year, 24 hours a day. Currently 450 carers are registered with the service. The service is being re commissioned and a provider's stakeholder event is planned for the 17<sup>th</sup> August 2015.

Assistive Technology: Carers contribute to raising awareness by providing expert by experience support. This item is a standard agenda item at the Carers Partnership Board meeting and is an important element of the prevention agenda.

Educational Workshops: A range of educational workshops have been purchased from the Preferred Providers Framework, relating to Dementia, Life Planning and Management of stress and promotion of wellness. These sessions provide techniques for resilience and well being development (see Appendix 2 Data and activity report).

### **3.3 Outcome: Promoting well being**

Pamper Sessions: Are held twice a month and facilitated by the Carers Centre. Fifteen minute sessions are available for up to 20 carers. Carers often stay and find the peer support therapeutic too. Public Health trainers have been co working with carers providing one to one advice, information and support on weight, smoking and personal health management.

Cookery Sessions: Following the success last year, a further 20 workshops are being delivered by the Council's Lets Cook Team where menu planning, cooking skills and budgeting are included. The current focus is on young adult and male carers with family cookery sessions planned for this year.

AFC Telford: For the past two years the football club has promoted Dementia and Carers at each of their matches. An identified Carer Champion is available on match days where information and support can be offered to those attending the match with the person they care for.

Admiral Nursing: is a service for carers and family members who support someone with Dementia. This service is funded through the CCG (Dementia budget) and delivered within primary care and allows carers to self refer. It is a very successful model with significant value placed on the use of carers as experts by experience allowing them to manage extremely challenging situations themselves with support of the Admiral Nursing Team (See Appendix 3: Clinical Poster).

Moving and Handling Family Adviser: This service is available 40 hours per month to family carers, focussing on techniques and safe moving and handling procedures. Impact is measured by taking comfort scores from the carer and cared for prior and after intervention. The response has been positive with many carers stating that such intervention has reduced the incidences of back and wrist strain. During 2014/15 the service received 84 referrals and carried out 56 assessments and 110 follow up/reviews due to changes in carer circumstances.

Relationship Support: Delivered through RELATE these one to one and family counselling options are available for family carers who are experiencing loss or finding change or relationships difficult to manage.

Friends and Family Service: From the 1<sup>st</sup> August 2015 Aquarius will deliver this provision. It is often the friends and family that bear the brunt of someone alcohol and drug taking. This service provides one to one and peer support and coping strategies.

Befriending (Young Carers): This successful project has provided over 500 befriending hours for 2014/15. The telephone befriending service is working towards extending support to adult carers during 2015/16.

### **3.4 Outcome: Time for yourself**

Preferred Providers Framework: This is a commissioning framework which invites providers of a range of carer related services to present options for future purchasing. Currently, creative, educational and well being workshops are being delivered. The intention is to include a developmental workshop for 2015/2016 which can provide support and skill sessions for carers to develop a business or confidence building thereby improving well being and personal resilience.

Visit made by the Department of Culture, Media and Sport (DCMS): The Carers Commissioner formed a group which shared the value of art and culture in promoting carer well being. Free Art, Craft, Drawing and Painting sessions and a singing group have been available to carers on a fortnightly basis at The Place. Carers have shared with us the benefits these sessions make to their well being and their ability to continue in their care giving role. Creative workshops continue to be popular and are delivered by a range of providers.

Ironbridge Passes: Carers can access family passes free of charge enabling them to visit the 10 museums at the World Heritage Site. The passes are issued by the Carers Centre and purchased through pooled budget arrangements.

Young carer activities: A range of activities including fortnightly youth club, healthy eating workshops and a monthly Inbetweeners Group for 16- 24 years.

### **3.5 Outcome: Meeting diverse needs**

Inbetweeners Group: 18-24 years: This group facilitated by the Carers Centre has been running for the past two years, to respond to a gap identified for this age group. Following the move to offer an all age's service this group was established with currently over 40 young people accessing peer support and a range of activities.

Mental Health awareness sessions: A series of development awareness sessions were held last year working with carers who are affected by someone who has a Mental Health diagnosis. The six week session focussed on diagnosis, behaviour and treatments as well as developing coping mechanisms for the carer.

### **3.6 Outcome: A life outside caring**

Sub Group: Pathway to employment: A sub group for the Carers Partnership Board led by a former carer focuses on a range of issues relating to employment, education and housing. More recently a pathway to employment prompt sheet has been developed to assist carers and agencies to consider a range of options which allow the carer to access the skills for self employment, voluntary or paid employment.

Dementia and Carer Provider Forum: Professionals, agencies and business meet 2/3 times a year to share information and network to improve awareness and work collaboratively. The forum members will be contributing to two events in the autumn which are the National Dementia Congress which is holding its 10<sup>th</sup> anniversary congress in Telford 3-5<sup>th</sup> November 2015. It is the intention to have a Telford Art and Activity Zone with the expectation that carers will form part of the delivery.

### **3.7 Outcome: Feeling financially safe and secure**

Workshops and Information Sessions: The Carers Centre have facilitated a range of workshops including PIP (Personal Independent Payments) workshop which attracted 40 carers and three Care Act awareness sessions which attracted 75 carers. A Universal Credit workshop is planned for the summer

### **3.8 Having your say**

Carers Partnership Board: The Board has been carer led for eight years and with members ranging from CCG, Council, Voluntary Organisation and Carers. The Board is seeking members of a broader age range to aid succession planning. Members and experts by experience are sought to contribute to a range of meetings including Local Health Economy, Health Round Table, Commissioning processes and listening events. We are working towards Carers leading sessions in co-production, engaging with young people.

In addition we are looking at other ways of gaining carer contribution other than attending board meetings. Over the past year a public seating area has been established and is proving popular with carers and providers alike. Carers have also contributed to ADASS Peer Reviews across the region demonstrating the knowledge and skills carers bring to reviewing other authorities service delivery.

## **4 NEXT STEPS:**

Looking forward we have identified the following areas of development over the forthcoming year:

- Securing a permanent third Admiral Nurse (Dementia) support for family carers. The CCG is leading on this development.
- The continued development of a Carers Indicative Budget tool to identify and measure financial awards. This will compliment the Self Supported Assessment Tool currently being developed as part of ensuring Telford's Care Act compliancy.
- Promotion of financial payments to carers as direct payments/individual budgets as a preferred purchasing option for care and support to assist in the self management of day to day care giving.
- Establishing commonality of better outcomes for carers across all services purchased in line with Carers Strategy and Market Position Statement.
- Commissioning of Emergency Response Service which provides replacement support for up to 48 hours in a crisis and extending Preferred Providers Framework for the delivery of carer activities and workshops which promote development of resilience.
- Provision of all age Carer Services which provides a balance between young carer identification, support and identification of adults who are hard to engage with.

- Revision of an all age Carers Strategy and associated plans
- Identification and development of support to young carers who are affected by someone's drinking and drug taking.
- Progressing links to identify young carers through schools and colleges and workplaces
- Working in co-production with carers to identify employment: both vocational and paid opportunities.

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

No further impact assessment information.

## **6. PREVIOUS MINUTES**

Health and Well Being Board March 2013 and July 2013.

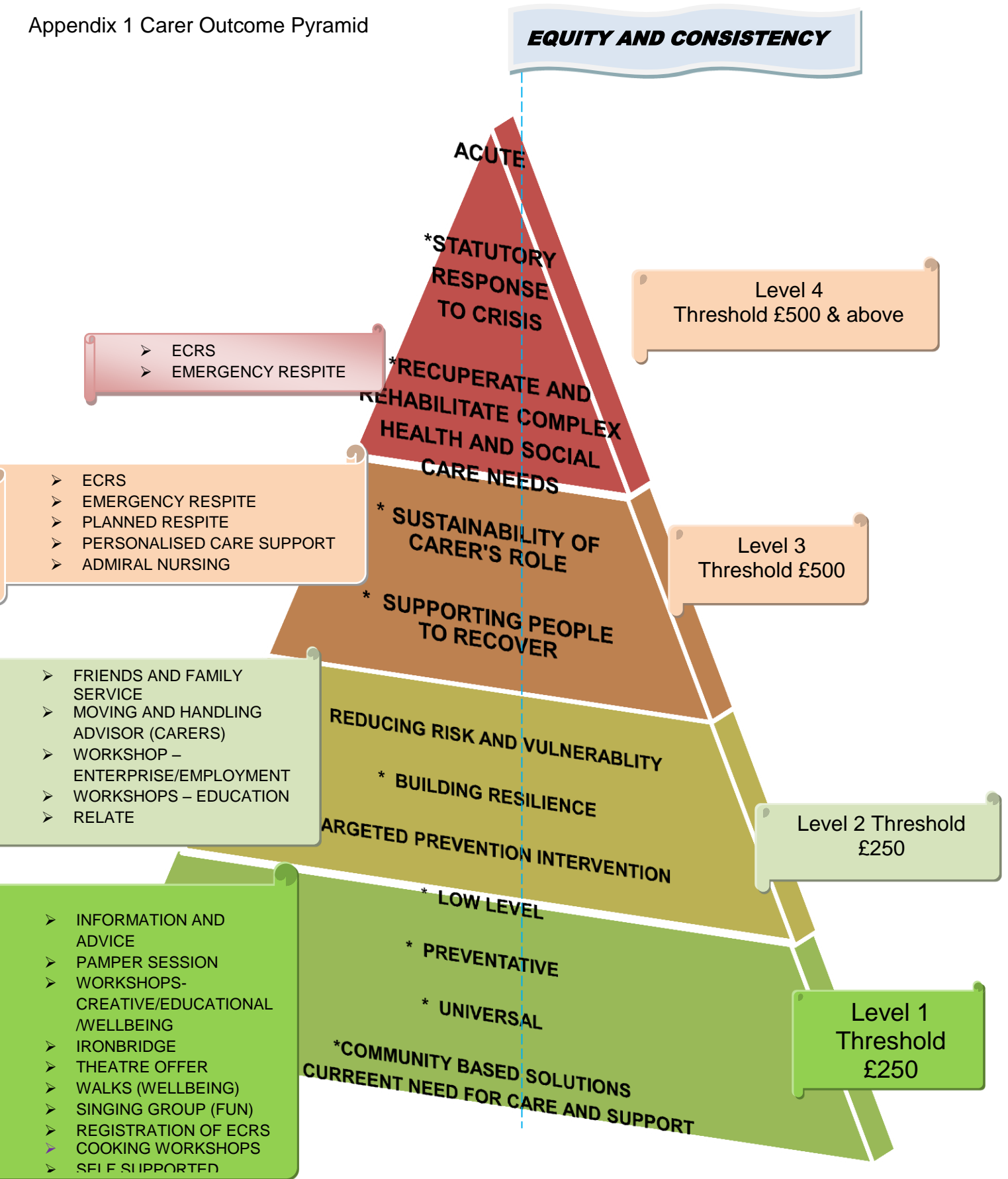
## **7. BACKGROUND PAPERS**

Carers Strategy 2013 – 2016 Making connections for Carers in Telford and Wrekin and associated implementation Plan  
Young Carers Strategy

|             |  |
|-------------|--|
| Appendix 1  | Carer Outcome Pyramid                              |
| Appendix 2: | Creative, Educational and Well Being workshop data |
| Appendix 3: | Admiral Nursing Poster                             |

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Appendix 1 Carer Outcome Pyramid



Appendix: 2 Creative, Educational and Well Being workshop data

Young Carers

| <b>Carers and Parents Assessments (not included in Support Provided) 2014/2015</b> |           |           |           |           |
|--|-----------|-----------|-----------|-----------|
|  | <b>Q1</b> | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> |
| <b>Carer Assessment</b>  | <b>31</b> | <b>29</b> | <b>22</b> | <b>29</b> |
| <b>Parent Assessment</b>   | <b>32</b> | <b>30</b> | <b>23</b> | <b>36</b> |

| <b>Sessions per head</b>                           | <b>Q1</b>  | <b>Q2</b>  | <b>Q3</b>  | <b>Q4</b>  |
|--|------------|------------|------------|------------|
| <b>Number of young carers supported 1-1</b>        | <b>22</b>  | <b>26</b>  | <b>58</b>  | <b>34</b>  |
| <b>Number of sessions of every type of support</b> | <b>136</b> | <b>164</b> | <b>136</b> | <b>191</b> |

2015: Quarter 1

| <b>Carers and Parents Assessments (not included in Support Provided)</b> |           |           |           |           |
|--|-----------|-----------|-----------|-----------|
|  | <b>Q1</b> | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> |
| <b>Carer Assessment</b>  | <b>35</b> |           |           |           |
| <b>Parent Assessment</b>   | <b>35</b> |           |           |           |

| <b>Sessions per head</b>                           | <b>Q1</b>  | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> |
|--|------------|-----------|-----------|-----------|
| <b>Number of young carers given 1-1 support</b>    | <b>20</b>  |           |           |           |
| <b>Number of sessions of every type of support</b> | <b>177</b> |           |           |           |

Carer Activity: Carer Workshops and other related activity funded through Pooled Budget Arrangements. Link to Carer Offer promotion

Educational/Well being Workshops: Delivered between February and May 2015

| <b>EDUCATIONAL/WELL BEING Workshop/ Session</b>   | <b>Number of carers attended</b>                  | <b>Topics covered</b>   |
|---|---|---|
| <b>Understanding Dementia*</b><br>Sessions delivered in partnership with Admiral Nursing Service and Rural Community Council for Shropshire (RCC)<br>(Preferred Provider) | <b>3 x one day sessions attended by 24 carers</b> | Moving & handling, Nutrition & hydration<br>Assistive technology<br>Dementia & the brain<br>Coping with unusual behaviour<br>Services that help<br><br>Further sessions have been purchased |
| <b>Everyday First Aid;</b><br>Delivered in partnership by RCC<br>(Preferred Provider)   | <b>1 x one day session attended by 6 Carers.</b>  | Understanding the principles of first aid<br>Knowing how to act in the event of Choking, Stroke, Heart attack etc<br><br>Further sessions have been purchased.                              |
| <b>Let's Talk About Dementia Sessions</b>   | <b>1 x one day</b>                                | Principles & practice of person   |

|   |   |  |
|---|---|--|
| Delivered in partnership by RCC Admiral Nursing Service (Preferred Provider)  | <b>session attended by 12 carers</b><br><b>Other sessions planned throughout the year</b> | centred care<br>Knowing the person<br>Understanding behaviour and how to respond<br>Avoiding 'hot spots'<br>Looking after yourself<br>Managing stress & anxiety<br>Further sessions have been purchased  |
| <b>Living well: Dementia Skills and support planning for family carers.</b><br>Delivered in co-production with carers. (Preferred Provider)               | <b>One course delivered to 5 carers over six weeks</b>                                    | These sessions involve carers as facilitators and focus on Life style planning and resilience development. Further sessions have been purchased  |
| <b>Purchased workshops still to be delivered during 2015</b>  |   |  |
| <b>Dementia Sessions: CRISP programme 1 and 2</b><br><b>Carer Information and Support Planning.</b> Delivered by Alzheimer's Society (Preferred Provider) | <b>4 x4 weekly sessions planned for Autumn 2015</b>                                       | Carer Information and Support Programme: Provide information about the diagnosis, peer support and the opportunity to identify ways of managing the situation.   |
| <b>Emergency and Future Planning</b><br>Delivered by RCC (Preferred Provider)   | <b>2x 5 hours workshops Autumn 2015</b>   | Working with the carer to look at Will, Trusts and life planning arrangements, meeting the cost of future care   |
| <b>Well being Workshops</b><br>Delivered by RCC (Preferred Provider)  | <b>2 x 3 hr workshops Autumn 2015</b>   | Managing stress/anxiety and building resilience. The sessions uses Cognitive Behaviour Therapy (CBT) and mindfulness techniques  |
| <b>Everyday First Aid</b><br>Delivered by RCC (Preferred Provider)  | <b>4 hour session</b>   | Session focus on increasing carer awareness in relation to first aid, dealing with choking, stroke, heart attach etc.  |
| <b>Lets get Cooking: Workshops</b><br>Delivered by LA Lets Cook team  | <b>20 sessions planned for Autumn</b>   | 2 hour sessions on menu planning, skills, budgeting and following a recipe. Aimed at male carers, young adult carers and families marginalised and isolated care givers.<br><br><u>Young Carers:</u> Since January 2015 10 young carers have accessed healthy eating workshops focusing on eating healthy on a budget. |

**CREATIVE WORKSHOPS:** Delivered between February and May 2015

| <b>Current delivery</b>   | <b>January – June 2015</b>   | <b>Number of carers attended</b>   |
|---|--|--|
| <b>Singing Group</b><br>Delivered by LA Arts and Creative Team<br>(Preferred Provider)  | <b>6 sessions x 2 hour</b><br><b>24 sessions planned for 2015/16</b>                                     | 10 regular carers with 60 contact sessions                                   |
| <b>Craft Group</b><br>Delivered LA Arts and Creative Team   | <b>6 sessions x 2 hour</b><br><b>24 sessions commissioned</b>  | 8 regular carers with 48 contact sessions                                    |
| <b>Drawing and Painting</b><br>Delivered by Arts and Creative Team  | <b>6 sessions x 2 hour</b><br><b>24 sessions commissioned</b>  | 7 regular carers with 42 contact sessions                                    |
| <b>500 Theatre Tickets</b> providing half price ticket concessions for registered carers  |  | Carer's assessment required.   |
| <b>Come Potter about.</b> Facilitated through Dementia Sense  | <b>4 x 4 hour sessions planned (Carer only sessions)</b><br><b>Plus one carer and cared for sessions</b> | Hands on pottery session. Each session allows up to 6 carers to participate. |
| <b>Purchased workshops to be delivered during 2015</b>  |  |  |
| <b>Creative Sessions focussing on music, creative expression through visual and written media.</b> Delivered by Creative Folk<br>(Preferred Provider) | <b>Workshops will run over year. Each session last 2-4 hours</b>   | Delivery planned for Autumn/Winter 2015/16                                   |
| <b>Creative Sessions Arts and Crafts Drawing and Painting Singing Group</b>   | <b>54 x 2hr sessions</b>   | Delivery late summer/autumn 2015   |

**CARER COMMENTARY:** What carers have said told us about the sessions they have attended.

## **Dementia Workshops**

“I now have a better understanding of why my other half behaves as he does. I’ll try and keep calmer, not shout and turn the other cheek”

“Looked at it from their point of view so understand better now”

“I found it most helpful to talk to other people with the same problems and feel I now understand why some things happen”

“I understand the reasons why they have different behaviour so I will try to be more patient and not give lots of choices”

“I’ve learned about the different types of Dementia and ways to cope with the behaviour. I’ll approach things more calmly”

“I will now acknowledge the different problems (in caring for my Mum) and will tell my siblings what and why things are happening”

“I should have had this workshop when we first had the diagnosis.

As a result of the programme I have a better understanding of the actions and phrases my father uses (Communication)”

## **Everyday First Aid**

“I now have more confidence”

“I have learned what to do if a person is not breathing”

“Everything was spot on and what I have learned today will benefit me”

“Would have liked maybe a longer period”

“More confidence gained. Will get more involved in emergencies”

“This has freshened my mind. It’s 19 years since my last training”

## **Well Being**

“I will start a food diary and buy some aids for the house. I’ve gained confidence and knowledge”

## **Creative Workshops**

One carer belonging to the singing group was more or less restricted to the house and became agoraphobic. She has become a regular participant in the singing group and now sings in a massed community choir. The carer enjoys being part of something uplifting and meaningful.

I love attending these sessions.... I have stopped taking anti-depressants.

I have just lost my husband and I needed these classes

I would like to do more of these workshops as they are my only source of me time

My son has bought me clay and making me an outside fire pit.

**In addition the following services form part of the local carer offer.**

**These include:**

**Ironbridge Passes:** Five Business Passes have been purchased which carers and families can borrow. . Each pass allows up to five people to visit the World Heritage Site and Museums. During the last financial year (2014/15) **208** passes were issued. Between April and June 2015, **45** passes have been reserved and utilised. This offer has been popular with carers and their families allowing them to access local visitor attractions.

**Carer comments:**

Here I am again writing to you in appreciation of the free passes I received from you for Ironbridge Museums. I have used them two days running. My mom is 84yrs old enjoyed the china museum and also me and my son. Today we went to enginuity. My son and his friend and disabled son all enjoyed floating, making and sailing the boats. The park and ride service was brilliant very nice not to have to drive. A big thank you to all for making this so good! and all free. I cannot believe I haven't spent any money! Fantastic days out.'

**Carer Individual Payments**

Payments are awarded following the completion of a carer's assessment and the identification of unmet needs. The Carer Outcome Pyramid which is linked to Well Being and Prevention Strategy and Care Act compliancy is utilised to identify the level of the award and measure its impact.

|                         | Number of payments awarded | Value £ |
|-------------------------|----------------------------|---------|
| April 2014 – March 2015 | 173                        | £70,475 |
| April 2015 to June 2015 | 48                         | £11,221 |

**Pamper Sessions:**

Available fortnightly and facilitated by Carers Centre. Up to 20 Carers can access fifteen minutes sessions and receive peer support and information related to health and well being. The sessions are funded through Individual Payment Fund and are free to carers. As part of the well being offer carers access walk led facilitated by Carers Centre workers.

|   | 2014/15 | April 2015 to June 2015 |
|---|---------|-------------------------|
| No: of Carers accessing pamper sessions | 354     | 114                     |
| Carer Walks                             | 89      | 17                      |

**Emergency Response Service:** Provides replacement support in the carers home in the event of a personal crisis. The service is available every day of the year, twenty four hours a day and can be accessed free at the point of delivery for up to 48 hours during a week day and 72 hours over a weekend.

|                                       | 2014/2015    | April – June 2015 |
|---------------------------------------|--------------|-------------------|
| Carers registered for service         | 407          | 50                |
| Carers who accessed emergency support | 74 call outs | 8                 |

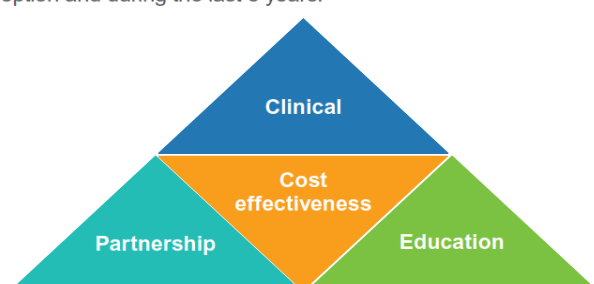
# Admiral Nursing in Primary care

## To evidence the potential cost effectiveness of Admiral Nurse Interventions in a Primary care setting

Authors: Tracey Lee, Gaynor Phillips and David Cosens

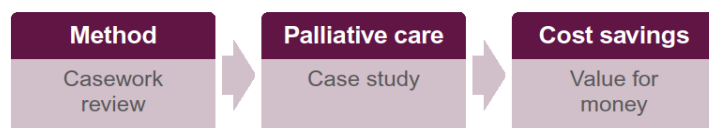
### Background

Since 2009 NHS Telford and Wrekin and Dementia UK have been working in partnership. Within Telford and Wrekin carers are recognised as a health and social care priority. The aim of the service at the conception and during the last 5 years.



