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Telford & Wrekin COUNCIL

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH AND WELLBEING BOARD

Date	**Wednesday, 9 March 2016**	Time	**2.00pm**
Venue	**Room G3/G4, Ground Floor, Addenbrooke House, Telford TF3 4NT**		

Enquiries Regarding this Agenda:

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Committee Membership:

Cllr R A Overton **(Chairman)**	Cabinet Member – Housing, Public Health & Protection
Dr M Innes **(Vice-Chairman)**	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
C Jones	Director: Children's & Adult Services
L Noakes	Director of Public Health, TWC
Cllr J M Seymour	Conservative Group
R Smith	(Interim) Assistant Director: Early Help & Support
J Tozer	Community Safety Partnership
Cllr P R Watling	Cabinet Member – Children, Young People & Families
R Woods	NHS England (North Midlands – Shropshire & Staffordshire)

AGENDA

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2. **Declarations of Interest**

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   To confirm the minutes of the meeting of the Health and Wellbeing Board held on 9 December 2015.

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4. **Public Speaking**

Strategic

5.	**Health and Wellbeing Strategy - Update** To receive a report and presentation giving feedback from the consultation from the Assistant Director: Health & Wellbeing.	Appendix **B &** Appendix **B1**	12 21
6.	**Commissioning Priorities 2016/17** To receive a joint report from J Eatough Assistant Director: Legal, Procurement & Commissioning, L Noakes Assistant Director: Health & Wellbeing and A Hammond Deputy Executive Planning and Commissioning, Integrated Care (Telford & Wrekin CCG)	Appendix **C**	29
7.	**Mental Health Commissioning Strategy 2016-19 Action Plan** To receive a joint report from A Hammond, Deputy Executive Planning and Commissioning, Integrated Care (Telford & Wrekin CCG) and J Eatough Assistant Director: Legal, Procurement & Commissioning	Appendix **D**	52
8.	**Public Health Annual Report 2015/16: Living Well for Longer in Telford and Wrekin** To receive a report and presentation from the Assistant Director: Health & Wellbeing	Appendix **E TO FOLLOW** Appendix **E1 TO FOLLOW**	
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Future Meeting Dates:

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Wednesday, 8 March 2017

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HEALTH AND WELLBEING BOARD

A

Minutes of a meeting of the Health & Wellbeing Board held on Wednesday, 9 December 2015 at 2.00pm in Meeting Rooms G3 and G4, 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 K Blundell (Telford and Wrekin Council), J Chaplin (Healthwatch Telford and Wrekin), Cllr E Clare (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), L Noakes (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council) and Cllr P Watling (Telford and Wrekin Council).

ALSO PRESENT:

A Challenor (Community Engagement and Equalities Manager, Telford & Wrekin Council); P Fenn (Cohesion Locality Manager, Telford & Wrekin Council); R Foster (Commissioning Specialist (Commissioning – Vulnerable People) , Telford & Wrekin Council); A Hammond (Deputy Executive Integrated Care of Telford & Wrekin Clinical Commissioning Group); T Jones (Deputy Executive Quality and Engagement, Telford & Wrekin Clinical Commissioning Group); H Onions (Consultant in Public Health, Telford & Wrekin Council); and S Wain (Group Specialist Commissioner, Telford & Wrekin Council)

OFFICERS: J Eatough (Assistant Director: Legal, Democratic & People Services), D Moseley (Democratic Services Support Officer) (for minute numbers HWB-23-33); J Power (Delivery & Planning Manager) and P Smith (Democratic Services Team Leader) (for minute number HWB-34).

HWB-23 MINUTES

RESOLVED – that the minutes of the meeting of the Health and Wellbeing Board held on 9 September 2015 be confirmed and signed by the Chairman

HWB-24 APOLOGIES FOR ABSENCE

D Evans (Clinical Commissioning Group) and L Johnston (Telford and Wrekin Council)

HWB-25 DECLARATIONS OF INTEREST

Councillor A R H England declared a personal interest in agenda item 7 – Mental Health Commissioning Strategy 2016-19 – in relation to his role as a partner governor of the Partnership Trust and membership of the Strategic Development Board.

HWB-26 PUBLIC SPEAKING

No Members of the public had registered to speak.

HWB-27 HEALTH AND WELLBEING BOARD STRATEGY REFRESH - UPDATE

The Assistant Director: Health, Wellbeing and Public Protection reminded the Board that the current Health and Wellbeing Board Strategy for the period 2013/14 to 2015/16 was due for review. The purpose of the strategy was to identify the priorities against which the Board would drive delivery. The Board had agreed the review process in June 2015 and this report provided an update on progress since then towards developing and finalising the strategy document as well as highlighting the next steps.

The draft strategy set out the agreed new vision and articulated the new cross-cutting priorities to drive delivery for the next three years. Taking into account local demographics and the current economic climate the identified priorities were to:-

- Encourage healthier lifestyles
- Improve mental wellbeing
- Strengthen our communities and community based support

Initial public consultation had taken place which supported the priorities identified by the Board. The report set out the next phase of public consultation and stakeholder consultation which would take place early in 2016. It was also recognised that further development was needed in relation to the work programmes to underpin delivery of the strategy and development of a performance framework to monitor and demonstrate progress against priority areas. It was intended that the final strategy would be presented to the Board for approval at its next meeting on 9 March 2016 and published before 1 April 2016.

The Board welcomed the strategy and holistic community approach to well-being that it represented. Some clarification was provided on the partnership landscape and the intention that future consultation rounds would rename the “strong communities” board. The developing relationship with the CCG was praised. The detail of the consultation was questioned, with the high levels of respondents to the public consultation who said they felt “healthy and good” or “very healthy and good” being a consistent self-representation which was also reflected nationally and in the 2011 census. Members agreed it was important to support the remaining 25% and to robustly challenge any perceptions that long-term medical conditions resulted in individuals being ‘unwell’.

RESOLVED – that

(a) the draft strategy for consultation be approved;
(b) the outline consultation process at Section 1.3 of the report be approved;
(c) the focus of the consultation as outlined at Section 1.3 of the report be approved; and
(d) the timetable for the approval of the strategy be approved.

HWB-28 UPDATE ON THE WELLBEING & PREVENTION STRATEGY

The Commissioning Specialist (Commissioning – Vulnerable People) informed the Board of the evolution of the Wellbeing and Prevention Strategy from its original purpose of setting out Telford & Wrekin Council's local approach to promoting the wellbeing and independence of an individual under Section 1 of the Care Act 2014, to its current status as a partnership document with the CCG incorporating children and families as well as adults had increased the risk of overlap with the Health and Wellbeing Board Strategy. The report set out the background to this evolution and made clear distinctions between the two strategies.

The report went on to set out the consultation methodology and findings of the public survey "Are you healthy, safe and independent?" which had been delivered by the Council's Community Participation Team which aimed to open up a conversation with the community to find out from people what helped them and what difficulties they had in keeping healthy, safe and independent. The findings of the survey would be used to sense check the wellbeing and prevention principles, as well as informing the Health and Wellbeing Strategy priorities, the Public Health Annual Report, the Safeguarding Adults Board Strategy and Commissioning Strategies.

The Community Engagement and Equalities Manager reported on the findings, particularly drawing attention to the "Being healthy and feeling good" section of the results. Long-standing disability or illness was a general theme in why individuals reported that they did not feel healthy or very good but there were few suggestions as to how the community of voluntary groups could support them which suggested that many people were unaware of the support available.

The Board welcomed the views of the public gained through the consultation process and made a number of observations:-

- Lack of time and poor work life balance was often cited as being a barrier to feeling healthy or being in control of life and it was felt important that individuals needed to be supported to see wellbeing as part of their daily routines;
- Improving sporting links with the business community could see greater take up of leisure facilities and link into work-life balance concerns;
- Workplace wellbeing linked to the work of the Living Well Board and could be promoted through local business - engagement in this area was just beginning, including the development of a website to make it easier for employers to get in touch;
- The impact of the weather on how patients access services was noted and it was suggested that some connection could be made with Snow Wardens to lessen anxieties about slipping in poor weather;
- Anxiety about going out linked to loneliness which was expected to be an issue in the future but it did not appear as a key feature in this consultation;
- With regard to loneliness, it was appreciated that isolated groups were unlikely to have featured in the consultation and further work needed to be done on engagement;

- When achieving desired outcomes for some people and families were more challenging and required additional support, work with partners to assist individuals to stay in their own homes and training between partners would be key;
- Overall, a joined up, partnership approach was key to efficient resource use and it would be vital to know what facilities were already available to draw upon, rather than simply developing new facilities to address issues.

RESOLVED –

(a) that the update be noted and progress since receipt of the last priority report be acknowledged;
(b) that the Board's feedback and comments on the principles and emerging themes from the "Are you healthy safe and independent" consultation be provided as set out above; and
(c) that Board Members be committed to ensuring that the wellbeing and prevention principles are embedded in the delivery of the new Health and Wellbeing Board priorities.

HWB-29 MENTAL HEALTH COMMISSIONING STRATEGY 2016-19

The Deputy Executive Integrated Care of Telford & Wrekin Clinic Commissioning Group and Group Specialist Commissioner gave a presentation to the Board regarding the three stage review of the mental health services strategy 2016-19. The presentation covered:-

- The three stages of the review as comprehensively set out in the report, the problems to be solved and how solutions could be reached;
- The three ambitions behind the strategy, fully detailed in the report: to develop supportive communities, ensure early intervention and commission quality services;
- An explanation of the Telford Model of Care based on the Kings Fund Model with supportive communities, person-centred co-ordinated care and empowered individuals and professionals at its core;
- Feedback from engagement with service users, carers, volunteers and professionals had been positive with some suggested tweaks to the ambitions. A specific link had been drawn with the 0-25 model for children and young people, asylum and ex-servicemen and women and the addition of a section on suicide prevention.
- A detailed action plan for delivery over the next two years would be complete by the end of January;
- Initial actions focussed on pressures related to Bed base actions, acute care, rehabilitation, improved access to psychological therapies, service specification;
- A Mental Health summit at the end of April was proposed and it was suggested that the Board should be invited to attend.

The Board welcomed the joined up feel of the strategy and commended the joint working between the Council and the CCG. Members made a number of comments on the draft:

- The inclusion of suicide prevention in the strategy was welcomed;
- Challenging the stigma mental health among employers linked to the work of the Living Well Board;
- The Board emphasised that joint working was key, questioning links to CAMHS and the inclusion of transition and early help processes and whether the Council's Mental Health Services and South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) were fully engaged. It was acknowledged that 0-25 Services needed to be referenced in the model and whilst joint working relationships were still developing, SSSFT had recognised the need to change and risen to the challenge, particularly regarding improved access to psychological therapies and developing service specification;
- A commissioner representative on the group of Governor Representatives for the Telford and Wrekin Constituency would be useful

The Board looked forward to receiving the next report at the March meeting of the Board.

RESOLVED – that the Board's comments on the first draft of the mental health strategy be provided as set out above;

HWB-31 COMMUNITY SAFETY PARTNERSHIP UPDATE

The Board considered the report of the Cohesion Locality Manager and Consultant in Public Health which provided an update on the Board's priority to reduce the misuse of alcohol and drugs in the wider context and statutory requirements and governance arrangements of the Community Safety Partnership (CSP). The report comprehensively set out progress on this priority and the Consultant in Public Health drew attention to key elements, particularly on the development of new pathways to support recovery and further development of the delivery of mutual aid and peer support. The challenges ahead included transforming treatment services to deliver a more recovery-orientated approach, the need to understand and develop a response to the changing pattern of substance abuse towards a rise in the use of legal highs and reducing budgets, with the impact of the reduced Public Health Grant not being fully known.

The Cohesion Locality Manager drew attention to the Community Safety Partnership Board priorities for 2015/16:

- To reduce re-offending
- To reduce the impact Anti-Social Behaviour and Environmental Crime has on people, places and communities
- To reduce crime and increase confidence in reporting
- To reduce the misuse of drugs and alcohol

The Community Safety Partnership continued to be reliant on funding from the Office of the Police and Crime Commissioner in order to deliver against its four priorities. The Board were also informed that due to the level of housing opportunities in the borough, there was an increase in offenders being accommodated within Telford and Wrekin which the associated increase in the risk of re-offending.

The Board applauded the improved performance in the reduction of alcohol and drugs misuse set out in the report. It was noted that drug and alcohol recovery services were successfully delivered by the Council, with an improving trend against national performance indicators. In addition, the delivery of a successful shared care pathway in GP practices was at the forefront of the model of delivery.

With regard to the Community Partnership Board Strategy and Priorities, the Board noted the general tendency for crime to be under-reported and welcomed initiatives to increase confidence in reporting. It was considered that alternative avenues to report crime would be helpful and reference was made to the "safer places" campaign. The inclusion of support for victims of Hate Crime under the reduction of crime and increase confidence in reporting priority was welcomed.

The Board sought further clarification on the increase of offenders settling in the Borough and were advised that the Reducing Reoffending strategic group, through the Community Rehabilitation Company had commissioned Nacro to provide a Housing Coordination post which would work with partners, private landlords and third sector organisations to understand current service provision, develop a single allocation pathway into suitable accommodation and identify the relevant support that would be required. Offenders were primarily settled locally in areas with high levels of HMOPs from HMP Hewell and HMP Featherstone. The Board supported efforts to work with accredited landlords to help offenders settle locally and avoid concentration in particular areas. The Board also sought and received reassurance that the Police and Crime Commissioner was sensitive to local urban needs, which differed greatly from the needs of surrounding rural areas which made up West Mercia.

The cross-cutting nature of the Community Safety Partnership's priorities with those of the Health and Wellbeing Board to strengthen communities was noted.

The Board expressed interest in the commissioning of domestic violence homicide reviews and the Cohesion Locality Manager agreed to share the findings and recommendations of the Strategy and Action Plan.

<u>RESOLVED</u> – that

(a) the progress across the Community Safety Partnership organisations made towards reducing the misuse of drugs and alcohol priority in the second year of strategy implementation be acknowledged;

(b) the challenges in improving outcomes as set out in the report be acknowledged;

(c) the CSP under its statutory responsibilities, is required to develop and refresh a Partnership Strategic Plan and develop key priorities which also support the Police and Crime Commissioner objectives be acknowledged; and

(d) ongoing financial support from the Office of the Police and Crime Commissioner (OPCC) be acknowledged.

HWB-32 FUTURE FIT UPDATE

Dr M Innes of the Clinical Commissioning Group presented the summary of the last Future Fit Programme Board meeting. The summary included the revised timeline for the next phase of the programme, which anticipated the identification of a preferred option in June 2016 followed by public consultation throughout December 2016 and January 2017 ahead of the local pre-election period in 2017 and a final decision in June 2017. The report also considered the management of key interdependencies, rural urgent care, Community Fit, clinical design, impact assessment, workforce, assurance, engagement and communications, finance, programme risks, programme execution plan and programme management.

Assurances were given to the Board that the Women and Children Unit served the whole of Shropshire and Powys and definitely could not close over winter.

The Pilot of Urgent Care Centres had changed over time with a different service being provided over two sites and it was acknowledged that a consistent offer around the community was required.

The Board noted that it had been agreed that SaTH would work on developing the Business Case and reassurance was given that the differing issues affecting Shropshire and Telford & Wrekin would be properly considered as understanding the different issues was essential to being able to apportion resource to manage them.

RESOLVED – that the summary of the last Programme Board report be acknowledged

HWB-33 PHARMACEUTICAL NEEDS ASSESSMENT 2015/16 – 2017/18 – REVIEW OF PROVISION IN SOUTH TELFORD UPDATE

The Consultant in Public Health advised the Board that following publication of the Telford & Wrekin Pharmacy Needs Assessment (PNA) 2015/16 – 2017/18 in March 2015, an in-depth review of pharmacy provision in South Telford had been undertaken as requested. As anticipated, the review had indicated that there were higher than average levels of need for pharmacy services within the population living in the South Telford cluster.

Telford & Wrekin Council's Research and Intelligence Officer informed the Board that Community engagement work suggested that people in South Telford had longer journey times to their nearest pharmacy and access to pharmacies in the evenings and at weekends was poorer than for the borough population as a whole. Existing pharmacy contractors in South Telford considered that there was easily accessible and sufficient out of hours service provision but were willing to review provision.

The Board welcomed the report and the majority of Members were satisfied that the Review demonstrated a high level of need in South Telford where service levels were inadequate, particularly in terms of the accessibility of out of hours services. Whilst it was acknowledged that residents in some rural areas of the borough had equal or longer distances to travel to their nearest pharmacy, it was recognised that

limited transport facilities in South Telford placed residents at a disadvantage. However, Members asked to be advised if it came to light that any other areas were similarly deprived so that equity of service could be sought. The Board acknowledged that Contracts had not received any complaints about the service but were of the opinion that if residents had never had a high level service, they did not know what they were missing. The relevance of the PNA to the work of the Better Care Fund and the wider NHS services reconfiguration Future Fit work programmes was also noted.

RESOLVED – that the Chair of Health & Wellbeing Board write to the Commissioner in order to appraise NHS England of the findings of the review of pharmacy provision in South Telford and feed into the reconfiguration of Future Fit work programmes

HWB-34 CCG QUALITY PREMIUM 2015/16

The Deputy Executive Quality and Engagement (NHS Telford and Wrekin Clinical Commissioning Group) informed the Board that the 'Quality Premium' was intended to financially reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commissioned and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes. In accordance with Guidance, the maximum quality premium payable to the CCG was £5 per head of population and the quality premium paid to Telford and Wrekin CCG in 2016/17 would reflect the quality of the health services commissioned by the CCG in 2015/16. It would be based on the national mandated Quality Premium measures as detailed in the report – two of which (urgent and emergency care, and mental health) allowed the CCG to select one or several measures from a pre-determined menu – and two measures selected by the CCG based on local priorities (reduction in the number of mothers Smoking at Time of Delivery and early detection of cancer). All of the measures and expected impact were comprehensively set out in the report. The CCG recognised that due to its organisational restructure the Board was receiving the report late and that there had been missed opportunities to more fully engage with the Board on the selection of optional indicators.

RESOLVED – that

(a) the Quality Premium indicators submitted to NHS England by NHS Telford and Wrekin Clinical Commissioning Group (CCG) be noted; and
(b) the expected impact of the measures outlined in the report as detailed in Section 3 (Impact of Action) of the report be noted.

The meeting ended at 4.10pm

Chairman: .....

Date: .....

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 9th MARCH 2016

HEALTH & WELLBEING STRATEGY - UPDATE

REPORT OF: LIZ NOAKES: ASSISTANT DIRECTOR HEALTH AND WELL-BEING

SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The purpose of the Health & Wellbeing Board (HWBB) is to bring together key partner organisations to improve the health and wellbeing of the Borough's population. The mechanism for identifying the health and wellbeing priorities for the Borough and ensuring delivery of them is the Health & Wellbeing Strategy. The Board received a report back in December 2015 providing an update on development of the strategy and approved an approach to engagement and consultation with members of the public and key stakeholders.

This report provides a further update on the final strategy and proposals for governance arrangements to support the delivery of the strategy over the next three years.

A presentation will be given to Board on the key issues and themes raised by the engagement exercise which closed on 22nd February – at the time of writing this report, the engagement period had not closed.

2. RECOMMENDATIONS

That the Board approve:-

- The attached final strategy.
- The proposed Governance arrangements set out at section 1.3.5 of this report
- The timetable for the publication of the final strategy

3. IMPACT OF ACTION

The attached document is a final strategy based on:-

- information and discussions at the Board development sessions held on 15th September and 12th November 2015 at which Board members considered our key priorities for the coming three years
- Feedback received from the 'Are you Healthy, Safe and Independent?' survey undertaken in September 2015

The impact of the strategy will be monitored by the Board based on update reports and outcome frameworks produced and presented regularly by the CATPs and any specific cross cutting, partnership work/projects which the Board drives in order to achieve the outcomes identified in the strategy (see community impact section below).

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	No	However, this report sets out the new vision, priorities and strategy for the Health and Wellbeing Board covering the period April 2016- March 2019.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	This report highlights priorities for the Board covering the period 16/17 – 18/19 which take account of the Council and CCG's key priorities as well as future challenges/priorities for the Board and its key partners/stakeholders (see consultation with key providers at section 1.3.2)
	Will the proposals impact on specific groups of people?	
	No	The Strategy is an all age strategy and is not service specific. The strategy highlights what the Board would want the strategy to deliver and incorporates feedback from members of the public in terms of what they would want to see change in their own communities as a result of the strategy. The Board will monitor their progress throughout the year and will consider progress against these desired outcomes to ensure they continue to deliver change within our communities. As stated in section 1.3.4, Commissioning And Transformation Partnerships (CATPS) responsible for delivering these priorities on behalf of the board will be tasked with providing a detailed work programme along with desired outcomes/performance measures for each aspect of the programme in order to monitor the impact of the strategy over the coming three years. The work programmes will contain more detailed information on outcomes to be achieved.

TARGET COMPLETION/DELIVERY DATE	A final strategy is attached for approval by the Board subject to any amendments needed as part of the engagement feedback. Any feedback received following the publication of this Board report will be presented to the board on 9th March for consideration and approval if this requires a change to the attached strategy. Following agreement from the Board, the final strategy will be published on the Health and Wellbeing Board webpage during April 2016 and will be distributed to all key stakeholders and partners via existing partnership boards and networks.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The delivery of this strategy and the detailed work programmes will need to be considered against the context of reducing resources. The Public Health grant received by the Council was cut by £773k in 2015/16 and recently published allocations detail a further cut of £300k in 2016/17 and £320k in 2017/18. At the same time the Council is receiving less Revenue Support Grant from the Government and has identified savings of £30m in 2016/17 and 2017/18 and estimates they will be required to identify a further £20m in the following 2 years. The detailed work programmes to support the delivery of this strategy will be need to be met from existing resources and this will be reported as part of future reports to this Board.
LEGAL ISSUES	Yes	The HWBB has a statutory obligation to encourage integrated working and to encourage commissioners of health-related services to work closely with the HWBB (section 195, Health and Social Care Act 2012). Accordingly, the work proposed in this report and the officer recommendations will assist the HWBB in meeting its legal obligations. This type of integrated working is also part of the HWBB's terms of reference in particular at paragraphs 1, 3, 7,8,11 and 15. When looking at any proposed changes to strategy and/or commissioning

		decisions consideration will need to be given to appropriate consultation and whether equalities impact assessment(s) will be required as part of the decision-making process. Officers will need to continue to keep these considerations under review and update the HWBB where appropriate.
EQUALITY & DIVERSITY	No	No specific impact –as stated earlier, this is an all age strategy covering all services across all communities. Any impacts associated with the work programmes developed by the CATPs will be highlighted to the Board as part of future CATP progress reports.
IMPACT ON SPECIFIC WARDS	No	None.
PATIENTS & PUBLIC ENGAGEMENT	Yes	Feedback from the Council's recent 'Are you healthy, safe and independent?' survey are incorporated into the attached strategy as per the previous draft presented to the December Board. A four week period of engagement took place from 25th January to 22nd February 2016 to capture feedback from both our key partners/stakeholders and members of public. The following exercises were undertaken to capture feedback:- • HWB Strategy Survey made available on the Health and Wellbeing website for members of the public to complete and submit (see section 1.3.1for detail) • Stand at Southwater 1 for two half days to capture and engage with members of the public on the HWB Strategy survey. • The draft strategy was sent via all networks e.g. other partnership boards, CCG, Healthwatch asking for comments from partners and stakeholders as well as asking them to publicise the public HWB Strategy Survey through their existing communication mechanisms • The draft strategy was sent to our three key health providers for

		comment and sharing to ensure this is in line with their own future direction of travel (see section 1.3.2). An opportunity to meet with the Assistant Director: Health and Wellbeing was also offered to discuss the implications of the strategy for them. • Following budget consultation, the HWBB survey was advertised widely on Facebook, Twitter etc to encourage completion of the HWB Strategy survey. All comments received to date (at the time of writing) have been taken account of. Further comments received will be presented to the Board on 9th March. It should be noted that feedback from members of the public is not focussed on the priorities themselves but on the delivery and impact of the priorities. Members of the public were asked what they would want to see change in their own communities as a result of the strategy. In addition, the survey asked how communities and individuals can contribute to the priorities – this feedback will be shared with the CATPs to ensure this is captured within their work programmes where relevant. In terms of desired outcomes, this can be used by each Board to reflect as part of the CATP progress updates and ensure the Board is achieving the original desired outcomes.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	None.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Background

The current HWB Strategy was developed and launched in 2012/13 for the period 2013/14 to 2015/16. The attached strategy will be launched in April 2016 to replace the current strategy and priorities.

The purpose of the strategy is to identify the priorities against which the Board will drive delivery. It is the responsibility of the Board to establish sound joint commissioning arrangements aligned with the priorities of the Board.

This report provides an update both in terms of presenting a final strategy but also proposed governance arrangements to ensure effective delivery against the strategy over the coming three years.

1.2 Health and Wellbeing Strategy

The final Health and Wellbeing Strategy is attached for Board approval. The attached strategy was presented to Board in December 2015 and approved as a final draft for consultation with key partners and stakeholders.

The following three priorities were identified from discussions and common themes raised by Board members at the development sessions in 2015 and takes account of feedback received from the 'Are you happy, safe and independent?' survey carried out in September 2015 (see section 1.3 below):-

- **Encourage healthier lifestyles**
- **Improve mental wellbeing**
- **Strengthen our communities and community based support**

1.3 Engagement and Consultation

1.3.1 Public Consultation

As previously reported, feedback from the public consultation survey 'Are you Healthy, Safe and Independent?' has been incorporated into the attached draft strategy and demonstrates that the priorities identified by the Board are consistent with the themes raised by members of the public e.g. recognising the importance of friends, family and neighbours in providing support and making individuals feel in control of their own lives, the importance of exercise, diet, walking and hobbies in being healthy and feeling good, the impact of isolation and lack of community groups on individuals feeling good and healthy, the significant impact disability and long standing illness has on people not feeling healthy, safe or in control of their life.

Further public engagement was agreed at the December Board and took place during a four week period 25th January to 22nd February 2016. It should be noted that consultation with the public did not focus on the priorities themselves (as public feedback had already been incorporated into the development of the priorities) but focussed more on the delivery and outcomes of the strategy.

Members of the public were asked:-

- What they would want to see change in their own communities as a result of the three priorities
- What they as individuals could contribute to the delivery of the priorities.
- What groups are already in existence in their own communities that could contribute to delivery of the priorities.

Feedback was sought using an online survey which was accessed via the Health and Wellbeing Board pages of the Council website- the survey was publicised via Facebook, Twitter and via

existing networks and partnership boards. In addition, a stand was held at Southwater 1 for two half days during February and was manned by Board members in order to capture feedback from the public in relation to the survey questions.

The feedback received from members of the public will be presented to the Board on 9th March and fed back to Chairs of relevant CATPs to ensure this is captured in work programme outcomes.

The feedback received will be critical to measuring the success of the Board in delivering change for our communities against its strategy. This will be a key consideration at each Board to ensure work programmes are focussed on the original desired outcomes identified by members of the public.

Please see section 1.4 below for detail of delivery against the strategy and governance arrangements.

1.3.2 Provider Consultation

As agreed at the December Board, our three key Health providers (SaTH, SSSFT and Shropshire Community Trust) were sent the attached strategy for comment and were offered the opportunity to meet with the Assistant Director: Health and Wellbeing to discuss how this strategy dovetails with their own future direction of travel and how they could contribute to the priorities.

1.3.3 Stakeholder Consultation

The draft strategy approved at the December Board was sent to all organisations represented on existing partnership boards and CATPs (Community Safety Partnership, Living Well Board, Early Help Partnership, Safeguarding Adults Board, Safeguarding Children's Board) asking for all partners to circulate widely to all of their key contacts as well as providing a link to the public survey and asking for this to be circulated and promoted widely. The strategy and links to the public survey were also sent to Healthwatch and the CCG for onward distribution to their own contacts including all GPs.

Feedback received will be presented to the Board on 9th March highlighting where this will require a change to the strategy.

1.3.4 Delivery of the Strategy

If the Board is to achieve real outcomes, the delivery of this strategy is key. Unlike the previous priorities, the new HWBB priorities are cross cutting and cannot be allocated to one CATP alone to deliver – all CATPs will need to contribute to each of the priorities and therefore governance is crucial to avoid duplication of effort and a co-ordinated approach to delivery.

The existing CATPs (Community Safety Partnership, Living Well Board and the Early Help Partnership) have all been tasked with considering the new strategy and submitting a proforma summarising how they feel they can contribute to each of the priorities. This will inform the development of the work programme for each CATP. Each work programme will be considered in order to identify any potential areas of duplication.

Once confirmed, work programme updates will be presented to the Board by priority area at each Board. Each CATP will provide an update on at least an annual basis across all three

priorities. It is the responsibility of the Chair of each CATP to liaise with other Chairs to ensure a co-ordinated approach.

1.3.5 Governance arrangements

It is recognised that there is a gap in the current governance arrangements around the priority area of strengthening communities and this is the area where there is the potential for most duplication with various projects being undertaken across organisations to strengthen communities and provide a range of services within the community (locality working). This priority in particular requires a change in culture across all organisations represented on the partnership to deliver real change. Therefore, following discussion with the CCG, it is proposed that a new CATP is established from April 2016. The Stronger Communities Board will sit beneath the HWBB and will have delegated responsibility for delivering and reporting on progress against the HWBB priorities but in particular the strengthening communities and community based support priority.

" *The Stronger Communities Board will bring together a strategic coalition to create the conditions to work together to realise the potential of communities to become more independent and resilient and to integrate community based support around the holistic needs of individuals in need of care or support."*

Terms of reference for this new Board are being developed but it is anticipated that the following will be key areas of work for the group:-

- Enhance the power of local communities to support each other and build sustainable social action to improve wellbeing
- Ensure partners (both commissioners and providers) maximise opportunities for innovation, peer-led approaches and co-production
- Maximise the number of people who can self-manage by building the knowledge, skills and confidence of individuals about managing their condition and what resources are available within their community to encourage self-help
- Develop integrated locality care teams including social care, community services, allied health professionals and general practice that encourage self-help and ensure care is co-ordinated around people's holistic needs
- Ensure that partners collaborate to pilot and evaluate these approaches and sustain those that have the greatest impact on outcomes that matter most to people and impact on resource use across the whole health & social care system

The diagram at page 7 of the attached strategy illustrates the relationship between the CATPS and the Board.

1.4 Next Steps

Once approved by Board, the attached strategy will be published on the Health and Wellbeing web pages of the Council's website in April 2016.

It is proposed that each CATP develops and confirms its work programme in line with the attached priorities and provides a one page summary for the June Board along with a proposed performance framework to support and monitor progress.

In order to develop the CATP work programmes, it is proposed that a launch event is held in early May 2016 to support development of the more detailed work programmes sitting beneath

the approved strategy with key partners and stakeholders (including representatives of CATPs) and our key providers. This will be an opportunity for the work programmes to be enhanced by our key stakeholders by sharing good practice, sharing future initiatives which may contribute to the delivery of the strategy and identify areas of joint working across our partnerships.

Feedback from the launch event can be used by Chairs of CATPs to modify and update their work programmes in readiness for the June Board.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

No further impact assessment information.

3. PREVIOUS MINUTES

- HWB Strategy Development and JSNA presented on 23rd January 2013
- HWB Strategy Development and JSNA (including sign off of final strategy) presented on 13th March 2013
- A progress update against the Health & Wellbeing Strategy priority 'asset mapping' process was presented to the Board on 13th May 2013.
- Joint Health and Wellbeing Strategy Performance and Partnership Framework presented on 17th July 2013 and 18th September 2013
- Joint Health and Wellbeing Board Strategy Performance presented 22nd January 2014
- Health and Wellbeing Board Strategy Refresh presented 10th June 2015
- Health and Wellbeing Board Strategy Update presented 9th December 2015

4. BACKGROUND PAPERS

None.

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

TELFORD AND WREKIN HEALTH AND WELLBEING STRATEGY 2016-2019

Introduction

We recognise that health and wellbeing is crucial because it allows people to maximise their potential and enjoy a fulfilling life. A positive sense of wellbeing is vital for a prosperous and flourishing Telford and Wrekin.

This Strategy sets out our vision and approach to make this a reality for all.

Our case for change: why we need to do things differently

Everyone in the borough has a right to good health. There have been some improvements in the health and wellbeing of people in Telford and Wrekin in recent years. Early death rates from heart disease and stroke in particular have fallen.

This improvement has however not been seen in all groups and not impacted on the gap in life expectancy within the borough. Just over half of early deaths are preventable.

We must “step-up” to ensure that future generations are living healthier lives for longer.

Our population is forecast to grow from around 170,000 to 198,000 by 2031. As it grows, it will age and become more diverse. The percentage of people who are aged over 85 is set to increase by 130%. An ageing population means that there will be more people living with multiple long-term conditions.

We recognise that the way we are delivering treatment and care services can create new demand and dependency because we are not always improving outcomes that matter most to people. This needs to change and our approach needs to be more holistic, thinking about people’s physical, mental and social needs in the round.

The financial climate in which the Board functions continues to be difficult, with very real challenges and pressures which will impact on the health and care services which are delivered to our communities. In a situation where there is no new money and a need to make significant savings, we must continue to find ways to achieve better outcomes at less cost through the integration of services, particularly for those with complex needs.

The Board recognises that when people are connected and contributing to their communities, both communities and individuals are stronger and more resilient which leads to better outcomes. Better outcomes mean that public money goes further. We need to find ways to nurture the current strengths and capacity within our communities to improve their own and each others wellbeing whilst protecting the most vulnerable members of our community who are unable to protect themselves from harm and abuse.

Our vision

The Health & Wellbeing Board believes that we all want to enjoy happy and healthy lives, not just longer lives, regardless of whom we are or where we live. The vision for the Board is:

"Together we will work to enable people in Telford and Wrekin to enjoy healthier, happier and longer lives"

Our approach

The Health and Wellbeing Board brings together decision makers and commissioners to develop a shared approach to improving and promoting the health and wellbeing of the residents of Telford and Wrekin. The board provides a unique opportunity to collectively make the best use of resources to address these challenges.

Our approach is to focus on supporting and developing community assets and strengths (rather than deficits or needs). Harnessing the skills of local residents, the power of local organisations and groups is a means of turning a vicious cycle into a virtuous cycle and building resilience in individuals and communities. Core to this will be promoting the five ways to wellbeing: Connect, Be Active, Take Notice, Keep Learning and Give.

As a Board we have said that together we will:

- empower people to take control of their own health
- support communities to grow, so that they can support people better
- create a place that enables people to make healthier choices
- adopt the principle that home is normal
- promote wellbeing and independence across all communities whatever their level of need or dependency
- work in a systemic way to manage demand away from high cost health and social care, promoting independence
- make good use of resources across the whole system
- use outcome based commissioning

Understanding what local people think

The Council has undertaken a public consultation asking "are you healthy, safe and independent?" Just short of 1,000 people responded.

- 74% of respondents say they feel "healthy and good" or "very healthy and good".
- Of those, 74% of respondents have stated regular exercise and sport and a healthy diet help them to be "healthy".
- A significant amount of people explained how walking, including walking the dog, was what they did the most of to stay healthy.

- “Volunteering” and “helping others” also featured in what helps people to be “healthy” and “feel good”.
- Thinking about the things that would help people to be healthy and feel good, social support ideas featured strongly including “befriending” and tackling “loneliness and isolation”
- Other respondents, however, didn’t think others could help or they had no suggestions on how to stay healthy, safe and independent.

Our priorities

As a Board we have selected three cross-cutting priorities where we want to make the fastest progress:

- **Encourage healthier lifestyles**
- **Improve mental wellbeing and mental health**
- **Strengthen our communities and community based support**

These cover key wellbeing issues affecting our local communities, where our outcomes are poor, the costs to the health and social care system are significant and a wide range of partners need to work together to deliver actions **with** communities to make a real difference.

Priority 1: Encourage healthier lifestyles

Why?

Leading healthier lifestyles has many benefits, such as helping to reduce the risk of preventable diseases and the impact of disabilities, as well as improving people’s quality of life and their mental wellbeing.

While levels of smoking still continue to fall, the numbers of adults and children who are overweight or obese are increasing and the majority of us do not take enough exercise. The levels of people who drink too much alcohol is also of concern.

A combination of unhealthy lifestyle choices has an even bigger effect. Middle aged people who smoke, drink too much, eat a poor diet and take too little exercise are four times more likely to die in their next decade compared to people leading healthier lifestyles.

What's the local picture?

- The rate of smoking in the borough is falling. There are around 9,000 fewer adult smokers compared to 12 years ago and the rate of 11-15 year olds who smoke has fallen below 4%. However, 2 in 10 adults (around 27,000 people) in Telford and Wrekin still smoke and our rates of hospital admissions and early deaths under 75 years remain worse than average.
- The majority of adults, about 7 in 10 (around 94,000 people), are overweight or obese, with almost a third, 32% estimated to be obese (circa 42,000 people). Worryingly, the level of children aged 10-11 years who have an unhealthy weight has been steadily increasing and was 37% in 2013/14.
- Over a quarter, 26.2%, of people in the borough are 'higher or increasing risk' drinkers (around 34,000 people). Alcohol-related death rates and hospital admissions in men are worse than the national average.
- Whilst levels of physical activity are showing signs of improving, in 2014, 28.1% of the population aged 16 and over were classified as "inactive". Although this was comparable to the England average (27.7%), this still meant that around 38,000 adults in the borough were undertaking fewer than 30 minutes of moderate intensity physical activity per week.

What we will deliver

- Fewer people who smoke and drink too much
- More people having a healthy diet and taking enough exercise
- Halt the increase in overweight and obesity in children
- Reduce the number of people who die from preventable diseases and improve life expectancy, across the borough and closing the gap with national rates

Priority 2: Improve mental wellbeing and mental health

Why?

Good mental health is key to our physical health, relationships, how well we do at school and work. It is core to us all realising our potential.

Poor mental health though is all too common, affecting all age groups. In people aged 15-44 year olds mental health issues are the most common type of health problems and a leading cause of long term absence from work. It is estimated that 1 in 10 teenagers aged 15-16 years old experience mental health issues. People with serious mental illness have much poorer life expectancies, on average 15 years shorter than those without. Unhealthy lifestyles are strongly connected too, with higher levels of drinking and smoking amongst people with poor mental health.

What's the local picture?

- In the borough, common mental health disorders are higher than the national rate but rates for severe disorders are lower.
- Around 12.4% of adults in Telford and Wrekin have anxiety and depression (around 17,000 adults) similar to the national rate of 12.0%.
- Adults are more likely to report long-term mental health problems than the England average (5.7% against 4.5%)
- It is estimated that around 2,400 5-16 year olds (around 9.8%) have a mental health disorder in Telford and Wrekin.
- Child admission rates for mental health are similar to England levels, however admissions for young people for self-harm are higher than the England average.

What we will deliver

- More emotionally resilient children and young people
- Early identification of people at risk of poor mental health to ensure they have access to appropriate services and support
- Improve the Health related Quality of Life for people with a mental health condition
- Improvement in the physical health of those with mental illness
- Increase the feeling of wellbeing across the borough

Priority 3: Strengthen our communities and community based support

Why?

The number of people with long term conditions is increasing. This is in part due to our ageing population but unhealthy lifestyles also play their role. People living in deprived communities tend to suffer long term conditions earlier in life than those people from more affluent communities. 15 of our neighbourhoods are in the 10% most deprived in England and 23.9% of children live in poverty. The risk of suffering from a combination of mental health and physical conditions is also greater in our poorer communities. People with multiple long term conditions make a significant impact on the demand for health and social care.

Everyday, across all our communities, people support and care for their neighbours, friends and family members where they have health and care needs. This often makes a significant, positive impact on people's health and wellbeing, including supporting them to retain their independence and reducing loneliness too.

We need to nurture and support carers in their caring role as well as helping them to fulfil their potential once their caring role ends.

To support this and improve outcomes, treatment and care should be more community based and focusing on a person's individual needs and supporting carers. This will help strengthen our communities and so make best use of public money by reducing demand on high cost emergency or residential and nursing care.

What's the local picture?

- The "Be Healthy, Safe and Independent Survey" found that "being involved" was important to people having positive lives including volunteering in groups such as church, charities and community projects.
- Around 31,000 people in Telford and Wrekin (18.6%) report that they suffer from a long term health problem or disability, rising to 86% of people aged over 85.
- 5.1% of children aged 24 and under have a long term health problem or disability
- Around 175 people aged over 65 were permanently admitted to residential or nursing care in a year, a rate of 701.3 per 100,000 population which is slightly higher than the national rate of 668.8.
- Emergency hospital admissions for all conditions in the borough is 9,925 per 100,000 population, which is significantly worse than the England rate of 8,993. The number of actual admissions is 16,032.
- We have a higher proportion of our population providing unpaid care with 2.8% of our under 24 population and 20.1% of our over 65 population providing unpaid care.

What this will deliver

- Enable individuals to live more independently for longer with support from their own community and networks
- Support more individuals to feel less isolated
- Better and more positive outcomes for individuals
- Reduction in the number of people accessing acute hospital and being admitted to residential care homes
- Reduction in public sector future care costs, as communities become better placed to support themselves

How we will deliver our priorities

There is already much work in place to deliver these priorities, the Board will focus on ensuring that this work is ***driven***, ***joined-up***, and ***effective*** across the local health and social care economy. It is the role of the Board to ***enable***, ***influence*** and to ***engage*** to drive these priorities.

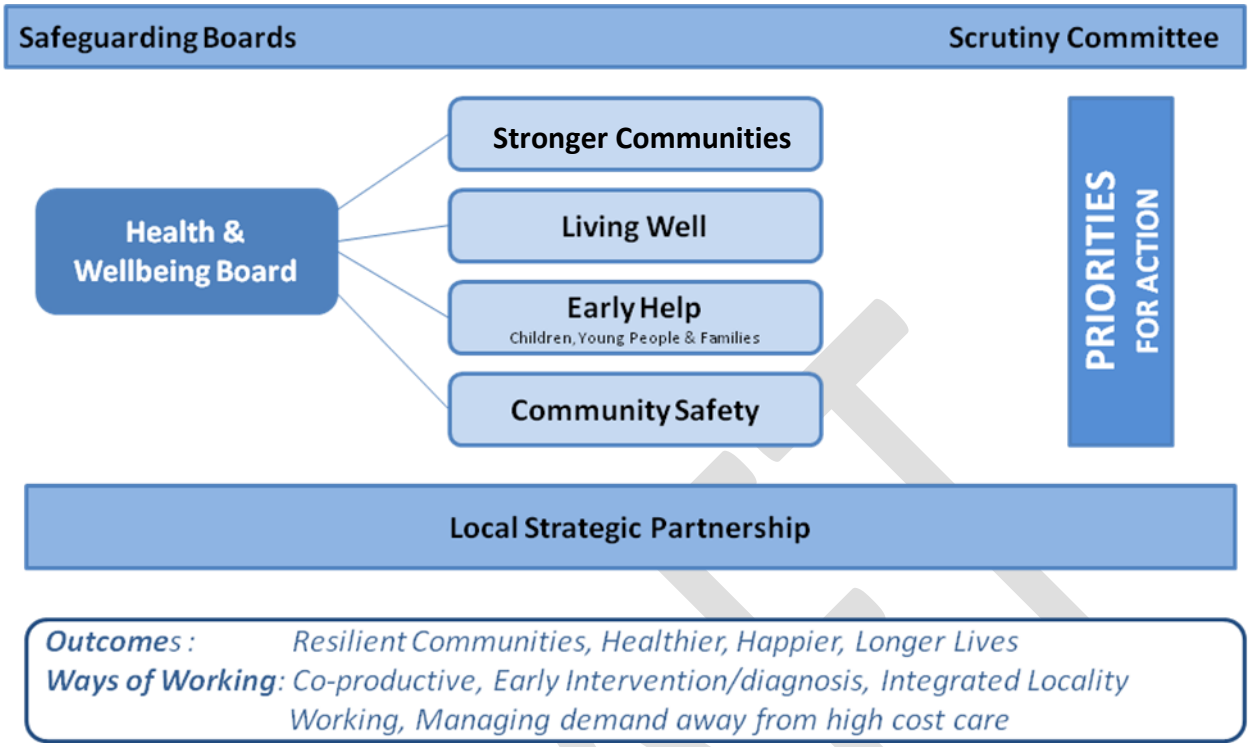
To achieve this join-up, for each priority, a high-level work programme will be established or identified (where already in existence) to ensure clear deliverables and outcomes for every year of the strategy. Central to the delivery of this are the Commissioning & Transformation Partnerships (see diagram below) which will own key aspects of this work and report to the Board on progress.

Underpinning this will be cross-cutting programmes that will under-pin them. These include:

- **Communication** – to deliver the change in outcome for each priority communication and awareness raising with communities is core, including reinforcing messages about healthy, positive lifestyles and letting people know what support is available in their own communities.
- **Business intelligence** – continuing to develop an understanding of demand on services and how effectively it is being met. Understanding this is critical as community based provision increases.
- **Making Every Contact Count** – developing our workforce to breakdown professional silo working within and across organisations.

Annual Board development sessions will provide an opportunity to review current priorities as well as flexibility to explore any new emerging priorities during the lifetime of this strategy.

Partnership Landscape



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TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 9th MARCH 2016

COMMISSIONING PRIORITIES 2016 17

REPORT OF – JONATHAN EATOUGH (ASSISTANT DIRECTOR: LEGAL, PROCUREMENT & COMMISSIONING), LIZ NOAKES (ASSISTANT DIRECTOR, HEALTH AND WELLBEING), ANNA HAMMOND (CCG DEPUTY EXECUTIVE LEAD)

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report provides the Board with the 2016/17 commissioning intentions for the Council and CCG. The purpose of the report is to describe how commissioning programmes for both the council and the CCG support the delivery of the Health & Wellbeing Strategy and promote an integrated approach to improving health and wellbeing.

2. RECOMMENDATIONS

2.1 The Board is asked to note the converging commissioning intentions for the CCG and the Council that will better support integrated delivery of the Health and Wellbeing Strategy.

3. IMPACT OF ACTION

3.1 It is intended that these commissioning programmes of work will contribute to improve health & wellbeing outcomes within the borough. Each area of work should have a specific set of outcomes that should be monitored through commissioning processes.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Commissioning intentions contribute to all of the Health and Wellbeing priorities.	
	Yes	
	Will the proposals impact on specific groups of people?	
	Yes	The commissioning intentions for public health are focussed on reducing health inequalities and improving health and

		wellbeing at a population level. Commissioning intentions for universal, whole population and support for vulnerable children, young people and adults will improve outcomes for target populations and will include provision for:
		• Disabled children and adults
		• Children in Care
		• Care Leavers
		• Offenders (and those at risk of offending)
		• Young and older carers,
		• Older People, including those with dementia
		• Children, young people and adults with:
		  ○ mental health problems
		  ○ autism
		  ○ learning disability
		• Children and families in need

TARGET COMPLETION/DELIVERY DATE	*N/A*	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The Commissioning intentions set out in this report will contribute to delivering the requirements of the Care Act, will be shaped around the requirements of the Better Care Fund, the requirements of the Public Health grant, meeting the Council's Budget Strategy, and facilitating reablement and prevention. The individual work tasks will be governed by the relevant provisions of the Council's constitution and the financial impacts of for instance the process of tendered contracts will be considered as part of the award process. The delivery of this strategy and the detailed work programmes will need to be considered against the context of reducing resources. The Public Health grant received by the Council was cut by £773k in 2015/16 and recently published allocations detail a further cut of £300k in 2016/17 and £320k in 2017/18. At the same time the Council is receiving less Revenue Support Grant from the Government and has identified

		savings of £30m in 2016/17 and 2017/18 and estimate they will be required to identify a further £20m in the following 2 years The detailed work programmes, (as far as they are resourced from Council budgets) to support the delivery of this strategy will be need to be met from resources allocated in line with the Council's budget strategy and where appropriate this will be reported as part of future reports to this Board.
LEGAL ISSUES	Yes	The Health and Wellbeing Board's involvement with the Council's Commissioning intentions, in the work areas set out in this report, contribute to meeting the Board's duties as set out in the Council's Constitution such as; encouraging integrated working between local health, social care and health-related commissioners. Beyond these strategic plans, the procurement/commissioning procedure will be in accordance with EU procurement rules (where required) and with the Council's agreed procedures under its Constitution and will follow existing delegation of powers to tender for and award the resulting contracts.
EQUALITY & DIVERSITY	Yes	Joint Strategic Needs Assessment (JSNA) intelligence informs local authority commissioning intentions to ensure resources are targeted appropriately to improve health and wellbeing and reduce inequalities.
IMPACT ON SPECIFIC WARDS	No	See above.
PATIENTS &/OR PUBLIC ENGAGEMENT	Yes	Consultation and involvement with service users in the design and evaluation of services and contracts is a key feature of our commissioning process, including: strategy development, service reviews and procurement plans.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	Strong collaboration working with NHS commissioners in the CCG and NHS England is essential to delivering progress against the Health & Wellbeing

		strategy priorities.

PART B) – ADDITIONAL INFORMATION

5. INFORMATION

5.1 The new Health & Wellbeing Strategy sets out a vision of working collaboratively to deliver a vision - *Together we will work to enable people in Telford & Wrekin to enjoy healthier, happier and longer lives*.

5.2 This report aims to describe how proposed commissioning activity for 16/17 for the CCG and Public Health and Vulnerable People commissioning teams within the council will contribute to improved outcomes across the following priorities: *Encourage healthier lifestyles, Improve mental wellbeing and Strengthen our communities and community-based support*.

5.3 The report further aims to demonstrate how commissioning activity is supporting the Board's approach to improving health & wellbeing namely that we will:

- empower people to take control of their own health
- support communities to grow, so that they can support people better
- create a place that enables people to make healthier choices
- adopt the principle that home is normal
- promote wellbeing and independence across all communities whatever their level of need
- work in a systemic way to manage demand away from high cost health and social care, promoting independence
- make good use of resources across the whole system
- use outcome based commissioning

5.4 The report has two appendices – the first is the CCG commissioning priorities for 2016/17 and the second is the commissioning intentions for 2016/17 for Public Health and Vulnerable People commissioning teams.

5.5 One of the aims of the Health & Wellbeing Board is to encourage integrated working and collaborative commissioning for health and wellbeing services. The report provides evidence of how commissioners are working together to deliver improved health and wellbeing outcomes. This collaboration includes working with the Police & Crime Commissioner to deliver the Community Safety Partnership's obligations to ensure that all of the statutory partners work together to put in place measures to: reduce crime, Anti Social Behaviour and reduce offending and reduce the misuse of drugs and alcohol.