### Method

The analysis has attempted to identify the nature and impact of the nurse's specific intervention in a single month as recorded in case notes and via a case study to present to the commissioners of the service.



Admiral Nurse needs assessment framework provides a structure for identifying the area of need which should be the focus of an intervention with a carer or family.

Admiral Nursing and Palliative care model for practice developed by the Admiral Nurses Palliative care Special interest group Dementia UK 2008.

| Financial cost of intervention:  |                                       |
|--|---------------------------------------|
| Admiral Nurse (Band 6) provided 20 hours support to Carer and family over 11 months (19 hours support) | £300                                  |
| Managerial Support: One per month as part of case supervision  | £187                                  |
| Two hour Administration support  | £18                                   |
| <b>Total cost of interventions</b>   | <b>£505</b>                           |
| Alternative support package if Admiral Nursing Service not available: Nursing Home: EMI (CHC)          | £700 per week (£30,800 for 11 months) |

### Contact:

Tracey Lee, Admiral Nurse Lead, tracey.lee@shropcom.nhs.uk  
 Gaynor Phillips, Admiral nurse, gaynor.phillips@shropcom.nhs.uk  
 David Cosens, Admiral Nurse, david.cosens@shropcom.nhs.uk

### Analysis

- Caseload overview for November 2013 and January 2014
- AN Hourly cost (Band 6 £17.66 per hour. Full Time 37.5 hrs)
- Weekly cost £622.25 based on f/t hours/ Monthly £2489 (4 week period)



### Summary

This piece of work was initiated at the request from the commissioners from the Clinical commissioning group as the service was under review. This is an initial attempt at capturing the cost effectiveness of the current service within a primary care setting in order to ensure sustainability of the service and future service development. It will be revisited by the service on an annual basis. The work has been used to demonstrate that having the admiral nurse service can have on improving the quality of life of the person with dementia and their carer whilst being value for money and indicates the potential cost savings.

This is a model that we have developed as a service within primary care. However this could be utilised and adapted to help support other services in the future particularly when trying to demonstrate to commissioners the value of admiral nurses.

### Evidence Base for the service development National Dementia Strategy

- Telford and Wrekin Joint Strategic Needs Assessment (Deep Dive)
- PCT World Class Commissioning, QIPP
- National Carers Strategy 2008:
- Telford and Wrekin Multi-Agency Carers Strategy
- Telford and Wrekin Older Peoples' Strategy
- Mittelman MS, Roth DL, Clay OJ and Haley WE (2007). 'Preserving health of Alzheimer caregivers: impact of a spouse caregiver intervention'. American Journal of Geriatric Psychiatry, 15:9, 780-89.

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

**9<sup>TH</sup> SEPTEMBER 2015**

### **LIVING WELL PRIORITY UPDATE**

**REPORT OF: LOUISE MILLS, SERVICE DELIVERY MANAGER HEALTH IMPROVEMENT,  
CLARE HARLAND, PUBLIC HEALTH COMMISSIONER**

**LEAD CABINET MEMBER – CLLR RICHARD OVERTON**

**LIVING WELL BOARD CHAIR - LIZ NOAKES, ASSISTANT DIRECTOR HEALTH,  
WELLBEING AND PUBLIC PROTECTION**

### **PART A) – SUMMARY REPORT**

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

- The purpose of the Living Well Board is to realise the collective potential of communities, partners and Telford & Wrekin Council in promoting positive wellbeing, healthy lifestyles, reduce inequalities in health and to tackle the root causes of poor health such as housing and employment.
- The Living Well Board leads on a programme of work, including 3 of the 10 Health & Wellbeing Strategy priorities: reducing excess weight, improving emotional health and wellbeing and reducing the number of people who smoke.
- Workshops with key stakeholders took place in August 2014, the outputs informed the development of the Living Well Board and the joint programme of work which was endorsed by partners at the inaugural board meeting in October 2014 and at the December meeting of the Health and Wellbeing Board.
- Five work programme areas were identified as a focus for the Living Well Board:
  - Public mental wellbeing
  - Information, advice and signposting
  - Workplace Health and Wellbeing
  - Making Every Contact Count (MECC) Health and Wellbeing
  - Healthy Environments
- The target audience is the working age population (but not exclusively) with the aim of preventing individuals from developing care needs in the future. The Wellbeing and Prevention Strategy Consultation and this years Annual Public Health Report will inform the priorities of the Living Well Board for the ageing population linking to the Wellbeing and Prevention Strategy.

#### **2. RECOMMENDATIONS**

The Board is requested to:

- Endorse progress across the five work programme priorities of the Living Well Board

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

- The Living Well Board is overseeing the design of a comprehensive programme to address multiple health and wellbeing priorities, across a number of settings. The aspiration is that a collective, systematic approach delivered collaboratively across partner organisations will have a significant impact in the Borough.

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

|   |   |   |
|---|---|---|
| <b>COMMUNITY IMPACT</b>                 | Do these proposals contribute to a specific HWB Priority -                            |   |
|   | Yes   | <ul style="list-style-type: none"> <li>➤ Reducing the number of people who smoke</li> <li>➤ Reducing excess weight</li> <li>➤ Improving emotional health and wellbeing</li> </ul>   |
|   | Do these proposals contribute to specific Co-Operative Council priority objective(s)? |   |
|   | Yes   | To improve the health and wellbeing of our communities and address health inequalities  |
|   | Will the proposals impact on specific groups of people?                               |   |
| Yes                                     | See equality and diversity section below  |   |
| <b>TARGET COMPLETION/ DELIVERY DATE</b> | ➤ The Living Well work programme will be progressed over the next 6 – 12 months       |   |
| <b>FINANCIAL/VALUE FOR MONEY IMPACT</b> | Yes   | <p>The Council will receive a Public Health grant of £10.9m in 2015-16.</p> <p>£876k of this grant is allocated to fund the costs of the Living Well initiatives and work programme.</p> <p>The Government are currently consulting on a reduction to the Public Health grant nationally of £200m. The final figures for all Councils will be announced shortly. It is estimated that the reduction in grant for Telford &amp; Wrekin will be in the region of £774k. A savings plan is currently being developed by reviewing all activities funded through the grant to enable the estimated shortfall to be addressed. The final proposals will need to be agreed by the Council's Cabinet and may include a reduction in spend on Living Well activities.</p> |
| <b>LEGAL ISSUES</b>                     | Yes   | The work which is referred to in paragraphs 1.3   |

|   |     |  |
|---|-----|--|
|   |     | <p>to 1.7 assists the Health and Wellbeing Board in its duty to encourage integrated working between those persons who arrange for the provision of health and social care services in the area (as set out in section 195 of the Public Involvement in Health Act 2012).</p> <p>Further, the work referred to also contributes towards the Council's obligation to take steps as it considers appropriate for improving the health of people in its area (Section 2B of the National Health Service Act 2006 (as amended)).</p> |
| <b>EQUALITY &amp; DIVERSITY</b>                 | Yes | <p>It has been estimated that at least 80 per cent of all premature heart disease and over 40 per cent of all cancers could be prevented through healthy diet, regular exercise and by not smoking.</p> <p>The main risk factors contributing to early death and reduced quality of life are:</p> <ul style="list-style-type: none"> <li>• Smoking tobacco</li> <li>• Having high blood pressure</li> <li>• Being overweight or obese</li> <li>• Lack of physical activity</li> <li>• Excessive alcohol consumption</li> </ul>   |
| <b>IMPACT ON SPECIFIC WARDS</b>                 | Yes | <p>The programme of work will impact on the whole population and will include targeted activity within those wards reporting higher levels of need and inequalities.</p>   |
| <b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>         | No  |  |
| <b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b> |     | <p>In June 2015 a national announcement was made to cut the Public Health grant by £200m in 2015-16, for Telford &amp; Wrekin this is expected to be £774k.</p>  |

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

### **1. INFORMATION**

#### **1.2 Introduction**

The purpose of the Living Well Board is to realise the collective potential of communities, partners and Telford & Wrekin Council to promote wellbeing and reduce inequalities in health.

The focus of the Board's work programme is to co-ordinate and maximise collective action to promote positive wellbeing, healthy lifestyles and root causes of poor health such as housing and employment. The Board leads on a programme of work which includes 3 of the 10 Health & Wellbeing Strategy priorities of reducing excess weight; improving emotional health & wellbeing and reducing the number of people who smoke.

#### **1.3 Public mental wellbeing**

Public mental wellbeing is described as people feeling good, functioning well and having a positive experience of life. The 'Five Ways to Wellbeing' is a set of evidence based actions that promote people's wellbeing. The actions are: Connect, Be Active, Take Notice, Keep Learning and Give.

A 'Telford 5 Ways' Campaign has been developed cascading 'people like us' stories through blogging and social media networks. Whilst the blogging and social media approach has been slower to show impact than was anticipated it has reached a large number of individuals who are unlikely to have received the messages through more traditional formats.

A Telford 5 Ways Resource Pack has been developed and is available for use by council service delivery teams and wider partners. Examples include:

- Funding from the Skills Council has enabled a pilot project to be delivered by the Council's Education and Employment Advisory Support Team (EEAST) team to provide learning opportunities for those with mild to moderate mental health conditions. The programme named 'Learning for Wellbeing' has adopted '5 Ways' developing bespoke resources using the branding toolkit and training staff and tutors to use the approach. Five Ways is now being rolled out across the wider Community Learning Programme.
- The Five Ways to Wellbeing is integral to the Community Pride Fund 2015/16 and its delivery, raising awareness of the approach in communities across the borough.
- The Commitment Statement drawn up as part of the Council's adult social care response to the Care Act 2014 has been branded using Five Ways which brings it to a new audience of professionals, partners and service users.
- Living Well Partners including Shropshire Wildlife Trust (Green Gym Project) and Age UK recognise the value of the Five Ways approach and how it can be applied to their different programmes and services.

#### **1.4 Information, advice and signposting**

It is important that people have easy access to appropriate information, advice and motivation in order to make behaviour changes necessary to improve their health.

During 2014/15 11,231 members of the public received opportunistic brief advice (a short chat about health) from the Healthy Lifestyles Team. Of these 4,303 went on to receive a health screening and identified aspects of their health behaviours that they would like to improve. They were offered information, signposting and where appropriate referrals to specialist services to support them to make these changes. These behaviour change programmes (funded by Public Health) included Health Trainers (which supported 947 people in 2014/15), programmes enabling inactive people to be more physically active (679 people in 2014/15) and initiatives supporting people to improve their mental wellbeing (124 people in 2014/15)

Service improvements have included embedding Health trainers within GP practices, community centres and other local venues. The Healthy Lifestyles Hub has also developed its 'clinic in a box' approach, taking the service out into communities to provide more targeted support for example in the 6 Target Intervention Areas (TIAs), Faith Groups, Carers Groups, and at the hospital.

The Healthy Telford web based information has been completely reviewed and updated as part of the Council website upgrade. Information on a wide range of healthy lifestyle subjects, including those contributing to the wider determinants of health can be found on the new site where users are encouraged to seek the information they need and where possible take action themselves.

## **1.5 Workplace health**

Promoting a healthy workplace has benefits for both employers and employees. There is strong evidence to show how having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity - this is good for employers, workers and the wider economy.

Work Well is being developed as a coordinated network of organisations interested in workplace wellbeing as part of their corporate social responsibility. It is facilitated by Public Health at Telford and Wrekin Council and brings together expertise and support from across the Borough. Registration is free for employers in Telford and Wrekin.

Organisations can register on the Work Well website to access a menu of resources which include;

- Information, facts & figures
- Examples of best practice nationally and locally
- Simple guides on how to get started
- Detailed information on specific areas
- Workshops/seminars on aspects of health and wellbeing
- Support from local organisations
- News updates and items for inclusion in newsletters and communication feeds
- Volunteering programme opportunities
- Self assessment tools
- Campaigns calendar with free resources and ideas on how to get involved

Employer networks that have supported the development of Work Well and are integral to the model include Telford Chamber of Commerce, Telford and Wrekin HR Forum, Business

Environmental Support Scheme for Telford (BESST) and Telford and Wrekin Investment & Business Support.

Partners actively involved in delivering the Work Well approach include Shropshire Wildlife Trust, Energize Shropshire Telford and Wrekin, Telford Stop Smoking Service, Telford Travel Network and Work Well Health Trainers.

The range of local businesses engaging with the Work Well model to improve the health and wellbeing of their staff includes Schneider Electrics, Ricoh, ASDA, Windsor Life, Shepherd Construction and Hoshizaki. In addition, Work Well is supporting Shropshire and Telford Hospitals (SaTH) in the development and implementation of their workforce health and wellbeing strategy and action plan and Harper Adams University with their health and wellbeing policy for staff and students.

## **1.6 Healthy environments**

A Healthier Catering Commitment has been developed targeting businesses operating in Telford and Wrekin. The project aims to promote eating a nutritious, balanced diet which is important in maintaining health and reduces the risk of a number of diseases (including cardiovascular disease, diabetes and cancer).

It recognises those businesses that demonstrate a commitment to provide healthier choices by reducing the level of saturated fat, sugars and salt content in their foods, offering healthy options. The Healthy Catering Commitment has been developed and awarded to 62 establishments to date (47 Primary Schools, 3 Day Nurseries, 11 Nursery Catering Provisions and 1 Commercial Caterer).

A number of themes that promote health and wellbeing have been woven through the development of the Local Plan that is now out for consultation. These include maintaining, enhancing and protecting sports and recreation facilities, improving infrastructure to promote walking, cycling and use of public transport and providing community facilities for an ageing population.

The Lets Grow project (part funded by Public Health) works in the 6 targeted intervention areas (TIAs) helping residents to grow, cook and eat more vegetables. In the first 6 months of the project 69 people have attended training and planting sessions, 29 volunteers are regularly involved with the growing projects and 53 residents have taken part in cooking courses.

## **1.7 Health and Wellbeing MECC (Making Every Contact Count)**

Receiving prompts from people that they respect and trust encourages individuals to change their behaviour to improve their health. Making Every Contact Count (MECC) uses a brief advice approach which usually takes up to 5 minutes. It involves raising a lifestyle issue with an individual (where appropriate) and signposting for further information and support.

An online learning package for Health and Wellbeing MECC is now available via the Council's Ollie online learning framework. Although primarily targeted at Council frontline staff it is also available to partners outside the Council. Since May 250 members of staff have completed the online training module.

A 2 hour face to face training session has also been developed. The training seeks to further embed the messages and skills required to deliver MECC which is open to any organisation that works with members of the public as part of their everyday role. To date 49 members of staff and volunteers from a range of organisations have completed the training with an ongoing programme of monthly training sessions until April 2016. The initial indications from the evaluation are that the training is effective and that staff will use MECC on average once a week.

This equates to an estimated 1100 MECC deliveries per year from the 275 staff and volunteers from the Council and partner organisations that have completed the training (based on 40 'MECCs' per person per year). During 2015/16 an estimated 600 people will be trained in MECC resulting in 2400 brief chats about health with members of the public.

Evidence shows that approximately 1 in 20 people receiving MECC will make behaviour changes; therefore 1200 members of the public will potentially be improving their health as a result of the MECC training programme.

As well as the positive impact on service users, MECC also has potential to improve the health and wellbeing of staff and their friends and families.

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

No further information – see section 4 above.

## **3. PREVIOUS MINUTES**

- Health & Wellbeing Board 11<sup>th</sup> December 2014

## **4. BACKGROUND PAPERS**

None.

Report prepared by: Louise Mills, Service Delivery Manager Health Improvement  
& Clare Harland, Public Health Commissioner.

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

**9<sup>TH</sup> SEPTEMBER 2015**

### **SMOKE FREE AMBITION UPDATE**

#### **REPORT OF:**

**Helen Onions, Consultant in Public Health, Telford & Wrekin Council**

**Stacey Norwood, Public Health Commissioner, Telford & Wrekin Council**

**LEAD CABINET MEMBER – Cllr Richard Overton**

## **PART A) – SUMMARY REPORT**

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

- Although smoking has declined, it still remains the single biggest cause of preventable early death and illness nationwide, causing reduced life expectancy, ill health and inequalities resulting in a considerable impact on the public purse.
- Smoking Still Kills, a major new policy advice document for Government, recommends a renewed ambition to accelerate the further decline in smoking, including national action for legislation and regulation.
- The Telford & Wrekin Smoke Free Network is leading our local ambition ensuring, there is a well coordinated, evidence-based partnership approach.
- Although two local NHS Trusts are now totally smoke free, a universally shared, systematic approach to support the implementation of smoke free health and social care premises in Telford & Wrekin and Shropshire is required.
- New local Stop Smoking Services have extended the support offered to smokers. The numbers of smokers seeking support from services continues to decrease both nationally and locally. However, the reach and quality of services still remains significantly higher than nationally and maternal smoking seems to be decreasing.
- Electronic cigarette use has been increasing and recent national research indicates that quitters who combine e-cigarettes with local stop smoking services achieve exceptionally high success rates. Smokers who want to use e-cigarettes to quit smoking need to be fully supported by local stop smoking services. However, there is still uncertainty surrounding the safety of the products and the future cost implications for the Council need to be more clearly understood.

### **2. RECOMMENDATIONS**

It is recommended that the Health & Wellbeing Board formally request:

- The Boards of Shrewsbury and Telford NHS Hospitals Trust and Shropshire Community Health Services NHS Trust review their smoking policies and work

towards becoming totally smoke free as soon as is practicably possible and that delegated authority is given to the Chairman of the Health and Wellbeing Board [[the Vice-Chairman of the Health and Wellbeing Board, [and the Director of Public Health]] to act as signatory/ies to the written request.

- All Local Authority and all NHS-funded organisations across Telford & Wrekin and Shropshire [as listed at paragraph 1.1.3 of this report] sign up to the NHS Tobacco Control Declaration and that delegated authority is given to the Chairman of the Health and Wellbeing Board [, the Vice-Chairman of the Health and Wellbeing Board [and the Director of Public Health]] to act as signatory/ies to the written request.
- Support in principle, subject to public consultation, the development of a local voluntary scheme for smoke free play areas in Telford & Wrekin.

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

- The Telford & Wrekin Smoke Free Ambition aims to further reduce the number of people who smoke, delivering a key priority of the HWBB. Our ambition is in line with the aspirations of the new national policy advisory report Smoking Still Kills.
- Reducing smoking prevalence will improve life expectancy and associated health inequalities and reduce ill health caused by smoking-related diseases, including: cancers, heart disease, dementia, respiratory disease, sight loss and premature birth and infant deaths. This in turn will reduce the burden on the NHS and social services.
- There are also wider impacts and costs of smoking to the local community beyond the NHS social care costs, including: increased sickness absence and lost productivity from smoking breaks at work, smoking-related fire damage and discarded cigarette filter litter. Family spending on tobacco contributes to child poverty and illicit tobacco fuels crime and disrupts community safety.