5.6 As a response to the Care Act the council has developed a set of wellbeing and prevention principles that underpin it's commissioning processes. These are as follows and again the description of the commissioning activity highlights how these principles are being followed:

- Access to universal support and opportunities to promote wellbeing
- Co-production and strengthening social capital through community development activities
- Accessible and effective information, advice and guidance
- Whole family asset-based approach to identifying and meeting need

- Seamless transition from Children and Family Service to Adult Social Care
- Outcome Based Commissioning
- Workforce Development
- Make Every Contact Count (MECC)

Report prepared by:

Helen Onions	Consultant in Public Health
Louise Mills	Service Delivery Manger Health Improvement
Vivianne McKay	Service Delivery Manager, Commissioning Vulnerable People
Paul Fenn	Cohesion Locality Manager
Fran Beck	CCG Executive Lead for Commissioning
Anna Hammond	CCG Deputy Executive Lead for Commissioning

APPENDIX 1

NHS
Telford and Wrekin
Clinical Commissioning Group

'Healthier, Happier Longer' - CCG priorities and work programme for 2016/17

1.0 Introduction

1.1 The CCG has been commissioning services for the Telford & Wrekin populations since 2012/13. We have made considerable progress in improving quality, performance and cost effectiveness. There is still much to be done to reduce health inequalities, improve patient experience, achieve optimal value for money, and ensure our providers, including primary care operate as part of an effective sustainable health economy.

1.2 Over recent months a new structure strengthening capacity to improve our commissioning, finance and quality functions has been implemented. The organisation has been increasingly focused on establishing the key priorities to deliver the CCG vision:-

"Working with our patients, Telford & Wrekin CCG aspires to have the healthiest population in England. Healthier, Happier, Longer."

1.3 How are we doing? - There has been some progress in extending life expectancy in Telford & Wrekin, BUT the current population health status summary at *Appendix A* demonstrates persistent enduring gaps, particularly for women, and particularly for lifestyle related illnesses – CVD and Cancer.

1.4 While the CCG must focus increasingly on improving health outcomes, we also must continue to drive better performance of commissioned services which in several notable instances e.g. the 95% access target to Accident and Emergency Services are not delivering essential NHS Constitution targets.

1.5 Similarly we are committed to deliver our contribution towards the NHS England savings target via our QIPP programme. Rather than that be a stand-alone plan the CCG is striving to use our strongly held view that 'Quality Drives Efficiency' is reflected in the priorities we set. In other words our ambition has been to identify priorities and work programmes that will improve outcomes, quality, performance and efficiencies simultaneously.

1.6 For many of the problems we are trying to solve it is clear there is no single solution. For example, improving survival rates for people suffering with cancer requires adoption of better lifestyles across whole communities; better awareness of signs and symptoms; effective screening; earlier access to diagnostics, and well performing cancer services to provide effective clinical treatment post diagnosis. Evidence from benchmarking information suggests that improving the way we do all of this could result in efficiency savings.

2.0 Development of proposals

2.1 Commissioners are keen to adopt a Programme Management Approach which helps provide a clear structure for the essential projects needed but which also reflects the need for schemes to be cross cutting. Setting up a programme management office and a consistent set of project

management documents is a relatively straightforward administrative process – the key challenge has been identifying 'what' programmes should be prioritised to achieve the improvements required?

2.2 Commissioners have been determined to ensure the 'what' question has been informed not only by outcome and performance data, but both patient and clinical engagement.

2.3 Public health and other Local Authority colleagues have also made valuable contributions as there is clearly synergy between our shared objectives and the emerging Health and Well Being Board priorities.

3.0 Programmes

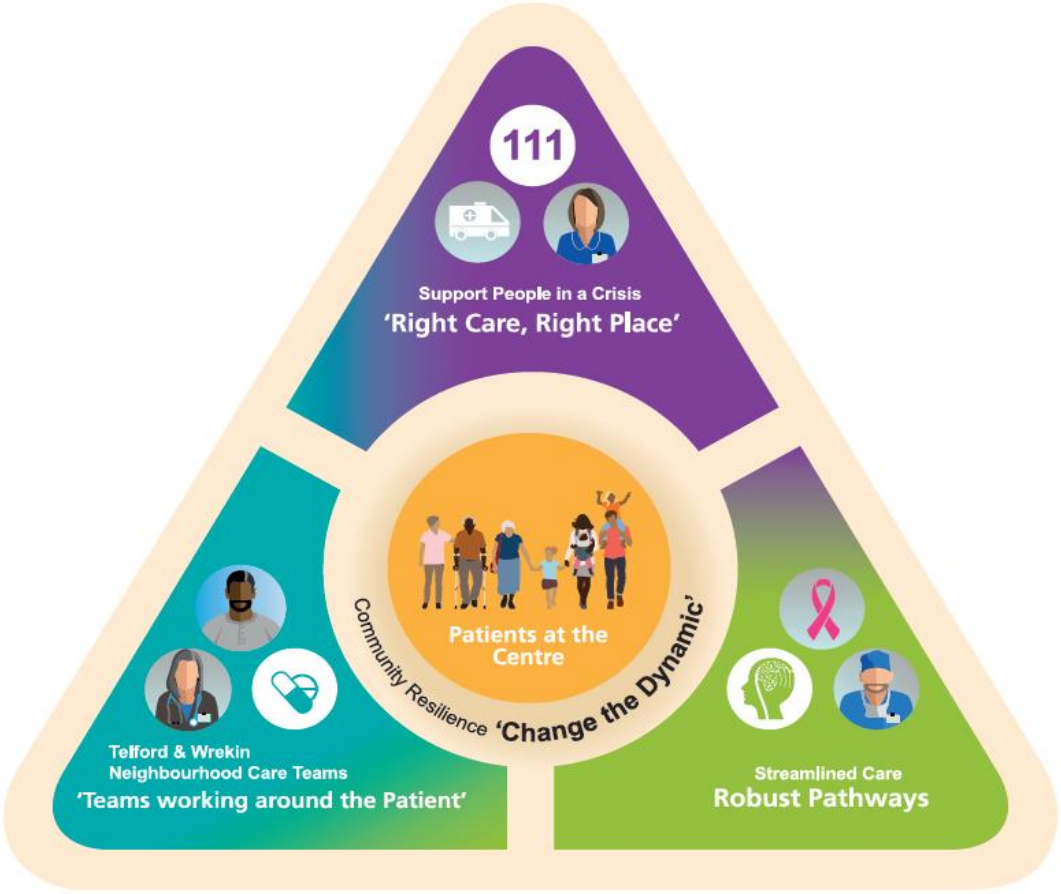
3.1 As a result we are now proposing that the CCG agrees to focus on adopting four key programmes which if developed together would support a system wide healthcare transformation in Telford & Wrekin. A summary of these is at *Appendix 1 B*.

3.2 The detailed work in each programme will be delivered through interconnected projects. Some of these are already well established and close to completion, others have yet to start. The ongoing process will be dynamic - as projects are completed others will be started.

3.3 The four programmes will be :-

1. **'Change the dynamic'** To strengthen communities and individuals ability to 'self-care';
2. **'Teams working around the Patient'** To develop Telford and Wrekin Neighbourhood Care Teams.
3. **'Streamlined care - robust pathways'** To ensure we commission sufficient capacity for planned care and improve the patient experience of appointments and treatment.
4. **'Support people in a crisis with the right care, right place'** To make sure people can 'navigate' a simplified 'Urgent Care System' to meet both physical and mental health needs.

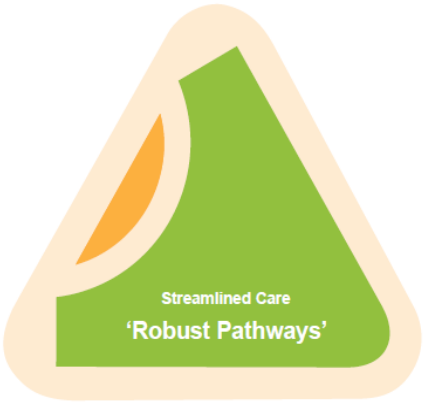
3.4 The ‘triangle’ diagram emphasises the centrality of the patient, and the way we need to simultaneously deliver all these programmes:-



3.5 The current specific projects so far identified and to be discussed with key stakeholders are:-

- C1 Develop a joint strategy with Telford & Wrekin Council for ‘Building Resilient Communities’ (*likely to reflect a key Health & Well being Priority*)
- C2 Implement a Joint Grant framework for voluntary organisations with the Council.
- C3 Redesign model of care for people with Learning Disabilities with the council.
- C4 Produce & deliver a joint Care/ Nursing Home Strategy with the council.
- C5 Develop and implement an End of Life strategy – ‘A Good Death’

T1 Design a new sustainable model with and for Primary Care
T2 Design and implement effective multidisciplinary 'Case Management' for our most complex patients
T3 Design and implement a model for 'Locality Working/ structures' (Team Around the Practice - TAP)



P1 Complete the implementation of the new MSK model
P2 Ensure sufficient capacity for 'Planned Care' and redesign booking systems to improve access and reduce waits for Diagnostics, Out-patient care & Elective & Cancer treatment.
P3 Deliver a Cancer project - 'One Stop Shop'/Fit for 2020 by 2017'
P4 Redesign the IAPT model
P5 Redesign the MH model (inc CAMHS & Dementia)

R1 Improve Mental Health crisis management as part of the Mental Health project.
R2 Procure new model for 111 & OOH to 'fit' our emerging model of 'Urgent Care'.
R3 Design and implement Ambulatory Care model
R4 Redesign Intermediate Care

3.6 We propose to allocate each work programmes to a Deputy Executive lead, with the expectation that collaboration is essential to ensure models of care are designed across primary, secondary and mental health.

3.7 In addition we expect a focus on the role that individuals and communities can contribute, for example by working in collaboration with Public Health and the council on making the concept of 'Resilient Communities' a reality.

3.8 The programme names are 'high level' – each lead will work up the detail of what specific schemes and projects are needed to deliver required outcomes. A set of shared principles is required and *Appendix C* includes suggestions for:-

- Programme principles
- The Enablers
- Programme Management Office (PMO) approach to ensure organisational rigour about delivering programmes at pace.

3.9 Commissioning intentions and contractual processes

4.0 This Priorities and programme of work will be shared with providers to provide an overview of our commissioning intentions. The Commissioning Support Unit has already written to our key providers setting out how we intend to negotiate contracts for next year. We will be implementing national requirements for NHS Contracts including deflators, national targets including CQUINs. There will be a particular focus on how trusts code and count activity.

4.2 The CCG will continue to participate in the ongoing work to ensure the Local Health Economy is financially sustainable (Future Fit), and it is important that saving schemes represent 'system' savings.

Appendix 1A

Joint Strategic Needs Assessment Headlines

Life Expectancy

- In Telford & Wrekin life expectancy in men has improved in recent years but fallen in women. Life expectancy in both men and women is lower than the national average but the gap has narrowed in men and widened in women.
- Cancer and cardiovascular disease are the biggest components of the gap in life expectancy between Telford & Wrekin and the national average.
- **Early death rates from CVD have declined significantly over the past decade but still remain significantly worse that the national average.**
- In 2011-13 the rates of preventable early death from CVD were not significantly different to the England average for men, women or persons.
- **Early death rates from all cancers have been relatively static over the past decade although there are recent signs of a downward trend in men.**
- **The early death rates from all cancers for persons and women remain significantly worse than the England average.**
- **The 2013 Potential Years of Life Lost (PYLL) amenable to healthcare for the CCG is higher than the national average.**
- In Telford & Wrekin 80% of the total Potential Years of Life Lost (PYLL) amenable to healthcare during 2011-13 were caused by cardiovascular diseases, cancers and respiratory diseases with:
    - Cardiovascular diseases (heart disease and stroke) accounting for 30% and 13% of the total PYLLs respectively
    - Cancers accounting for 31% of the total PYLLs (the top three cancers with the greatest number of early deaths which are amenable to healthcare are bowel cancers, breast cancers and bladder cancers)
    - Respiratory disease accounting for 6% of the total PYLLs.

Key Health Problems

- The top 4 burdens of ill-health nationally as measured using Disability Adjusted Life Years are Cancer (17%), Cardiovascular disease (16%), Mental Health conditions (15%), Musculoskeletal disease (15%).
- This measure from the Global burdens of disease study 2010 uses a measure that combines years of life lost and years of life in disability. Mental health and musculoskeletal disease are significant because of the years of life spent in disability or ill-health for our population.

Multiple long-term conditions

- It is estimated that 23% of people have more than one long term condition. Prevalence of multiple morbidity increases with age and onset of multiple conditions occurs around 10-15 years earlier in those living in deprived localities. Having a mental health condition in addition to a physical health condition is more prevalent in more deprived populations. People with a multiple number of conditions are driving use of high cost health & social care. (*Source: Scottish Multiple Morbidity Study*)

Appendix 1B

Programme	'Change the dynamic'	'Teams working around the patient'	Streamlined care – 'Robust pathways'	'Support people in a crisis with the right care, right place'
Goal	To change the traditional reliance on the NHS and Social Care by promoting 'self-care' and creating supportive, confident and connected communities.	To put patients at the centre of a supportive infrastructure of services organised at locality level with a multi-disciplinary 'Telford and Wrekin Neighbourhood Care Teams'	To get rid of inefficiencies for both patients and clinicians; and improve access to tests and reduce waits for treatment.	To make sure people can 'navigate' a simplified 'Urgent Care System' to meet both physical and mental health needs.
Current Projects	C1 Develop a joint strategy for 'Building Resilient Communities' C2 Implement a Joint Grant framework with T&W Council. C3 Redesign model of care for people with Learning Disabilities. C4 Produce & deliver a joint Care/ Nursing Home Strategy. C5 Develop and implement an End of Life strategy – 'A Good Death'	T1 Design a new sustainable model with and for Primary Care T2 Design and implement effective multidisciplinary 'Case Management' for our most complex patients T3 Design and implement a model for 'Locality Working/ structures' (TAP)	P1 Implement the MSK model P2 Ensure sufficient capacity for 'Planned & Cancer Care' & redesign booking systems to improve access/reduce waits. P3 Deliver a Cancer project - 'One Stop Shop'/Fit for 2020 by 2017' P4 Redesign the IAPT model P5 Redesign the MH model (inc CAMHS & Dementia)	R1 Improve MH crisis management (as part of the MH redesign). R2 Procure new model for 111 & OOH to 'fit' our emerging model of 'Urgent Care'. R3 Design and implement Ambulatory Care model R4 Redesign Intermediate Care

Key programme measures **NB each project will have its own set.**	1. Healthy life expectancy to improve from 60 to 63.4 for men and 58.7 to 62.1 for women 2. The percentage of inactive adults to fall from 70.2% to 63.8% or better 3. More people die in the place they chose – target tbc.	1. Increase in patient satisfaction from annual GP survey, from 71% in 14/15 to 75% in 16/17 2. 500 more anticipatory plans	1. IAPT recovery 50% by Q1 2016/17 *2* Dementia diagnosis of 67% 3 92% incomplete target 4 All cancer targets met.	1 Zero delays in ED for people with Mental Health crises. 2 Reduction in use of out of area/PICU beds for mental health patients 3 95% access target met by April 2016 & no 12 hour breaches. 4 Reduction in AEC admissions >1 day tbc

Cross cutting ***Enablers*** common to all programmes:-

1. Ensuring high quality care - what will change to improve quality and patient experience? - **Quality strategy and framework.**
2. Information sharing is essential for patients and to improve communication between clinicians and organisations - **Information Sharing Agreement**s need to be established between key partners
3. Obtaining best value - how will we spend the money differently? How do we get more for it? - **Medium and long term Financial Plan**.
4. What needs to be communicated? - **Communication and Engagement strategy**.
5. What are the workforce and training implications? - **Workforce strategy**

APPENDIX 2

COMMISSIONING INTENTIONS 2016-17 PUBLIC HEALTH & VULNERABLE PEOPLE COMMISSIONING TEAMS

1.1 PREVENTION & EARLY HELP

There are a number of commissioning work programmes delivered by either Public Health or vulnerable people commissioning teams that focus on both the prevention and early help offer. Prevention is aimed at individuals who have no current particular needs but is about encouraging people to help themselves to prevent needs developing in the first place. This is the majority of our population and is about empowering people to live well. These are sometimes referred to as a universal offer. When individuals and families do need help and support we want to identify them quickly and identify the right effective support first time to avoid issues escalating and requiring more intensive and expensive intervention. This is often termed early help and are targeted at children & young people and adults and increasingly where appropriate using an all-age approach. The outcomes of these commissioning programmes are expected to encourage healthier lifestyles, strengthen individuals and communities to support themselves. There are elements in many of these commissioning work programmes that address mental wellbeing and support for those with mental health & other conditions.

1.2 Commissioning intentions – Public Health

We will continue to work with the Maternal Health group to: deliver improvements in breastfeeding initiation; reduce maternal obesity; reduce smoking at the time of delivery; and to strengthen links between midwifery, health visiting, children and family services and voluntary sector partners.

We will work with the existing provider for the provision of Health Visiting Services and Family Nurse Partnership to ensure this service continues to deliver good outcomes and best value – this will include a focus on building community capacity and strengthening the links with council services and voluntary sector provision.

We will work with the existing provider of our School Nursing Service to ensure this service continues to deliver good outcomes and best value.

Work will continue with schools to develop their 'health promotion and preventative role' with a focus on improving emotional health and wellbeing, diet and physical activity and relationships and sex education (RSE).

We will work with key partners towards our smoke free ambition, specific areas of development will be support for smoke free environments, e.g. smoke free premises and places.

Following on from a service review we will work collaboratively with Shropshire Council and the Shrewsbury and Telford Hospital NHS Trust (SaTH) to continue the Hospital Stop Smoking Service. This service will be funded jointly by both local authority Public Health teams (Shropshire and Telford and Wrekin).

We will continue to commission a programme of Health and Wellbeing MECC (Making Every Contact Count) training and support for the local frontline workforce of

staff and volunteers across partner organisations. The programme raises individual's confidence in raising lifestyle issues as part of everyday contacts and empowers them to signpost to support services. We will also work with selected partners such as Shropshire Fire and Rescue Services to embed Health and Wellbeing MECC into service delivery in a more structured way.

We will further develop a communication plan for raising awareness of health messages including the Five Ways to Wellbeing as our framework for increasing awareness amongst our adult population of the steps they can take to enjoy better physical and mental wellbeing.

We will work with key partners to implement Work Well as our local approach to support local businesses and employers to improve employee health and wellbeing.

We will consolidate the delivery of the Healthy Lifestyles Team (delivered by Telford and Wrekin Council) focussing on the Healthy Lifestyles Hub at Southwater 1 and delivery in the wider community, ensuring flexibility to respond to increasing demand for lifestyle services.

We will develop and deliver a Community Health Champions pilot project to support identified communities to trial the model. Health Champions help others to enjoy healthier lives by raising awareness of health and healthy choices, sharing health messages, removing barriers and creating supportive networks and environments.

We will continue to implement the Telford & Wrekin Drugs and Alcohol Strategy objectives with partners, with a particular emphasis on:

- prevention programmes, including in schools and colleges and a focus on the dangers of New Psychoactive Substances
- reducing alcohol consumption amongst local residents, through awareness raising of the new national guidelines, expansion of brief interventions and strengthening of the role of the NHS in prevention

1.3 Commissioning intentions – Vulnerable people team

Information, Advice and Advocacy

Work with providers is ongoing to ensure they are promoting access to information, guidance and advice for all of our residents with the right help at the right time.

We are currently reviewing the models of provision for statutory advocacy – to include Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, and Independent Health Complaints Advocacy Service (formally known as NCAS). This work will ensure the Councils statutory obligations are met, whilst meeting local need and ensuring value for money. All opportunities will be advertised via the Council's usual procurement routes.

The function of Paid Representatives needs to be developed in Telford & Wrekin. Various models are currently being explored, drawing on best practice, national guidance and local expertise.

Supporting people to help themselves

We have recently tendered services for short term supported accommodation. These services now offer a flexible range of accommodation and hours of support that can be delivered based on need to those who need support in the accommodation.

A project in underway to remodel long term supported accommodation. This project incorporates a number of existing block contracts for supported accommodation, ALD residential services, Sheltered Housing and Extracare.

Partners have started to identify current preventative services that are termed as 'primary prevention' by the Care Act. We are going to be analysing this information with the market and partners to start to assess what we have already within the community, promote voluntary organisations and encourage the development of social enterprise.

We are collaboratively working with carers and the market to encourage partners to implement social enterprises. This initiative will result in the successful organisation providing information, advice and guidance as well as developing and enabling self-sufficiency for 'carers to help carers.

The Council and the CCG are members of Dementia Action Alliance and continue to promote dementia friendly communities in Telford and Wrekin with our partners.

1.4 REDESIGNING CARE & SUPPORT TO IMPROVE OUTCOMES AND EFFICIENCY

The following commissioning work programmes are about supporting people with the right care in the right place and managing demand from high cost care. These programmes often include working with partners to redesign the customer journey so that the experience is seamless with fewer hand-off between services. Their focus is to ensure outcomes are improved and that the model is as efficient as possible.

In accordance with our Local Account priorities and requirements of the Care Act 2014, we have produced our first Market Position Statement which was published in April 2015 which will be updated early in the 2016-17 financial year.

We continue to involve the market in our commissioning practices and are working with the market to ensure that there is the provision for a range of care and support solutions which would prevent, delay or reduce individuals' need for care and support or the need for support for carers.

It is projected that there is an ageing population and we have immediate concerns due to the limited supply of the residential and nursing care home provision in Telford and Wrekin. In the short-term we will be having discussions with the whole of the market to assess the risks and identify and assess options for the way forward.

1.5 Commissioning intentions Public Health & Vulnerable People teams

1.5.1 Emotional Health & Wellbeing Service 0-25

Telford & Wrekin are engaged in the development and implementation of a pan Shropshire transformation plan for children and young people with emotional health and wellbeing needs. The four statutory commissioning organisations are Telford & Wrekin Council, Shropshire Council and both CCGs.

The new service will replace current CAMHs and other LA funded emotional health and wellbeing services and will provide a seamless service from targeted support, training for universal services and early effective help to specialist support. There will be specific services available for children and young people who are particularly vulnerable and at risk of developing mental health problems such as Looked After Children and children subject to social work plans. This is a major redesign and procurement exercise and additional funding has been allocated to the delivery of this plan through the NHS.

1.5.2 Children on the Edge of Care, Children in Care, Children and Young People Leaving Care

We will be consulting on our children in care commissioning and sufficiency strategy with the objectives of keeping children and young people close to home; reducing the numbers of children in care; keeping children and young people safe from harm; improving placement stability and the health and wellbeing of children in care.

We are considering ways in which alternative preventative services can be used to prevent children and young people being in the care of the Local Authority. We will review arrangements for commissioning parenting services to provide a cost effective model of provision.

We will be working with operational colleagues and Black Country Commissioners to commission the 'front door' of the adoption service to improve the sufficiency of adopters. We will review th commisisoning arrangements for long term community solutions that includes supported accommodation for 16+ year olds.

We are currently commissioning and procuring a new regional external fostering provision with our West Midlands colleagues which will be implenented in April 2016.

During 2016 we will be working with our West Midlands colleagues in developing a sub-regional/regional supported accommodation framework.
We are working with Providers to ensure that they measure children/young people's progress on their outcomes whilst within an accommodation based service and non-accommodation services, using our outcomes tracker.

We have implemented a "changing futures" pilot project (two year project) to break the cycle of mothers who have repeated incidents of children being taken in care. Following implementation, evaluation of the project will inform into commissioning activity.

1.5.3 Children with Special Education Needs and Disabilities

We are reviewing and refreshing, with health colleagues, the joint commissioning strategy for children with disabilities and special educational needs. This includes the commissioning arrangements for short breaks and residential provision (linked to the children in care strategy).

We plan to continue to commission and procure short breaks provision for children with disabilities to meet the short breaks duty and supply a range of provision from preventative to intensive care and support and will offer parents personal indicative budgets where appropriate to commission services to meet the assessed needs of their children.

We have reviewed our arrangements to meet the requirements of the SEND reforms in relation to Short Breaks and will be rolling these out from 1st April 2016.

1.5.4 Strengthening Families

We have entered Phase Two of our strengthening families programme which has run for the last 3 years. It was defined by DCLG and took a narrow view of families we could work with. We are now in a position to define our own criteria to identify which families and individuals put the greatest strain on our and our partners services. We will be working with Local Strategic Partnership members to support these families with multiple problems through cost effective interventions and measuring the outcomes that are achieved.

1.5.5 Carers

On 1 October 2015 the All Age Carer Service went live. This combination of delivering services for young people and adults through the same provider assists to ensure there is a seamless transition from young people to adult carer services and support.

The emergency support service for family carers will be re-commissioned in January 2016 in readiness to go live 1 April 2016. In addition a separate lot within the specification will detail urgent support to assist discharge from hospital or prevent admission to residential or nursing care out of hours, weekends and bank holidays.

1.5.6 Drugs & Alcohol Services

We have successfully re-commissioned our substance misuse treatment services and will continue to develop new pathways to support people recover from addiction and reduce harm to individuals and the community. There will be a particular emphasis on strengthening connections with the criminal justice system and mental health services further.

We will work with General Practices to expand the existing provision for shared care for substance misusers, to increase capacity and access within the community and improve access. We are working with local community pharmacies to issue new contracts for substance misuse.

1.5.7 Sexual Health Services

We have completed the tendering process for the integrated sexual health service and have awarded a new contract to South Staffordshire & Shropshire Healthcare NHS Foundation Trust which will start on 1st April 2016.