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

|                         |   |   |
|-------------------------|---|---|
| <b>COMMUNITY IMPACT</b> | Do these proposals contribute to a specific HWB Priority -                            |   |
|                         | Yes   | <ul style="list-style-type: none"> <li>➤ Improving life expectancy and reducing health inequalities</li> <li>➤ Reducing the number of people who smoke</li> </ul>   |
|                         | Do these proposals contribute to specific Co-Operative Council priority objective(s)? |   |
|                         | Yes   | <ul style="list-style-type: none"> <li>➤ To improve the health and wellbeing of our communities and address health inequalities</li> <li>➤ Protect and support our vulnerable children and adults</li> <li>➤ Put our children and young people first</li> </ul> |
|                         | Will the proposals impact on specific groups of people?                               |   |

|   |     |  |
|---|-----|--|
|   | Yes | See equality and diversity section below   |
| <b>TARGET COMPLETION/ DELIVERY DATE</b> |     |  |
| <b>FINANCIAL/VALUE FOR MONEY IMPACT</b> | Yes | <p>All associated actions with the priorities highlighted below and involving Telford &amp; Wrekin Council will be carried out within existing resources.</p> <p>The Council uses £562k of its Public Health Grant (£10.9m) to fund the smoking cessation contracts.</p> <p>The Government are currently consulting on a reduction to the Public Health grant nationally of £200m. The final figures for all Councils will be announced shortly. It is estimated that the reduction in grant for Telford &amp; Wrekin will be in the region of £774k. A savings plan is currently being developed by reviewing all activities funded through the grant to enable the estimated shortfall to be addressed. The final proposals will need to be agreed by the Council's Cabinet and may include a reduction in spend on smoking cessation activities.</p>  |
| <b>LEGAL ISSUES</b>                     | Yes | <p>The recommendations made at section 2 of this report comply with the statutory functions of local authorities as set out at section 2B of the National Health Services Act 2006 (as amended) which states that "Each local authority must take such steps as it considers appropriate for improving the health of the people in its area". Further it also supports the work being undertaken by the authority with its Stop Smoking Services referred to in paragraphs 1.3.5 et seq. These services form part of the authority's statutory responsibilities.</p> <p>Regarding other specific details in the report relating to reducing the effects of smoking on younger people, the provisions to ban smoking in private vehicles when a person under the age of 18 years is present in the vehicle is contained in the National Health Service Act 2006 (as amended by the Children and Families Act 2014). The Children and Families Act 2014 also introduces new provisions to address underage and proxy sales of tobacco products (including e-cigarettes). These provisions will be in force from 1<sup>st</sup> October 2015 and carry possible criminal liability for offenders.</p> |

|   |     |   |
|---|-----|---|
| <b>EQUALITY &amp; DIVERSITY</b>         | Yes | <p>Smoking is a major cause of health inequalities, accounting nationally for half of the difference in mortality between the richest and poorest in our society. People who smoke are more likely to be from lower socio-economic groups and due to their increased risk of smoking-related diseases have a reduced life expectancy. Smoking is also a key risk factor in foetal growth restriction, low birth weight and sudden infant death syndrome. There is clear evidence that people from our most deprived communities are more likely to smoke. Local JSNA intelligence has helped to inform service provision, with data supporting the stop smoking providers to design and deliver their services. As part of the new smoking cessation services contracts providers are expected to recruit and support smokers from the following specific demographic subgroups:</p> <ul style="list-style-type: none"> <li>➤ Pregnant women</li> <li>➤ People from Ethnic Minorities</li> <li>➤ Unemployed people</li> <li>➤ People living in deprived areas</li> <li>➤ Young people under 25 years</li> <li>➤ People with mental health problems</li> <li>➤ People who are deaf, hard of hearing, blind or partially sighted</li> </ul> <p>In 2014/15 almost 70% of people the Council supported to quit smoking lived in the 40% most deprived areas in the Borough.</p> |
| <b>IMPACT ON SPECIFIC WARDS</b>         | Yes | Ward-level smoking quit rates are included within the new Ward Health Profiles.   |
| <b>PATIENTS &amp; PUBLIC ENGAGEMENT</b> | Yes | <ul style="list-style-type: none"> <li>➤ Smoking Cessation Services: All quit smoking clients are asked to complete satisfaction forms as they leave the service or at 4 and 12 weeks quit. In 2014/15 90% of users were sent a questionnaire, with a total of 36% return rate. All respondents reported a high level of satisfaction with the service they received.</li> <li>➤ A Public Consultation is planned to more clearly understand our community views on increasing smoke free places, including totally smoke free NHS premises and play areas.</li> <li>➤ The review of the Hospital Stop Smoking Service has included evaluation of patient experience and</li> </ul>   |

|   |     |  |
|---|-----|--|
|   |     | views of staff, stakeholders and service users.  |
| <b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b> | Yes | In June 2015 a national announcement was made to cut the Public Health grant by £200m in 2015-16, for Telford & Wrekin this is expected to be £774k. |

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

### **1. INFORMATION**

#### **1.1. Introduction**

While rates of smoking have progressively declined over the past twenty years, one in five adults still smoke. Smoking is the single biggest cause of preventable early death and illness nationwide, causing reduced life expectancy and health inequalities and considerable impact on the public purse. In Telford & Wrekin:

- The smoking prevalence in adults decreased to 21% in 2013 from 28% in 2001. This equates to circa 9,000 fewer smokers compared to 12 years ago, but an estimated 27,800 adults still smoke.
- Despite the decline, the smoking prevalence amongst adults is still estimated to be higher than the England average, 21% compared to 18.4%.
- Smoking in young people aged 11-15 years old has declined markedly over the past decade falling to 3.6% smoking at least one per week in 2013 from 11% in 2004. However, circa 400 11-15 year olds still regularly smoke.
- Each year there are 260 deaths and over 1,900 hospital admissions related to smoking, both mortality rates and hospital admission rates are significantly higher than the national average and rates continue to rise.

#### **1.2. National Context - Smoking Still Kills**

Smoking Still Kills<sup>1</sup>, a major new policy document published by the Action on Smoking and Health (ASH) and funded by Cancer Research UK and the British Heart Foundation, advises the future policy direction for the Government and the national tobacco control plan for England. The report proposes a renewed ambition and new targets to accelerate the decline in smoking prevalence more rapidly. The 45 recommendations in the report, outline improvements required across the following areas:

- Strategy and data

<sup>1</sup> <http://www.ash.org.uk/smokingstillkills>

- The tobacco industry and the costs of tobacco control
- Helping smokers quit
- The affordability and sale of tobacco
- Mass media campaigns and social marketing
- Smoke free environments
- Smoking in films and the wider media

Many of the Smoking Still Kills recommendations call for national-level Government action, for example: a new annual levy on tobacco companies (the Tobacco Companies Obligation), tighter control of tobacco smuggling and the illicit trade, licensing schemes for tobacco retailers and wholesalers, regulation of e-cigarettes and consultation on legislative and non-legislative options on smoke free places.

The key recommendations which require local action by the Council and partners necessitate: well coordinated and publicised partnership action underpinned by local intelligence, proactive tackling of the local illicit tobacco trade, provision of high quality stop smoking services and action to increase local smoke free environments.

### **1.3. Local Context - Telford & Wrekin Smoke Free Ambition**

#### **1.3.1. Telford & Wrekin Smoke Free Network**

The existing tobacco control partnership group re-launched as the Telford & Wrekin Smoke Free Network in early 2015, to work in a more virtual but interactive way. The network includes more than 20 members across a wide range of organisations, including the Shropshire Fire & Rescue Service, Shrewsbury & Telford Hospitals NHS Trust, Health Watch Telford & Wrekin, Stop Smoking service providers and the Council's Public Protection Team.

Since the transfer of public health responsibilities to the Council, the network approach has engaged a much wider group of partners and colleagues than the previous partnership. There is for example stronger joint working with Council teams such as Children, Family & Cohesion and Leisure Services, Public Protection Team and with local NHS Trusts.

#### **1.3.2. Telford & Wrekin Smoke Free Plan**

Key local priorities were discussed at a well attended smoke free ambition workshop held for network partners in February 2015. There was a clear shared ambition to work collectively to work towards a Smoke Free Telford & Wrekin. The network established six key priority themes for the ambition as follows:

- Prevention
- Better use of media and communications
- Helping people to quit through universal messages

- Training and support for public facing services
- Smoke free places
- Tackling illicit and counterfeit tobacco

The smoke free ambition infographic is shown in Appendix I. The smoke free plan has been underpinned by a series of national guidance and best practice documents from NICE and PHE, including Smoking Still Kills recommendations. Colleagues from the network have been working in partnership towards actions on the six priority themes over the past few months.

Key highlights in 2015 include:

- Discussions with Shrewsbury & Telford Hospitals NHS Trust (SaTH) on the development of a new smoking policy
- Service review of the SaTH hospital stop smoking service
- Work with local maternity services on the maternal smoking agenda
- Trading Standards Team leading the ongoing enforcement strategy to disrupt the supply of illegal tobacco and ensuring that legal tobacco retailers are complying with the law.

The priority during the next few months is the development of a smoke free marketing plan, including local promotion and awareness raising of the smoke free cars legislation which comes into effect on 1<sup>st</sup> October 2015.

### **1.3.3. Smoke Free Health and Social Care**

Action to discourage and denormalise smoking by increasing the number of smoke free environments indoors and outdoors e.g. in prisons, theatres, cars, hospital grounds and parks is a key theme of Smoking Still Kills. A specific recommendation expects universal compliance with NICE guidance on a smoke free NHS and promotion of a smoke free estate, including: primary care, secondary care, maternity services and mental health services. There is an expectation on CCG as commissioners of health services to ensure all secondary care buildings and grounds are smoke-free.

The Council's Public Health Team has been working closely with leads in the local NHS Trusts to understand their policy position, aspiration and challenges for achieving smoke free premises. In summary the local position is:

- Robert Jones and Agnes Hunt NHS Trust are now entirely smoke free, including the grounds.
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) has had a policy in place to ensure staff and visitors do not smoke anywhere on Trust premises (including enclosed buildings, gardens or general grounds) for a number of years. The Trust has been working in a planned way towards becoming totally smoke free and from

1<sup>st</sup> October 2015 inpatients will no longer be able to smoke in the grounds. Stop smoking services are in place for both staff and patients to support the policy to work in practice.

- Smoking in the hospital grounds at Shrewsbury and Telford NHS Hospitals (SaTH) Trust premises is still common place and the Trust's policy dates back to 2008. There is however a clear level of aspiration for the Trust to work in partnership towards becoming totally smoke free. A SaTH smoke free strategy group, supported by public health colleagues from Telford & Wrekin and Shropshire Council, is planning a consultation exercise which will underpin the implementation of a new smoke free policy for the Trust.

Working towards the Telford & Wrekin Smoke Free Ambition, to further reduce the number of people who smoke, requires a systematic approach to support the implementation of smoke free health and social care premises. All NHS organisations are being encouraged to commit to their smoke free aspirations by signing up to the NHS Tobacco Control Declaration. Organisational smoke free policies will also contribute to compliance with the Smoke Free Regulations 2006 and the Health & Safety at Work Act ensuring employees, patients, visitors and contractors are not exposed to risk due to smoking, second hand smoke or associated risks of fire. The next steps will be to:

- Define the scope of health and social care premises
- Conduct an audit across health and social care to review existing policies, working with NHS and local authority providers and Shropshire Council
- Develop a gold standard smoke free policy across the local healthcare economy to support providers deliver smoke free premises.
- Hold a period of local consultation to determine the public, patients and staff views on totally smoke free NHS premises.

It is recommended that the Health & Wellbeing Board formally request:

The Boards of Shrewsbury and Telford NHS Hospitals Trust and Shropshire Community Health Services NHS Trust review their smoking policies and work towards becoming totally smoke free by the end of 2016.

All Local Authority and all NHS-funded organisations across Telford & Wrekin and Shropshire sign up to the NHS Tobacco Control Declaration.

#### **1.3.4. Smoke Free Play Areas**

The Smoke Free Network colleagues aspire to put in a local voluntary scheme to support smoke free playgrounds and play areas. This would bring about many benefits:

- Decrease the opportunity for children to see adults smoking around them

- Create an environment in which smoking is not seen and potentially motivate smokers to cut down or to quit
- Protect the environment and save money by reducing tobacco-related litter
- Offer further protection from the harmful effects of secondhand smoke
- Reducing children's exposure to smoking and making it less socially acceptable means children are less likely to take up the habit themselves.

A period of consultation with local residents and the workforce will be carried out as a way to understand the support for such a development.

### **1.3.5. Stop Smoking Services Update**

Local Stop Smoking Services have been re-commissioned, with new three year contracts commencing in April 2015. The core service now has additional clinics in a number of community settings, including: most GP practices, eight community pharmacies and workplace settings, for example Wrekin Housing Trust. Future developments will extend provision further to include supported housing providers and also bespoke work with young people on the effects of smoking. The providers will work with the Council as part of the smoke free ambition to deliver local stop smoking messages, in line with national campaigns.

As previously reported, the numbers of smokers seeking support from stop smoking services has been decreasing both nationally and locally. In 2014/15 local services supported smokers in Telford & Wrekin 1,075 to quit (4-week quitters), compared to 1,360 in 2013/14. However, despite the decline in numbers the quality and reach of our local services remains high. Quit rates per head of populations are significantly better than the England average and as successful quitter rates - 59% smokers quit at 4 weeks compared to 51% nationally. (Figures 1 & 2 Appendix II). In terms of staying quit longer term, 632 people were recorded as 12 week quitters in 2014/15, which equates to 40% of smokers setting a date remaining quit after three months.

A review of the Hospital Stop Smoking service in SaTH will be completed by end of September 2015. The review evaluates quality of the service, user satisfaction and value for money.

### **1.3.6. Smoking in Pregnancy Update**

Maternal smoking rates in Telford & Wrekin have been historically high for the last decade. Although the proportion of women still smoking at delivery in 2014/15 remained higher than the national average (21% compared to 11% in England as a whole) the number of women receiving support has progressively increased in the past three years. A total of 120 pregnant women were supported to give up smoking in 2014/15. This was a record number of

pregnant women quitting for the third year running. Local provisional data indicate a promising decline in the overall prevalence maternal smoking at delivery. Key recent local action on maternal smoking includes the following:

- A maternal public health group has been established – one of the priorities of this group is to reduce the number of women smoking at the time of delivery
- Midwives are implementing CO readings at the 28 week home visit – this is providing a further opportunity to: raise the issue of smoking during pregnancy, provide brief advice and signpost to stop smoking services. Referrals and outcomes are being monitored closely.
- 130 midwives and health visitors across Shropshire, Telford and Wrekin attended a public health study day, which included presentations from specialists in maternal obesity, small babies, smoking, perinatal mental health and behavioural change. Midwives have also recently completed a programme of brief advice training for smoking cessation.
- An information sharing agreement is now in place between the Council and SaTH. The outcome will be timely data and an enhanced data set enabling more effective targeting of resources and improved intelligence to inform service and pathway developments.

### **1.3.7. E-cigarette and Vaping Update**

Electronic cigarette use has become prevalent in the UK as in many countries. In the past 15 years e-cigarette use in England amongst smokers and recent ex-smokers has increased from less than 5% in 2011 to over 20% in 2015. A national survey indicates that more than a fifth (22%) of 11 to 15 year olds have used e-cigarettes at least once, and the majority (88%) have heard of them.<sup>2</sup>

Recent research, funded by PHE, found that e-cigarettes are the most popular form of quitting in England, whilst local stop smoking services provide the most effective support. Nationally in the past year, quitters who have combined e-cigarettes with local stop smoking services have experienced exceptionally high success at quitting. PHE are now advising stop smoking services actively seek their local smokers who want to use e-cigarettes to quit smoking with a view to supporting their quit attempt. The expectation is that local services should accept e-cigarettes as one of the things quitters might choose to include as part of their quit attempt.

Smoking Still Kills makes the following recommendations regarding e-cigarettes:

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<sup>2</sup> Health & Social Care Information Centre <http://www.hscic.gov.uk/catalogue/PUB17879/smok-drin-drug-youn-peop-eng-2014-rep.pdf>

- Regulation for the market for electronic cigarettes and other non-tobacco nicotine-inhaling products to maximise their value to smokers and minimise the risk of uptake by non-smokers
- Ensure that Stop Smoking Services and all health professionals are equipped to provide accurate, high quality information and advice to smokers about the relative risks of nicotine and all nicotine containing products.

PHE advises smokers who want to use e-cigarettes to quit smoking to seek out their local stop smoking services where they can get evidence based behavioural support and pharmacotherapies. In some areas, for example the North East of England, stop smoking providers are being commissioned to provide support for people using e-cigs to stop smoking. However, there is still uncertainty surrounding the safety of these products and the cost implications for the Council need to be understood before local commissioning decisions are made.

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

No additional information.

## **3. PREVIOUS MINUTES**

- Health & Wellbeing Board - Living Well Update, 10<sup>th</sup> December 2014.
- Health & Wellbeing Board - Local Authority Tobacco Control Declaration, 22nd January 2014.
- Health & Wellbeing Board - Priority Update: Reduce the number of people who smoke, 18<sup>th</sup> September 2013.
- Health & Wellbeing Board - Priority Position Statement: Reduce the number of people who smoke, May 2013.

## **4. BACKGROUND PAPERS**

None



# Telford & Wrekin's Smoke Free Ambition

February 2015. All of our partners got together to discuss how we can help Telford & Wrekin to become smoke free. This is what we thought. This is our starting point.

Have your say by emailing [public.health@telford.gov.uk](mailto:public.health@telford.gov.uk)



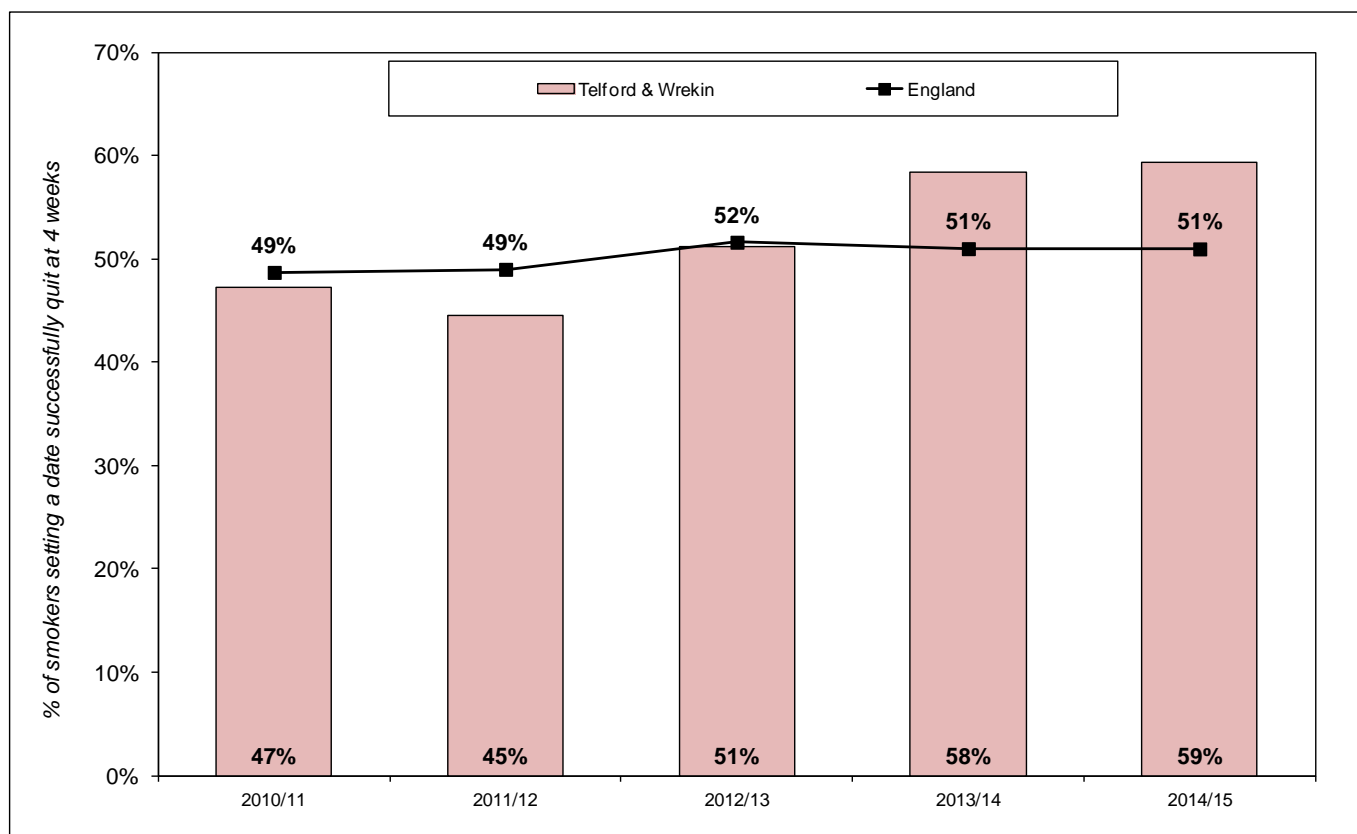
**Working in conjunction with:**  
Healthwatch Telford and Wrekin / Quit 51 / Pharmacy The Heart of our Community / Shropshire Community Health NHS Trust / Shropshire Fire and Rescue Service / Stop4Me / Telford and Wrekin Clinical Commissioning Group / Telford & Wrekin Council's Stop Smoking Service / Telford Crisis Support / The Shrewsbury and Telford Hospital NHS Trust



Figure 1 Trends in Smoking Quitters



Figure 2 Trends in Successful Quit Rates



Source: Copyright © 2015. Health and Social Care Information Centre, Lifestyles Statistics. All rights reserved.

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

**9<sup>th</sup> SEPTEMBER 2015**

**MENTAL HEALTH AND WELLBEING – COMMISSIONING UPDATE**

**REPORT OF - CLIVE JONES, ASSISTANT DIRECTOR, TELFORD & WREKIN COUNCIL, AND ANNA HAMMOND, DEPUTY EXECUTIVE, TELFORD & WREKIN CCG**

**LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND, SOCIAL CARE LEAD**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

This paper intends to update members of the progress to date to review all spend on mental health within Telford & Wrekin, and to offer further information on the development of the mental health strategy.

**2. RECOMMENDATIONS**

To endorse the approach outlined in the report.

**3. IMPACT OF ACTION**

The Mental Health and Wellbeing Commissioning Strategy will seek to improve the mental health and wellbeing of the residents of Telford & Wrekin. The current review of spend will ensure transparency between commissioning partners, and to ensure the best use of public funds for the benefit of people with / at risk of developing mental health issues. This will be the first stage of the process to commission a holistic, innovative care and evidence based model of care to improve outcomes for the population.

**4. SUMMARY IMPACT ASSESSMENT**

|                         |   |   |
|-------------------------|---|---|
| <b>COMMUNITY IMPACT</b> | Do these proposals contribute to a specific HWB Priority                              |   |
|                         | Yes   | <i>Emotional Health and Wellbeing</i>                               |
|                         | Do these proposals contribute to specific Co-Operative Council priority objective(s)? |   |
|                         | Yes   | Telford & Wrekin Council's Medium Term Plan for 2013/14 to 2015/16: |

|   |   |  |
|---|---|--|
|   |   | <ul style="list-style-type: none"> <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> <p>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</p>  |
|   | Will the proposals impact on specific groups of people? |  |
|   | Yes   | The proposals within the strategy will impact on people within the Borough of Telford & Wrekin who have mental health issues or at risk of developing mental health issues.<br>This will include children and adults.  |
| <b>TARGET COMPLETION/DELIVERY DATE</b>  | December 2015   |  |
| <b>FINANCIAL/VALUE FOR MONEY IMPACT</b> | No  | <p>The three stage review and development of the Mental Health Strategy will be undertaken from within existing resources.</p> <p>The Strategy which emerges may have financial impacts and this will be evaluated once proposals are detailed and reported back. However, it is anticipated that by aligning the commissioning portfolios of the Council and the CCG that together we can improve value against our combined expenditure.</p> |
| <b>LEGAL ISSUES</b>                     | Yes   | The strategy will assist the Council and NHS in fulfilling their duties under the: Mental Health Act; NHS, Public Health and Social Care Outcomes Framework; Care Act. Further details are contained within Section 2.   |
| <b>EQUALITY &amp; DIVERSITY</b>         | Yes   | The strategy will aim to reduce inequalities for those experiencing mental health issues.  |
| <b>IMPACT ON SPECIFIC WARDS</b>         | No  | Borough-wide impact.   |

|   |     |   |
|---|-----|---|
| <b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>         | Yes | A series of events and other engagement methods will be developed as part of the strategy development. This will seek to include service users, parents and carers, providers of all types of mental health services from Tier 1 upwards, schools, housing, Social Workers, Public Health, Clinical Commissioning Group, Emergency Duty Team and staff across mental health services. The review will also draw on feedback from previous engagement activities including the consultation around Castle Lodge. |
| <b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b> | Yes | The development of the Mental Health Strategy will have interdependencies with the overarching 'Wellbeing and Prevention Strategy' and potentially Commissioning Strategies on Autism, Dementia, Children in Care and Care Leavers. The aim is that CCG and Telford & Wrekin Council will work together to ensure that opportunities are maximised to promote emotional health and wellbeing.   |

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

### **1. INFORMATION**

#### **1.1 Background Information**

In March 2015 the Telford and Wrekin Health and Wellbeing Board received a report outlining plans to review the mental health strategy, to ensure the Council and Clinical Commissioning Group (CCG) work together to achieve better outcomes for people with mental health issues.

It was considered necessary to take stock of the current commissioning arrangements first, so that future decisions can be made in light of up to date information and take account of best practice in terms of service design and robust governance.

As part of this work a project group involving health and social care was established. Its remit was to identify the expenditure of both organisations (the Local Authority and the CCG) on mental health services and consequently be able to benchmark those organisations against similar ones, identify overlaps and gaps and make recommendations to inform the strategic development of services to meet the needs of people in Telford and Wrekin. It should be

noted that children's services and dementia services are excluded from the review.

N.B. A separate piece of work has been established to develop a model of care for 0-25 year olds across Shropshire and Telford. This new model of care is expected to focus on resilience building to promote good emotional wellbeing as well as offer interventions for those who have mental health problems. There is a need to move at pace with this work, but it will align with the development of the adult mental health strategy. For example part of the strategy will include transition issues (from children to adult services) and a section on identifying/addressing mental health problems within the wider family unit. The business case is currently in development and will be considered by committees in the respective organisations during August/September 2015.

### **Developing a future model of care: The Three Staged review**

In order to develop a coherent strategy and associated action plan the review has been split into three distinct stages.

**Stage One:** This will concentrate on identifying current budget and expenditure on the services across the CCG and Council.

**Stage Two:** This stage will focus on identifying a model of care that will meet the needs of the population. It will include care for patients/carers with mild/moderate mental health issues through to more severe and enduring problems. It will draw on best practice, feedback from local patients/professionals/carers and identified need. The work will consider the contribution of the voluntary and community sector as well as the role of larger providers.

Together these will be compiled to form the basis of the mental health strategy.

**Stage Three:** This stage will compare current services to the aspirations identified in Stage Two of the strategy. The required changes will be assessed and an action plan defined to address the issues.

*N.B. The prevention element will be referenced within the 'Wellbeing and Prevention Strategy' which is currently in development and consultation.*

### **1.2 The Next Steps**

**Stage One** is almost complete and will be considered by the project group in August. Work will commence on Stage Two of the strategy immediately after sign off of Stage one. The work will be facilitated by the Commissioning Manager at the council and the recently appointed Head of Mental Health at the CCG.

**Stage Two** will include an aspect of a specific element of work around the need for a 'bed base' to support patients with mental health problems. This work will consider the implications/concerns raised since the temporary

closure of Castle Lodge. A workshop will be convened in early October 2015, to tackle this issue.

The overall model of care for stage two will be complete by November 2015.

### 1.3 Timescales

- **Stage One** is nearly complete and the findings will be considered for sign off by the Project Board in August 2015.
- **Stage Two** will commence immediately after sign off of Stage One. The model of care will be defined by November 2015, ready for inclusion in a strategy for December 2015.
- **Stage Three** is intended to start in December 2015.

### 1.4 Governance Arrangements

Stage one of the review is being led by Senior Officers in the CCG and Social Care. The final document will be signed off by the project group.

A steering group will be set up to guide the development of stage two which will involve the production of a strategy, then the formation of an action plan.

The Health Overview and Scrutiny Committee have requested updates to ensure the recommendations they made as part of the consultation around Castle Lodge have been considered/addressed. Once established, the clear scope of stage two will be shared with the committee. The process for consultation for the mental health strategy will also be discussed with the committee.

## 2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

2.1 The revised Commissioning Strategy will be Borough wide, and will impact on those who experience poor mental health, or those at risk of it. It will contribute to the Health and Wellbeing Board priority around Emotional Health and Wellbeing, as well as the majority of the Co-operative Council Objectives.

### 2.2 Legal Impact

The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983).

On 15 January 2015, the Department of Health (DH) published a revised version of its statutory code of practice on the MHA 1983, under Section 118 of the MHA 1983. The revised code must be followed by local authorities, managers and health professionals. An easy read version was added on 26 March 2015 and the revised code came into force on 1 April 2015.

The Council and NHS bodies also need to meet the current requirements of the Public Health, NHS and Adult Social Care Outcomes Frameworks in respect of the mental health and wellbeing of adults and children.

The Council must have due regard to the Public Sector Equality Duty as imposed by s149 (1) of the Equality Act 2010, which states:

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Consideration needs to be given to an Equality Impact Assessment in respect of the potential impact on people with mental health issues, which may result from the review of the mental health commissioning strategy, in order to assist the Council in meeting its Public Sector Equality Duty.

### **3. PREVIOUS MINUTES**

Health and Wellbeing Board – March 2015.

### **4. BACKGROUND PAPERS**

Report to the Health & Wellbeing Board, March 2015: “Mental Health and Wellbeing – Commissioning Strategy Update”

**Report prepared by:**

Anna Hammond, Deputy Executive, Telford & Wrekin CCG

Clive Jones, Assistant Director, Telford & Wrekin Council

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

**9<sup>TH</sup> SEPTEMBER 2015**

### **MENTAL HEALTH CRISIS CARE CONCORDAT BRIEFING**

#### **REPORT OF:**

Anna Hammond – Telford & Wrekin Clinical Commissioning Group, Deputy Executive Planning and Commissioning, Integrated Care  
Clive Jones – Telford & Wrekin Council, Assistant Director: Family, Cohesion and Commissioning.

#### **PRESENTED BY:**

Frances Sutherland -Telford & Wrekin Clinical Commissioning Group, Head of Commissioning, Mental Health, Learning Disabilities and Children, and Helen Didlock- Telford & Wrekin Council, Commissioning Specialist Children & Young People

**LEAD CABINET MEMBER** – Cllr Arnold England – Adult Social care; Cllr Paul Watling – Children, Young People and Families

## **PART A) – SUMMARY REPORT**

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

The report provides a brief summary of the national objectives regarding mental health crisis care, the local response and an update on the local implementation.

### **2. RECOMMENDATIONS**

To note all agencies commitment to the Crisis Care Concordat and the local declaration.

To note the contents of this report and support the ongoing development of the Crisis Care Concordat.

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

The overarching aim of the Crisis Concordat is to improve the quality and experience of someone in a mental health crisis including that of young people.

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

|   |  |   |
|---|--|---|
| <b>COMMUNITY IMPACT</b>                 | Do these proposals contribute to a specific HWB Priority   |   |
|   | Yes  | Emotional Health and Wellbeing  |
|   | Do these proposals contribute to specific Co-Operative Council priority objective(s)?  |   |
|   | Yes  | <p>Telford &amp; Wrekin Council's Medium Term Plan for 2013/14 to 2015/16:</p> <ul style="list-style-type: none"> <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> <p>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing.</p>   |
|   | Will the proposals impact on specific groups of people?  |   |
| Yes                                     | The proposals within the strategy will impact on people within the Borough of Telford and Wrekin who have mental health issues or at risk of developing mental health issues. This will include children and adults. |   |
| <b>TARGET COMPLETION/DELIVERY DATE</b>  | Ongoing timescales with specific targets associated with actions.  |   |
| <b>FINANCIAL/VALUE FOR MONEY IMPACT</b> | Yes  | <p>This comment reflects only the financial impact on T&amp;W Council.</p> <p>Specific actions within the current plan that involve the Council will have to be funded from within existing resources. Financial implications may arise from any proposed revision of the planned actions and these would need to be evaluated as appropriate before any update could be finalised.</p> <p>The funding available for the procurement of an Information Advice and Guidance Service by the Council, referred to in 1.4.5 below, is c. £600k.</p> <p>The Mental Health Strategy which emerges from the planned review may</p> |

|   |     |  |
|---|-----|--|
|   |     | have financial impacts and this will be evaluated once proposals are detailed and reported back. However, it is anticipated that by aligning the commissioning portfolios of the Council and the CCG that together we can improve value against our combined expenditure.  |
| <b>LEGAL ISSUES</b>                             | Yes | <p>The “Mental Health Crisis Care Concordat Improving outcomes for people experiencing mental health crisis” was published on 18 February 2014 and is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.</p> <p>Originally 22 national bodies involved in health, policing, social care, housing, local government and the third sector signed the Concordat .Subsequently five more bodies have signed, bringing the total to 27 national signatories.</p> <p>The Concordat focuses on the responses to acute mental health crises; it also includes a section on prevention and intervention.</p> <p>The Concordat builds upon and does not replace existing legislation and guidance.</p> <p>Current service provision should continue while the Action Plan is being devised.</p> |
| <b>EQUALITY &amp; DIVERSITY</b>                 | Yes | The Crisis Concordat will aim to reduce health inequalities experienced by those with mental health issues.  |
| <b>IMPACT ON SPECIFIC WARDS</b>                 | No  | Borough-wide impact.   |
| <b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>         | Yes | Presentations were given to local mental health service user forums, voluntary sector forums and national consultation feedback has been utilised locally.   |
| <b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b> | Yes | Further work is required to review the wider mental health strategy as well as the service offer for children and young  |

|  |  |                                   |
|--|--|-----------------------------------|
|  |  | people with mental health issues. |
|--|--|-----------------------------------|

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

### **1. INFORMATION**

#### **1.1 National Background**

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

#### **1.2 Local Implementation**

Each local area has a declaration (signed by key partners) in which they commit to delivering the concordat. A detailed Action Plan brings together the initial commitments made by the signatories, and broader actions, to help bring about the delivery and success of the Concordat.

The implementation of the action plan is reported and monitored through the Mental Health Crisis Concordat Steering Group. This group consists of LA's, CCG's, Police, Ambulance Trust, SATH, Shropshire Community Trust (Child & Adolescent Mental Health Services), South Staffordshire & Shropshire NHS Foundation Trust as well as GP leads from across the county.

#### **1.3 Implementation Plan**

The action plan (Appendix 1) is based around 5 areas:

- Commissioning to allow earlier interventions and responsive crisis services
- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well preventing future crisis.

#### **1.4 Achievements**

1.4.1 Mental health crisis helpline and coordination hub – non recurrent funding was secured for funding for the provision of the service. This is delivered in partnership with the voluntary sector partner who provides the low level counselling and de-escalation work.

1.4.2 Since its inception the helpline has taken over 700 calls to the line, with 28 potential Section 136 of the Mental Health Act 1983 (Place of Safety) avoided and 6 admissions avoided to Redwoods. As part of the pilot, staff have routinely dedicated time to shadowing and training with partner agencies to enhance understanding of roles and challenges.

The next step of the pilot is to increase usage in Telford and Wrekin, and to change the telephone number to a 0300 number, from a Shrewsbury number.

1.4.3 Information sharing protocol has been revised and updated between agencies.

- 1.4.4 Agreements are in place between health and social care partners to develop a joint CAMHS strategy which will include crisis response and ensure transition issues are addressed.
- 1.4.5 The Council is in the final stages of procuring an Information Advice and Guidance Service which will enhance the support available to people with mental health issues and signpost alternative mechanisms of support.
- 1.4.6 Future Fit now includes planning facilities to assess people in need of crisis care.
- 1.4.7 Agreements are in place to ensure ease of access to Samaritans services.
- 1.4.8 A CAMHS Tier 3 worker is based at Princess Royal Hospital to ensure rapid response is available in the assessment team.
- 1.4.9 The Police force have undertaken mental health awareness training.
- 1.4.10 A Protocol is in place to manage the needs of children and young people who use the health based Place of Safety as a result of detention under Section 136.
- 1.4.11 A Police protocol has been developed to provide a place of safety for people who are too intoxicated to be assessed under Section 136, without resorting to Police use of Custody.
- 1.4.12 The numbers of children detained in Police cells for Section 136 has reduced.

## **1.5 CQC Feedback**

Shropshire was selected by the Care Quality Commission (CQC) to be part of a thematic review on the Crisis Care Concordat. The review included Telford and Wrekin. The review consisted of stakeholder meetings, one to one interviews, and observations from time spent at PRH, and RSH Emergency Departments.

Overall the feedback was positive, and included areas of good practice:

- Shared commitment across partners
- Action plan with timeframes in place
- Commitment to engage third sector more
- Effective protocols between Acute Hospital Psychiatric Liaison Service and Emergency Department staff
- Regular Multi Disciplinary Team meetings look at frequent attendees and scope to develop preventative plans
- Privacy and dignity of people (including Children and young people) presenting with self harm was respected.

Areas for development were also highlighted:

- Delays in assessment for children and young people, which leads to unnecessary admissions to the local hospitals.
- No mental health inpatient beds for children & young people in the locality

- Acute Hospital Psychiatric Liaison Service is 24/7 in Shropshire but not in Telford and Wrekin. Crisis resolution home treatment team covers the role after 8pm but there are sometimes delays in the response.
- Emergency Departments don't always have the required staffing levels – this is noted as not impacting on patient outcomes, but does mean staff can't be released as easily for training on areas such as mental health.
- Information Sharing works well within adult's services.
- Delays in accessing beds sometimes results in people being supported in Emergency Departments.
- Transfers from Emergency Departments to Redwoods can be problematic and delays often occur.
- For adults and children and young people, staff across the sector reported missed opportunities to prevent the crisis from occurring.
- Shortage of respite beds.

## **1.6 Next Steps**

The action plan is updated on a monthly basis by the Strategic group, and will reflect the CQC recommendations for service development.

Commissioners from health and social care are currently reviewing expenditure on mental health with a view to developing a new all age mental health strategy. This will include crisis provision for people with mental health issues.

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

No additional information.

## **3. PREVIOUS MINUTES**

None

## **4. BACKGROUND PAPERS**

None

### **Report prepared by:**

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**APPENDIX 1: LOCAL PARTNERSHIP MENTAL HEALTH CRISIS CARE CONCORDAT/136 STRATEGIC GROUP**  
**Local Action Plan**

**RAG KEY:**    **GREEN**    = Action on track or complete (No Action Required)  
                   **AMBER**    = Meets requirements with minor/moderate issues (Notify Strategic Project Board/Progress Report).  
                   **RED**        = Needs more work/worse (Urgent Action Required)  
                   **BLUE**        = Complete/future review date

| <b>1. Commissioning to allow earlier intervention and responsive crisis services</b> |  |  |   |                   |  |  |  |  |                        |
|--|--|--|---|-------------------|--|--|--|--|------------------------|
| <b>No. 1.0</b>   | <b>Action</b>  | <b>Resp. Org.</b>                            | <b>Update / Commentary</b>  | <b>RAG Rating</b> |  |  |  | <b>Mitigating Actions /Review date</b> | <b>Completion Date</b> |
|  |  |  |   |                   |  |  |  |  |                        |
| <b>Matching local need with a suitable range of services</b>                         |  |  |   |                   |  |  |  |  |                        |
| 1.1  | To bid for NHSE monies in order to Create a Pilot Mental Health Crisis Helpline and coordination hub This service would operate 365 days a year and staffed by qualified mental health clinicians  | SSSFT; T&W CCG SCCG.                         | Action complete – helpline established and went live on 1 <sup>st</sup> April 2015. |                   |  |  |  |  | December 2014          |
| 1.2  | Develop an information sharing protocol in order to allow for more effective coordination of crisis responses between partner agencies – based upon the learning of the street triage pilots in which information sharing has allowed for better decision making and collaborative responses | SSSFT in partnership with all MHCCC Agencies | SSSFT have existing information sharing protocol which is due for renewal.          |                   |  |  |  | Review September 2015                  | February 2015          |

|     |   |                                    |   |  |   |                |
|-----|---|------------------------------------|---|--|---|----------------|
| 1.3 | To use the mechanism of Commissioning for Quality & Innovation (CQUIN) to improve the use of Crisis Plans   | SCCG                               | CQUINs agreed and in place and will be monitored through SSSFT Contracts Quality Review Meeting   |  | Review/update to be brought to September meeting 2015                   | April 2015     |
| 1.4 | To further enhance capacity at the health place of safety through the submission of a detailed options appraisal  | SSSFT to produce options appraisal | Action complete – option appraisal written.   |  | Completed - sent  | February 2015  |
|     |   | SSSFT; SCCG, T&W CCG               | To review and build into commissioning intentions. Will be reviewed in August once triage service has been up and running for 6 months. |  | To be reviewed end August 2015 and update brought to September meeting. | August 2015    |
| 1.5 | Review service model across Tier 3 CAMHS (including assessing the need for additional Tier 3 community provision) to allow flexibility of provision across emergency response, reaching out service and general tier 3 provision. | SCCG; T&WCCG; SCHAT                | Fiona Ellis has been working with CAMHS. Within time scale for this work to be completed.   |  | Update/review September 2015  | July 2015      |
| 1.6 | Assess need for CAMHS short stay crisis beds (Tier 3+) including S136 facilities.   | FE SCCG; RJ T&WCCG; SV SCHAT       | Work being done at same time as above item.   |  | Update/review September 2015  | September 2015 |
| 1.7 | To link in with Force   | WM                                 | SC advised outcome from   |  | SC to provide update  | June 2015      |

|  |  |   |   |  |                       |               |
|--|--|---|---|--|-----------------------|---------------|
|  | Pilot to develop Mental Health Diversion Scheme for people in Police Custody, when arrested for offences. Pilots currently at Coventry & Warwickshire. Following evaluation roll out across West Mercia. | Police;   | pilots in Warwickshire, West Mercia and Worcester will inform rest of West Midlands. Will then meet the needs of the report.  |  | for July 2015 meeting |               |
| <b>Improving Mental Health Crisis Services</b>                                     |  |   |   |  |                       |               |
| 1.8  | Produce a directory of services that are available to support people in mental health crisis. The Directory will include self-help to prevent a crisis   | T&W Council;<br>Shropshire Council                    | Directory needs to be available to SaTH, WMAS, etc. Shropshire Council is creating an online resource directory for all services, including crisis, which will be available from July. It is called Shropshire choices – Now been circulated. |  |                       | May 2015      |
| 1.9  | Establish age appropriate environment within A&E in which to assess young people presenting in crisis.   | AV SaTH;<br>SV SCHAT;<br>KM SSSFT                     | Real estate is main issue of concern at SaTH especially during daytime hours. LI queried whether should be picked up as part of urgent care network. FE advised will be included as part of CaMHS review work.                                |  | Ongoing               | April 2015    |
| <b>Ensuring the Right Numbers of High Quality Staff</b>                            |  |   |   |  |                       |               |
| 1.10   | To continue with workforce planning across the health and social care economy.   | SCCG/<br>T&WCCG/<br>RJAH/<br>SaTH/<br>SCHAT/<br>SSSFT | Multi agency skills for transformation of workforce to meet health/care need.   |  | Ongoing               | December 2015 |
| <b>Improved Partnership Working in Shropshire and Telford &amp; Wrekin Locally</b> |  |   |   |  |                       |               |

|      |  |                            |   |  |  |                |
|------|--|----------------------------|---|--|--|----------------|
| 1.11 | For the multi-agency MHCCC strategy group to continue to meet regularly                          | All members                | Future dates organised  |  | Meeting Bi-monthly from July 2015  | September 2014 |
| 1.12 | To engage the third sector, service users, carers and Health Watch in the work being carried out | SSSFT;<br>SCCG;<br>T&W CCG | Action complete regards engagement around the initial development of the helpline. KM attending Voluntary sector MH Forum meetings.<br><br>Steering Group meetings were held in December '14 and February '15. KM will attend further meetings by invitation. |  | Require further engagement with voluntary sector and public – to include in group membership.<br><br>Ongoing - Require further engagement with voluntary sector and public – to include in group membership. | December 2014  |

## 2. Access to support before crisis point

| No.<br>2.0 | Action   | Resp. Org. | Update and Commentary  | RAG Rating |  |  |  | Mitigating Actions /Review Date | Completion Date |
|------------|--|------------|--|------------|--|--|--|---------------------------------|-----------------|
|            |  |            |  |            |  |  |  |                                 |                 |
| 2.1        | To develop detailed crisis plans for service users. Adult and Children                     | SSSFT      | Underway in adult mental health.<br><br>Not as articulated in children's             |            |  |  |  | Ongoing                         | February 2015   |
| 2.2        | Improve CAMHS referral information on Shropshire Community Mental Health NHS Trust website | SCHT       | A group is looking at what information for CAMHS is on the SCHT website. - completed |            |  |  |  |                                 | May 2015        |