Following on from the sexual health needs assessment in 2015, a newly commissioned sexual health hub within the Telford Town Centre is in development

(clinic due to open in April 2016), as a way to improve access, partnership working and improve sexual health outcomes.

We are working with local community pharmacies to issue new contracts for sexual health services and NHS health check for a period of three years (up until 31st March 2019).We will form part of the West Midlands framework agreement for the provision of HIV self–sampling service as a way to increase HIV testing and diagnosis.

1.5.8 Joint Adults with Learning Disabilities Strategy

We will review our existing strategy and provision across the economy taking into account the Care Act principles of prevention and our priority of delaying and reducing the need for care and support and exploring a wide range of housing options. The new strategy will be developed from the requirements of the national service model which aims to reduce the number of in-patient beds and the work streams required to achieve this.

The strategy will be written from a local perspective engaging people who access services, providers and staff. It will also include how we are going to support the general population to raise their awareness and will emphasise in the areas of transition, employment and accommodation.

We are collaborating with Telford CGG, Shropshire CCG and Shropshire Council on the Transforming Care Programme to reduce the number of inpatient beds for people with challenging behaviour, learning disabilities, autism and dual diagnosis with mental health.

1.5.9 Emotional Wellbeing and Mental Health - Adults

We have developed a new strategy for adults which describes the vision for mental health in Telford & Wrekin has been agreed between partners in health and social care. The strategy was written following engagement with people who access services, people who work within services, local providers as well as other groups who reported difficulties accessing mental health support including carers and colleagues in housing.

The strategy focuses on three key ambitions around: building community resilience, early intervention and commissioning quality services. Carers, staff and other colleagues will be involved in developing an action plan to follow through the strategic objectives. The action plan will inform our commissioning and redesign activity within this area.

1.5.10 Joint Strategy ‘Living Well with Dementia Strategy’

The CCG is the lead and the Council will ensure that the social care elements are developed further to promote living well in the community to include those with dementia and their carers. We will continue to ensure workshops for family carers ranging from Understanding Dementia, Coping with Communication and behaviour changes are delivered in conjunction with three local providers.

1.5.11 Autism

We will continue to take forward the work outlined in the Autism Strategy Action Plan in partnership with the CCG .An Autism Partnership Forum will be formed as part of the consultation process and to ensure items of the action plan are delivered.

Further focussed work is required to remodel the Autism Hub in the short term with a view to establishing a long term, sustainable model that delivers a preventative service and one which compliments the diagnostic process for those individuals who are not eligible for statutory services. It will also include how we are going to support the general population to raise their awareness and will emphasise in the areas of transition, employment and accommodation.

1.5.12 Extra Care Housing (ECH)

We will be reviewing 'Housing' Strategies and strengthening links with a variety of stakeholders who will have a role in sharing information about future demand for ECH. A variety of factors impact the uptake of ECH that include the profile of need of future residents (an aging population) and also the opportunity for choice to opt for ECH to provide accommodation and when the time is right appropriate support and care services e.g. Domiciliary Care and other provision at the scheme e.g. alternative support and day activities.

We will focus on how ECH can support the increasing emphasis on personalisation, including the flexible deployment of personal budgets and direct payments.

The Council is remodelling current ECH block contracts for care & support under the Long Term Supported Accommodation Project (LTSA) and will transfer domiciliary care based ECH spot contracting arrangements to a Dynamic Purchasing System (DPS). This project will move the ECH block contracts to a flexible, nationally recognised "core & add-on" model

1.5.13 Intermediate Care

Intermediate and interim care contracts, funded via the Better Care Fund (BCF), secure services that contribute to hospital discharge and hospital avoidance. CCG spot purchasing supplements the Council held block contracts and the resultant 33 bed-base is being tested over the winter. Following evaluation of the bed use, services needed to support the "Recovery Model" will be determined, and procurement planned as appropriate. The possibility of a current block contract provider giving notice, exploring the use of alternative "beds" within an extra care scheme and review of the Red Cross "home from hospital support service" will impact on the detailed procurement requirements. The aim will be for all current and future purchasing to be funded by the BCF.

Additional services that support the Recovery Model (nursing, OT's and physiotherapists) are supplied by the NHS, and all commissioning and procurement is planned on a joint basis with Telford & Wrekin CCG, to ensure an integrated approach.

Appendix 2a

Programme	Prevention & Early Help	Redesign care & support to improve outcomes & efficiency
HWS Principle	To empower people to take control of their heath, support communities to grow so that they can support each other & create a place that enables healthier choices	To adopt the principle that home is normal and promote wellbeing & independence across the continuum of need To work systematically to mange demand away from high cost health & social care
Key Projects	➢ Delivery of the Early Help Strategy and action plan for children and families including: Health Visiting and Family Nurse Partnership services; School Nursing; Healthy Families Services and health promoting schools ➢ Design a new Emotional Health and Wellbeing Service for 0-25's including training and development of our early help workforce ➢ Delivery of the Living Well Programme: Making Every Contact Count Training; Community Health Champions; Workplace Health and Wellbeing and public mental health (including suicide prevention) ➢ Delivery of the Telford & Wrekin Smoke Free Action Plan ➢ Further implementation of the Telford & Wrekin Drugs & Alcohol Strategy, including: o Expand alcohol prevention work to raise awareness of the new national guidelines, offering more people brief alcohol interventions ➢ Improve sexual health promotion, expanding outreach and increasing STI testing ➢ Implement the strategy for adults with mental health to support adults to build	➢ Further implementation of the Telford & Wrekin Drugs & Alcohol Strategy, including: o Implementing a model for expanded community-based substance misuse services, which support people with a dual diagnosis ➢ Implement the new integrated sexual health service from the Telford Town Centre hub, improving access and treatment pathways and the connections with GP practices and community pharmacies ➢ Consultation and delivery of the children in care commissioning and sufficiency strategy ➢ Development of a joint commissioning strategy for children with special educational needs and disabilities with the CCG ➢ Development of the transforming Care Programme and the joint adults with learning disabilities strategy ➢ Development and implementation of the long term supported accommodation project

	community resilience and early intervention ➢ Delivery of the Better Care Plan including support for carers, building community capacity and suitable intermediate care arrangements	
Outcomes	➢ Improve the health and wellbeing of children, young people, families and carers ➢ Improve the attainment of children and young people ➢ Improve the prospects of children and young people in Telford & Wrekin ➢ Improve the engagement of children, young people, families and carers in services ➢ Reduce the harm caused by smoking by reducing the number of people who smoke and protecting people from second hand smoke, and halting the increase in smoking-related hospital admissions and reducing smoking-related mortality rates ➢ Increase awareness of responsible sexual behaviour to protect individuals and their partners ➢ Improved resilience of individuals in the community ➢ Keep children and young people on the edge of care safe from harm and abuse	➢ Improve substance misuse treatment completions, increasing the throughput of services ➢ Reduce levels of harmful and hazardous drinking ➢ Reduce alcohol-related hospital admissions and alcohol-related mortality rates ➢ Improve access to timely, high quality sexual health services

Key programme measures **NB each project will have its own set.**	➢ % of women who smoke at time of delivery ➢ % of (adults & children) who smoke ➢ Chlamydia detection per 100,000 young people aged 15 to 24 ➢ % of adults with newly diagnosed with HIV late ➢ Hospital admissions for smoking-related conditions per 100,000 population ➢ Reduction of numbers of children in care/residential care ➢ Increase in the take up of direct payments ➢ Reduction of people in receipt of domiciliary and residential care (adults)	➢ % of drug users that left drug treatment successfully who do not re-present to treatment within 6 months ➢ Hospital admissions for alcohol-related conditions per 100,000 population ➢ Mortality from causes considered preventable per 100,000 population

D

TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD - 9TH MARCH 2016

MENTAL HEALTH COMMISSIONING STRATEGY 2016 – 2019 – ACTION PLAN

REPORT OF:
ANNA HAMMOND, DEPUTY EXECUTIVE INTEGRATED CARE, TELFORD & WREKIN CLINICAL COMMISSIONING GROUP

JONATHAN EATOUGH, ASSISTANT DIRECTOR: LEGAL, PROCUREMENT AND COMMISSIONING, TELFORD & WREKIN COUNCIL

LEAD CABINET MEMBER: CLLR ARNOLD ENGLAND, ADULT SOCIAL CARE

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

To update members on the progress to develop the action plan for the mental health strategy for Telford & Wrekin.

2. RECOMMENDATIONS

For Members to comment on the draft of the mental health action plan.

For Members to support the Mental Health Challenge.

3. IMPACT OF ACTION

The Mental Health Strategy and Action Plan 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.

4. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="5">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to a specific HWB Priority</td></tr>
<tr><td>Yes</td><td>Emotional Health and Wellbeing</td></tr>
<tr><td colspan="2">Do these proposals contribute to specific Co-Operative Council priority objective(s)?</td></tr>
<tr><td>Yes</td><td>Telford & Wrekin Council's Medium Term Plan for 2013/14 to 2015/16:-

• Protect and support our vulnerable children and adults
• Improve the health and wellbeing of our communities and address health inequalities.

This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td></td><td>Yes</td><td>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.</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">Action Plan:
Year One – Schedule complete by March 2016. Delivery timescales detailed on the plan.
Year Two – Schedule complete by December 2016</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>The majority of the actions in the plan, where they fall to the Council to deliver or lead will be delivered from within resources allocated in the 2016/17 Budget Strategy. There are some areas which are still being developed such as the 24/7 Hub which may give rise to a requirement to find resources, but this is likely to be found from reallocating from existing funding sources. If there is an identified requirement for additional resources, then this will need to be pursued through the appropriate Governance structures.
It is important to note that the Councils' Adult Social Care Service is</td></tr>
</table>

		delivering a programme of transformation. The pressure on Local Government funding and the consequent delivery of Social Care savings within the Council is being addressed through this process. This will impact the Commissioning and delivery of Care going forward. It is important to consider this context at this stage as this may impact the degree to which actions in the action plan can be delivered going forward. This strategy is being delivered out of aligned commissioning by the Council and the CCG. It is anticipated that this can deliver improved value for money from a combined strategy. The 2015/16 joint expenditure on Mental Health services is £17.9m with £15.1m coming from the CCG. As already stated the Council will implement it's transformation of Social Services in line with the budget strategy and this may reduce spending on Mental Health Services. The CCG have committed that the funding in mental health will not be reduced, although need to ensure better 'value for money' is achieved.
LEGAL ISSUES	Yes	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.
EQUALITY & DIVERSITY	Yes	The strategy will aim to reduce inequalities for those experiencing mental health issues.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	Commissioners have engaged a wide range of partners (service users, carers, volunteers and professionals including Nurses, Social Workers, Clinicians, Nurses from maternity services) to ensure their views are included in the development of the strategy. The strategy development has also

		considered feedback from previous engagement activities including the consultation around Castle Lodge. Commissioners continue to work co-productively with such a range of partners to develop the action plan, and monitor its implementation.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The development and implementation of the Mental Health Strategy will have interdependencies with the overarching 'Wellbeing and Prevention Strategy' and other Commissioning Strategies. 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

The Health and Wellbeing Board approved the Mental Health Strategy for Telford & Wrekin in December 2015. It was presented as part of a three stage review which considered the current investment and a new model of care.

Since the last Health and Wellbeing Board commissioners from Health and Social Care have met with a variety of stakeholders to develop governance arrangements and a format on which to develop the action plan and monitor its implementation.

1.2 The strategy is based on three key ambitions, for which there will be specific actions. They are:

- To develop Supportive Communities **"A place I feel proud of, where I am accepted and safe''**
- To ensure Early Intervention – **"I know where to go for advice and support that I can access quickly''.**
- To commission Quality Services **-"I need to understand my condition and to have help to live my life to the best of my ability without my condition taking over my life"**

1.3 This report is to update members on this work and highlight some of the key actions undertaken to date:

2.0 The Action Plan

2.1 Like the strategy, the action plan is being developed with a wide range of stakeholders including people who access services, voluntary sector representatives, carers and professionals working within mental health services.

A Mental Health Stakeholders Group has been established to oversee the development and implementation of the action plan. The group consists largely of representatives from the voluntary sector, and will meet on a monthly basis initially. It intends to report, via commissioners, on a 6 monthly basis to the Health and Wellbeing Board.

The Action Plan will be a "living" document. It will be written and amended on an annual basis to allow a certain flexibility and responsiveness to changing environments around it.

The Action Plan will be divided into three main work streams to correspond with the three key ambitions. These work streams will contain individual projects and tasks which will be monitored by the stakeholder group. A project template has been developed which will describe each project in the work stream. It will contain more details of the actions and will be used to capture regular updates. The project lead (regardless of their role, or which group / organisation they represent) will be expected to provide monthly updates on progress using this template. This will form the basis of reports back to Health and Wellbeing Board.

A copy of the overarching action plan and Project Template are attached in Appendix 1.

3.0 **Highlights from Action Plan to date**:

3.1 Mental Health Summit: "**Good Mental Health Works"** – Friday 15th April 2016. An event for employers, service users, and anyone with an interest in mental health. The Summit will provide an opportunity to raise awareness of mental health and the support available, to provide basic tools to use in the workplace or at home to help maintain good mental health.

3.2 **Mental Health Challenge** – officers of the Council are seeking to sign up to the local authority Mental Health Challenge. Councils are asked to sign up to promote Mental Health in communities – a challenge set by seven national charities including The Centre for Mental Health and the Mental Health Foundation. (See Appendix 2 for more detail).

3.3 **Mental Health Champions** – We will be seeking to appoint champions for mental health, from strategic leaders (as part of the Mental Health

Challenge) to people working in the heart of our communities. Recruitment has commenced. A training programme is being developed.

3.4 Modelling a **24/7 hour hub**. Working with the voluntary sector commissioners are exploring what this might look like and how it could be funded. The discussions are including consideration to a hub and spoke model – and are engaging groups such as Big Local Brookside in this process.

3.5 **Discharge pathways** – reviewing protocols and agreeing pathways for discharge across all wards.

3.6 **Crisis Support** – work has begun to explore alternative ways of supporting people in a crisis to prevent further escalation of need.

3.7 **Referral to treatment times -**for early intervention of psychosis (50% within 2 weeks) and psychological therapies (75% within 6 weeks) now in place

3.8 **Review of bed base-**Clearer understanding of bed requirements now broken down to three work streams- acute; rehab and dementia. Plans in development to design optimum pathway for each area.

3.9 **Service specifications-** for mental health provider (NHS) written to ensure clear agreed response times and expectations.

4.0 Next Steps

A workshop at the Mental Health Summit will focus on the Action Plan to gain wider stakeholder contribution and commitment.

The Mental Health Stakeholders Group will continue to meet on a monthly basis to further develop and update the action plan. It will report to Health and Wellbeing Board again in September 2016.

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None.

6. PREVIOUS MINUTES

Health & Wellbeing Board – March, September & December 2015

7. BACKGROUND PAPERS

None

Report prepared by:

Frances Sutherland - Head of Commissioning -Mental Health, Learning Disabilities and Children, Telford & Wrekin Clinical Commissioning Group
Steph Wain – Group Specialist Commissioner – Mental Health, Telford & Wrekin Council

Mental Health Strategy- Year ONE- Action Plan

Action	Organisational lead	Lead	Month 2016/17															Outcome	Measurement
Supportive Communities			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Outcome**	**Measurment**
Mental health first aid training	Public health -Local authority	Clare Harland																More people understand issues surrounding mental health	X people trained in community
MH summit - "Good Mental Health Works" - a focus on good mental health and employment	Third sector-MIND/Volunteer	Dave Gill /Kelly Middleton																Increased awareness of support available to employers. Increase the number of people in employment (KPI).	Number of attendees. Feedback from to evidence individual outcomes & what they will take back to their organisation.
Mental Health Champions	Public health-Local authority	Deb Derham																Reduce stigma	NO of mental health champions
Mental Health Challenge	Local authority	Steph Wain/Arnold England																LA to sign up to Mental Health challenge- CCG to consider principles of this	LA signed up to challenge
Mental Health services to be allocated to localities	Local authority/CCG/SSSFT	Richard Smith/Frances Sutherland																Increased Connection to local people and services Clarity of roles	Stakeholder feedback
Clinicians to have a good understanding of local services.	SSSHT	Cathy Riley																Valuing and developing community assets	Increase in referrals from statutory services.
Health and Wellbeing MECC (Making Every Contact Count) Training	Public health-Local authority	Clare Harland																Frontline staff and volunteers confident to raise the issue of mental wellbeing and mental health with members of the public	Number of staff and volunteers trained
Work Well Telford programme	Public health-Local authority	Clare Harland																Support for employers to create working environments that support mental wellbeing and positive mental health	Number, size and type of employers engaged
Sign up to Time to Change Campaign and promote locally	Public health-Local authority	Clare Harland																Increased awareness of Mental Health and reducing stigma	Evidence of reach
Promote and embed Five Ways to Wellbeing	Public health-Local authority	Clare Harland																Increased awareness of simple steps to promote mental wellbeing	Evidence of reach
Work with communities, partners and volunteers to ensure consistent messages	Public health-Local authority	Clare Harland																Improved consistency and effectiveness of messages to improve mental health and wellbeing	Evidence of reach
Engage with local media to support positive mental health and wellbeing	Public health-Local authority	Clare Harland																Positive and consistent messages to support mental health and wellbeing	Evidence of reach Case studies
South East Asian ladies support group sustainability and development of peer support model	Local authority/CCG/SEA ladies	Frances Sutherland																Improved mental wellbeing for the ladies their families and the community form South East Asia	No South East Asaian women speaking English,No of volunteer translators ,Self sustaining group
Improved communications for deaf and hard of hearing population	Service user led	Dave Gill /Sue																Services more accessible for the deaf/hard of hearing	Increase the no of deaf/hard of hearing people accessing support services
Early intervention			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Outcome**	**Measurement**
Modelling of 24/7 hub- to provide early support/listening/problem solving/support in a crisis/Sec 136/recovery/peer support	CCG/local authority	F Sutherland /Steph Wain																24/7 access to support. Increased choice.	Service user feedback. Reduction in use of S136
Early Intervention psychosis Referral to Treatment Times	CCG	Frances Sutherland/Cathy Riley																Improved mental wellbeing	Reduction in waiting times.
IAPT Referral to Treatment times		Lucy Cotterill																Improved mental wellbeing	Reduction in waiting times.
Development of an all age liaison service		F Sutherland																	
Suicide Prevention plan	Public health- local authority	Clare Harland																People supported in crisis	Establishment of baseline Reduction in no's committing suicide
Increase the use of Assistive Technology	Local authority	Helen Cotterill																Increased independence.	Reduction in care packages as a result of increased use of AT.
Review requirement for targeted workforce training (MHFA, ASSIST, STORM)	Public health- local authority	Clare Harland																Training needs assessment for frontline staff	Training recommendation
Targeted support for frontline staff and volunteers working with those with higher risk of mental health issues	Public health- local authority	Clare Harland																Training and support for those working with groups at higher risk of mental health issues (including debt, self harm, men)	Training plan in place
Work with partners to ensure consistent messages and joined up approaches	Public health- local authority	Clare Harland																Ensure mental health is raised as a priority within existing forums and networks	Evidence of partnership working
Quality services			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Outcome**	**Measurement**
New service specifications written into SSSFT contract	CCG	Frances Sutherland																Clear referral pathways, waiting times and outcomes	Suite of specifications in place and adhered to.
outcomes measures of service specs	CCG/SSSFT	Frances Sutherland/Cathy Riley																Clear reporting of outcomes	Reported outcomes
Acute Bed base pathway development	CCG/SSSFT	F Sutherland /Cathy Riley																The correct bed base for the pathway	Bed occupancy of 85% Reduced outré of area placement s
Patient held record	Third sector- TACT	Rob Eyers																Services users feeling in control Sharing information- telling story once'	Used by 20% of serviced users
Single point of access	SSSHT/CCG	Cathy Riley																Clear access to mental health services	One number in place
Discharge pathway & processes	SSSHT/LA provider function	C Riley & B Jones																Seamless discharge	Revised policy in place. Adherence to policy. Reduced delayed transfers
Rehab Pathway - review and remodelling	Local authority/CCG	F Sutherland & S Wain																Increased independence.	Number of people in settled accommodation (KPI). Reduction in admissions to care or nursing homes. Reduction in out of area placements.
Crisis pathway review and remodelling to fit with 24/7 Hub	Local authority/CCG	F Sutherland & S Wain																Improved response in a crisis	Patient satisfaction, Stakeholder satisfaction, Reduced admissions, Reduced Sec 136
Developing integrated pathway for mental health	Local authority/CCG	F Sutherland & S Wain																	
Partnerships			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Outcome**	**Measurement**
Mental Health Stakeholders Group	local authority/CCG	F Sutherland & S Wain																Stakeho9lders involved in delivery of action plan	Monitoring of action plan
Mental health commissioners group to be set up	local authority/CCG	F Sutherland & S Wain																Increased communications and sharing of information	Group meeting quarterly
Develop model for joint commissioning options	local authority/CCG	F Sutherland & S Wain																Joined up approach to commissioning	Model agreed by LA and CCG
MH Crisis concordat	local authority/CCG	F Sutherland & S Wain																Improving care in a MH crisis	This is measured and reported to SRG
Telford Crisis network	Third sector																		
Voluntary sector forum Mental health	Third sector																	Ensuring a joined up approach to supporting people in a crisis	Meetings take place with all stakeholders
Develop partnership working with Criminal justice	Local authority/Probation	S Wain and G Branch																Support mental health issues for those in criminal justice system	Agreed pathway in place

Mental Health Strategy- Year TWO- Action Plan

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outcome	Measurement
Comm resilience																	
Training mental health programme in comunities																	
Early intervention	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outcome	Measurement
Single point of access for **all** mental health servcies																	
Promotion of accessible advice and support																	
Quality services	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outcome	Measurement
Redesign model for rehab beds																	
Redesign model for dementia acute beds																	
Transition pathways into from CAMHS																	
Partnerships	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outcome	Measurement

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outcome	Measurement
Comm resilience																	
Early intervention	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outcome	Measurement
Quality services	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outcome	Measurement
Partnerships	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outcome	Measurement

Appendix 2

Mental Health Challenge Briefing

Background Information: The Mental Health Challenge is asking local authorities to take a proactive approach to this crucial issue. Local authorities are being asked to promote mental health across all of their business.

The Mental Health Challenge requirements:

As part of the Challenge Local Authorities are asked to note the key demographics relating to mental health, and the cost of mental health as outlined in the Telford & Wrekin Mental Health Strategy.

The Council is also requested to make the following commitments:

- As a local authority we have a crucial role to play in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health.
- Mental health should be a priority across all the local authority's areas of responsibility, including housing, community safety and planning.
- All councillors, whether members of the Executive or Scrutiny and in our community and casework roles, can play a positive role in championing mental health on an individual and strategic basis.

The Council is therefore asked to make the following resolution:

- To sign the Local Authorities' Mental Health Challenge run by Centre for Mental Health, Mental Health Foundation, Mental Health Providers Forum, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds.
- We commit to appoint an elected member as 'mental health champion' across the council. *Councillor Arnold England has agreed to undertake this role, as supported by Liz Noakes, Director of Public Health.*
- We will seek to identify a member of staff within the council to act as 'lead officer' for mental health. *Steph Wain, Commissioner for Mental Health, as agreed to undertake this role, as supported by Liz Noakes, Director of Public Health.*

The Council is also asked to do the following as part of the Challenge:

- Support positive mental health in our community, including in local schools, neighbourhoods and workplaces.
- Work to reduce inequalities in mental health in our community.

- Work with local partners to offer effective support for people with mental health needs.
- Tackle discrimination on the grounds of mental health in our community.
- Proactively listen to people of all ages and backgrounds about what they need for better mental health.
- Sign up to the Time to Change pledge

The role of the member champion

The role of champion will be defined locally but key activities might include:

- Advocating for mental health issues in council meetings and policy development
- Reaching out to the local community (eg via schools, businesses, faith groups) to raise awareness and challenge stigma
- Listening to people with personal experience of mental ill health to get their perspectives on local needs and priorities
- Fostering local partnerships between agencies to support people with mental health problems more effectively
- Encouraging the council to support the mental health of its own workforce and those of its contractors.

The member champion will have access to the following benefits to help them in these roles:

- Advice and support from the mental health challenge national partners
- Access to resources on the challenge web site members' area
- A monthly update on relevant news, events and key policy developments
- An annual meeting with other member champions

As local leaders for better mental health, we expect all member champions to:

- Provide a vocal presence for mental health within their council where this is necessary, and identify a priority a year to focus on.
- Seek the views of people with lived experiences of mental ill health when identifying priorities and concerns
- Work respectfully, sensitively and empathically with people with mental health problems at all times
- Respond to occasional requests from the challenge coordinator for updates on activities undertaken in the role of member champion.

There is an acknowledgment that member champions are elected members of councils who have a number of competing priorities and limited time to put into the role of member champion.

The national partners reserve the right to raise concerns where member champions whose conduct falls below the expectations set out above. Where steps are not taken to address concerns expressed by the national partners, councils may be removed from the challenge membership.

The role of the Lead officer:

The role of lead officer can be taken by any staff member in the council. Their role may include, but not be limited by:

- Providing information to the member champion to support their work
- Advising the member champion on current issues and priorities
- Supporting implementation of strategies initiated by the member champion
- Raising awareness within the council's staff about mental health issues
- Seeking external support for activities led by the council to promote mental health and wellbeing
- Liaising with the mental health challenge national partners to secure information and advice. The lead officer will also have access to the benefits described above for member champions.