### Improve Access to and Experience of Mental Health Services

|     |   |  |   |  |  |            |
|-----|---|--|---|--|--|------------|
| 2.3 | Devise a patient rated experience measure for all patients seen in the Redwoods Place of Safety   | SSSFT  | Service users have been involved. A list of eight suggested questions has been devised. Difficult issue to resolve is when would be the best time to ask the questions, i.e. when the patient is on a ward, post-discharge. |  | Review/update<br>September 2015  | April 2015 |
| 2.4 | To incorporate into the Future Fit Programme planning facilities to assess/support people in need of mental health crisis care  | SCCG;<br>T&W CCG                               | Is included in future plans.  |  | Completed  | April 2015 |
| 2.5 | Initiate transition planning at 16 years of age and ensure all new referrals considered for a range of possible options including single or joint AMH/CAMHS assessment. | SCCG;<br>SCCG;<br>T&WCCG;<br>SCHT;<br>SSSFT    | This is occurring within Children's & Family and Early Intervention Teams in Shropshire, but not in Telford.<br>AN advised is happening for 17 year olds and not 16 year olds   |  | Ongoing – CM to pick up when new post commences and update September 2015. | July 2015  |
| 2.6 | Ensure delivery of a 7 day CAMHS crisis provision.  | SCCG;<br>T&WCCG;<br>SCHT.                      | Work is on-going with SCHT on how to improve. Will be part of CaMHS review. LI advised 7 day provision is included in SCHT contract this year.  |  | Ongoing – FE to update   | July 2015  |
| 2.7 | Ensure easy access to Samaritans referral scheme by all declaration signatories, in particular Custody, GP's, A&E, Ambulance.   | WM Police;<br><i>Samaritans lead?;</i><br>WMAS | Complete in T&W. Shrewsbury under review. Other signatories to be updated. SC advised Custody is the place in Telford so will make sure is in Shropshire as well  |  | SC to update   |            |
| 2.8 | Review Safe discharge   | SCCG;  | Li advised Regional   |  | Ongoing – update   | July 2015  |

|     |   |                                    |  |  |   |               |
|-----|---|------------------------------------|--|--|---|---------------|
|     | planning for adults & children from hospitals (including tier 4 CAMHS beds etc) – and review adherence & effectiveness of a good plan | Shropshire Council;<br>T&W Council | Commissioners group looking at CaMHS providing Tier4 & fed back that Midlands have sufficient beds. LI has requested information on learning & will forward on |  | July 2015 meeting<br>Revised delayed transfer of care procedures (DTC) which have enabled closer partnership work; Multi-Disciplinary meetings take place prior to discharge & DTCs are monitored |               |
| 2.9 | To review the Mental Health Commissioning Strategy in Telford & Wrekin  | T&W CCG;<br>T&W Council            |  |  | Ongoing – CM to feedback/update   | December 2015 |

### 3. Urgent and Emergency Access to Crisis Care

| No.<br>3.0 | Action   | Resp Org.                | Update/Commentary   | RAG Rating |  |  |  | Mitigating Actions / Review Date | Completion Date |
|------------|--|--------------------------|---|------------|--|--|--|----------------------------------|-----------------|
|            |  |                          |   |            |  |  |  |                                  |                 |
| 3.1        | Following successful bid for pilot mental health crisis helpline - develop a detailed service pathway involving all partner agencies/users/carers  | SSSFT;<br>T&WCCG<br>SCCG | Work is in progress. Pathway developed.                                 |            |  |  |  |                                  | March 2015      |
| 3.2        | Further to 3.1 "Pilot" work with CCGs/SSSFT to develop pilot and provision via helpline on ground support & intervention to officers responding to 136 requests when Redwood Centre unavailable. | WMP                      | SC advised meeting taking place tomorrow (20 <sup>th</sup> March 2015). |            |  |  |  |                                  | April 2015      |
| 3.3        | Re-configure Tier 3  | .SCHT                    | Agency worker commenced   |            |  |  |  |                                  |                 |

|  |  |                                    |   |                           |  |                                   |
|--|--|------------------------------------|---|---------------------------|--|-----------------------------------|
|  | CAMHS to create a mental health practitioner post based at SaTH to ensure a rapid response embedded within an all age assessment team.   |                                    | in post and main function is to do duty work. T&W had similar role in for 6 months  |                           |  |                                   |
| 3.4  | Review alternatives to admission to Redwoods Hospital to enable crisis response when home treatment is not a feasible option. Link to findings of the Castle Lodge Consultation. | SSSFT;<br>T&WCCG<br>T&W<br>Council | KM had meetings in May with a drug company which has been doing work with academic network looking at pathways & optimisation of medicines. May adopt crash pad model used in Leeds. Crisis Team would be making referrals. |                           | Ongoing – KM to update September 2015 meeting                                    | Strategy Completion December 2015 |
| <b>Social Services Contribution to Mental Health Crisis Services</b>   |  |                                    |   |                           |  |                                   |
| 3.5  | Enhance Support to Carers to enable them continue care in crisis.  | T&W<br>Council                     | Need to review new legislation – Care Act   |                           | Ongoing – SW to update September 2015 meeting                                    | September 2015                    |
| 3.6  | Shropshire Council and Telford & Wrekin Council to review the demand and capacity and training needs for AMHP services   | Shropshire<br>Council              | KM advised Shropshire is adequately staffed. T&W will have to look at numbers. HJ advised awaiting structure of Adult and Social Care.  | Telford<br><br>Shropshire | Ongoing – HJ to update   | September 2015                    |
| <b>Improved Quality of Response when People are Detained under Section 135 and 136 of the Mental Health Act 1983</b> |  |                                    |   |                           |  |                                   |
| 3.7  | To undertake a review of the Section 135 & 136 policy within 3 months of the publication of the new MHA code of practice   | SSSFT                              | DC advised work done previously in Staffordshire and policy signed off.   |                           | Ongoing – DC advised review underway of Policy and will update July 2015 meeting | April 2015                        |
| 3.8  | To ensure that the 136/  | SSSFT;                             | KM advised two meeting  |                           | Ongoing – KM to  | February 2015                     |

|   |  |                        |  |  |  |              |
|---|--|------------------------|--|--|--|--------------|
|   | MH Crisis Care operational meeting discuss/learn from any operational concerns. Meetings to be set for the year and summary of learning/other issues presented to MHCCC /136 Strategic Group                                 | SCHT<br>SaTH<br>WMAS   | held but poorly attended. Powys and WMAS to be included – Meetings set for remainder of year   |  | update   |              |
| 3.9   | Police Specific – Review of 136 Detentions in Police Custody on a monthly basis and provide figures for local 136 meetings.  | WM Police              | In process.  |  |  | March 2015   |
| <b>Improved Information and Advice Available to Front Line Staff to Enable Better Response to Individuals</b> |  |                        |  |  |  |              |
| 3.10  | To review the multi-agency training needs requirements for mental health crisis care and establish education and training programme for front line staff about the needs of children and young people who present in crisis. | SSSFT<br>SCHT<br>CaMHS | As discussed at previous meetings, due May/June 2015. Also need to link in with CaMHS staff.<br><br>Link in with training needs below. |  | Ongoing – DC to update at July 2015 meeting    | July 2015    |
| 3.11  | Establish interface between Adult Mental Health Services and CAMHS IT systems.   | SCHT<br>CaMHS<br>SSSFT | Important to share information even if there is not an interface in place as yet.  |  | Ongoing – currently looking at Rio/Emis system | July 2015    |
| 3.12  | Enable 'Graphnet' database access for CAMHS consultants on call out of hours.  | SCHT<br>CaMHS          | Progressing/database available – minor teething problems.  |  | Ongoing – review July 2015 meeting             | July 2015    |
| 3.13  | Deliver Storm training.  | .SCHT                  | On track for later this year.  |  | Ongoing Update July                            | October 2015 |

|      |  |                |  |  |                      |           |
|------|--|----------------|--|--|----------------------|-----------|
|      | STORM is a self-harm mitigation model developed at University of Manchester. It offers skill based training in risk assessment and safety planning to frontline staff/ members of the community. | CaMHS<br>SSSFT | LI suggested would be useful to have a complete training review and work plan  |  | 2015 meeting         |           |
| 3.14 | Police specific; Improve Mental Health awareness training for police officers/staff (role specific where possible).  | WM Police      | SC advised took place in 2014 and ongoing at present. Will link in after a wider review of training has taken place. |  | Review November 2015 | June 2015 |

#### Improved Services for those with Co-existing Mental Health and Substance Misuse Issues

|      |   |   |   |  |                                   |               |
|------|---|---|---|--|-----------------------------------|---------------|
| 3.15 | <b>This needs further work by group - LI written to Jayne Randall, commissioner of Substance misuse services, Shropshire seeking assistance – similar action required for Telford</b> | SCCG;<br>T&WCCG;<br>Shropshire Council. | LJ has written to Jayne Randall re Shropshire substance mis-use work. To invite Jayne to be a member of this group. |  | LJ to update at July 2015 meeting | July 2015     |
| 3.16 | The review of the Mental Health Strategy in Telford & Wrekin will include people with a dual diagnosis.   | T&WCCG;<br>T&W Council                  |   |  | Ongoing - CM to take forward      | December 2015 |

#### 4.0 Quality of treatment and care when in Crisis

| No.<br>4.0  | Action   | Resp.<br>Org. | Update & commentary  | RAG Rating |  |  |  | Mitigating Actions<br>/Review Date                                    | Completion Date |
|---|--|---------------|--|------------|--|--|--|---|-----------------|
|   |  |               |  |            |  |  |  |   |                 |
| 4.1   | Devise protocol about how to manage the needs of children/ young people who use the health place of safety as a result of detention under S136 to enhance experience of this vulnerable group  | SSSFT         | Existing protocol shared with group  |            |  |  |  | Review November   | April 2015      |
| 4.2   | To revise protocol regarding the management of people detained under S.136 who require treatment in A&E this includes assessment of those deemed to be intoxicated, whether they are assessed in A&E or initially treated in A&E then transferred subsequently | WM Police     | SC to get an action update from Mark Walters. – Agreed at June meeting that this would be part of Pathway work |            |  |  |  | Ongoing linked to pathway work – AN/KM to update at July 2015 meeting | July 2015       |
| <b>Service User/Patient Safety and Safeguarding</b> |  |               |  |            |  |  |  |   |                 |
| 4.3   | Police Specific, Ensure there is protocol in place to provide a place of safety for care and subsequent Mental Health Assessment for people too intoxicated to be assessed under 136, without resorting to Police use of Custody.                              | WM Police     | KM advised is incorporated in existing protocol.   |            |  |  |  | Complete  | September 2015  |
| 4.4   | On the next 6  | SCCG;         | DC advised none in   |            |  |  |  | Ongoing – review  | March 2015      |

|   | occasions Police cells are used for 136 detentions that a Serious Incident/ Root cause analysis takes place for when a child is detained. Local agreement to eliminate children being detained in Police cells | T&W CCG                 | December/one in January (not 136) & February, both were in Shrewsbury and both appropriate. SC advised numbers have now dropped so dramatically that alarms have gone down. Need to keep mindful to engage/ review. Protocol says only for severely disturbed persons.                           |            | November 2015                    |  |                 |
|---|--|-------------------------|--|------------|----------------------------------|--|-----------------|
| 4.5   | To scope the needs of children taken to A&E owing to deliberate self-harm or other forms of MH crisis care needs in order to better understand the needs. Devise pathway to support this group                 | SCCG;<br>CAMHS;<br>SCHT | FE advised work not done yet. Getting numbers but need detail of individual cases. FE advised a proposal for case file audit should be done.   |            | Ongoing review<br>September 2015 | April 2015   |                 |
| <b>5.0 Recovery and Staying Well/Preventing Future Crisis</b> |  |                         |  |            |                                  |  |                 |
| No.<br>5.0  | Action   | Resp.<br>Org.           | Update & commentary  | RAG Rating |                                  | Mitigating actions<br>/ Review Date                                | Completion Date |
|   |  |                         |  |            |                                  |  |                 |
| 5.1   | To use the work being undertaken by the Public Health to inform and update the Suicide Prevention Strategy and to use this to inform crisis care developments  | Public Health;<br>T&W   | Clare Harland from Public Health has attended previous meetings. Will need further discussion with the Public health rep to the group. Rod Thomson has stated a nominee from Public Health will be in attendance. Telford will need to have similar discussions with their public health service |            |                                  | CM to update July 2015 meeting following Clinical Process meeting. | July 2015       |
| 5.2   | For all patients subject   | SSSFT                   | Will be included on care   |            |                                  |  | April 2015      |

|     |  |                 |  |  |  |            |
|-----|--|-----------------|--|--|--|------------|
|     | to formal/informal admission, interventions by the CR /HT or taken to a place of safety to have a comprehensive review of their Crisis Plan subsequent to crisis |                 | plans next time they present. - sent                           |  |  |            |
| 5.3 | To audit the needs of those seen taken to A&E under section 136 for a period of 2 months   | SaTH;<br>SSSFT  | AV has not received any information but has asked for samples. |  | Linked with Pathway meeting                        | April 2015 |
| 5.4 | Review of waiting lists for all mental health services and to ascertain gaps in capacity within the services and address   | SCCG;<br>T&WCCG | Awaiting new Commissioner to take up post                      |  | Ongoing will pick up when New Commissioner in post | July 2015  |

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

**9 SEPTEMBER 2015**

**PRIMARY CARE COMMISSIONING INTENTIONS**

**REPORT OF: NICKY WILDE DEPUTY EXECUTIVE - COMMISSIONING  
AND PLANNING PRIMARY CARE**

**PART A) – SUMMARY REPORT**

**SUMMARY OF MAIN PROPOSALS**

Primary care is the gateway to health services. It has a pivotal role to play in co-ordinating the patient's journey towards improved health and wellbeing; it must ensure the elderly, the sick and vulnerable are appropriately cared for and prevent well people becoming sick.

The vanguard and Prime Minister Challenge Fund sites are testing new ways to deliver services in primary care more efficiently and effectively to achieve better value for money and improved outcomes for patients.

Their challenge is immense but not insurmountable – these test-beds are proving change is possible with resolve and good leadership.

The Clinical Commissioning Group was successful in being approved for delegated commissioning for Primary Care from April 2015. This allows the CCG to make decisions on the following aspect of GP provision:-

- Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
- Decisions in relation to Enhanced Services
- Decisions in relation to Local Incentive Schemes (including the design of such schemes
- Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- Decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- Decisions about 'discretionary' payments

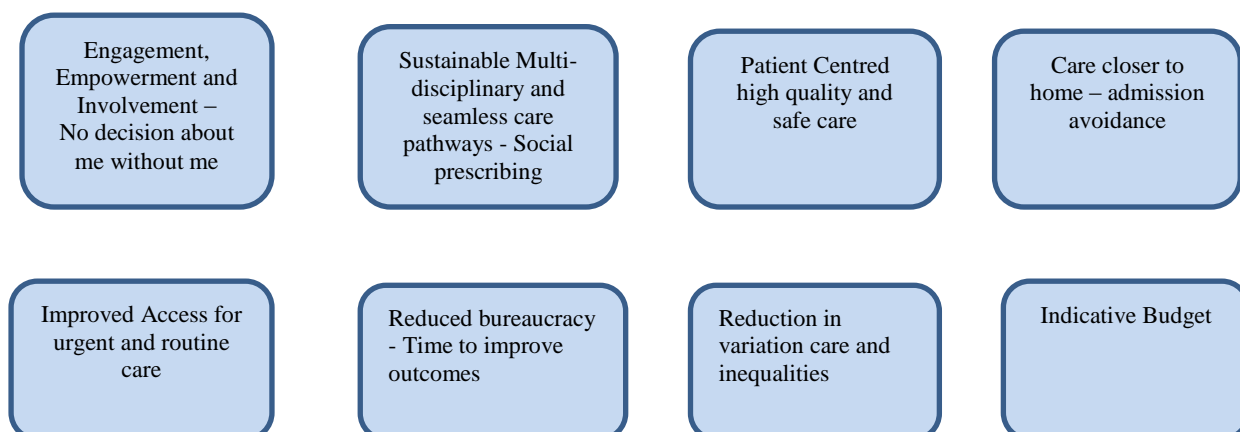
It also allows the CCG to:

- Approve practice mergers;

- Plan primary medical care services in the Area, including carrying out needs assessments
- Undertake reviews of primary medical care services in the Area;
- Manage the Delegated Funds in the Area;
- Approve Premises Costs Directions Functions
- Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- Such other ancillary activities that are necessary in order to exercise the Delegated Functions

This paper provides a summary of the draft Primary Care Commissioning Strategy which is due for approval at the CGG Primary Care Committee in September. This paper sets out the 8 areas of commitment, the key interventions and expected outcomes as described in the Strategy. A copy of the full Primary Care Commissioning Strategy can be found at <http://www.telfordccg.nhs.uk/primary-care-committee-may-2015> agenda item 5.2.

The 8 areas of commitment are:-



Part B of this paper includes the main points raised in the strategy.

## **2. RECOMMENDATIONS**

The Health and Wellbeing Board are asked to:-

Note the contents of the report and highlight any conflicting issues with the wider Health and Social Care plans.

## **3. IMPACT OF ACTION**

The outcomes/outputs of the Primary Care Commissioning intentions are described in the eight areas of commitment table in Appendix 1. These will collectively assist the CCG in working towards delivery of their vision and values.

The specific measures for the outcome indicated will be determined and approval of the overarching strategy and can be shared with Health and Wellbeing Board once drafted.

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

|   |   |  |
|---|---|--|
| <b>COMMUNITY IMPACT</b>                         | Do these proposals contribute to a specific HWB Priority                              |  |
|   | No  | Not specifically, although developing primary care should have a positive impact in many of the HWB priorities.                      |
|   | Do these proposals contribute to specific Co-Operative Council priority objective(s)? |  |
|   | Yes   | improve the health and wellbeing of our communities and address health inequalities  |
|   | Will the proposals impact on specific groups of people?                               |  |
|   | No  | No specific group - All patients registered with a GP practice in Telford and Wrekin   |
| <b>TARGET COMPLETION/DELIVERY DATE</b>          | Delegated commissioning commenced April 2015.   |  |
| <b>FINANCIAL/VALUE FOR MONEY IMPACT</b>         | No  | This paper is describing a strategic direction and no specific areas have yet been assessed for financial or value for money impact. |
| <b>LEGAL ISSUES</b>                             | No  | N/A  |
| <b>EQUALITY &amp; DIVERSITY</b>                 | No  | No specific equality impact assessment has been undertaken, however this will be done for individual projects.                       |
| <b>IMPACT ON SPECIFIC WARDS</b>                 | No  | Borough Wide   |
| <b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>         | Yes   | The strategy has been shared with patient groups for comment / discussion  |
| <b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b> | Yes/No  | A draft risk register is included in the main strategy document.   |

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

##### **1. INFORMATION**

This is the first Primary Care Delegated Commissioning Strategy for NHS Telford and Wrekin and is designed to be read alongside the CCGs 2 and 5 year plans which can be found at <http://www.telfordccg.nhs.uk/strategies>. The strategy provides the CCG's plans to achieve excellence in the delivery of our Primary Care

Responsibilities, whilst endeavouring to meet the expectations of our stakeholders, within a challenging environment.

Our strategy is about facilitating, shaping and exploring possibilities, in partnership with our stakeholders. We have a vision of a Primary Care Service, led by GPs who are sufficiently resourced to offer appropriate and prompt access to excellent quality care for our population that is robust against challenge.

Our GPs will lead innovatively staffed multi-disciplinary teams, which will include many disciplines of health and social care workers as well as those historically involved such as community nursing teams. This model will be clustered around Health hubs as proposed by the Clinical Reference Group of the Future Fit Programme. Primary Care Services will be designed around the needs of our population, as mandated by Patient Focus Groups. This will require careful and thoughtful management of patient expectations, and a care navigator role for many of the clinicians and other health and social care professionals.

Telford and Wrekin will continue to be an attractive place for Primary Care Clinicians of all disciplines to work as evidenced by the number of applicants for every job advertised and the excellent reputation of our Primary Care regionally and even nationally.

We will know when we have achieved our vision because:-

- patients will consistently tell us
- improved outcomes will have been demonstrated and
- we will have an empowered, diverse and self-sustained workforce

### **Opportunities of delegated commissioning**

The CCG recognises that the need to increase its commissioning portfolio to include the delegated commissioning of Primary Care. Whilst this comes with some risks which need to be mitigated, there are also compelling reasons why the CCG agreed to this significant change. Demographic changes, increasing multi-morbidity and the rising needs of frail older people are piling pressure on primary care. Whilst General Practice should be central to the heart of the healthcare system to allow them to respond to these pressures, there is a need to improve the coordination of health and social care, breaking down organisational boundaries. The CCG has welcomed the opportunity to have a greater influence over a wider NHS budget. The CCG will enable investment opportunities that will lead to new models of care while ensuring that the funding follows the need of the patient. Surrounding these innovations will be a new and robust quality and accountability assurance framework. The main reasons for the CCGs making this move to delegation are:



## Governance

The CCG has updated its governance arrangements and scheme of reservation and delegation to accommodate delegated responsibilities. To help address conflict of interest, a Primary Care Committee has been introduced comprising representatives of NHS Telford and Wrekin CCG, NHS England; Telford and Wrekin Healthwatch; Telford and Wrekin Council. The Committee is chaired by a lay member and are held in public. The CCG has also amended its constitution to incorporate decision making on behalf of NHS England. A register of conflict of interests and decisions made by the Primary Care Committee in connection with the responsibilities identified has been put into place.

## Improving and Measuring Quality

The CCG has an overarching vision for quality – *Every patient has the best possible experience and Care that we can commission.* The CCG is currently reviewing the quality assurance framework for the CCG to include areas of Primary Care. It will concentrate on 3 key areas of Patient experience, Patient safety and Clinical effectiveness and set in the context of the 6Cs.



To assist the CCG in gaining a level of assurance there is a need for a culture of sharing and openness to aid learning when incidents or near misses occur amongst practices. Processes are in place to continue to develop a culture that promotes greater patient engagement and learning, however the information we have at present is limited to what practices provide us with and therefore reactive in nature. The CCG has refreshed the DATIX system across all practices to be used as a way for practices to raise concerns or issues with CCG officers when care hasn't gone according to plan or a risk has been identified for investigation. The CCG has taken on responsibility for the management of poorly performing GP Practices and a new assurance framework is being developed for implementation.