Support from national organisations

A range of resources will be available to the Lead Officer and Member via the national organisations setting the challenge.

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 9TH MARCH 2016

REPORT TITLE: ANNUAL PUBLIC HEALTH REPORT 2015/16: LIVING WELL FOR LONGER IN TELFORD AND WREKIN

REPORT OF: LIZ NOAKES STATUTORY DIRECTOR OF PUBLIC HEALTH

LEAD CABINET MEMBER – CLLR Richard Overton

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This paper introduces the Annual Public Health Report of the Statutory Director of Public Health for 2015/16 (attached). The report focuses on ageing well to ensure we improve health and well being in people in mid-life - their 50s, 60s and 70s. The report covers the following areas: Looking After Yourself – Healthier Lifestyles, Recognising and Supporting those in Difficulty, Valuing Contributions and Staying Well.

There is strong evidence that improving lifestyle behaviour for people in mid-life will significantly improve health and wellbeing in Telford & Wrekin. This is underpinned by: what our residents tell us about how healthy lifestyles make them feel, the clear impact of lifestyle risk factors on preventable chronic diseases and the evidence from national guidance and best practice about what works.

Building resilient communities clearly benefits individuals, their families, wider networks of friends, neighbourhoods, localities and the Borough as a whole. Evidence shows that people being supported within their communities by their friends and neighbours will improve health and wellbeing in Telford and Wrekin. The significant contribution community volunteers play is clearly recognised.

The benefits of work beyond simply providing income are widely acknowledged, particularly the promotion of purpose, the development of social opportunities and the positive impact on good mental health and general wellbeing. Good quality employment opportunities for older people which recognise these wider benefits should therefore be encouraged in Telford and Wrekin

Prevention is better than cure and healthy lifestyles are crucial, but the detection of other risk factors will also allow people to prevent or delay diseases which can significantly reduce life span or quality. Actions at a local level need to enable people to realise the national vision of prevention as everybody's business.

The recommendations will be used to shape our Living Well and Ageing Well programme that will support the delivery of the new Health & Wellbeing Strategy.

The report is interactive in style and includes video clip and infographic links which can be accessed from the document. A summary slide set, similar in style to the budget consultation communications material, will also be available.

2. RECOMMENDATIONS

That the Health & Wellbeing Board consider the 2015/16 Annual Report of the Director of Public Health and support the recommendations set out as follows:

Recommendation 1: Action should be taken by the Council and partners to encourage and support people over 50 to adopt healthy lifestyle behaviours, which incorporate opportunities to volunteer and ensure advice, signposting into services by health and social care professionals is systematic.

Recommendation 2: The Council's public health team should work with key partners to develop the wider public health workforce to expand our local capacity and capability to improve the health and wellbeing for our ageing population.

Recommendation 3: Action should be taken by the Council, NHS Telford and Wrekin Clinical Commissioning Group and partners to ensure good access to healthy lifestyle support for the most vulnerable adults, such as those with long term conditions or mental health illness.

Recommendation 4: The Council, its partners and communities should support and promote a range of group, one-to-one and volunteering activities that meet the needs and interests of local older people.

Recommendation 5: Building on work already underway, the Council and partners should take a community-centred approach to improving the health and wellbeing of our ageing population.

Recommendation 6: Action should be undertaken by the Council with local employers to raise awareness of the links between work, healthy lifestyles and wellbeing and the action employers can take to increasing employment opportunities and retention for older people.

Recommendation 7: Action should be taken, by NHS Telford & Wrekin CCG with the Council and other partners to maximise every opportunity for awareness raising and early detection of risk factors and symptoms, ensuring early diagnosis and treatment for cancer, cardiovascular disease (heart disease and stroke) and Type 2 Diabetes.

3. IMPACT OF ACTION
See Sections 1& 2 above.

4. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="6">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to a specific HWB Priority</td></tr>
<tr><td>Yes</td><td>• Encourage healthier lifestyles
• Improve mental wellbeing
• Strengthen our communities and community based support</td></tr>
<tr><td colspan="2">Do these proposals contribute to specific Co-Operative Council priority objective(s)?</td></tr>
<tr><td>Yes</td><td>Improve the health and wellbeing of our communities and address health inequalities</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>Adults in mid-life and older people</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">This is a statutory report and an update on the recommendations from the previous year’s report will be presented in the next Annual Public Health Report.</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>The ring-fenced allocation of Public Health Grant for 2015/16 is £11,712k which includes an in year reduction in funding of £773k.

The 2016/17 allocation has recently been confirmed as £12,984k which includes an additional £1,572k for the full year effect of the 0-5 Health Visiting Service transition from the NHS and a further £300k reduction in funding.

The grant enables the authority to discharge its Public Health responsibilities.</td></tr>
<tr><td>LEGAL ISSUES</td><td>Yes</td><td>The Director of Public Health has a statutory responsibility to prepare an annual report on the health of the people in the area of the local</td></tr>
</table>

		authority (Section 73B (5) of the National Health Service Act 2006 (as amended)). It is a further requirement of statute that the local authority publishes the report. The attached report is produced by the Director of Public Health in order to meet the aforementioned statutory responsibility. The Director of Public Health also has the responsibility for specified functions relating to public health as set out in section 2B of the National
EQUALITY & DIVERSITY	Yes	The report and recommendations are designed to ensure our living well and ageing well offer to the communities of Telford & Wrekin better meet the needs of our population.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact but particularly wards with poorest health outcomes.
PATIENTS & PUBLIC ENGAGEMENT	Yes	The report takes into consideration the outcomes of the Are you healthy, safe and independent?' survey carried out by Telford & Wrekin Council
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

One of the statutory functions of the Director of Public Health in local authorities is to produce an annual public health report. This is an independent report with the primary purpose of describing the health of their population, highlighting health issues and making recommendations for actions.

The population of adults living well into their seventies and eighties in Telford & Wrekin is growing, and will continue to grow. Life expectancy in the UK has been increasing steadily for over half a century and children born in Telford & Wrekin nowadays can now expect to live 79 (boys) and 82 (girls). By 2020 people over 50 will comprise almost a third (32%) of the working age population and almost half (48%) the adult population.

The focus of the Annual Public Health Report for Telford & Wrekin 2016/17 is improving health in mid-life. The aim is to challenge some of the myths commonly associated with ageing and recognise that much of the ill-health associated with ageing can be prevented or delayed and we can all take steps to be well as long as possible. This group, in our population, is a diverse one and we all need to be able to flourish in later years so we will consider some aspects for those experiencing disadvantage. We also need to celebrate the huge contribution made by local people from this age group as volunteers in the community and in the work place.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None

3. PREVIOUS MINUTES

The previous last Annual Public Health Report was presented to the Health and Wellbeing Board on 10th December 2014.

4. BACKGROUND PAPERS

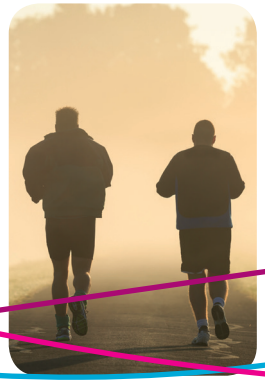
The Annual Public Health Report for Telford and Wrekin 2015-16

Report prepared by Liz Noakes, Statutory Director of Public Health, Telephone: 01952 2383003

Living well for longer in Telford and Wrekin

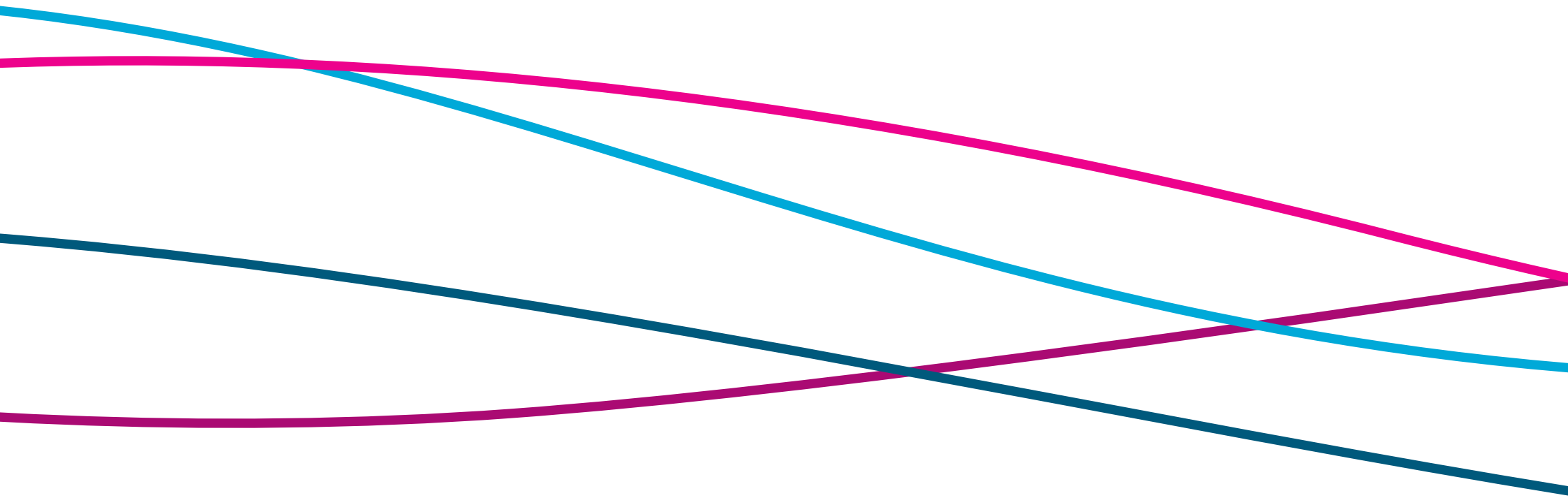
2015/16




a co-operative council

Telford & Wrekin COUNCIL



Foreword

I focused my report last year on how many teams in the council, with the residents of Telford, are striving to make Telford a healthier town. A town that was created in the 1960s, but with deep historical roots. The generation who were born in this period - in the 1960s - like me are now turning 50. I celebrated my 50th birthday last year. I definitely feel that 50 is the new 40 but it's still a landmark or a good excuse for a party and receiving many cards being rude about my age. The cards certainly suggest that I may be entering a new phase – although some suggested it was down hill while others depicted that life begins at 50! The new phase may be my mid-life years but it is a time of reflection nonetheless – and for me – especially with the arrival of grandchildren – is a time when valuing my fitness and health is really important. I know I'm not the only one as national surveys suggest this as well. I have set myself some personal goals about getting fitter and will let you know next year how I get on!

I have chosen the focus for this years report to be ageing well – a subject that is relevant to all as we are all ageing and not just those that reach a certain age! I am focusing on people in their 50s, 60s and 70s because it is often not recognised that it's never too late to take steps to improve your health and wellbeing and this age group, 58,300 people in Telford and Wrekin, is often forgotten as public service offers tend to focus on the young or very old. How we live our life in our mid-life will impact on the extent we are able to flourish in our later life and minimise any period of poor health. This is better for people and for care services.

Healthy life expectancy for men in Telford and Wrekin is 60 years whilst for women it is 57 years. This is 3 and 7 years shorter than the national average respectively. This gap is actually wider than the gap in life expectancy meaning that our residents are spending a longer time in poorer health as well as dying younger. The time spent in poorer health by people in Telford and Wrekin, over the period of their lives, is a significant loss to their communities.

Ageing well and healthily is affected by a range of factors: lifestyles, financial security, good quality care & advice, appropriate housing, being socially connected and having meaningful relationships, having independence and control over ones life and having a sense of being able to contribute to society and being valued.

During this past year, I have attended a wide number of celebration events – at work we have our customer service awards – where people who have gone the extra mile are acknowledged – 16% of our staff are over 50 and the experience and innovation they bring to the workplace makes a huge contribution. I also attended the active lifestyle awards ceremony and while it struck me that many of the winners were sporty young people and we need to promote the benefits of activity across the ages – we did have numerous awards for volunteers – the Mums, Dads, Grandparents – who help run the clubs and activities. A large number of volunteers nationally are over 50 and this is just the tip of the iceberg in terms of what we know is happening day to day in communities.

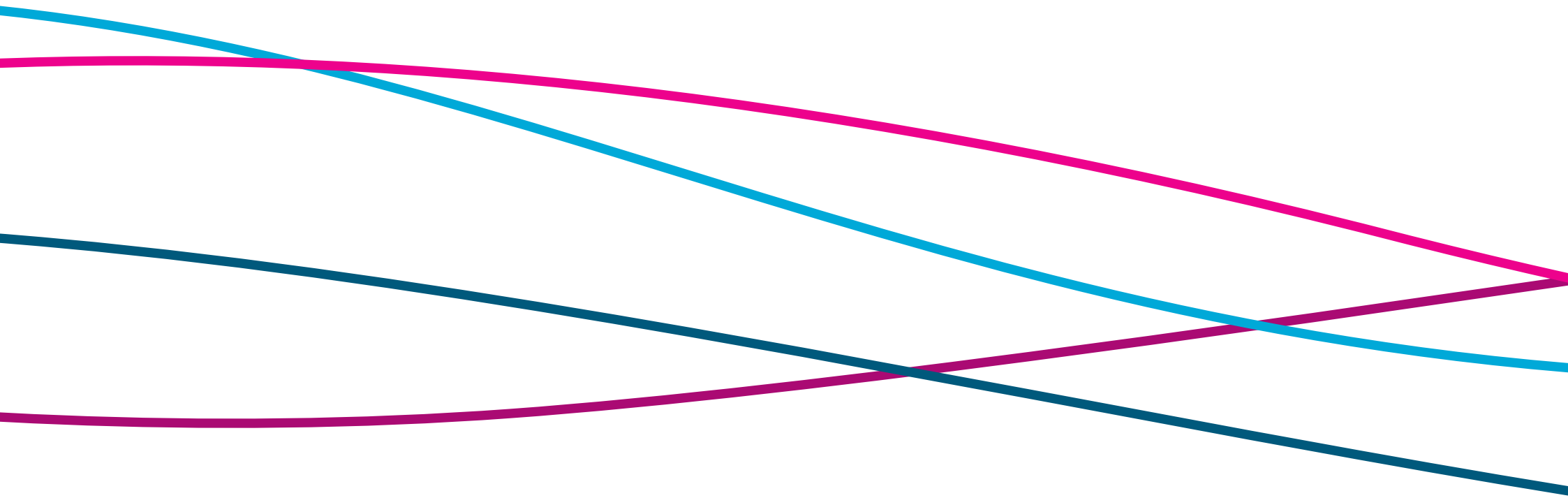
The Active Lifestyle Award – individual category was won by Antony Bellamy *(pictured above right)* who turns 50 this year. I had the pleasure of sitting next to him that evening. We chatted and he told me he had had a heart attack a few years ago but since then had joined Cycle Telford and has never looked back. He loves the comradeship, the outdoors and tells how cycling helps him to relax and explore new places. I think he wondered why he had been given this award but I think he really demonstrates how you can live well with a chronic condition and how this activity has improved both his physical and mental wellbeing. I shared with him – my upcoming birthday – and a few of the steps I was going to take to live well and more actively.

I am delighted to have produced this second Annual Public Health Report and would like to thank my team and all the officers from across the council who have contributed. I would also like to thank all the people who have shared their stories on camera about living well in their mid-years. The generation who were born when Telford became a new town 50 years ago are now entering their mid-life years and their parents are in their 70s and 80s. We have seen improvements in life expectancy, albeit at a slower rate than elsewhere, but we need to make sure we are adding life to years aswell as years to life and we need to celebrate the huge contribution 'older' people make to their families and communities.

Liz Noakes
Statutory Director of Public Health
Telford & Wrekin Council

Click image to watch video
Liz Noakes talks about Ageing Well

Contents



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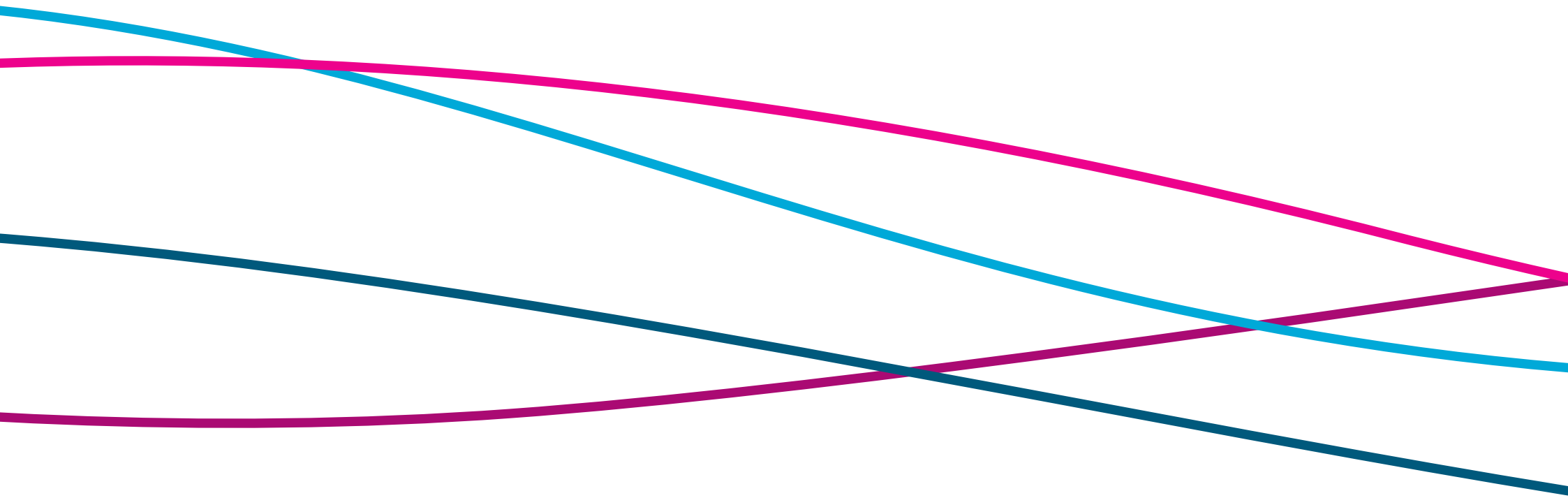


Our over 50s

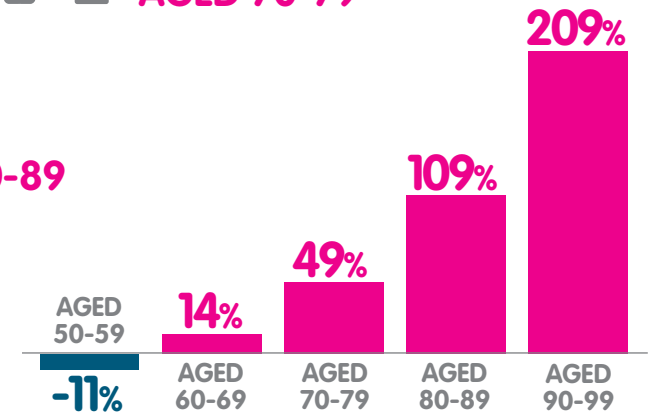
13%
21,647 PEOPLE
AGED 50-59

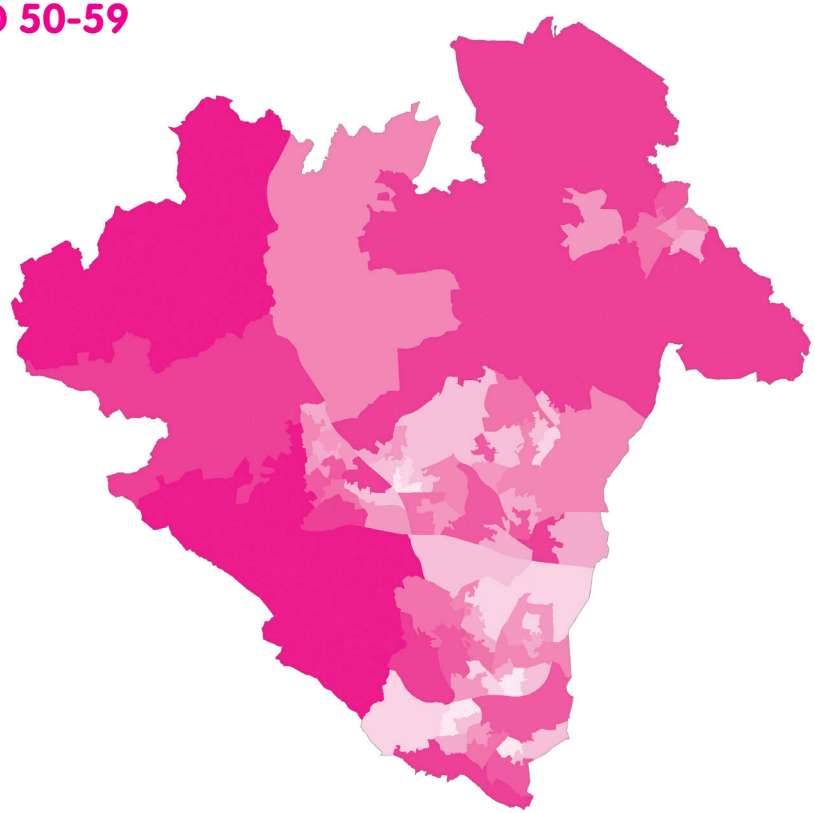
11%
18,648 PEOPLE
AGED 60-69

7%
11,869 PEOPLE
AGED 70-79

3%
5,184 PEOPLE
AGED 80-89

1%
1,041 PEOPLE
AGED 90-99



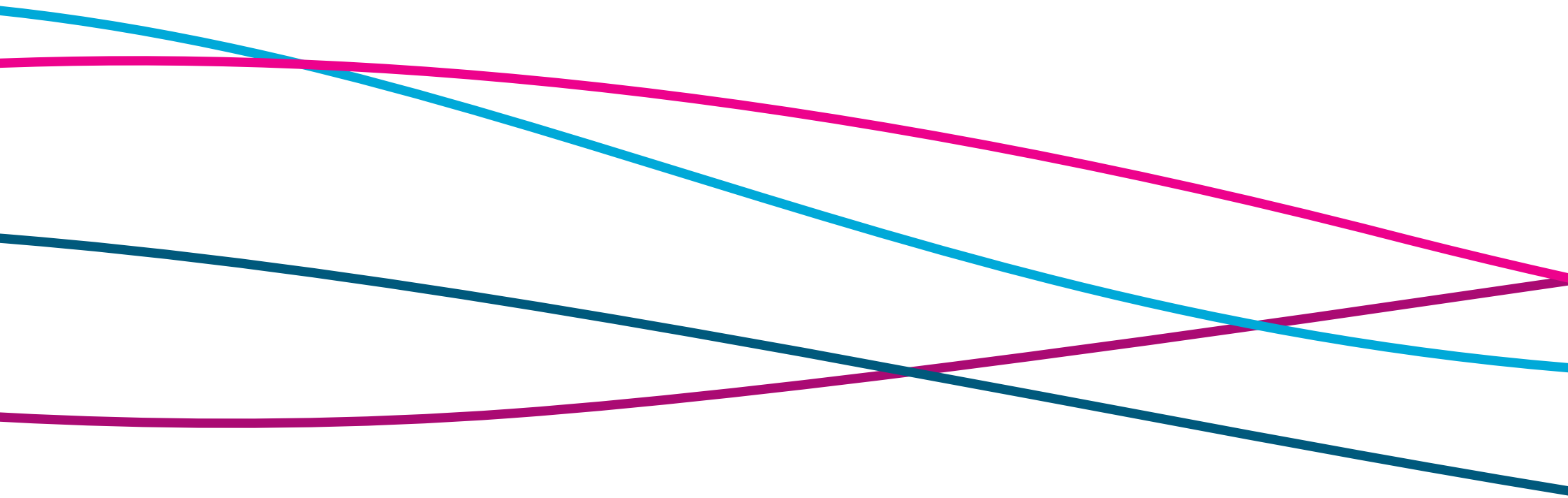


169,440
TOTAL POPULATION
OF TELFORD AND WREKIN

PROJECTED % CHANGE 2015 - 2035

PERCENTAGE OF POPULATION AGED 50+

15%-17% | 18%-21% | 22%-24% | 25%-27% | 28%-29%
30%-31% | 32%-33% | 34%-38% | 39%-44% | 45%-51%



Looking after yourself – healthier lifestyles

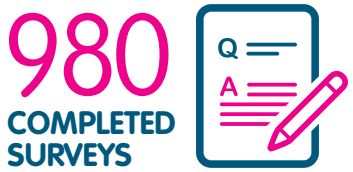
Looking after yourself - keeping active, eating sensibly, not smoking, moderating your drinking and taking care of your emotional health and wellbeing are important at all ages, but never more so than in our later years.

Local insight

Conversations with local partners and residents tell us that many local people adopt healthy lifestyle behaviours and those who develop weekly routines, particularly with a social circle around their activities, are showing it is possible and practical to sustain a healthy way of life.

Equally, there are residents who feel a healthy lifestyle is not relevant to them, they are 'over the hill' and do not expect or aspire to have the same quality of life or be able to do the things they have done in the past. People have many other pressures in their lives and do not recognise or prioritise the benefits of a healthy active life.

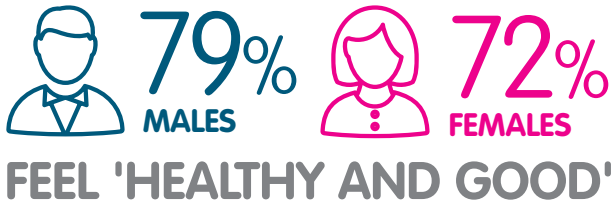
What our residents and partners say



The 'Are you healthy, safe and independent?' survey was carried out by Telford & Wrekin Council during July to September 2015. In total 980 people completed the survey and the majority of respondents were aged between 40 – 64 years.

Being healthy and feeling good

74% responded to say they feel healthy and good or very healthy and very good. More males (79%) than females (72%) stated they felt healthy and good.



The things that people told us about that help them to be healthy and feel good can be themed in the following ways:

- Exercise, diet, walking and hobbies 68%
- Self or others 48%
- Good work life balance 26%
- Practical support such as GP and health support/appointments, medicine, money or income and good weather 19%

Things that make it difficult to be healthy and feel good include:

- Disability and illness 29%
- Practical issues, such as poor diet/over weight, money/cost, getting older, poor transport, difficulties accessing health/medical appointments/facilities, loneliness/isolation, poor weather, lack of community groups, lack of sleep 27%
- Time issues, such as lack of time in general, work commitments, caring responsibilities or a poor work life balance 20%

When asked for ideas on how friends, family or neighbours may be able to support to overcome any difficulties identified respondents suggested they need:

- General help and support 17%

- Practical support such as help with chores, childcare, sharing of information and financial support 10%
- Social support such as do things together, keeping in touch, opportunities to socialise, help to get out more 10%
- No suggestions/ideas or no difficulties identified or they can't help 37%

When asked for ideas on how community or voluntary groups may support to overcome any difficulties identified respondents suggested they need:

- Social support and opportunities, such as community or social groups, health hub and community fitness, befriending, sport and leisure and volunteering opportunities 29%
- Practical support, such as chores, advice and support, transport and food banks 12%
- No difficulties or suggestions or they can't help or help not wanted 70%

What's the local picture?

- Just over a fifth (21%) of adults, circa 30,000 people, are still smokers
- However, people aged 45 years and over account for almost half (46%) of all people who successfully quit smoking through our local stop smoking services
- And successful quit rates improve with age, rising to 66% success rate in the over 60s, compared to well below 60% in younger adults[14]
- Over a quarter (26%) of adults are higher or increasing risk drinkers
- More that a quarter (28%) of adults are physically inactive - 36,650 people

28% ADULTS ARE PHYSICALLY INACTIVE

- Over two thirds (72%) adults, 93,800 people are overweight or obese
- Only 46% of adults eat the recommended '5-A-Day'

46% ADULTS EAT RECOMMENDED 5-A-DAY

- Every year around 300 people die from causes that are considered to be preventable, this includes a significant number of deaths which are due to smoking, alcohol consumption and excess weight

You can act on this advice...

Supporting people to live healthier lifestyles has been shown to be effective at any age. A few key lifestyle changes could help reduce the risk of getting potentially avoidable illnesses and conditions[7]. Integrating physical activity into daily routines, for example walking and gardening, is an important way for older people to keep active.

Top healthy lifestyle tips

Eat well

Losing weight, getting in shape, feeling energised - eating well has lots of health benefits.

www.nhs.uk/Change4Life/Pages/healthy-eating.aspx
www.nhs.uk/LiveWell/Loseweight/Pages/Loseweighthome.aspx

Drink less

Drinking a little less can make a real difference. Cutting back on alcohol can reduce health risk and boost general wellbeing.

www.nhs.uk/Change4Life/Pages/drink-less-alcohol.aspx
www.nhs.uk/Livewell/alcohol/Pages/Effectsofalcohol.aspx

Be smokefree

Quitting smoking is still the single most important change you can make to improve your health.

https://smarttools.change4life.co.uk/#quitsmoking
www.nhs.uk/Livewell/smoking/Pages/Gethelp.aspx

Move more

Active people live longer and get ill less frequently.

http://www.nhs.uk/Livewell/fitness/Pages/Fitnesshome.aspx
https://smarttools.change4life.co.uk/#movemore

What's on offer in Telford and Wrekin?

Telford and Wrekin has a wide range of activities and services supporting people to adopt a healthy way of life. These are open to residents of all ages and those over 50 are particularly welcome. In some cases concessionary prices are available (e.g. for carers and those in receipt of pension tax credit) and quieter times (for example avoiding family sessions) may be more appealing for some.

In addition there are activities for those in later life who feel more comfortable with people of their own age. These include over 60's swimming sessions, Mature Mega Mix (low impact for the over 50s), Senior Gym Club (supervised gym sessions for over 55s), Primetime (short tennis group) and AgeUKs Living Well programme of activities.

A great starting point, The Healthy Lifestyle Hub at Southwater One (01952 382582) is where a simple health check and advice and support on a healthy lifestyle is offered.

Healthylifestyles

Healthy Telford
www.telford.gov.uk/info/20087/healthy_telford

Other services that can provide a range of activities and services locally include:

MyLife

My Life
www.telford.mylifeportal.co.uk

my options
activity, wellbeing and care

My Options
www.myoptionstelford.co.uk

Shropshire Telford & Wrekin ageUK

Age UK Telford and Wrekin Living Well programme
www.ageuk.org.uk/shropshireandtelford/activities--events/living-well/

Telford & Wrekin Leisure Services

Telford and Wrekin Leisure Services
www.telfordandwrekinleisure.co.uk

What works

- ✔ People of all ages, even those already frail, benefit from starting lifestyle interventions early; especially interventions to increase physical activity levels. Lifestyle interventions should include: smoking cessation, alcohol, physical activity, healthy diet and weight aspects[7,10].
- ✔ Receiving prompts to improve lifestyle behaviour 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 health behaviour issue with an individual (where appropriate) and signposting for further information and support.
- ✔ Particular workforces develop strong relationships with older people and research indicates[1]. Services such as pharmacy teams, the Fire and Rescue Service and the social housing workforce are particularly relevant as they work with people who have poorer health than the general population. There is a high level of trust from the public in lifestyle advice from these services.

- ✔ The NICE guideline *Dementia, disability and frailty in later life - mid-life approaches to delay or prevent onset*[15] aims to delay the onset of dementia, disability and frailty, by increasing the amount of time that people can be independent, healthy and active in later life by:
  - changing specific risk factors and behaviours such as smoking, lack of physical activity, alcohol consumption, poor diet and being overweight
  - reducing the incidence of other chronic conditions that can contribute to onset
  - increasing people's resilience, for example by improving their social and emotional wellbeing

Click image to watch video
Shirley and Glenys are determined to keep active

Recognising and supporting those in difficulty

In the current climate many local people are facing financial and social challenges which are having an impact on their health and wellbeing.

Local insight

Local partners working with residents facing challenges have highlighted that those in their 50's and 60's have become squeezed as families change. Women having children later means many parents over 50 have dependant children at home or adult children remaining dependant for longer continuing to need practical and financial support. As people live longer this group is also likely to have elderly parents requiring an increasing amount of care and support.

Divorce, separation and bereavement are also causing disruption and challenges even in the seemingly most stable families. For some the outcomes are positive and liberating as new life opportunities open up. For others the result is debt and housing issues, loneliness and isolation. Loneliness and isolation is debilitating at any age, particularly for those in later life. Those that are able to have regular contact with friends, family and their local communities are known to have a better quality of life and improved outcomes.

What's the local picture?

- One in four (24%) of 50-64 year olds are not living as a couple

ONE IN FOUR 50-64 YEAR OLDS ARE NOT LIVING AS PART OF A COUPLE

- A lower proportion of pensioners are living alone compared to the national average - 29.5% compared to 31.5% in England as a whole
- Over a fifth (21.6%) of older people are classified as living in deprivation, which is significantly worse than the England average of 18.1%
- Around a fifth (19.6%) of adults report having a high level of anxiety and 11.4% report low levels of happiness

11.4% OF ADULTS REPORT LOW LEVELS OF HAPPINESS

- Nationally, middle aged people (aged 45-54) are the most likely to feel lonely of all the age groups (15%) which equates to approximately 3,700 people in Telford and Wrekin

You can take these steps...

Mid-life is a significant transition and often a stressful time, burdened with simultaneous demands from work, childcare and ageing parents. It is important to recognise the resulting pressures and to seek support from family, friends and wider community groups.

The **Five Ways to Wellbeing**[16] are a set of evidence-based steps which everyone can take in their everyday lives to improve their wellbeing.

Click image to watch video
Cathy found help when she was at a low ebb

Five ways to wellbeing Telford

Five ways
to wellbeing

Connect...

Connect with the people around you: your family; friends; colleagues; and neighbours. Spend time developing these relationships.

Five ways
to wellbeing

Be active...

You don't have to go to the gym. Take a walk, go cycling or play a game of football. Find the activity that you enjoy and make it a part of your life.

Five ways
to wellbeing

Take notice...

Be more aware of the present moment, including your feelings and thoughts, your body and the world around you. Some people call this awareness 'mindfulness', and it can positively change the way you feel about life and how you approach challenges.

Five ways
to wellbeing

Keep learning...

Learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?

Five ways
to wellbeing

Give...

Even the smallest act can count whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.

What's on offer in Telford and Wrekin?

A variety of sources of advice and support is available locally, including services delivered by:

Telford & Wrekin Council
Advice and information on benefits, housing, council tax, blue badges and concessionary travel
www.telford.gov.uk/info/1002/benefits
01952 380000

Citizens Advice
Free information and advice on areas including; benefits, consumer, debt, discrimination, employment, housing, immigration, legal, and relationships
www.telfordcab.co.uk

Age UK
Advice and information, Help at Home, Befriending Visitor and Telephone Buddy Schemes
www.ageuk.org.uk/shropshireandtelford/about-us/

Senior Citizen's Forum
Opportunities to influence decision making and access information about services, activities, and volunteering opportunities
www.twseniors.org.uk

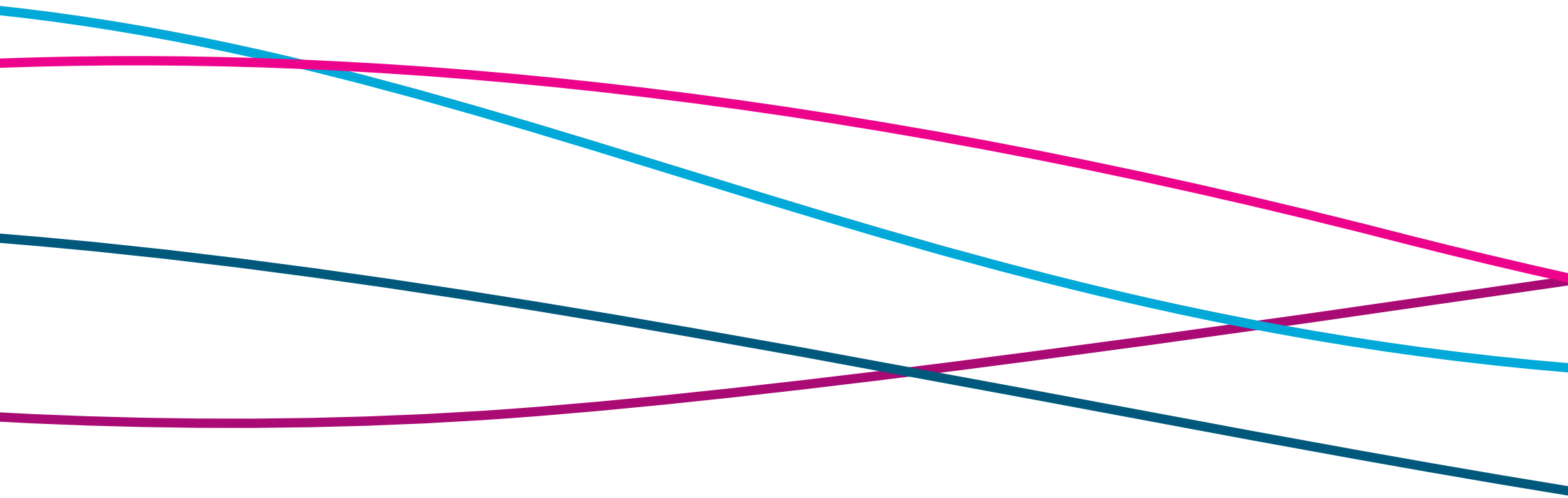
Telford Crisis Network
Providing basic essentials to local individuals and families in need
www.telfordsupport.org.uk/telford-crisis-network/

Carer's Contact Centre
Information and support for carers in Telford and Wrekin
http://telfordcarers.org.uk/

What works

- ✔ Improving the mental wellbeing of older people and helping them to retain their independence benefits families, communities and society as a whole. Helping those at risk of poor mental wellbeing or losing their independence may also reduce, delay or avoid their use of health and social care services[10].

- ✔ Evidence shows that effective interventions to improve outcomes for those experiencing disadvantage can be group based, one to one or include volunteering, include the following[16]:
  - Emotional health and wellbeing (positive psychology and mindfulness interventions, spiritual awareness, practices and beliefs, stress management)
  - Social and financial wellbeing (housing, fuel poverty, community cohesion, debt advice, financial capability, socialisation and prevention of social isolation)
  - Physical wellbeing (walkable neighbourhoods, interventions to enhance social interaction activities such as arts, music, creativity, learning, volunteering and time banks)



Valuing contributions

We know from national evidence that people in mid-life and older age make a huge contribution to society through volunteering, caring activities within the family, their contribution at work and in retirement (to their friends, families and wider communities). This is beneficial to them and others, reciprocal relationships are important, being valued and valuing others.

Work provides income that supports a healthy life and provides social opportunities that are good for health and wellbeing. Good quality employment opportunities for older people are essential and can bring additional benefits for health and wellbeing[8,12].

Evidence suggests that older people can also be beneficial to employers with higher profits, reduced staff turnover and less absenteeism. With an ageing population we are seeing a rise in the number of people working beyond the age of 65. Older people in more disadvantaged social positions are more likely to have difficulty finding and keeping a job and are more likely to have health problems at an earlier stage in life[12].

Local insight

Local partners supporting people into employment identify those over 50 as under pressure in the workplace particularly those with health issues which make work difficult. Those who are unemployed have difficulty getting back into work, especially when they are unfamiliar with current recruitment processes, have poor qualifications and a loss of confidence and self–esteem. Re-skilling is challenging making it difficult to change career and as a result people often end up in 'unskilled' jobs.

Volunteering offers a positive use of skills and expertise. It provides a good opportunity for work experience for those looking to gain employment but also contributes greatly to individuals and local communities. Many local clubs, groups and organisations would not be able to function without the fantastic support that their volunteers provide doing a very wide range of activities at varied levels of time commitment.

Our local 'Are you healthy, safe and independent?' survey asked for ideas on how community or voluntary groups may support people to overcome difficulties. Suggestions included:

Being healthy and feeling good

- Social support and opportunities, such as community or social groups, health hub and community fitness, befriending, sport and leisure and volunteering opportunities
- Practical support, such as chores, advice and support, transport and food banks

Being safe and secure

- Social and community support, such as safe place schemes or groups, neighbourhood watch or community groups, advice and support and education groups, work together and communicate and increase community spirit, reduce isolation
- Practical support, such as better policing, improve or repair the local environment, help with transport

Being in control of your own life

- Practical support such as advice and education, support groups, transport, help with shopping and household chores, organise activities and hobby groups, financial support and advice, health or disability groups, help with childcare, independence and confidence support groups, police

What's the local picture?

- Almost two thirds, 65.6% of people aged 50-64 work (48.2% full time, 17.4% part time)

- Almost one in 10, 9.4% of people, aged 65 and over work (4.3% full time, 5.2% part time)
- Nationally 19% of people have volunteered in the last 12 months, this equates to approximately 24,800 in Telford and Wrekin

- Nationally 18% of people have been involved in at least one social action project in their local area in the last 12 months, this equates to approximately 23,500 in Telford and Wrekin
- The census suggests there are 18,000 carers in Telford and Wrekin with 2,200 registered. They provide help to, or look after, a friend, relative or neighbour with practical, personal or emotional support.

You can consider...

Volunteering
Helping others can be fun, you will feel appreciated, make new friends and widen your knowledge and have a rewarding experience. Volunteering helps build strong ties to the community, reduces isolation and helps the move into retirement[8,10,11].

Befriending
Visit people's homes to provide friendship and that little bit of support for lonely and less mobile older people.

Learn something new
Sign up for a class or develop a new skill you've always wanted to try, join a book club or research something you've wondered about

Working
The characteristics of work – activity, social interaction, identity and status – are proven to be beneficial for our physical and mental health. Research shows that people in work tend to enjoy happier and healthier lives than people who are out of work.

What's on offer in Telford and Wrekin

Telford Job Box
Support for those seeking employment
www.telfordjobbox.co.uk

Learning for wellbeing
Telford

Learning for Wellbeing
Offering a range of free courses designed to improve the wellbeing of adults with mild to moderate mental health conditions, this includes stress, anxiety and depression amongst others.
www.telfordjobbox.co.uk/learn.html

Telford Carers Centre
Information and support for people who provide help to or are looking after a friend, relative or neighbour with practical, personal or emotional support.
http://telfordcarers.org.uk/

Age UK Shropshire, Telford & Wrekin
Volunteer programmes including Help at Home, Befriending Visitor and Telephone Buddy Schemes.

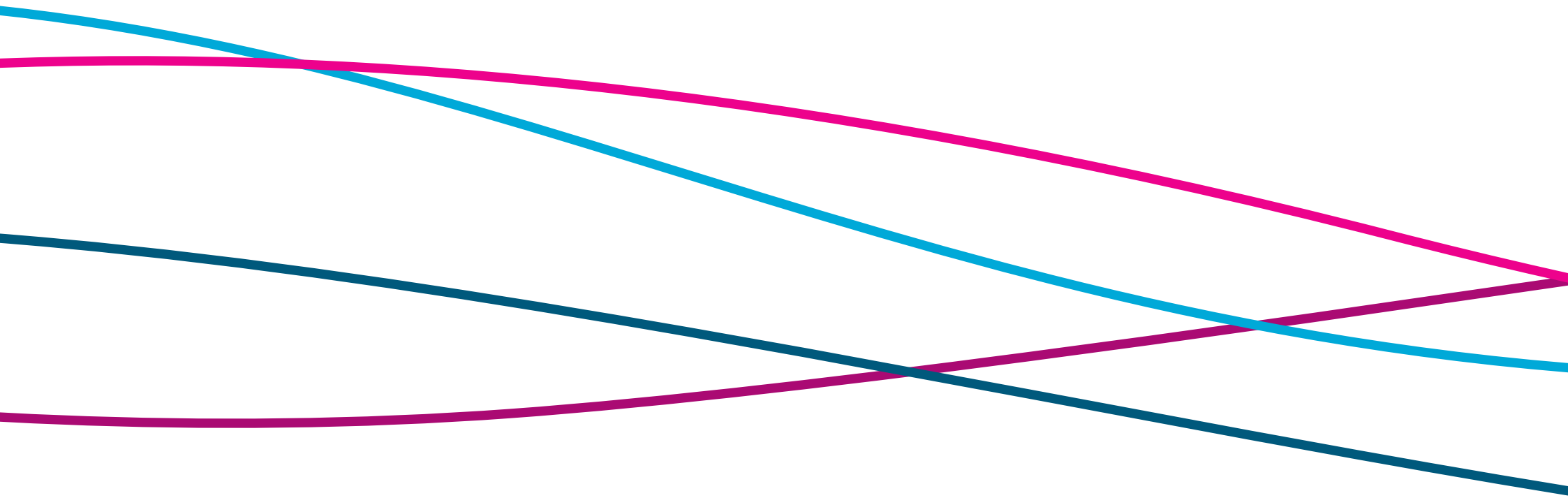
What works

- ✔ Community Health Champions are local community volunteers who care about the health and wellbeing of those around them and their communities. They can bring their own life experiences to improve health and wellbeing within those communities, including their individual circles of families, friends and workplaces[4]. Volunteers from local communities are best placed to influence those communities and make a positive contribution to the health and wellbeing of those local groups and individuals through building connections.

- ✔ Intergenerational practice aims to bring people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities[8].

- ✔ Key features of success in increasing employment opportunities and retention for older people include[8,12]:
  - Improvements to the physical and psychosocial work environment, risk assessment for workers with health or mobility needs
  - Training for managers on issues of age, fair recruitment practices that encourage applications from older people
  - Ensuring training and lifelong learning opportunities are offered throughout working life and making them appropriate and accessible for older employees, Career development – providing older workers with opportunities to progress and to maintain their skills and knowledge, Performance discussion for employees of all ages to alleviate concerns in this area
  - Flexible working time practices, Phasing retirement and flexible retirement option

Click image to watch video
Peter remains active by volunteering



Staying well

Beyond the lifestyle behaviour influences of smoking, alcohol consumption, excess weight and lack of exercise there are other key risk factors which can be changed or modified to prevent some types of common conditions such cardiovascular disease (heart disease and stroke), certain cancers, dementia and the onset of Type 2 diabetes.

One of the most important modifiable risk factors is high blood pressure (hypertension), which can cause heart attacks and strokes and also lead to chronic kidney disease and some types of dementia.

Half of all cancers occur in people aged 50-74 years and our understanding of the impact of lifestyle choices on our risk of developing various cancers is growing all the time. Cancer screening programmes, which aim to detect changes before symptoms occur, can prevent some cancers as well as ensuring early detection and prompt treatment.

As our population ages it is becoming more usual for us to live with more than one health issue at the same time (known as co-morbidity), but people can live well with chronic conditions and it is never too late to prevent or delay complications.

What our residents tell us

In Telford and Wrekin one in ten people (10.7%) aged 50-64 years report their health as bad or very bad, which rises to 14% in 65-74 year olds. Unsurprisingly, the levels of local people who report that their day-to-day activities are limited a lot due long term health problems or disability rises sharply with age, increasing from 12.5% in 50-64 year olds, 20% in 65-74 year olds, up to two thirds (60%) in people aged 85 years and over.

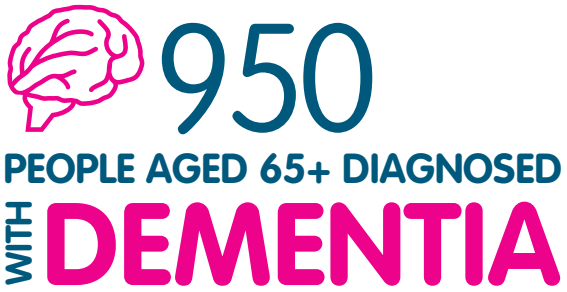
What's the local picture?

- Life expectancy is worse than the England average and is not improving as fast as the national rate, particularly for women. During 2012-14 local life expectancy rates were 78.7 years for males and 81.8 years for women

- Every year approximately 530 people die before the age of 75 years, which makes a significant impact on our local life expectancy rates. The biggest killers are cardiovascular diseases (heart disease and stroke) and cancers, which cause two thirds of early deaths
- Cancer is the biggest cause of death under 75 years, causing 42% of all early deaths. We lose around 220 people from cancer before their 75th birthday each year and the local rate is significantly worse than the England average

- Many cancers can be avoided by reducing lifestyle risks or through prompt, high quality treatment. The top three cancers which are avoidable are lung cancer (50 early deaths per year), bowel cancer (23 early deaths per year), and breast cancer (20 early deaths per year)
- Heart disease and stroke cause just over a fifth (21%) of early deaths, which amounts to approximately 110 deaths before age 75 per year. Our early death rates from cardiovascular disease have fallen rapidly over the past decade and are now similar to the national average

- There are 950 local people aged 65 years and over who have been diagnosed with dementia. This equates to 3.4% of the population aged 65+ years, which compares to 4.3% across England as a whole. There is a major national drive to improve dementia diagnosis



You can stay well by...

Attending any health check that you are invited to by your General Practice - as we get older our risk of disease increases and many, like high blood pressure or Type 2 Diabetes may not cause any symptoms. It is important to get diagnosed and treated as soon as possible to prevent complications

Getting Vaccinated - protect yourself and others around you by taking up the offer from your GP to be immunised against:

- 'Flu every winter, if you are 65 years and over or you are under 65 and have a chronic health condition
- Pneumococcal infection, which cause pneumonia, septicaemia and meningitis, by having the one off 'pneumo jab' if you are 65 years and over or you are under 65 and have a chronic health condition
- Shingles, by having a one off vaccination if you are aged 70 and 78 years

http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx

Being Screened – to find out if you are at higher risk of a health problem, so that early treatment can be offered or information given to help you make informed decisions, by taking up the invitations for:

- Cervical screening – every five years if you are aged 50 to 64 years or if you are over 65 and you haven't been screened since age 50 or have recently had abnormal tests
- Breast screening – if invited between age 47-73 years and also if you wish to continue when over the age of 70 years
- Bowel Cancer Screening – by sending the test kit back every two years if you are 60-74 years and by attending the one-off bowel scope test if you are invited at the age of 55
- Abdominal aortic aneurysm (AAA) – screening for men when you are invited at age 65 years
- Diabetes Eye Screening – every two years if you have been diagnosed with diabetes

Noticing Symptoms and Seeking Help - cancer is more common as we get older, so it is useful to know the key symptoms to look out for. Spotting cancer early is important as it means treatment is much more likely to be successful, the most important symptoms.

- A lump anywhere in your body
- Bleeding from anywhere
- A new mole, or existing moles that change in size, shape or colour, become crusty or bleed or ooze
- A cough, croaky voice or hoarseness that won't go away
- A change in bowel habits that won't go away
- Unexplained significant weight loss (a noticeable amount when you are not trying to lose any)

Being Mindful of Dementia - if confusion and memory problems start to affect your daily life, it is worth sharing your concerns and making an appointment to discuss them with your GP. If you are worried about someone else, try to encourage them to see their GP, offering to go with them for support if they seem a bit reluctant.