The first few months of delegated commissioning have concentrated on an overarching strategy and setting appropriate Governance in place. The next few months will concentrate on formal reporting arrangements allowing the Committee to receive monthly quality and performance data at a CCG wide level.

## Future Primary Care - Working in partnership with GP Practices

Some of the key areas the CCG will be working with GP Practices are:-

- The delivery of the 8 CCG commitments
- Workforce development and sustainable Primary Care
- Decision making processes
- Succession Planning
- Continuous improvements and transformation
- Consideration to a Memorandum of understanding between the CCG and Practices

The CCG has a good working relationship with its constituent practices. All practices regularly take part in service redesign projects with the CCG. This successful relationship continues with clinical priorities being agreed jointly between the local GPs, local providers and the CCG. This work results in many new pathways being agreed and together with the Telford Referral and Quality Service (TRaQS) has resulted in the improved quality of referrals into secondary care whilst offering patient choice. This is a demonstration of our commitment to joint working with our Practices and is also delivering improved care for our patients.

The CCG continues to work with Practices to look at patient feedback, activity, finance and benchmarking information. Risk stratification data has been used by Practices to identify patients with the most need and to introduce personalised care plans, early intervention and treatment which lead to admissions avoidance where appropriate. Whilst work via the risk stratification tool has been introduced, there are still improvements which can be made and further work is required to ensure that there is full connectivity with all stakeholders to improve patient centred coordinated care.

The Joint Strategic Needs Assessment continues to show that there is a growing prevalence of patients with Long Term Conditions and this is leading to the potential years' life lost as identified earlier in this strategy. The CCG will work with practices to identify a new model of care for the management of Long Term Condition, potentially building on the "House of Care" model which includes strengthening self-care, prevention, early intervention and wellbeing in a co-ordinated manner.

The CCG will continue to offer some extended services to GP Practices (traditionally known as Enhanced Services) and will discuss the opportunity to look at a more local solution to Enhanced Services to improve overarching outcomes, reduce variation and decrease bureaucracy and excessive reporting. The CCG will also consider options around the future of the Quality and Outcomes Framework with practices. This piece of work will look at possible redesign to achieve the most effective and efficient use of resources to support Practices in delivering the overarching strategic objectives of the CCG and improving the quality of care provided to patients.



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

N/A

## 3. **PREVIOUS MINUTES**

N/A

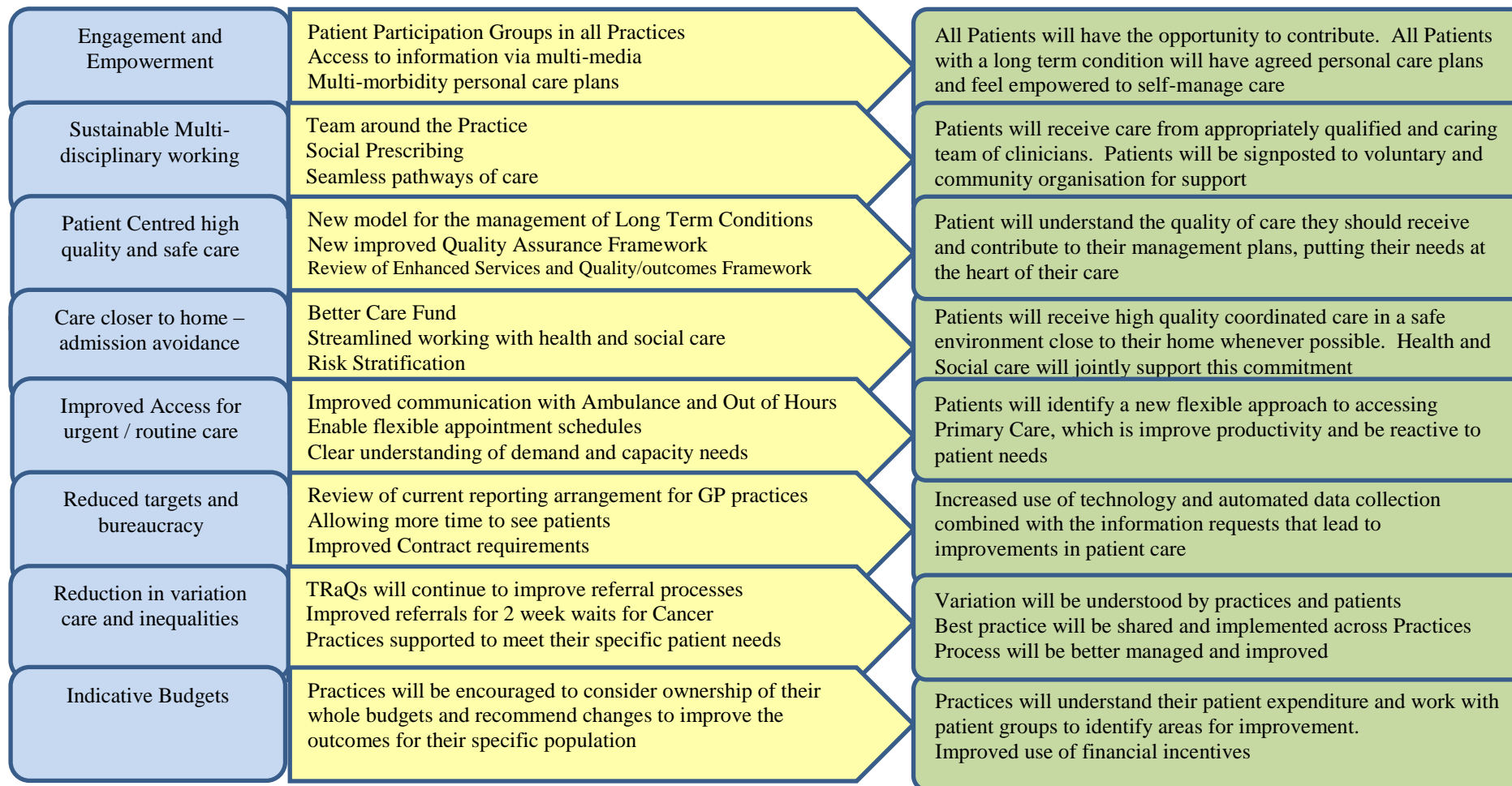
#### **4. BACKGROUND PAPERS**

The full Primary Care Commissioning Strategy can be found at <http://www.telfordccg.nhs.uk/primary-care-committee-may-2015> agenda item 5.2.

Appendix 1 provides details of the 8 areas of commitment, key interventions and outcomes.

**Report prepared by Nicky Wilde, Deputy Executive - Commissioning and Planning, Primary Care, NHS Telford and Wrekin CCG, Telephone: 01952 580418**

**CCG 8 Areas of Commitment, key interventions and outcomes**



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

**9<sup>TH</sup> SEPTEMBER 2015**

**COMMUNITY FIT UPDATE**

**REPORT OF: DAVE EVANS, CHIEF OFFICER, NHS TELFORD & WREKIN CLINICAL COMMISSIONING GROUP (CCG)**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

Earlier this year the Future Fit Programme signed off a proposal to support the initial phase of the community fit work plan. Phase one comprised of a work programme to understand and quantify the consequences to the wider health and social care economy of the proposed future fit hospital reconfiguration.

The aim of the community fit programme is to model and describe the types of service which will be required in primary care and community services to absorb the activity coming out of the acute trust.

The paper at Appendix A gives further detail of the work undertaken to date and the planned work to be undertaken as part of Phase 1 of the enabling project.

**2. RECOMMENDATIONS**

The Board is invited to note the report.

**3. IMPACT OF ACTION**

The Programme is focused on community and primary care services in Shropshire and Telford & Wrekin. It involves all communities who use those services, particularly across Shropshire, Telford & Wrekin and mid Wales.

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

|   |   |  |
|---|---|--|
| <b>COMMUNITY IMPACT</b>                 | Do these proposals contribute to a specific HWB Priority                              |  |
|   | Yes   | Improve life expectancy and reduce health inequalities and supporting people to live independently, though will impact on all priorities.  |
|   | Do these proposals contribute to specific Co-Operative Council priority objective(s)? |  |
|   | Yes   | Improving the health and wellbeing of our communities and addressing health inequalities.  |
|   | Will the proposals impact on specific groups of people?                               |  |
|   | No  | All communities who use primary care and community services across Shropshire, Telford & Wrekin and mid Wales.   |
| <b>TARGET COMPLETION/DELIVERY DATE</b>  | Phase 1 enabling project to be undertaken between June and November 2015.             |  |
| <b>FINANCIAL/VALUE FOR MONEY IMPACT</b> | No  | None identified.   |
| <b>LEGAL ISSUES</b>                     | No  | None identified  |
| <b>EQUALITY &amp; DIVERSITY</b>         | No  | None identified  |
| <b>IMPACT ON SPECIFIC WARDS</b>         | No  | None identified  |
| <b>PATIENTS &amp; PUBLIC ENGAGEMENT</b> | Yes   | As part of the Future Fit programme, there is a strong network of practice patient participation groups (PPGs) which provide a strong foundation for public engagement. CCGs have also been working closely with Healthwatch organisations and building wide networks of engagement to include PPGs, voluntary sector organisations, disease specific groups, groups based in particular localities, disease specific groups and young people. |

|   |     |  |
|---|-----|--|
|   |     | <p>Engagement with young people includes the development of Youth Champions. The aim is for these young people to become active and valued partners, working with service providers and commissioners, to jointly deliver better health and wellbeing outcomes. In addition to the benefits for local organisations and wider communities, the young people taking part will individually benefit through improved confidence and a sense of pride in their achievements.</p> <p>Further information on the specific approaches of each CCG are set out in the CCGs' Operational Plan submissions.</p> |
| <b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b> | Yes | Phase one relies on the timely transfer data (see section 4 of Appendix A attached)  |

**PART B) – ADDITIONAL INFORMATION**

**1. INFORMATION**

See Appendix A attached.

**2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

No further impacts identified.

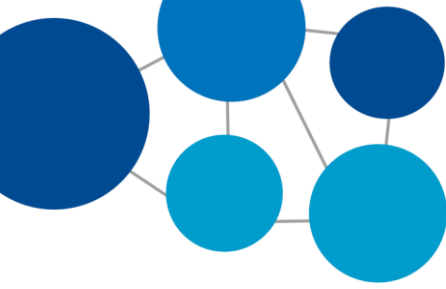
**3. PREVIOUS MINUTES**

None.

**4. BACKGROUND PAPERS**

None.

**Report prepared by Dave Evans, Chief Officer, NHS Telford & Wrekin  
Clinical Commissioning Group (CCG) Telephone: 01952 580362**



# Appendix A: Community Fit

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## Overview for Health & Wellbeing Board

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### 1. Introduction

Earlier this year Future Fit Programme Board signed off a proposal to support the initial phase of the Community Fit work plan. Phase one comprises of a work programme to understand and quantify the consequences to the wider health and social care economy of the proposed Future Fit hospital reconfiguration programme.

Shropshire CCG and Telford and Wrekin CCG have for some time been discussing the notion of a programme of work focussed on understanding the community and primary care impact of the Future Fit programme. This has been variously described as a wide ranging piece of work encompassing a full and detailed strategy for the future of primary care, incorporating service transformation in the community. The Community Fit Programme could be very wide ranging in scope and it has been decided therefore to define a clear scope for Phase One before defining in detail further work.

### 2. What is Community Fit and how does it differ from Future Fit?

The FutureFit Programme sets out to address the future of hospital services. However, it is recognised that hospital services sit within a much broader frameworks of health and care services.

The Community Fit programme is intended to model and describe the types of service which will be required in primary care and community services to absorb the activity coming out of the acute trust and the other changes which will impact on the use of primary and community healthcare services such as demography, ageing population and increased demands on the primary care and community.

### **3. Aims**

The overarching aims of the Community Fit project are to:

- cover all aspects of care to enable safe transition from the current healthcare model, which is heavily based on patients going into hospital
- work towards a sustainable, community based, health and social care system focussed on prevention and continuity of care, delivered by integrated teams of clinicians, through bespoke local solutions utilising the local asset base
- build on work already underway across health, social care and the voluntary sector e.g. supported discharge, admission avoidance, community resilience.

### **4. Deliverables**

This initial (Phase One) work will take place between June and November 2015. Assuming the timely transfer of data, phase one will deliver the following:

- An agreed way of modelling activity in of social care, primary care, community healthcare, and mental health
- An agreed taxonomy (classification) of care packages delivered by each of these sectors
- An agreed estimate the impact of demographic change on activity levels within these sectors
- A linked health and social care dataset, identifying patients receiving care from two or more sectors and describing the care they receive
- A description of the activity that the NHS Future Fit Programme models anticipate will move out of the acute setting and therefore may have an impact on primary care, community services, mental health and social care services.

In response to feedback at the Provider Forum launch of Community Fit, an additional workstream has been added, focussing on the contribution from voluntary and 3<sup>rd</sup> sector partners. Therefore an additional deliverable has been added to the Phase One work programme:

- An assessment of the potential voluntary and third sector services contribution to the broader programme and suggestions of mechanisms and approaches that might be employed to maximise this contribution.

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

**9<sup>TH</sup> SEPTEMBER 2015**

**HEALTHWATCH TELFORD AND WREKIN ANNUAL REPORT**

**REPORT OF: KATE BALLINGER: MANAGER, HEALTHWATCH TELFORD AND WREKIN**

**LEAD CABINET MEMBER – CLLR OVERTON**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

The report provides an overview of the work undertaken by Healthwatch Telford and Wrekin in its second year.

**2. RECOMMENDATIONS**

To receive and note the contents of the attached report.

**3. IMPACT OF ACTION**

- Keep the Health and Wellbeing Board informed of the progress of Healthwatch Telford and Wrekin
- Increase public awareness of Healthwatch Telford and Wrekin
- Increase public involvement in decision making in Health and Social Care in the borough.

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

|   |   |  |
|---|---|--|
| <b>COMMUNITY IMPACT</b>                         | Do these proposals contribute to a specific HWB Priority                              |  |
|   | Yes   | <i>All</i>                                 |
|   | Do these proposals contribute to specific Co-Operative Council priority objective(s)? |  |
|   | Yes   | <i>All</i>                                 |
|   | Will the proposals impact on specific groups of people?                               |  |
|   | No  |  |
| <b>TARGET COMPLETION/DELIVERY DATE</b>          | N/A   |  |
| <b>FINANCIAL/VALUE FOR MONEY IMPACT</b>         | No  |  |
| <b>LEGAL ISSUES</b>                             | No  |  |
| <b>EQUALITY &amp; DIVERSITY</b>                 | No  |  |
| <b>IMPACT ON SPECIFIC WARDS</b>                 | No  | <i>Borough wide impact</i>                 |
| <b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>         | Yes   | <i>Range of events throughout the year</i> |
| <b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b> | No  |  |

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

### **1. INFORMATION**

The annual report of Healthwatch Telford and Wrekin shows the development of the organisation from April 2014 to March 2015 and details key activities and core support given to the local community within the Borough.

*This report is written to guidelines produced by Healthwatch England and has been distributed in accordance with their instructions.*

#### **Update on Healthwatch Activity April – August 2015**

Since production of the annual report, novation of the contract for Healthwatch Telford and Wrekin has been a major part of the work undertaken by the board. This is now due to take place on 1<sup>st</sup> October 2015 and the Healthwatch board are working with council officers to ensure a smooth transition.

Healthwatch Telford and Wrekin continue to be closely involved with NHS Future Fit and the Better Care agenda and have recently begun to look at patient experience of services delivered at home.

Reports on the Sexual Health Survey, undertaken by YOUTH (Your Own Unique Telford Healthwatch – our youth network), and GP Access will be published in Autumn this year and these will be presented to a future meeting of the Health and Wellbeing board.

Priorities for the coming year include Mental Health, End of Life and ensuring that the population of Telford & Wrekin have a better understanding of planned changes to services locally.

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

No further impacts identified.

### **3. PREVIOUS MINUTES**

Health and Wellbeing Board September 2014.

### **4. BACKGROUND PAPERS**

None.

**Report prepared by Kate Ballinger, Manager Healthwatch Telford and Wrekin, Telephone: 01952 739540**

# Healthwatch Telford and Wrekin

Annual  
Report

2014/2015







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# Foreword from David Evans

**The voice of patients, their relatives and carers is important if we are to make the right decisions on the healthcare needs of our communities.**

Our aspiration is to make sure that we commission high quality services that prevent people becoming ill and help them to a speedy recovery when they do become ill.

We need to listen to people and our communities to achieve this.

Healthwatch Telford and Wrekin plays an important role in letting the voice of patients be heard by decision makers both as commissioners of services, as well as the providers of services.

They are one of the partners that the CCG engages with and listens to about the quality of care that people receive in all areas of healthcare.

Sitting outside of the NHS enables Healthwatch to be a ‘critical friend’ of the NHS, and in so doing makes sure that we do not forget the voice of patients when we consider our plans and strategies.

Healthwatch has made a valuable contribution to Future Fit, looking at how we can best provide acute and community hospital services in the coming years, and I am grateful for the time and commitment that they have put into this important project.



**Dave Evans, Chief Officer, Telford and Wrekin Clinical Commissioning Group**

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# Introduction from our Joint Chairs



Welcome to the second annual report of Healthwatch Telford and Wrekin (HWTW). This document provides an account of our achievements and challenges during the 2014 - 2015 year for our partners and providers in the National Health Service and local government, and for the local voluntary and community sector.

We always have in mind our role to be the voice of the diverse community in Telford and Wrekin, so that we might express their views, concerns, experiences, and ideas on local health and social care services.

Local health services are undergoing big changes right now, and HWTW is making sure that the views of Telford and Wrekin residents are heard in both the Future Fit and Community Fit programmes. Our board members and staff attend a host of meetings and discussions on every aspect of health and social care to ensure that the voice of local people is heard.

We have also seen major progress in the development of our board. In addition to our joint chairs, we have recruited several new directors, with wide experience in a range of fields including the NHS, business, and Ofsted. Each board member has been assigned responsibility for a geographical region and field that suits their knowledge.

The year has not been without its challenges. There has been a reduction in our finances, although negotiations still continue between our key stakeholders. Our board has also been working hard on

plans for our independence and exciting plans for improving our ability to collect local views and make these available to our partners. Plans are currently delayed, but we remain determined to continue to improve our services for local people.

A major area for development has been our work with younger people. We have been taking the Healthwatch message to year 10 pupils at our local academies and we have established a Youth Network which now meets regularly. One of its first projects has been a sexual health survey, and they have taken ownership over our 'Draw Your Ideal Hospital' project.

Some of our concerns include the provision of services for older people and those with dementia, as well as local mental health services and the transition between child, adolescent and adult mental health services.

Finally we pay tribute to the unstinting efforts of our staff and our growing number of volunteers and our fellow board members and supporters. We look forward to the future with optimism - whatever the obstacles. Together we will overcome all of our challenges and work toward the best possible outcomes for the people of Telford and Wrekin.



# Note from the Operational Lead



**Volunteers are at the heart of all the work we do and I would like to take this opportunity to pay tribute to the Directors, Authorised Representatives and volunteers who have supported the staff team in the delivery of Healthwatch Telford and Wrekin over the past 12 months.**

The HWTW team attend an average of 20 meetings each month. These include the Health & Wellbeing Board, Better Care Fund, Future Fit, Early Help Partnership Board, Carers Partnership Board and T&W Clinical Commissioning Group Health Roundtable meetings. This gives us a real understanding of the issues in Telford & Wrekin and the ability to put the patient/service user at the centre of decisions made.

Our key priorities over the last year have been:

- Future Fit
- Better Care
- Older People's Services and Dementia
- Mental Health
- Maternity Services and the Shropshire Women & Children's Centre
- Novation

Our engagement programme has seen us speak to more than 6000 people across the borough this year, collecting 828 comments, and we couldn't have done this without the sterling work of our engagement team, initially led by Cat Pert and now by Chris Hancock. Our team attend Princess Royal Hospital (PRH) twice a month to collect experiences from

patients and their families/carers in the Friends Cafe and the Bistro Cafe in the Women and Children's Unit. We attended a variety of events last summer which included the famous "Rick roll" at T-Live and a drenching at the Ironbridge Coracle Regatta!



We started a project in August asking people in Telford to tell us what a good hospital looks like. We were interviewed on BBC Radio Shropshire, and despite the rain we collected more than 20 "tiles" at T-Party. We continued the project through the summer and presented the tiles to David Evans and Caron Morton, Senior Accountable Officers of Future Fit in November. HWTW has been asked to continue with the project so that the tiles will be made into a permanent display at the hospital when Future Fit concludes.



# About Healthwatch

**We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.**

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

## **Our mission:**

To make health and social care services in Telford and Wrekin as good as they can be.

We seek to accomplish this by...

- ... holding public engagement events.
- ... informing people where to go for help.
- ... sharing the views of the public in Telford and Wrekin with decision makers to drive change.

- ... keeping the people of Telford and Wrekin at the heart of decision making.
- ... reacting to concerns raised by the public in Telford and Wrekin.
- ... making informed and evidence-based judgements about the quality of local services.

We strive to be:

- Inclusive
- Focussed
- Challenging
- Independent
- Representative
- Caring
- Listening

## **Our strategic priorities**

HWTW's strategic priorities are the same as all Healthwatch, the foundation stone of which is that health and social care work well when their support systems involve patients in decisions about their treatment and care.

HWTW's core strategy is therefore to build an organisation which will form a conduit to enable the health and social care systems to listen to its people's views and experiences, and act on them.

Thus, it will:

- collect people's views and experiences, being sure it reaches out to diverse and difficult-to-reach communities
- identify common problems with health and social care based on people's experiences

- recommend changes to health and social care services that they know will benefit people
- hold those services and decision makers to account and demand action
- escalate problems to HW England for nation-wide action

As a statutory watchdog, it is our objective to ensure that health and social care services, and the government, put people at the heart of their care.

This will require building or reinforcing our collaboration with other significant organisations in the Health and Care arena (such as Better Care Fund, Care Act, Future Fit and Mental Health).

A sub-strategy has emerged recently - the structure of HWTW will need to change for the future.