What's on offer in Telford and Wrekin?

A range of services and programmes are in place locally to support us stay well, including **your local GP** and the following:

NHS Choices
http://www.nhs.uk/pages/home.aspx

Shropshire Breast Screening Service
http://www.sath.nhs.uk/services/breastscreening/default.aspx

The Shropshire Bowel Cancer Screening Centre
http://www.sath.nhs.uk/services/cancer_services/screening/bowel_screening/bowel_cancer_screening.aspx

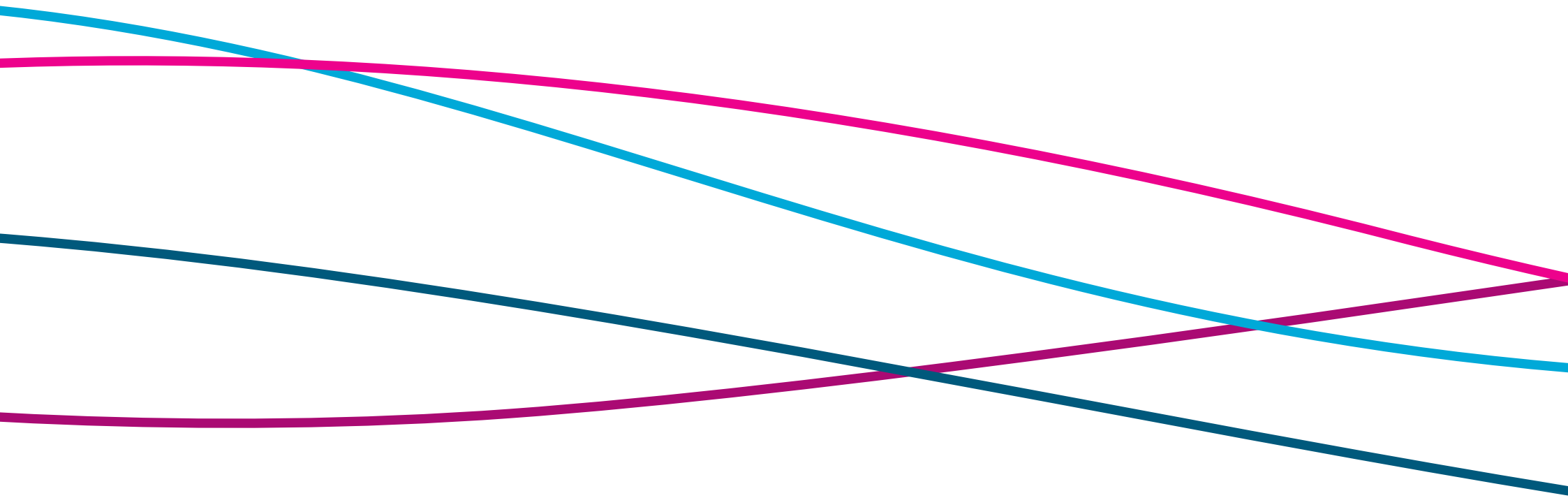
Shropshire, Telford & Wrekin Abdominal Aortic Aneurysm (AAA) Screening Programme
http://www.sath.nhs.uk/services/AAA-screening/default.aspx

Shropshire Diabetes Eye Screening
http://www.sath.nhs.uk/services/diabetes/Eye.aspx

What works

- ✔ Only four out of ten people with high blood pressure in England have been diagnosed and treated to the recommended level, compared to seven out of ten people in countries like Canada. The national Blood Pressure System Leadership Board is a partnership of twelve organisations, including: Public Health England, NHS England, the Department of Health, Royal College of General Practitioners, British Heart Foundation and British Hypertension Society. The Board's vision and action plan *Tackling high blood pressure, From evidence into action*[17], which is based on the best evidence and practical experience, sets out the improvements required to tackle hypertension systematically across three areas: prevention, detection and management.
- ✔ *Achieving world-class cancer outcomes: a strategy for England 2015-2020*[18] provides recommendations to radically improve the outcomes for people affected by cancer through the following:
  - Radically upgrading prevention and public health programmes
  - Driving a national ambition to achieve earlier diagnosis
  - Improving patient experience
  - Transforming the support offered to people living with and beyond cancer
  - Investment to deliver a modern high-quality service
- ✔ The risk of dementia, disability and frailty will sometimes be determined by factors that cannot be changed, such as inherited conditions or injury. But changing specific risk factors and behaviours can reduce the risk of dementia, disability and frailty for many people. As with hypertension and cancer, these changeable factors include smoking, lack of physical activity, alcohol consumption, poor diet and being overweight.

Click image to watch video
Trevor has benefitted from regular exercise



Recommendations: Shaping our local offer

There is strong evidence that improving lifestyle behaviour for people in mid-life will significantly improve health and wellbeing of people in Telford and Wrekin given: what our residents tell us about how healthy lifestyles make them feel, the clear impact of lifestyle risk factors on preventable chronic diseases and the evidence from national guidance and best practice about what works. It is therefore recommended that:

Recommendation 1

Action should be taken by the Council and partners to encourage and support people over 50 to adopt healthy lifestyle behaviours, which incorporate opportunities to volunteer and ensure advice, signposting into services by health and social care professionals is systematic.

This should include:

- Working with local partners to implement locally the 'One You Campaign' (developed nationally by Public Health England)
- Working with local employers to provide manual workers with support to quit smoking
- Action should be taken to encourage and support people in mid-life (aged over 50 years) to be more physically active and to continue to be active into their older years. This should include:
  - ensuring an age appropriate offer - making use of available good practice
  - opportunities to volunteer
  - maximising the potential of advice, prescribing and referral interventions by health and social care professionals
- Taking local action to raise awareness of the new alcohol guidelines
- Working with our existing alcohol service providers to offer evidence based interventions to support people in mid-life (aged over 50 years) to drink less
- Working with the Health and Economy Steering Group for Dementia and wider partners to audit local practice against the NICE Guidance to identify gaps and agree next steps to preventing and delaying the onset of dementia

Recommendation 2

The Council's public health team should work with key partners to develop the wider public health workforce to expand our local capacity and capability to improve the health and wellbeing for our ageing population.

This should include:

- Further development of our Making Every Contact Count (MECC) training programme to include tailored messages for an ageing population. Action should be taken to engage particular workforces in contact with people in mid life and older people.
- Collaborative working with the Telford and Wrekin Clinical Commissioning Group, Shropshire Local Pharmaceutical Committee and our community pharmacies to develop a Healthy Telford Pharmacy approach – to include health promotion, disease prevention and health protection services
- Partnering with Shropshire Fire and Rescue to build workforce capacity and capability and develop their understanding of health improvement with an initial focus on quit smoking, safe and well checks and falls prevention

- Working with providers of Social Housing to: understand the contacts the housing workforce has with customers and the extent of the opportunities that exist to improve health and wellbeing; gather evidence of the impact of trained and competent staff on the health and wellbeing of customers, and wider community; and provide education and training on health topics that have been identified as important to improving customers' health and wellbeing

Recommendation 3

Action should be taken by the Council, NHS Telford and Wrekin Clinical Commissioning Group and partners to ensure good access to healthy lifestyle support for the most vulnerable adults, such as those with long term conditions or mental health illness.

This should include:

- Improving the physical health of those with a long term condition and mental health illness by ensuring good access to healthy lifestyle support – work should be undertaken to review the current offer for lifestyle services and ensure tailored support is available

- Exploring further access to existing services – data should be recorded of those people with a long term condition and mental health illnesses who have accessed the available lifestyle services for physical health promotion so that we can ensure that we are accessing this population and further activity taken if these numbers are low.

- Health and care professionals should be aware of the higher prevalence of smoking in those with mental health illness and increase the use of MECC to identify smokers and signpost them to services

- Practitioners delivering behaviour change and lifestyle interventions should receive appropriate training to tailor the support they provide

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Building resilient communities clearly benefits individuals, their families, wider networks of friends, neighbourhoods, localities and the Borough as a whole. The significant contribution community volunteers play is clearly recognised. Evidence shows that people being supported within their communities by their friends and neighbours will improve health and wellbeing in Telford and Wrekin, therefore it is recommended that:

Recommendation 4

The Council, its partners and communities should support and promote a range of group, one-to-one and volunteering activities that meet the needs and interests of local older people.

This should include:

- Continued work with partners and communities to raise public awareness of Five Ways to Wellbeing – signposting people to opportunities to Connect, Be Active, Take Notice, Keep Learning and Give; and paying attention to target older people who are identified as being most at risk of a decline in their independence and mental wellbeing
- Identifying those most at risk of a decline in their independence and mental wellbeing and providing them with information on activities that might help them. Those at increased risk include those who:
  - Are Carers
  - live alone and have little opportunity to socialise
  - have recently separated or divorced
  - have recently retired (particularly if involuntary)
  - were unemployed in later life
  - have a low income
  - have recently experienced or developed a health problem
  - have had to give up driving
  - have an age related disability
  - are aged 80 or older

Recommendation 5

Building on work already underway, the Council and partners should take a community-centred approach to improving the health and wellbeing of our ageing population.

This should include:

- Working with local partners and communities to develop a local network of Health Champions

- Commissioners should consider community-centred approaches when commissioning services that build on the talents of older citizens and enable older people to be part of mutually supportive communities

- The council and partners should continue to invest time and resources into developing local volunteers – women are more likely than men to volunteer on a monthly basis therefore taking action to encourage and facilitate older men to volunteer in their communities should be encouraged

- Working with key partners we should identify opportunities to pilot and evaluate intergenerational practice:
  - Intergenerational volunteering
  - Programmes to promote community relationships, promote community safety and address fear of crime
  - Programmes to promote active ageing and improved health and wellbeing
  - Programmes to support young people and families through both older family members and volunteer support (linking to our early help offer for children and families)

The benefits of work beyond simply providing income are widely acknowledged, particularly the promotion of purpose, the development of social opportunities and the positive impact on good mental health and general wellbeing. Good quality employment opportunities for older people which recognise these wider benefits should therefore be encouraged in Telford and Wrekin:

Recommendation 6

Action should be undertaken by the Council with local employers to raise awareness of the links between work, healthy lifestyles and wellbeing and the action employers can take to increasing employment opportunities and retention for older people.

This should include:

- Expanding our local Work Well Initiative to include key messages and practical tips for local employers and encourage employers to share best practice and case studies of how they are supporting older employees in the workplace via local business forums and networks

- Harnessing the power of local businesses and organisations to play their part in supporting people to make healthier choices – encouraging them to commit to taking action voluntarily to improve public health through their commercial actions, community activities and their responsibility as an employer

Prevention is better than cure and healthy lifestyles are crucial, but the detection of other risk factors which can be measured and where appropriate treated will also allow people to prevent or delay diseases which can significantly reduce life span or quality.

Actions at a local level need to enable people to realise the national vision of prevention as everybody's business.

Recommendation 7

Action should be taken, by NHS Telford & Wrekin CCG with the Council and other partners to maximise every opportunity for awareness raising and early detection of risk factors and symptoms, ensuring early diagnosis and treatment for cancer, cardiovascular disease (heart disease and stroke) and Type 2 Diabetes.

To improve cancer survival by:

- Awareness raising of the link between lifestyle choices and cancer risk, including tailored information for those with lower levels of health literacy.

- Promoting symptom awareness – in addition to supporting the national Be Clear campaigns, develop a local communication plan to extend the reach of symptom awareness key messages, with a focus on the over 50s as half of all cancers occur in those aged 50-74 years

- Taking action to improve the uptake of the three cancer screening programmes, with a particular focus on inequalities in uptake

- Extension of our MECC training programme to incorporate cancer awareness information, advice and signposting (link to Recommendation 2)

- Developing an appropriate referral service, which is embedded in the pathway for patients being treated for cancer to ensure they receive appropriate lifestyle advice tailored to their circumstances and risk.

To tackle high blood pressure, through work with partners on all three aspects described by the Blood pressure Leadership Board:

Prevention

- Increasing the rate of brief interventions delivered by healthy lifestyle advisors and other partners (suitably trained) to explain the effect of alcohol on blood pressure, and the risks associated with consumption above recommended new guidelines

- Developing a strong local narrative around the impact of alcohol intake on blood pressure

- Developing the role of community pharmacy in identifying and managing blood pressure

- Working with Fire and Rescue Services to include blood pressure in safe and Well Checks

Detection

- Developing the scope of blood pressure testing venues for example through pharmacy and the voluntary sector organisations and potentially at home.

- Encouraging more frequent opportunistic testing in primary care both by clinicians and wider staff and integrating testing into the management of long term conditions, including the targeting of high-risk and deprived groups through audit and outreach testing
- Work with CCG to encourage more waiting room testing e.g. automated systems

- Encourage and support self-testing through education and awareness raising with all partners

- Provide insight into under-served communities to support local development of detection approaches which reduce inequalities for example use of community health champions

Management

Support awareness raising with the public and our partners, as well as supporting the CCG as they address variation and barriers to implementing best practice.

- Adopt and support roll out of a Blood Pressure Pathway being developed by CVD Strategic Clinical Network later in 2016.

- Support adherence to drug therapy and lifestyle change, particularly through self-monitoring of blood pressure and pharmacy medicine support

- Encourage development of self-monitoring and telehealth options

- Expand community pharmacist role in management

- Support health professional education through signposting to resources, training and tools

To reduce the risk of cardiovascular disease – heart disease, stroke and diabetes:

- Work with partners and through all available channels to encourage people to attend all invitations to health screening

- Continue to raise awareness of the risk factors for cardiovascular disease and link this to the nation One You Programme

- Support other national programmes promoting awareness of Type 2 Diabetes as a preventable disease linked closely to excess weight

Review of last year's recommendations

I made seven recommendations in my last annual public health report. Progress made towards delivering these recommendations with our partners during the past year is outlined below.

The Early Help Partnership should work with schools to develop a schools based programme to improve emotional health and wellbeing of children and young people

26 schools have participated in structured interviews contributing to the 'Health Promoting Schools Survey'. Emerging themes requiring greater focus are: self harm; depression; anxiety; coping strategies; online safety; RSE; effective approaches for engaging with parents; and personal resilience. The outcomes of the school survey are informing the development of our school based programme for emotional health and wellbeing. 37 schools have benefitted from additional training to help them to better support children with anxiety and anger issues. School Nurses commissioned by Public Health have continued to work with children and young people to support improved emotional health and wellbeing. They also support school staff to work better with children and young people on a day to day basis and fire fight issues that come up in everyday school life.

What's next:
We have recently been informed that we have secured some additional funding to train and develop our early help workforce – this will include primary, secondary and further education.

For further information please contact:
public.health@telford.gov.uk

The Council should be an exemplar employer for promoting and supporting improvements in employee health and wellbeing, using an evidence-based and innovative approach.

The Senior Management Team at the Council recognises the benefits of promoting a healthy workplace and has supported a review of the activities available for employees to improve their physical and mental health. There are a wide range of initiatives including cycle to work scheme, flexible working policy, access to counselling, Workplace Challenge, volunteering opportunities and resilience training, however they cannot be found in one place under a 'Workplace Wellbeing' offer.

What's next:
The People Services team which includes Organisational Development, Occupational Health and Human Resources is considering a wellbeing offer and approach for all Council employees

For further information please contact:
work.well@telford.gov.uk

The Living Well Board, in collaboration with employers, should develop a workplace wellbeing offer within the Telford Bondholders Scheme.

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

What's next:
The website will be launched to the local business networks in Spring 2016 and the supporting programme of activities rolled out throughout the year.

For further information please contact:
work.well@telford.gov.uk

The Council should work with wider partners to ensure that the universal offer for physical activity and also the targeted work to address health inequalities provides opportunities comprehensively across the life course.

Over the last year the Council has continued to support and develop new approaches to offer physical activity opportunities to as wide a range of residents as possible. This has included:

- Junior Park Run - The Council supported local volunteers to establish Junior parkrun which compliments the existing parkrun in Telford Town Park. Junior parkrun is a 2k run for juniors only (4-14 year olds) and is held every Sunday at 10am.
- BE ACTIVE – following a successful implementation in Brookside this project is now also being delivered in Donnington. The project is meeting its aim of getting sedentary 14+ residents to increase their participation in sport and physical activity through a variety of informal opportunities.
- Doorstep Sport Clubs (DSCs) continue to engage young people 14+ in weekly sports clubs in disadvantaged areas. The offer ranges from football to dance. With funding from Street Games, a national charity Telford and Wrekin Council have been able to extend delivery of DSC in new areas of the borough.
- Tackle your Health has been proactive in recruiting volunteers to deliver activities as part of the men's health programme. This year has seen the introduction of cycling which has been extremely successful. Volunteers have completed the 'Mountain-Bike Instructors Award Scheme' and offer rides as part of Cycle Telford every other Sunday 10am – 12noon in the Town Park.

Click image to watch video
Jim was overweight and decided it was time to act

- The local leisure provision has continued to be improved. Leisure Services opened a new gym at Horsehay Village Golf Centre in March 2015 encouraging more people to become aspirations members.
- This year TParty in July was a sporting extravaganza and was the first venue in the West Midlands to welcome the arrival of the Webb Ellis Rugby World Cup Trophy! The day saw a range of family fun activities delivered across Telford Town Park and Southwater. There were a whole host of come and try it activities including: Penalty shoot-out competition, bubble football, rounders games, Tennis Factory and rugby.

What's next:
Increasing participation in sport and physical activity continues to be a priority for the Council. It recognises the contribution this can make to peoples lives across the life course and particularly in helping people to lead healthy independent lives.

For further information please contact:
leisure@telford.gov.uk

The Public Health team should work with the Development, Business & Employment team to develop specific policies which support the creation of healthy environments, for example, controlling the number of new fast food outlets within local centres and near schools, in the Shaping Places Development Strategy.

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.

Click image to watch video
Cllr Richard Overton talks about the council's Green Guarantee

Next steps:
The progress of the Local Plan will be monitored and opportunities to further enhance health through planning will be taken where appropriate.

For further information please contact public.health@telford.gov.uk

The Council, partners and communities recognise the valuable contribution volunteering can make to volunteers themselves and to others and support the development of more volunteering opportunities.

Volunteering is a co-operative activity; it helps to build relationships and partnerships between public, private and voluntary sector organisations. We are fortunate to have a huge number of volunteers in Telford and Wrekin, many of whom volunteer within Council services.

Through Cities of Service (a Cabinet Office funded programme) this experience has been built on and even more opportunities have been created for residents to be active citizens within our Borough.

Click image to watch video
Brookside is buzzing with volunteers

Let's Grow has established community growing projects in the most vulnerable areas of the borough, run cooking courses, developed tool hire schemes and planting events. The impact the project has achieved can be seen in this short video.

What's next:
The Cabinet Office Cities of Service initiative ends in March 2016 but Let's Grow will continue, as will many other opportunities for volunteers across the Borough.

For further information please contact getinvolved@telford.gov.uk

The Council, partners and communities use the '5 Ways Telford' social media blog to cascade 'people like us' stories to inspire others to take simple steps to feel well, be more positive and get more from life.

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.

In addition Five Ways to Wellbeing has been embedded into services across the Council including Healthy Lifestyles Hub, Learning for Wellbeing Courses, Job Box and the volunteering programme

Click image to watch video
Julie's journey began with one small step and ended in a transformation

What's next:
Five Ways to Wellbeing will continue to be promoted as simple steps that everyone can use to improve their wellbeing.

For further information please contact:
public.health@telford.gov.uk

In order to fully realise the opportunities for Making Every Contact Count it is recommended that:

- **The Council develop and roll out Health & Wellbeing Making Every Contact Count training for front-line council services, who have received Public Health grant funding, to ensure our workforce feels confident in using brief advice to raise lifestyle and wellbeing issues with customers and;**

- **The NHS Telford and Wrekin Clinical Commissioning Group support collaborative work on Making Every Contact Count across the Local Health Economy, for example through use of the NHS standard contract to specify MECC training and delivery requirements for providers.**

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. Since May 2015 over 300 members of staff have completed the online training module.

A 2 hour face to face training session has also been developed for Council frontline staff and partners in public and third sector working with vulnerable groups. The training seeks to further embed the messages and skills required to deliver MECC. To date over 90 members of staff and volunteers from a range of organisations have completed the training, the programme continues with monthly 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.

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.

Next steps:
The online and face to face training programme will continue through 2016/17 with delegates welcomed from a wide range of partners who work with vulnerable residents as part of their everyday roles.

In addition a specific programme will be developed with Shropshire Fire and Rescue to enable officers to use Health and Wellbeing MECC during contacts with the public, particularly during home visits.

For further information please contact:
public.health@telford.gov.uk

Public Health Outcomes Framework

Summary of key changes to the health of people in Telford and Wrekin

Since the last annual public health report there have been some significant changes on certain indicators which measure the health of our population.

For life expectancy and mortality rates

- Whilst life expectancy figures remain significantly worse than the England average, there have been improvements in death rates and the following measures are no longer significantly worse than the national average:
  - Mortality rates for all causes considered preventable, for males
  - Early mortality rate (under 75 years) for cardiovascular diseases (heart disease and stroke) for all persons
  - Early mortality rate (under 75 years) for cancer in women
  - Early mortality rates (under 75 years) for liver disease considered preventable in all persons and males
- The early mortality rate from all cancers considered preventable in men has deteriorated and is now worse than the England average

In terms of health improvement

- Measures of health for children and young people have mainly remained worse than the national average, including: smoking in pregnancy and teenage pregnancy, excess weight and breastfeeding at birth – although breastfeeding at 6-8 weeks has improved
- Hospital admissions caused by deliberate and unintentional injury have risen and are now worse than the England average
- For adults, levels of smoking and excess weight and the uptake of the NHS Health Check remain worse than average. However, levels of physical activity and cervical screening coverage have improved
- Hip fractures for older people aged 65 years and over in all persons and in women have increased and are now worse than the national average.

With respect to the wider determinants which impact on health

- Levels of children living in poverty have improved, but remain worse than the England average
- School readiness measures have improved, particularly in our most disadvantaged children, with two indicators now significantly better than the national average

Introduction

The Public Health Outcomes Framework (PHOF) for England6, was first published in January 2012 by Public Health England (PHE). The overarching vision of the PHOF is improving and protecting the nation's health and wellbeing, and improving the health of the poorest fastest. This vision is encompassed in the framework's two high level outcomes:

Outcome 1: Increased healthy life expectancy

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

The framework aims to deliver these outcomes through improvement across 66 public health indicators and a series of sub indicators grouped into four domains.

PHE refresh and update the data the PHOF indicators at quarterly intervals in August, November, February and May. This report provides an updated overview and key headlines for Telford and Wrekin from the most recent PHOF, comprising updates released by PHE in November 2015.

PHOF Summary for Telford & Wrekin November 2015

Domain 0 - Overarching determinants of health

There are two primary indicators with a total of ten sub-indicators in this domain with reported data. There were no new indicators for this domain; no indicators have been updated in the November 2015 release. The Telford & Wrekin position is significantly worse than the England average for all eight sub-indicators that have been compared.

Worse than average indicators:

- Healthy life expectancy at birth (male and female)
- Life Expectancy at birth – (male and female)
- Life Expectancy at 65 – (male and female)
- Gap in life expectancy at birth between compared with England – (male and female)

Domain 1 – Wider determinants of health

There are 17 primary indicators with a total of 40 sub-indicators with reported data in this domain. No new indicators have been added and three sub-indicators have had data updates since the May 2014 release (KSI casualties, Violent offences per 1,000 population and sexual offences per 1,000 population). The Telford & Wrekin position is significantly better than the England average for eight of the sub-indicators and significantly worse for seven.

Better than average indicators:

- School Readiness: Year 1 pupils achieving the expected level in the phonics screening check (all children and those receiving free schools meals)
- Killed and seriously injured casualties on England's roads
- Emergency hospital admissions for violence
- The percentage of the population affected by noise
- Statutory homelessness – households in temporary accommodation
- Utilisation of outdoor space for exercise/health reasons
- Loneliness and isolation in adult carers

Worse than average indicators:

- Children living in poverty (under 16 and under 20)
- School readiness of children at reception age (all children)
- First time entrants into the youth justice system
- 16-18 year olds not in education, employment or training
- Employee sickness absence (% of employees taking days off)
- Fuel Poverty

Domain 2 – Health improvement

There are 22 primary indicators with 54 sub-indicators with reported local data in this domain. Five sub-indicators have had new baseline data added (5-a-day, fruit consumed, veg consumed, excess weight in adults, cancer screening coverage – bowel cancer) and a further ten have had data updates since the May 2015 release. Overall, Telford & Wrekin is significantly better than the England average in 19 of the sub-indicators and significantly worse in 16.

Better than average indicators:

- Smoking prevalence at age 15 (current, regular and occasional smokers)
- Cancer screening coverage (breast cancer and cervical cancer)
- Newborn (bloodspot & hearing) screening
- Access to non-cancer screening programmes – diabetes eye screening
- Abdominal aortic aneurysm screening
- Offer of the NHS Health Check programme to those eligible
- Injuries due to falls in people aged 65 and over (persons, males, females, aged 65-79 and aged 80+)

Worse than average indicators:

- Breastfeeding initiation at birth
- Maternal smoking: Smoking at time of delivery
- Under 18 conception rate
- Percentage of children with excess weight (both 4-5 and 10-11 age groups)
- Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 & 0-14 years)
- Fruit and Veg '5-a-day', average portion of fruit eaten, average portions of vegetable eaten
- Excess weight in adults
- Smoking prevalence in adults
- Male admission episodes for alcohol-related conditions
- Cancer screening coverage – bowel cancer
- Health check take up (by those offered and received and those who received)

Domain 3 – Health protection

There are seven primary indicators with 22 sub-indicators that have reported local data in this domain. Three indicators have been updated since May 2015. Statistically, the Telford & Wrekin position is significantly better than the England average for 14 of the sub-indicators and significantly worse for one.