The routing of the funding which enables our activities needs to adapt to future new circumstances; the board will consequently be required to take on a role more akin to that of a conventional company's board, with responsibility for the finances of the company.

The HWTW board is looking to develop a strategy for marketing and defrayment of costs that can both support our user-facing consultation processes and improve the quality of data outputs.

***Our Healthwatch team (from left to right): Kate Ballinger; Matt Lever; Chris Hancock.***

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# Engaging with people who use health and social care services

## Understanding people's experiences

Our engagement activity consists of community events, focus groups, presentation at meetings and school assemblies, and regular stalls in the Princess Royal Hospital. We have made a conscious effort to visit all areas of Telford and included the Coracle Regatta in Ironbridge and stalls at Waitrose in Newport for the first time this year.

In the past year, HWTW have engaged with 6036 people, and gathered 828 views and opinions across 84 events.

As part of a collaborative project looking at GP access, we were able to complete 241 surveys across 6 GP practices in November. The practices selected were:

- Dawley Medical Practice
- Wellington Medical Practice
- Stirchley Medical Practice
- Oakengates Medical Practice
- Leegomery Medical Practice
- Linden Hall Surgery

Mental Health is an ongoing priority for HWTW, and we have worked with local support organisations **MIND** and **TACT** (Telford After Care Team) to gather service user experience in this area. We also held a focus group where service users and their carers were invited to discuss their views on the closure of Castle Lodge.

HWTW recognised that our communication with young people in the borough was an area for improvement and launched a Youth Network in January this year. Now rebranded YOUTH (Your Own Unique Telford Healthwatch), the network has a membership of more than 60 young people and has recently collected 427 responses to their Sexual Health Survey, looking at what young people know about services in Telford & Wrekin. This fantastic response is due to the support of a number of partners, including schools and cadet groups.

HWTW regularly attends events organised by the Senior Citizen's Forum and has attended a number of relative/resident meetings in local care homes to gather information from older residents. All of our surveys demonstrate our ability to engage with older people - and as Dementia and Frail and Elderly residents remain priorities for HWTW, we will be continuing this work in the next year.

Through our engagement work at Princess Royal Hospital, HWTW listens to feedback from patients living in Shropshire, Powys, Staffordshire and the West Midlands. We met a patient from Essex on one occasion. This feedback is collated and shared appropriately.

HWTW are committed to listening to the "seldom heard" and where voices are not obvious, we will go and find them.



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## Enter & View

Healthwatch has the statutory power to 'Enter & View' (E&V) any publically funded health or adult social care premises. Our authorised representatives visit service locations to talk to patients, residents, service users, and their families, friends, and carers about their experiences, observe for ourselves the services being delivered, and produce evidence-based recommendations in reports for the service providers.

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**“It's good to see that they (residents) can speak up for things that are good and for those that need addressing.”**

Authorised representative

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The reports are published online for the community to read, and are distributed to our commissioners, other partners and regulators such as the Care Quality Commission (CQC), Clinical Commissioning Group (CCG), council quality teams, and Healthwatch England.

You can find our published E&V reports on our website:

[www.healthwatchtelfordandwrekin.org.uk/enter-view-reports](http://www.healthwatchtelfordandwrekin.org.uk/enter-view-reports)

In the space of a year, we have gone from a small group of trained, but inexperienced, authorised representatives and not having a functional E&V programme at all, to having an effective and growing team having visited 16 different services in the 2014/15 year. Most visits were “announced”, but we also conducted two “unannounced” visits, in response to concerns raised by members

of the public, and intelligence from partner agencies and service providers.

Our E&V programme was agreed by a committee which included staff and volunteers. They prioritised the visits following concerns or feedback from service users and relatives, as well as from health and social care professionals, and intelligence from partner agencies.

For 2014/15, the programme of visits looked at dignity and respect in care, residential, and nursing facilities including those with dementia care. The outcome of the visits was to highlight good practice, and to encourage improvements where necessary; improvements that will affect the lives of people now and in the future.

Protecting the safety and quality of life of vulnerable adults is always a concern for our E&V visits, and we have made several referrals to Adult Safeguarding, as well as follow-up visits to check that service provider referrals have been received.

We heard many positive comments about good quality care and compassionate staff. We have consistently highlighted the problems around staffing numbers, delays responding to call bells, and the use of agency staff - both in hospital wards, and in some care homes. Some small changes have been made based on visit observations - bins that people with disabilities can use at PRH, for example.

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**“Enter and view for me makes me feel I'm doing something to make things the best they can be for patients and residents, and for the people of T&W.”**

Authorised representative

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The views and experiences of local people also play a vital role in shaping formal CQC inspections, and using the stories and experiences we have collected, we were able to give the CQC our views in advance of their inspection of Princess Royal Hospital.

Four workshops were organised during the year for our E&V representatives. These provided an opportunity for further training and coaching, for volunteers to get together to benefit from shared lessons and experiences, and to discuss suggestions for improvements to our approaches and procedures.

Our Enter & View representatives are committed and passionate about helping to make the health and social care services of the borough as good as they can be.

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**“Each Enter & View is different. I always think if it was me or one of my family how would we like to be treated in this environment.”**

**Authorised representative**

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For 2015/16 we look forward to a busy programme of visits, and we will be following up some prior visits, and the reported issues and concerns raised, with the people responsible for the services, to identify if there have been any improvements.

## **YOUTH**

As a result of engaging with young people in Telford and Wrekin via visits to schools/colleges, an inaugural meeting of the Youth Network was held during the early part of 2014, where it was decided to establish a new Youth Network (since renamed, by its members, ‘Your Own

Unique Telford Healthwatch’, or YOUTH). Regular monthly meetings have taken place since then, which have been well attended.

Following on from the successful launch of YOUTH, the group held a successful young people’s ‘world cafe’. All local youth groups were invited which included the Telford Young People’s Forum, Young Carers, Upstart and RAFT, Stay, and Young Health Champions, as well as students from local schools.

Following short presentations from Barry Parnaby and Kate Ballinger, the leader of Telford & Wrekin Council - Cllr Kuldeep Sahota - welcomed the attendees to the event.

The main event was organised around four facilitated, interactive stations, each of which focused on specific health and social care topics.

The event was very successful and it allowed us to gather a considerable amount of information and feedback to share with the appropriate agencies.

It also highlighted the priorities to be addressed by YOUTH members, and has enabled an annual plan of activities to be developed for the forthcoming year.

Some members have undertaken Enter & View training and have been involved in engaging with service users in a variety of settings.

Cllr Sahota, in his closing speech, congratulated the attendees and stated that he was pleased with the attendance and outputs of the event. He added T&W Council greatly appreciated the efforts made by everyone involved with Healthwatch, and that he and his fellow councillors valued the feedback given to them from direct engagement with service users.



# Providing information and signposting for people who use health and social care services

## Helping people get what they need from local health and social care services

One of our statutory responsibilities is to help people find the services they need. Whether you're looking to make a complaint, find your nearest GP practice, or figure out how to navigate some NHS process or another, it's our job to point you in the right direction.

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**“We work with a range of local voluntary and statutory organisations to ensure that the information we have is up to date and relevant.”**

Kate Ballinger, Manager,  
Healthwatch Telford and Wrekin

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Sometimes this is accomplished over the phone, as people find our information on leaflets and posters around the borough and call us up with their question.

Increasingly we are signposting people who we meet during our engagement events. To make sure we are recording this information more accurately than before, we have developed a handy engagement sheet for staff and volunteers to fill in at the time, allowing them to easily make a note whenever they help somebody and then report their efforts

back to the office for inclusion in the database.

A folder of useful information and contacts is taken to all engagement events now, allowing staff and volunteers to quickly and easily find the most commonly requested information and services.

Our website has been revamped to include a more functional online service directory, divided into collapsible categories to make it easier for people to find the services they need.

Take a look at our improved online directory - and the new 'how to complain' page - for yourself and tell us what you think:

[www.healthwatchtelfordandwrekin.org.uk/content/find-services](http://www.healthwatchtelfordandwrekin.org.uk/content/find-services)

And more recently, we have introduced a 'How to complain' page, which details the complaints procedures for each type of NHS and social care service provided in Telford and Wrekin. We hope this will make it easier for people to figure out which service to approach when something hasn't gone right.

During the 2014/15 period we recorded 97 signposting activities - and with our more effective recording methods and training, we anticipate this figure will grow considerably next year.



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# Influencing decision makers with evidence from local people

## Producing reports and recommendations to effect change

The majority of reports HWTW publishes are Enter & View reports, which give clear recommendations and have influenced many positive outcomes for service users.

These include:

- A GP surgery which replaced speakers in an upstairs waiting area to improve confidentiality for patients.
- A care home which is replacing chairs with more comfortable coverings.
- A ward at Princess Royal Hospital will “ensure robust systems and processes are in place to ensure that the specific dietary requirements are given full consideration when supporting patients with menu choice”.

HWTW is also able to evidence service change prompted by HWTW input to meetings across the local Health and Social Care economy including consideration of an additional Urgent Care Centre site in Telford & Wrekin by the Future Fit Programme Team.

## Putting local people at the heart of improving services

HWTW uses social media, its own website, newsletters and engagement activity to ensure that information about opportunities to be involved in decision making is widely accessible. This is

especially important at a time of huge changes to services provided in Telford & Wrekin.

- We signpost people to their local Patient Participation Groups (PPGs) and encourage them to join.
- We encourage service providers to listen to local people.
- We gather patient and service user feedback and report it to providers

Our representative on the Health and Wellbeing Board is Jane Chaplin, Joint Chair of HWTW. We participate in the Health and Wellbeing Board Advisory Panel, giving HWTW the opportunity to influence upcoming agendas. HWTW staff and board members meet regularly to ensure a common understanding of relevant local issues, enabling our representatives to contribute to a wide range of discussions.

HWTW offers a range of volunteering opportunities to local people including:

- Director
- Enter & View Authorised Representative
- Engagement
- Office support
- Meeting attendance and report back
- Multi-skilled volunteer

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**“The Health & Wellbeing Board is an important new initiative and Healthwatch has the**



**opportunity to ensure that local people’s views, opinions and concerns are informing members. This gives real people the chance to influence service provision.”**

**Jane Chaplin, HWBB Representative**

HWTW uses its position on the Health and Wellbeing Board to remind the local council and Clinical Commissioning Group that information presented in the public domain should be accessible and understandable to the population of Telford & Wrekin. We have also been able to raise the views of local people on a number of issues, including the Better Care Fund and Future Fit.

HWTW is able to add value to the priorities of the Health and Wellbeing Board by undertaking a range of projects which then inform decisions made by commissioners. This is evidenced by our work on sexual and mental health services.

### **Working with others to improve local services**

HWTW’s work includes many collaborative relationships with stakeholder organisations, the major ones being:

#### ***Care Quality Commission (CQC)***

HWTW hosts regular meetings with the CQC to share local intelligence. These led to our involvement in the CQC Listening Event for the inspection of the Shrewsbury and Telford Hospitals NHS Trust (SaTH). We are also contacted regularly to request intelligence before inspections of local care providers. HWTW was invited to be part of the CQC Thematic Review of Crisis Mental Health Services in Shropshire,

contributing both at the stakeholder event and in interviews.

We have not had occasion to make specific recommendations to the CQC requesting special reviews or investigations of services, but are confident that our relationship is now sustainable and we would have no issues should evidence requiring such come to light.

#### ***NHS England***

HWTW meets with NHS England regularly to discuss the local situation, and we are looking forward to building this relationship following the restructure of NHS England boundaries.

#### ***Telford and Wrekin Clinical Commissioning Group (CCG)***

Gill Stewart, HWTW director, attends all of the CCG board meetings on our behalf. We also hold regular meetings with Dr Mike Innes, Chair of the CCG board where local issues can be discussed.



Gill Stewart, Director of HWTW

HWTW is invited by the CCG to take part in reviews of services, most recently a review of Audiology Any Qualified Provider (AQP) services, and see this as an important part of HWTW’s role as a “critical friend”.

Gill will be holding the Healthwatch seat on the CCG Primary Care Commissioning Committee in 2015/16.



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“Attendance improves partnership working across the local area and provides scrutiny and challenge within this committee.”

Gill Stewart, Director of HWTW

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### *Safeguarding*

HWTW, through its Enter & View work, has established a role in Large Scale Investigations, and is invited to contribute to review meetings. In 2015/16 HWTW will take a seat on the Telford & Wrekin Safeguarding Adults Board.

### *Scrutiny*

HWTW has a co-optee position on both the Telford & Wrekin Health and Care Scrutiny Committee, and the Joint Health Overview Scrutiny Committee across Shropshire.

### *LA/CQC Liaison Meetings*

These meetings look at local service provision and inform areas of concern across Shropshire/Telford & Wrekin. Both Healthwatch organisations are able to contribute findings from Enter & View activity, and indeed, HWTW was mandated to carry out an Enter & View visit by the meeting.

### *Early Help Partnership Board*

A subcommittee of the Health and Wellbeing Board, HWTW attends these meetings and has recently been part of a Task & Finish group looking at services for parents in the borough.

### *Carers Partnership Board*

Another subcommittee, these meetings enable HWTW to have a good understanding of the issues facing carers in Telford & Wrekin. This influences our

Enter & View activity and the questions we ask in other meetings.

### *Health Roundtable*

HWTW has an ex-officio seat on the Health Roundtable, which is a subcommittee of the T&W CCG. We supply a report giving details of our activity to the patient representatives on the Roundtable. It is hoped that 2015/16 will see a joint project undertaken by HWTW and the Health Roundtable.

Healthwatch Telford and Wrekin attended a minimum of 3 meetings every week in 2014/15

We also attend meetings with South Staffordshire and Shropshire Foundation Trust (SSSFT - mental health service provider), SaTH, local and regional Healthwatch organisations, and local voluntary sector organisations.

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“Healthwatch adds value to the meetings we attend by keeping service users at the heart of discussions.”

Kate Ballinger, Manager HWTW

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All our requests for information have been responded to, and we continue to build constructive relationships across the health and social care economy.

During this year we have escalated issues related to Gender Identity services to Healthwatch England, and HWTW is represented in several national bodies looking at NHS provision as a result of this.

Reports produced by HWTW are shared with local providers and commissioners and copied to Healthwatch England.



# Impact Stories

## Case Study One

### *Shropshire Women & Children's Unit*

Women and Children's services transferred to Princess Royal Hospital (PRH), Telford, in September 2014.



Shropshire Women and Children's Centre

Following our involvement in the Maternity Services Review last year, Healthwatch Telford and Wrekin was keen to make sure that the new services would be everything that had been promised.

Our Enter & View representatives were invited to visit the new children's ward at PRH before the children moved in. We produced a report which was shared with the project team and made available on our website.

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**“A great deal of thought has been given to the needs of children of different ages in the design of the building”**

Healthwatch visit report

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We undertook a further visit to the centre before services were moved in September, and our E&V volunteers again commented on the facilities. We drew particular attention to the bins available in the disabled toilets. The pedal bins provided were not suitable for wheelchair users and as a result of our conversation, additional, hand-operated swing bins were installed before opening.

HWTW held engagement stands in the unit during opening week, speaking to families from across Telford & Wrekin, Shropshire and Powys. We now hold monthly engagement events in the unit, which have provided some rich feedback about the services available and enable Healthwatch Telford and Wrekin to contribute to the Maternity Engagement Group on a quarterly basis.



Manager of HWTW, Kate Ballinger, with HRH Princess Anne at the opening of the Shropshire Women and Children's Centre





## Case Study Two

### Gender Identity Services

Healthwatch Telford and Wrekin has escalated issues with Gender Identity Services, commissioned by NHS England Specialised Commissioning, to Healthwatch England.



Transgender status is protected under the Equality Act, 2010

HWTW was approached by several transgender patients who have experienced delays in treatment, discrimination in services, and issues with their medical records.

We responded to each issue and have been able to facilitate positive outcomes for two patients who were waiting for appointments at the Gender Identity Clinic. One patient had been waiting 6 months for acknowledgment that they were even on the waiting list!

**“I can’t tell you how relieved I am to find out that they have my name - Thank you!”**

**Patient 1**

- HWTW contacted the Gender Identity Clinic at Charing Cross hospital to ask about waiting times, and confirmed that the patient’s details were held correctly. We were also able to give them a better idea of when

they might expect an appointment (6-12 months).

- HWTW raised the issue of patient records with the hospital trust, and received assurances that systems would be reviewed to avoid errors by front line staff.
- HWTW contacted services to advise reported discrimination, and was able to confirm that correct procedures had been followed. The service provider has reviewed their protocols to ensure that communication with patients is handled in a more sensitive manner.
- HWTW escalated concerns about Gender Identity Services to Healthwatch England.

While we understand the reasons for having surgical centres of excellence, it seems unreasonable that other services such as speech therapy, electrolysis and specialist counselling cannot be delivered closer to home.

It is hoped that Healthwatch England, with evidence from Telford and Wrekin and other local Healthwatch, will be able to influence NHS England Specialised Commissioning in the future.

**Does the 18 week referral to treatment target apply to Gender Identity Pathways?**



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# Our plans for 2015/16

## Opportunities and challenges for the future

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“We are trained to think of the future as a promised land... not as something that everybody reaches at a rate of sixty minutes an hour whatever we do and whoever we are”

C.S. Lewis, Screwtape letters 1942

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**Healthwatch Telford and Wrekin** will reach the future in the coming year with luck!

- Becoming an independent body, with a local Board serving Telford and Wrekin.
- To do all we can to work with patients and the community to plan future health and social care changes.
- To raise our profile and voice so everyone, including influence leaders, knows our name and roles.
- To work with our partners and stakeholders to maximise and source resources for our work.
- To value all our volunteers and to celebrate what we have achieved together.
- To listen and represent the views of local people, to improve the quality of health and social care on offer from childhood to older age, and to base services in the home and local community.





# Our governance and decision-making

## Our board

Joint Chair, older people, dementia, and mental health

**David Bell**



Joint Chair, responsible for external representation

**Jane Chaplin**



Board member, responsible for volunteer coordination

**Mark Boylan**



Board member, responsible for Enter & View and IT

**Carolyn Henniker**



Board member, responsible for finance and income generation

**David Jeffries**



Board member, responsible for YOUTH and Adult Safeguarding

**Barry Parnaby**



Board member, responsible for operations and health services

**Gill Stewart**



## Martyn Withnall



Martyn was one of the first directors appointed to the Healthwatch Telford and Wrekin board in June 2013. His passion for making things better was infectious and although he was still working full time when he joined us, he made time to attend meetings and take part in projects for Healthwatch.

Martyn was very excited to be retiring last year, telling us that he would be able to spend more time on Healthwatch. He didn't let us down either, despite taking on trustee of the Crisis Network as another voluntary role.

Probably Martyn's greatest contribution to Healthwatch Telford and Wrekin was his ability to listen to, and encourage people to share their experiences of Health and Social Care services with us.

Healthwatch Telford and Wrekin is a better place because Martyn was one of our Directors and we miss him.



## Mark Boylan's story

Having suffered with panic attacks, acrophobia, OCD, depression and chronic anxiety for many years it all came to a head around four to five years ago.

**I found it hard to leave the house unless either with diazepam or with a drink inside me.**

**Mark Boylan, Healthwatch Telford and Wrekin**

I had been self medicating with alcohol just to get through an average day. This made me alcohol dependent, which continued for 10 or so years. Keeping down a regular job within a government contract, my situation remained unnoticed until eventually it was starting to stop my day-to-day functioning.

It was really hard to get the right treatment as they were unable to treat my mental health issues whilst I was still drinking - but drinking was the only way to keep my anxiety, panic attacks and fear under control. So detoxing and then waiting for treatment was always going to be a problem.

It took many attempts and with the best will in the world it wasn't going to be easy to give up something that made me feel normal and helped me to function. Once, I came off a detox and went straight into the pub.

Eventually, after years of cognitive behavioural therapy (CBT), trips to A&E and the Crisis Team, it was time to change and to try and get the correct treatment. Doing this meant going privately for a therapist and a psychologist to get a diagnosis and the correct help and medication.

Understanding why things were the way they were and that there was no miracle cure made it easier to understand and cope with my condition. Having addressed the issue at the start would have saved a lot of time, effort and a lot of cost to all areas involved.

I started the green gym around three years ago, initially going out for an hour a week, as this is all I could manage with my anxiety. This increased over time to three days a week, eventually becoming a voluntary support worker.

I became registered with 'Tackle your Health'; at first helping out before eventually becoming a registered volunteer coach. Last year I raised over £1000 in a charity football match for Severn Hospice.

I got involved with boxing to improve my fitness in December 2014, then progressed to fighting in an event in front of 700+ people on May 10th this year - winning the fight with a 40 second knockout!

That match raised £1250 for Cancer Research UK, in memory of my uncle William Weir, who passed away due to prostate cancer last March.

### **Average training per week - (Gym/Boxing/Football/Swimming)**

3+ hours per day.

5 miles a day running.

Hour a day in boxing gym 6 rounds sparring twice a week.

7th January 2015 93.3kg = 14 stone 7 lbs.

10th May 2015 70.0kg = 11 stone 0 lbs. (Fight Night).



I also stood for election for the first time in May 2015, and was successfully elected as a councillor for Ketley and Overdale.

The whole experience was great! Having struggled with anxiety and panic attacks for many years, it managed to change my focus. Having a brain that never switches off physical exercise, the outdoors and keeping busy is ideal!



The whole experience gave me a reason to get out of bed daily and once I settled into a routine, I found it took up a big part of my weekly schedule! I made a lot of friends along the way! Losing weight was quite easy with training; I didn't have to starve myself, just eat sensibly and the right food at the right time to aid in my training! This also benefited my health and mental well being.

I got involved with Healthwatch in spring this year. I find it gives me an opportunity, as with my other projects, to give something back to society - and hopefully what I have learned means I can help and share with others, showing where I have come from and what is achievable.

There is light at the end of the tunnel. It's just a case of getting the right engine to drive you on the correct rails.

I am now looking to the future and looking forward to returning to my previous role within the government contract.

## How we involve lay people and volunteers

### Volunteers

Healthwatch Telford and Wrekin is led by a board of volunteer directors made up of community leaders, specialists and lay people. Directors represent HWTW in a variety of meetings across the Health and Social Care economy, and use feedback gathered to ensure that the voice of people in Telford & Wrekin is at the heart of decisions made locally.

Volunteers currently support the work of HWTW in a number of different roles. These are:

- Director
- Authorised Representative
- Engagement
- Meeting attendance and report back
- Office support

HWTW are keen to develop our relationship with our volunteers and using the expertise of Mark Boylan as Director with responsibility, we will be reviewing our volunteer roles in the coming year.

### Governance

All decisions about the governance of HWTW are made at board meetings which are held in public on the first Monday of each even month (February, April etc.). Meetings take place at 18:00 in the Quaker Room at Meeting Point House.

Documents for board meetings are published in advance on our website and paper copies can be provided on request.



# Financial information

| INCOME  |               | £ |
|---|---------------|---|
| Funding received from local authority to deliver local Healthwatch statutory activities | 160650        |   |
| Additional income   | 600           |   |
| <b>Total income</b>   | <b>161250</b> |   |

| EXPENDITURE                   |               |  |
|-------------------------------|---------------|--|
| Office costs                  | 5169          |  |
| Staffing and Management costs | 110204        |  |
| Direct delivery costs         | 35575         |  |
| <b>Total expenditure</b>      | <b>150948</b> |  |
| Balance brought forward       | 10302         |  |



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# Contact us

## Get in touch

### Address:

Healthwatch Telford and Wrekin  
Meeting Point House,  
Southwater Square,  
Southwater  
Telford TF3 4HS

Phone number: 01952 739540

Email: [info@healthwatchtelfordandwrekin.org.uk](mailto:info@healthwatchtelfordandwrekin.org.uk)

Website URL: [www.healthwatchtelfordandwrekin.org.uk](http://www.healthwatchtelfordandwrekin.org.uk)

### Address of contractors:

Parkwood Healthcare  
Parkwood House,  
Berkeley Drive,  
Bamber Bridge,  
Preston PR5 6BY



We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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## Your feedback

Healthwatch Telford and Wrekin is keen to find out how useful this report has been to you, and/or your organisation. Please provide feedback below or via email.

We found the report to be:

Useful / Not useful

Why do you think this?

.....  
.....  
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Any other comments?

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Your name, organisation and contact details

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Please email to: [matt.lever@healthwatchtelfordandwrekin.org.uk](mailto:matt.lever@healthwatchtelfordandwrekin.org.uk)

Or post to:

Matt Lever

Healthwatch Telford and Wrekin

Freepost RTET-YBYS-THGU

Meeting Point House

Southwater Square

TELFORD

TF3 4HS

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

**9 SEPTEMBER 2015**

## **TELFORD & WREKIN LOCAL PLAN**

**REPORT OF: MICHAEL BARKER, PLANNING SPECIALIST, TELFORD & WREKIN COUNCIL**

**LEAD CABINET MEMBER: COUNCILLOR RICHARD OVERTON**

### **PART A) – SUMMARY REPORT**

#### **1.0 SUMMARY OF MAIN PROPOSALS**

- 1.1 The Telford & Wrekin Local Plan will set out how and where development will take place and guide future planning decisions up to 2031. Appendix 1 provides an electronic link to the Local Plan and Policies Map [www.telford.gov.uk/localplan](http://www.telford.gov.uk/localplan)) in line with the Town and Country Planning (Local Planning) (England) regulations 2012 Regulation 18. Following the consultation period the Local Plan will then proceed to the next stage of publication and independent examination by a Planning Inspector appointed by the Secretary of State before it can be adopted.
- 1.2 The Local Plan is a comprehensive document that sets out the spatial vision for the borough and a series of policies that underpin the delivery of the Vision. The Local Plan also sets out targets for new development to be delivered by 2031. This includes provision for 15,555 new homes of which c. 80% are already built, are under construction or already have planning permission with 3,499 to be delivered through new site allocations in the Local Plan, and approximately 149 hectares of new employment land. The Plan affirms the Council's commitment to protecting and enhancing the Borough's community green spaces, natural environment and heritage. It sets out detailed planning policies that will be used to determine planning applications.
- 1.3 The Local Plan and its preparation must accord with the Government's National Planning Policy Framework (the NPPF) and address health matters both through its policies and under the Council's duty to cooperate with the NHS CCG and NHS England.

#### **2.0 RECOMMENDATION**

- 2.1 That the Board note the report, the Local Plan and the issues raised relating to Health and Wellbeing**
- 2.2 That the Board encourages local partners to take part in the Local Plan consultation to assist in achieving the best possible health outcomes for the population of the Borough**

### **3.0 SUMMARY IMPACT ASSESSMENT**

|  |  |   |
|--|--|---|
| <b>COMMUNITY IMPACT</b>                  | Do these proposals contribute to specific Priority Plan objective(s)?  |   |
|  | Yes  | Council priorities are reflected in the Local Plan objectives. The objectives form a thread throughout Local Plan documents, to make sure the quantity, type and location of future development support the delivery of the Council's priorities.   |
|  | Will the proposals impact on specific groups of people?  |   |
|  | Yes  | The Local Plan relates to the whole borough and those who live, work and visit the area.  |
| <b>TARGET COMPLETION/ DELIVERY DATE</b>  | The draft Local Plan is currently the subject of public consultation. This will run until 25 September 2015. |   |
| <b>FINANCIAL/ VALUE FOR MONEY IMPACT</b> | Yes  | Budgetary provision has been made to meet the estimated cost of the public consultation and examination process. JAC 230615.  |
| <b>LEGAL ISSUES</b>                      | Yes  | <p>Involvement in the consultation process for the preparation of Council's Local Plan assists the Council in meeting its statutory responsibility to promote health and wellbeing in the area (a general duty set out at section 2B of the National Health Service Act 2006 (as amended). Moreover it also meets the requirements of the Board to promote joint/integrated working as set out in its terms of reference.</p> <p>Regulation 18 of the 2012 Regulations requires the Council to notify certain bodies or persons of the subject of the proposed local plan and invite them to make representations to the Council about what the local plan ought to contain. The Council then continues to prepare the local plan and must take into account any representation received. The Council then prepares the version of the local plan which it considers is ready for submission to the Secretary of State for independent examination. Approval of the version of the local plan to be submitted to the Secretary of State is non-executive function requiring a decision of Full Council.</p> <p>After the Regulation 18 consultation stage is complete, the Council can proceed to the Regulation 19 publication stage which has to take place before the local plan can be submitted to the Secretary of State for independent examination. For no less than 6 weeks the local plan and other prescribed documentation must be made available in accordance with the Regulations for representations to be made. The Council then submits the local plan, copies of representations received and all other documents prescribed by the Regulations to the Secretary of State for independent examination.</p> <p>The purpose of the independent examination is to determine whether, in respect of the local plan, a number of specified requirements are satisfied and whether the local plan is "sound".</p> <p>An independent inspector is required to make recommendations to</p> |

|   |   |
|---|---|
|   | <p>the Council and give reasons for those recommendations. The outcome of this stage of the process may be a recommendation that the local plan be adopted or that it not be adopted or the independent examiner may recommend modifications which enable the Council to adopt. The Council can only adopt the local plan if the independent inspector recommends that it is adopted or after the independent examiner has recommended modifications and those modifications have been made.</p> <p>Adoption of Local Plan is a non-executive function to be exercised by Full Council.</p>   |
| <b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b> | <p>The Council has a statutory responsibility to update its development plan documents. It is essential that the Local Plan be progressed without delay as the policies in the existing Core Strategy will have increasingly less weight in the determination of planning decisions after December 2016.</p> <p>The Government is committed to a plan led planning system. Having an up to date and adopted plan will allow the Council to pursue other matters including a Community Infrastructure Levy and to bid for other funds. Having an up to date plan will provide more certainty for developers and investors and make sure services and facilities are provided to support local communities.</p> |
| <b>IMPACT ON SPECIFIC WARDS</b>                 | <p>Borough wide impact.</p>   |

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

### **4.0 BACKGROUND**

- 4.1 The Council in its role as the local planning authority has a legal duty to prepare a development plan that shows how it will plan for the local authority area and the policies it will use to determine planning applications.
- 4.2 The new Local Plan will replace a suite of development plan documents, the three key documents being: the Telford and Wrekin Local Development Framework Core Strategy Development Plan Document 2007 (the Core Strategy); the Central Telford Area Action Plan (CTAAP) that covers Telford Town Centre and its immediately adjoining areas; and The Wrekin Local Plan 1995 – 2006 (The Wrekin Local Plan).
- 4.3 Figure 1 explains the key stages that the Council must take when seeking to adopt a development plan.

**Figure 1 Process for Adopting a Development Plan**

| Year | Month              | Type of plan                                      |
|------|--------------------|---|
| 2015 | August - September | Consultation Version<br>(Regulation 18 T&CP 2012) |
| 2016 | January - February | Publication Version<br>(Regulation 19 T&CP 2012)  |
| 2016 | Summer             | Examination Version                               |
| 2016 | December           | Adopted Version                                   |

4.4 Together with the preparation of technical evidence, public engagement and consultation is essential to the production of a robust plan. Three previous informal stages of public consultation have been undertaken. The first of these was in 2012 ( for general comments), the second (“Strategy & Options” ) in the summer of 2013, which sought views on the broad scale and location of development and a third (Proposed Housing & Employment Sites) consultation which took place between May and July 2014 and sought views on possible site allocations for new development. The comments received from consultation in combination with continuing baseline evidence research have been used to inform the Local Plan.

4.5 The Local Plan is now at the stage of formal consultation.

4.6 The Local Plan: Consultation Version is a comprehensive document that has a number of functions. It:

- a. provides a spatial vision for the borough setting out priorities for development and infrastructure investment;
- b. identifies targets for new housing and employment and confirms where minerals extraction will be supported;
- c. confirms how the Council will protect and enhance the Borough’s key community green spaces, natural environmental and heritage assets;
- d. provides a suite of detailed planning policies that will be used to determine planning applications.

In this respect, it brings together the topics and subject matters set out in the current Core Strategy, The Wrekin Local Plan and the Minerals Plan, into a single comprehensive Plan. If approved by the Cabinet, while the Local Plan must still complete all stages to adoption, it will begin to have weight in relation to decisions made by planning officers and the Planning Committee.

4.7 National planning policy recommends that the Council take health issues into account in its planning functions in a number of respects. First, it specifically advises on how health and community infrastructure should be planned for. Furthermore, the Localism Act 2011 imposes a duty on the Council to cooperate with two health bodies the NHS Clinical Commissioning

Group and the NHS England. Finally, the Council must carry out a sustainability appraisal of the Local Plan including its health impacts.

4.8 The Local Plan is provided at Appendix 1 via an electronic link; [www.telford.gov.uk/localplan](http://www.telford.gov.uk/localplan).

4.9 The Local Plan has a three part structure:

- **Shaping the borough:** this part of the Local Plan contains a baseline profile of the borough today against which the success of the Local Plan will be monitored. On the matter of health, the Local Plan has taken account of the 2014 Public Health Profile which in part acknowledges the ways in which the borough performs better than the national average (for example, lower levels of road-related and winter deaths but the other indicators of relatively poor health including lower life expectancy, higher rates of obesity, cardio vascular disease and cancer). It also contains a vision for the borough in 2031 that seeks to promote a healthier, more prosperous and better connected place within a protected green setting providing a high quality of life for the population which will have grown to approximately 198,000 people, an increase of 31,000 from the base date of 2011;
- **Spatial Strategy:** this part of the Local Plan sets out the Council's intention that Telford remains the principal focus for new investment in the borough with an allocation of 3,499 new homes proposed in the Plan together with 149 hectares of new employment land. To facilitate this growth, three Strategic Development Sites are proposed as site allocations, at Muxton, Priorslee and the Hem. Newport's role as a market town is to be consolidated through the delivery of 1,100 new homes (all with planning permission) and the delivery of 8-9 hectares of new employment land allocated through the Plan. The urban boundaries of Newport have been adjusted to take account of recent planning approvals. The balance (approximately 900 new homes) is expected to be delivered in the rural area. A significant proportion of this will be delivered on the former Sugar Beet factory site at Allscott which has planning approval. The Plan identifies a number of settlements where additional rural development will be focussed.
- **Detailed Planning Policies** : this section of the draft Local Plan provides detailed planning policies relating to:
  1. the economy, including the management of the borough's centres and shopping areas;
  2. housing;
  3. the natural and built environment including the promotion of green infrastructure and the protection and enhancement of the green network;
  4. community facilities;
  5. highways and transport and other connections including broadband and telecommunications;
  6. the built environment including heritage; and
  7. environmental resources including minerals, waste and water management.
- **Appendices**
  1. **Infrastructure Delivery Plan** - this contains information about the delivery and monitoring of the implementation of the Local Plan. It sets out how the Council proposes to make sure the infrastructure required to deliver the Plan is provided including the potential for a Community Infrastructure Levy to be developed following the adoption of the Plan.
  2. **Glossary of technical terms**
  3. **Employment allocation sites**
  4. **Housing allocation sites**

5. **Car and cycle parking standards** to be used in planning decisions.
6. **Designated sites of biodiversity and geodiversity**
7. **Minerals resources and buffer zones**

4.9 The Local Plan includes a **Policies Map** which sets out the site allocations and illustrates the commitment being made through the Plan to protect and enhance the Borough's green spaces and delivering the Council's green guarantee.

4.10 The key elements of the detailed planning policies are summarised below:

### **Employment**

- The Plan makes provision for 149 hectares of employment identified on 28 sites.
- Policy EC2 acknowledges that employment uses within the B Use Classes (business, general industry and warehousing) will be supported on other appropriate sites.
- This section also sets out the borough's hierarchy of shopping centres. Telford is at the top of the hierarchy and is to be promoted as a sub regional centre that builds on the success of recent retail investment and the expansion of Southwater. Wellington and Newport are identified on the next level of the hierarchy as market towns. The thrust of retail policy is to direct and keep retail investment in these three centres. Dawley, Donnington, Hadley, Madeley and Oakengates are district centres. These centres will be promoted for more day to day services.
- As part of a commitment to diversifying the local economic base, the Local Plan contains policies that seek to promote the borough as a visitor/ tourist destination by promoting more business hotel facilities in Telford town centre and smaller scale facilities at Ironbridge and other tourist venues.

### **Housing**

- The Local Plan makes provision for 15,555 new homes until 2031. Approximately 80% of this housing is already built, is under construction or already has Planning Permission. The Local Plan is only allocating 3,499 new homes. This is a target based upon current building rates and will provide a range of site opportunities and support the Borough's economic growth.
- A significant proportion of new housing is expected to be affordable. All schemes over 10 new homes in the Telford urban area will be expected to deliver 25% affordable homes with a higher proportion (35%) elsewhere in the borough where the gap between mean household incomes and house prices is generally higher.
- Clarifying how the Council in its role as the local planning authority will plan for an ageing population including giving positive support for older residents who wish to adapt their homes to continue to live independently and anticipating the growth in care homes and sheltered housing that will come about as a result of an ageing population.
- The Local Plan makes provision for the borough's future gypsy population.
- A modest provision has been made for housing in the rural area. This is chiefly expected to be on sites which have the benefit of planning permission but with a small amount of additional housing (c.80 homes) to be delivered between Edgmond, High Ercall, Lilleshall, Tibberton and Waters Upton. Elsewhere in the rural area, the policy is generally more restrictive to prevent inappropriate new housing from being built in the open countryside.

## **Natural environment**

- The Local Plan reinforces the Council's commitment to protecting its valued community green spaces, including an updated version of the existing Green Network, and other green assets such as the Shropshire Hills Area of Outstanding Natural Beauty (AONB), the Wrekin Hill, Local Nature Reserves (LNR) and areas of woodland.
- It requires developers in major schemes to provide new parkland or other play space to meet the needs of future residents.

## **Community**

- In the Local Plan 'Community Infrastructure' refers to schools, leisure facilities, community halls, healthcare facilities, allotments and cultural facilities such as libraries.
- The Local Plan aims to protect existing community infrastructure affected by new development through enhancement and expansion of facilities to meet the needs of existing and new communities.
- For major development schemes developers may need to provide new community infrastructure onsite and support the expansion of local cultural facilities. This could include health provision.

## **Connections**

- The Local Plan commits to direct new development to areas which are either close to existing facilities or can access good transport connections.
- It sets out the Council's approach to supporting the existing highway infrastructure whilst promoting more sustainable forms of travel such as walking, cycling and public transport.
- It also confirms the Council's commitment to support enhanced communications networks including superfast broadband and new telecommunications development.

## **Built environment**

- This section of the Local Plan affirms the Council's commitment to secure high quality design in new development, to protect its statutory listed buildings, Conservation Areas, World Heritage Sites ancient monuments and other heritage assets from inappropriate development.

## **Environmental resources**

- This section commits the Council to protect its remaining minerals, sand, gravel and aggregates supplies.
- It requires new development not to be built in a way that harms water quality or increases the risk of flooding.
- It directs new development to be designed to reduce the amount of waste that goes to landfill, by designing in recycling facilities.

## **Addressing health matters**

- 4.11 Officers consider they have broadly covered health issues in the Local Plan. They have used health data in the analysis of the baseline of the borough and other recent strategies such as the 2013 Telford & Wrekin Health and Wellbeing Strategy.
- 4.12 The Local Plan includes a suite of policies that will promote wellbeing directly. These include: the protection of community infrastructure and the requirement of developers to

provide new infrastructure; the provision of green space in new schemes to help maximise access to open space and recreational activity and the protection of community infrastructure including health provision. Policy development could further consider matters such as the number of hot food takeaways in particular locations and creating safer night time environments. It also includes a number of initiatives that will have indirect positive health impacts such as the promotion of more employment land to help raise local employment levels, affordable housing and sites for gypsy accommodation and well as measures to locate more housing close to existing public transport infrastructure to reduce car borne journeys, promote more cycling and increase bus patronage to allow more residents to access essential services.

- 4.13 The Council has contacted both the NHS Clinical Commissioning Group and the NHS England with under its duty to cooperate to understand the impacts of the Local Plan housing and employment land targets. Responses from both bodies will be fed into an Infrastructure Delivery Plan that will be finalised in November.
- 4.14 The assistance of the Health and Wellbeing Board is requested to raise the profile of the draft Local Plan consultation to local partners whose knowledge and recommendations would benefit the consultation process.

## **5 Next steps – consultation process**

- 5.1 The document must complete a consultation stage and a publication stage, in accordance with the Town and Country Planning (Development Plan) (England) Regulations 2012 (the Development Plan Regulations). The first stage is the plan preparation “Regulation 18” consultation. This will be conducted over the period 3<sup>rd</sup> August to 25<sup>th</sup> September 2015 (8 weeks). Subject to Cabinet approval the Local Plan and Policies Map will be available on the Council’s website; [www.telford.gov.uk/localplan](http://www.telford.gov.uk/localplan) .
- 5.2 Officers will review comments received during the consultation stage, make appropriate changes to the plan and then seek approval of the next version of the local plan from Full Council. The version approved by Full Council will then be made the subject of a publication period under Regulation 19. The purpose of the publication period is to provide an opportunity for representations to be made about the Local Plan which the Council proposes to submit to the Secretary of State. No changes to the plan are made by the Council after this publication stage and copies of any representations are sent to the Secretary of State with the Local Plan.
- 5.3 In order to make sure that the consultation is as successful and wide ranging as possible Councillor Overton and Planning Officers attended the Customer, Community and Partnerships Scrutiny Committee on 30 June 2015. Councillor Overton outlined how the Council had applied the recommendations of a previous Scrutiny meeting to strengthen consultation. He confirmed that any further advice from Scrutiny would be similarly applied.
- 5.4 Scrutiny recommended early engagement with Town and Parish Council Clerks as soon as possible to agree dates for meetings during the consultation period. This is being done now. Scrutiny suggested that there should be more open consultation events to enable as many people as possible to become involved. This was accepted and dates for events are now being confirmed. The open events will be publicised as widely as possible. It was recommended that a simple, easy to understand summary document of the Local Plan is published, together with the Local Plan, and this is being prepared.

5.5 The Council's Statement of Community Involvement sets out how the Council will consult and engage with the community in a manner consistent with our obligations under the Development Plan Regulations. A comprehensive consultation programme is being planned that will involve :

- Contact with all consultees registered on the Local Plan database;
- Notification through a range of media including Facebook, Twitter, advertisements in the local press and press releases, radio, Your Voice and notices in public facing Council buildings (leisure centres, community centres, First Points & libraries);
- A session with the Young Persons Forum; and
- An offer of support to Parish and Town Council's to hold drop-in sessions for local people to view the potential sites identified in and around their area.

5.6 People wishing to make comments on the Local Plan will be able to do so in writing or online.

## **6 Timetable for adopting the Local Plan**

6.1 The timetable for the Local Plan is set out below:

| <b>Task</b>  | <b>Date</b>                       |
|--|-----------------------------------|
| Consultation on Local Plan (Regulation 18)           | 3rd August to 25th September 2015 |
| Review comments received during consultation         | September 2015 to December 2015   |
| Finalise evidence base to support Local Plan         | December 2015                     |
| Publication of Local Plan (Regulation 19)            | January to February 2016          |
| Submission of Local Plan for independent examination | April 2016                        |
| Local Plan adopted                                   | December 2016                     |

6.2 The proposed timetable has been adjusted in the light of the recent experiences of Authorities going through the public examination process. This has seen Plans delayed due to the time taken to undertake the independent examination because of pressure on the resources available to the Planning Inspectorate.

## **7 IMPACT ASSESSMENT**

7.1 The Council has conducted a Sustainability Appraisal of the strategy and policies in the Local Plan which confirms the overall strategy and policies to be appropriate in the context of a growing local population.

## **8 PREVIOUS MINUTES**

None.

## **9 BACKGROUND PAPERS**

None.

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**APPENDIX 1: Local Plan: Consultation Document (including the Policies Map) available at the following link: [www.telford.gov.uk/localplan](http://www.telford.gov.uk/localplan).**