Better than average indicators:

- Population vaccination coverage: Dtap / IPV / Hib (at both 1 year and 2 years old)
- Population vaccination coverage: MenC
- Population vaccination coverage: PCV
- Population vaccination coverage: Hib / MenC booster (at both 2 years and 5 years old)
- Population vaccination coverage: PCV booster
- Population vaccination coverage: MMR : one dose at 2 years old
- Population vaccination coverage: MMR : one dose at 5 years old
- Population vaccination coverage: MMR : two doses at 5 years old
- Population vaccination coverage: HPV (females 12-13 years)
- Population vaccination coverage: Flu (at risk individuals)
- Incidence of TB
- Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies

Worse than average indicators:

- Population immunisation coverage: (PPV)

Domain 4 – Healthcare and premature mortality

There are 16 primary indicators with a total of 64 sub-indicators with reported local data in this domain. There have been no new indicators and 32 data updates since the May 2015 release. The Telford & Wrekin position is significantly worse than the England average for 11 of the sub-indicators.

Worse than average indicators:

- Mortality from causes considered preventable (persons)
- Mortality for under 75s from cancer (persons and males)
- Mortality for under 75 from cancer considered preventable (persons and males)
- Preventable sight loss – glaucoma
- Health related quality of life for older people
- Hip fractures in people aged 65 and over (persons and females)

Key to RAG rating

RED:
Telford & Wrekin position statistically significantly worse than the England average or goal

AMBER:
Telford & Wrekin position statistically significantly similar to the England average or goal

GREEN:
Telford & Wrekin position statistically significantly better than the England average or goal

The RAG rating in these tables uses the statistical significance as calculated and presented by Public Health England (PHE) in the PHOF release November 2014. Indicators without RAG ratings are those where PHE have not applied statistical comparisons.

RED: Telford & Wrekin position statistically significantly worse than the England average or goal

AMBER: Telford & Wrekin position statistically significantly similar to the England average or goal

GREEN: Telford & Wrekin position statistically significantly better than the England average or goal

Domain 0 - Overarching determinants of health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
0.1i	Healthy life expectancy at birth - Male	60.1	63.3	2011 - 13
0.1i	Healthy life expectancy at birth - Female	57.1	63.9	2011 - 13
0.1ii	Life Expectancy at birth - Male	78.2	79.4	2011 - 13
0.1ii	Life Expectancy at birth - Female	81.5	83.1	2011 - 13
0.1ii	Life Expectancy at 65 - Male	18.0	18.7	2011 - 13
0.1ii	Life Expectancy at 65 - Female	20.1	21.1	2011 - 13
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area - Male	7.2	0	2011 - 13
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area - Female	2.1	0	2011 - 13
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole - Male	-1.2	0	2011 - 13
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole - Female	-1.6	0	2011 - 13

Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.01i	Children in poverty (all dependent children under 20) - Persons	22.8	18.6	2012
1.01ii	Children in poverty (under 16s) - Persons	23.9	19.2	2012
1.02i	School Readiness: The percentage of children achieving a good level of development at the end of reception - Persons	58.2	60.4	2013/14
1.02i	School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception - Persons	47.9	44.8	2013/14
1.02ii	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check - Persons	77.4	74.2	2013/14
1.02ii	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check - Persons	68.7	61.3	2013/14
1.03	Pupil absence - Persons	4.4	4.5	2013/14
1.04	First time entrants to the youth justice system - Persons	549.5	409.1	2014
1.05	16-18 year olds not in education employment or training - Persons	7.3	4.7	2014
1.06i	Adults with a learning disability who live in stable and appropriate accommodation - Persons	65.1	74.9	2013/14
1.06i	Adults with a learning disability who live in stable and appropriate accommodation - Male	62.5	74.5	2013/14

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Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.06i	Adults with a learning disability who live in stable and appropriate accommodation - Female	68.6	75.4	2013/14
1.06ii	% of adults in contact with secondary mental health services who live in stable and appropriate accommodation - Persons	84.9	60.8	2013/14
1.06ii	% of adults in contact with secondary mental health services who live in stable and appropriate accommodation - Male	83.2	59.4	2013/14
1.06ii	% of adults in contact with secondary mental health services who live in stable and appropriate accommodation - Female	86.6	62.4	2013/14
1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate - Persons	9.7	8.7	2013/14
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate - Persons	67.9	65.0	2013/14
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate - Male	74.5	69.5	2013/14
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate - Female	61.3	60.7	2013/14
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate - Persons	62.2	64.7	2013/14
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate - Male	68.9	71.1	2013/14
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate - Female	55.4	58.0	2013/14
1.09i	Sickness absence - The percentage of employees who had at least one day off in the previous week - Persons	3.5	2.5	2010 - 12
1.09ii	Sickness absence - The percent of working days lost due to sickness absence - Persons	1.9	1.6	2010 - 12
1.10	Killed and seriously injured (KSI) casualties on England's roads - Persons	21.6	39.3	2012 - 14
1.11	Domestic Abuse - Persons	15.5	19.4	2013/14
1.12i	Violent crime (including sexual violence) - hospital admissions for violence - Persons	36.1	52.4	2011/12 - 13/14
1.12ii	Violent crime (including sexual violence) - violence offences per 1,000 population - Persons	15.8	13.5	2014/15
1.12iii	Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population - Persons	2.2	1.4	2014/15
1.13i	Re-offending levels - percentage of offenders who re-offend - Persons	23.2	25.9	2012
1.13ii	Re-offending levels - average number of re-offences per offender - Persons	0.7	0.8	2012

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Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.14i	The rate of complaints about noise - Persons	4.9	7.4	2013/14
1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime - Persons	0.8	5.2	2011
1.14iii	The percentage of the population exposed to road, rail and air transport noise of 55 d B(A) or more during the night-time - Persons	2.0	8.0	2011
1.15i	Statutory homelessness - homelessness acceptances - Not applicable	1.8	2.3	2013/14
1.15ii	Statutory homelessness - households in temporary accommodation - Persons	0.8	2.6	2013/14
1.16	Utilisation of outdoor space for exercise/health reasons - Persons	25.1	17.1	Mar 2013 - Feb 2014
1.17	Fuel Poverty - Persons	10.8	10.4	2013
1.18i	Social Isolation: % of adult social care users who have as much social contact as they would like - Persons	45.4	44.5	2013/14
1.18ii	Social Isolation: % of adult carers who have as much social contact as they would like - Persons	44.0	41.3	2012/13

Domain 2 - Health improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.01	Low birth weight of term babies - Persons	2.5	2.9	2014
2.02i	Breastfeeding - Breastfeeding initiation	67.5	74.3	2014/15
2.02ii	Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	41.1	43.8	2014/15
2.03	Smoking status at time of delivery	21.2	11.4	2014/15
2.04	Under 18 conceptions	35.1	24.3	2013
2.04	Under 18 conceptions: conceptions in those aged under 16	4.8	4.8	2013
2.06i	Excess weight in 4-5 and 10-11 year olds - 4-5 year olds - Persons	25.9	22.5	2013/14
2.06ii	Excess weight in 4-5 and 10-11 year olds - 10-11 year olds - Persons	37.3	33.5	2013/14
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) - Persons	143.8	112.2	2013/14
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) - Persons	192.9	140.8	2013/14
2.07ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24) - Persons	144.7	136.7	2013/14

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Domain 2 - Health improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.08	Emotional wellbeing of looked after children - Persons	15.8	13.9	2013/14
2.09i	Smoking prevalence at age 15 - current smokers (WAY survey) - Persons	6.0	8.2	2014/15
2.09ii	Smoking prevalence at age 15 - regular smokers (WAY survey) - Persons	4.1	5.5	2014/15
2.09iii	Smoking prevalence at age 15 - occasional smokers (WAY survey) - Persons	1.9	2.7	2014/15
2.11i	Proportion of the population meeting the recommended '5-a-day' - Persons	46.4	53.5	2014
2.11i	Average number of portions of fruit consumed daily - Persons	2.4	2.6	2014
2.11iii	Average number of portions of vegetables consumed daily - Persons	2.1	2.3	2014
2.12	Excess Weight in Adults - Persons	71.9	64.6	2012 - 14
2.13i	Percentage of physically active and inactive adults - active adults - Persons	55.5	57.0	2014
2.13ii	Percentage of physically active and inactive adults - inactive adults - Persons	28.1	27.7	2014
2.14	Smoking Prevalence - Persons	20.7	18.0	2014
2.14	Smoking prevalence - routine & manual - Persons	28.5	28.0	2014
2.15i	Successful completion of drug treatment - opiate users - Persons	8.2	7.4	2014
2.15ii	Successful completion of drug treatment - non-opiate users - Persons	40.4	39.2	2014
2.16	People entering prison with substance dependence issues who are previously not known to community treatment - Persons	42.2	46.9	2012/13
2.17	Recorded diabetes - Persons	6.5	6.2	2013/14
2.18	Admission episodes for alcohol-related conditions - narrow definition - Persons	681.5	645.1	2013/14
2.18	Admission episodes for alcohol-related conditions - narrow definition - Male	909.8	835.3	2013/14
2.18	Admission episodes for alcohol-related conditions - narrow definition - Female	476.1	474.8	2013/14
2.19	Cancer diagnosed at early stage (Experimental Statistics) - Persons	45.3	45.7	2013
2.20i	Cancer screening coverage - breast cancer - Female	78.6	75.4	2015
2.20ii	Cancer screening coverage - cervical cancer - Female	74.7	73.5	2015
2.20iii	Cancer screening coverage - Bowel cancer - Persons	53.9	57.1	2015
2.21iv	Newborn bloodspot screening - coverage - Persons	96.8	93.5	2013/14
2.21v	Newborn Hearing screening - Coverage - Persons	99.5	98.5	2013/14
2.21vii	Access to non-cancer screening programmes - diabetic retinopathy - Persons	85.0	79.1	2012/13
2.21viii	Abdominal Aortic Aneurysm Screening - Male	99.6	95.9	2013/14
2.22iii	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check - Persons	43.3	37.9	2013/14 - 14/15

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Domain 2 - Health improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.22iv	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check - Persons	39.1	48.9	2013/14 - 14/15
2.22v	Cumulative % of the eligible population aged 40-74 who received an NHS Health check - Persons	16.9	18.6	2013/14 - 14/15
2.23i	Self-reported wellbeing - people with a low satisfaction score - Persons	5.4	5.6	2013/14
2.23ii	Self-reported wellbeing - people with a low worthwhile score - Persons	5.8	4.2	2013/14
2.23iii	Self-reported wellbeing - people with a low happiness score - Persons	11.4	9.7	2013/14
2.23iv	Self-reported wellbeing - people with a high anxiety score - Persons	19.6	20.0	2013/14
2.24i	Injuries due to falls in people aged 65 and over - Persons	1569.6	2064.3	2013/14
2.24i	Injuries due to falls in people aged 65 and over - Male	1215.6	1661.3	2013/14
2.24i	Injuries due to falls in people aged 65 and over - Female	1923.7	2467.2	2013/14
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79 - Persons	726.3	989.3	2013/14
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79 - Male	605.7	798.9	2013/14
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79 - Female	846.9	1179.7	2013/14
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+ - Persons	4015.3	5181.7	2013/14
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+ - Male	2984.3	4162.4	2013/14
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+ - Female	5046.3	6201.1	2013/14

Domain 3 - Health protection				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
3.01	Fraction of mortality attributable to particulate air pollution - Persons	4.6	5.3	2013
3.02	Chlamydia detection rate (15-24 year olds) - Persons	1948.6	2012.0	2014
3.02	Chlamydia detection rate (15-24 year olds) - Male	1196.9	1355.3	2014
3.02	Chlamydia detection rate (15-24 year olds) - Female	2754.2	2664.2	2014
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (1 year old) - Persons	97.2	94.3	2013/14
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (2 years old) - Persons	98.1	96.1	2013/14
3.03iv	Population vaccination coverage - MenC - Persons	97.2	93.9	2012/13
3.03v	Population vaccination coverage - PCV - Persons	96.4	94.1	2013/14
3.03vi	Population vaccination coverage - Hib / MenC booster (2 years old) - Persons	96.3	92.5	2013/14

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Domain 3 - Health protection				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
3.03vi	Population vaccination coverage - Hib / Men C booster (5 years) - Persons	95.7	91.9	2013/14
3.03vii	Population vaccination coverage - PCV booster - Persons	97.0	92.4	2013/14
3.03viii	Population vaccination coverage - MMR for one dose (2 years old) - Persons	97.6	92.7	2013/14
3.03ix	Population vaccination coverage - MMR for one dose (5 years old) - Persons	98.0	94.1	2013/14
3.03x	Population vaccination coverage - MMR for two doses (5 years old) - Persons	95.9	88.3	2013/14
3.03xii	Population vaccination coverage - HPV - Female	92.7	86.7	2013/14
3.03xiii	Population vaccination coverage - PPV - Persons	65.5	68.9	2013/14
3.03xiv	Population vaccination coverage - Flu (aged 65+) - Persons	73.1	72.7	2014/15
3.03xv	Population vaccination coverage - Flu (at risk individuals) - Persons	55.8	50.3	2014/15
3.04	HIV late diagnosis - Persons	43.8	42.2	2012 - 14
3.05ii	Incidence of TB - Persons	6.9	13.5	2012 - 14
3.06	NHS organisations with a board approved sustainable development management plan - Not applicable	50.0	41.6	2013/14
3.07	Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies - Not applicable	100.0	95.2	2014/15

Domain 4 - Healthcare and premature mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.01	Infant mortality - Persons	5.3	4.0	2011 - 13
4.02	Tooth decay in children aged 5 - Persons	0.8	0.9	2011/12
4.03	Mortality rate from causes considered preventable - Persons	198.4	182.7	2012 - 14
4.03	Mortality rate from causes considered preventable - Male	250.0	230.1	2012 - 14
4.03	Mortality rate from causes considered preventable - Female	149.1	138.4	2012 - 14
4.04i	Under 75 mortality rate from all cardiovascular diseases - Persons	80.3	75.7	2012 - 14
4.04i	Under 75 mortality rate from all cardiovascular diseases - Male	112.9	106.2	2012 - 14
4.04i	Under 75 mortality rate from all cardiovascular diseases - Female	49.1	46.9	2012 - 14
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable - Persons	52.0	49.2	2012 - 14
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable - Male	77.2	74.1	2012 - 14
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable - Female	27.8	25.6	2012 - 14

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Domain 4 - Healthcare and premature mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.05i	Under 75 mortality rate from cancer - Persons	159.4	141.5	2012 - 14
4.05i	Under 75 mortality rate from cancer - Male	179.0	157.7	2012 - 14
4.05i	Under 75 mortality rate from cancer - Female	141.2	126.6	2012 - 14
4.05ii	Under 75 mortality rate from cancer considered preventable - Persons	95.2	83.0	2012 - 14
4.05ii	Under 75 mortality rate from cancer considered preventable - Male	108.6	90.5	2012 - 14
4.05ii	Under 75 mortality rate from cancer considered preventable - Female	82.9	76.1	2012 - 14
4.06i	Under 75 mortality rate from liver disease - Persons	21.2	17.8	2012 - 14
4.06i	Under 75 mortality rate from liver disease - Male	25.8	23.4	2012 - 14
4.06i	Under 75 mortality rate from liver disease - Female	16.9	12.4	2012 - 14
4.06ii	Under 75 mortality rate from liver disease considered preventable - Persons	18.9	15.7	2012 - 14
4.06ii	Under 75 mortality rate from liver disease considered preventable - Male	24.4	21.0	2012 - 14
4.06ii	Under 75 mortality rate from liver disease considered preventable - Female	13.6	10.6	2012 - 14
4.07i	Under 75 mortality rate from respiratory disease - Persons	32.7	32.6	2012 - 14
4.07i	Under 75 mortality rate from respiratory disease - Male	34.1	38.3	2012 - 14
4.07i	Under 75 mortality rate from respiratory disease - Female	31.3	27.4	2012 - 14
4.07ii	Under 75 mortality rate from respiratory disease considered preventable - Persons	19.1	17.8	2012 - 14
4.07ii	Under 75 mortality rate from respiratory disease considered preventable - Male	19.2	20.1	2012 - 14
4.07ii	Under 75 mortality rate from respiratory disease considered preventable - Female	18.9	15.7	2012 - 14
4.08	Mortality from communicable diseases - Persons	62.8	63.2	2012 - 14
4.08	Mortality from communicable diseases - Male	78.6	74.0	2012 - 14
4.08	Mortality from communicable diseases - Female	57.2	56.4	2012 - 14
4.09	Excess under 75 mortality rate in adults with serious mental illness - Persons	438.8	347.2	2012/13
4.10	Suicide rate - Persons	10.4	8.9	2012 - 14
4.10	Suicide rate - Male	15.9	14.1	2012 - 14
4.10	Suicide rate - Female	*	4.0	2012 - 14
4.11	Emergency readmissions within 30 days of discharge from hospital - Persons	11.5	11.8	2011/12
4.11	Emergency readmissions within 30 days of discharge from hospital - Male	11.6	12.1	2011/12
4.11	Emergency readmissions within 30 days of discharge from hospital - Female	11.3	11.5	2011/12
4.12i	Preventable sight loss - age related macular degeneration (AMD) - Persons	125.0	118.8	2013/14
4.12ii	Preventable sight loss - glaucoma - Persons	21.9	12.9	2013/14

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Domain 4 - Healthcare and premature mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.12iii	Preventable sight loss - diabetic eye disease - Persons	5.6	3.4	2013/14
4.12iv	Preventable sight loss - sight loss certifications - Persons	42.1	42.5	2013/14
4.13	Health related quality of life for older people - Persons	0.7	0.7	2012/13
4.14i	Hip fractures in people aged 65 and over - Persons	703.0	580.0	2013/14
4.14i	Hip fractures in people aged 65 and over - Male	483.2	423.2	2013/14
4.14i	Hip fractures in people aged 65 and over - Female	922.9	736.7	2013/14
4.14ii	Hip fractures in people aged 65 and over - aged 65-79 - Persons	261.9	240.1	2013/14
4.14ii	Hip fractures in people aged 65 and over - aged 65-79 - Male	171.9	163.8	2013/14
4.14ii	Hip fractures in people aged 65 and over - aged 65-79 - Female	352.0	316.4	2013/14
4.14iii	Hip fractures in people aged 65 and over - aged 80+ - Persons	1982.2	1565.7	2013/14
4.14iii	Hip fractures in people aged 65 and over - aged 80+ - Male	1385.9	1175.6	2013/14
4.14iii	Hip fractures in people aged 65 and over - aged 80+ - Female	2578.5	1955.7	2013/14
4.15i	Excess Winter Deaths Index (Single year, all ages) - Persons	29.2	20.1	Aug 2012 - Jul 2013
4.15i	Excess Winter Deaths Index (Single year, all ages) - Male	34.3	17.5	Aug 2012 - Jul 2013
4.15i	Excess Winter Deaths Index (Single year, all ages) - Female	24.5	22.6	Aug 2012 - Jul 2013
4.15ii	Excess Winter Deaths Index (single year, ages 85+) - Persons	51.3	28.2	Aug 2012 - Jul 2013
4.15ii	Excess Winter Deaths Index (single year, ages 85+) - Male	42.3	26.7	Aug 2012 - Jul 2013
4.15ii	Excess Winter Deaths Index (single year, ages 85+) - Female	56.5	29.1	Aug 2012 - Jul 2013
4.15iii	Excess Winter Deaths Index (3 years, all ages) - Persons	17.2	17.4	Aug 2010 - Jul 2013
4.15iii	Excess Winter Deaths Index (3 years, all ages) - Male	18.6	15.5	Aug 2010 - Jul 2013
4.15iii	Excess Winter Deaths Index (3 years, all ages) - Female	15.8	19.3	Aug 2010 - Jul 2013
4.15iv	Excess Winter Deaths Index (3 years, ages 85+) - Persons	22.4	24.1	Aug 2010 - Jul 2013
4.15iv	Excess Winter Deaths Index (3 years, ages 85+) - Male	27.1	23.2	Aug 2010 - Jul 2013
4.15iv	Excess Winter Deaths Index (3 years, ages 85+) - Female	19.9	24.6	Aug 2010 - Jul 2013

Source: www.phoutcomes.info

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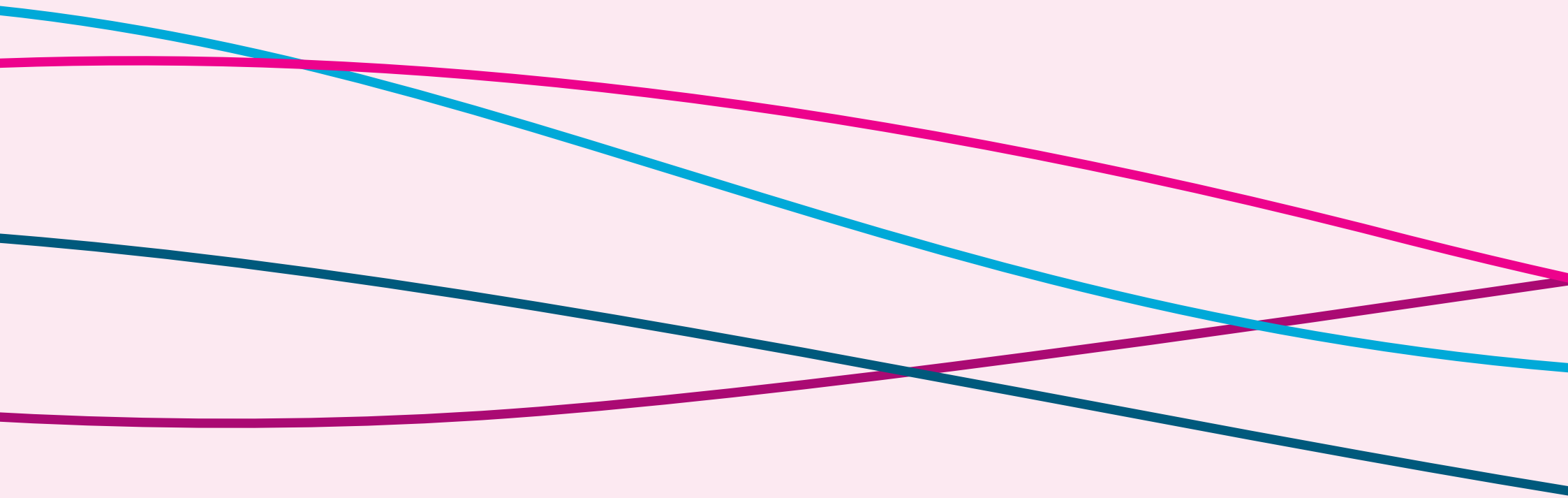

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TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 9th MARCH 2016

SUSTAINABILITY TRANSFORMATION PLAN

REPORT OF: DAVID EVANS: CHIEF OFFICER, TELFORD & WREKIN CLINICAL COMMISSIONING GROUP

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This paper and the attached slides in appendix 1 to this report, provides the Health and Wellbeing Board with an update on the planning guidance for the NHS up to 2020/21. Its sets out the requirement for partners across the system to deliver against one jointly owned and delivered plan.

2. RECOMMENDATIONS

That the Board note the attached planning guidance and consider the implications for the Board and partners.

3. IMPACT OF ACTION

The aim of the plan is to improve the delivery of services for the population

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	• *Improve Mental Wellbeing* • *Encourage healthier lifestyles* • *Strengthen our communities and community based support*
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	
	Will the proposals impact on specific groups of people?	
	No	
TARGET COMPLETION/DELIVERY DATE	*Plan to be submitted to the DoH June 2016.*	

FINANCIAL/VALUE FOR MONEY IMPACT	No	
LEGAL ISSUES	No	
EQUALITY & DIVERSITY	No	
IMPACT ON SPECIFIC WARDS	No	
PATIENTS & PUBLIC ENGAGEMENT	Yes	*An engagement plan is in development*
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

See Appendix One.

Report prepared by David Evans, Chief Officer, Telford & Wrekin CCG

Shropshire and Telford and Wrekin Sustainability and Transformation Plan (STP)

David Evans

Chief Officer

NHS
Telford and Wrekin
Clinical Commissioning Group

Introduction

The last spending review set out the basis for:

* Implementation of the “Five Year Forward View”
* Restoring and maintaining financial balance to the NHS
* Delivery of core access and quality standards for patients

What we have to do?

* Following the spending review we now have national guidance outlining the requirement to:
  - Develop a Five Year STP, based on local health and social care systems and delivering the Five Year Forward View.
  - Develop a one year operational plan for each organisation, consistent with the STP – a year of stabilisation.
* STPs are to be submitted by the 30 June 2016 and will be formally assessed in July 2016.

Context of the STPs

* Planning by individual institutions increasingly supplemented with planning by place for population

* System leadership will be needed and involve:

    - Local health and social care leaders coming together as a team
    - Developing a shared vision with the local community
    - Setting out a programme of activities to make the STP happen
    - Implementation of the plan once it is written
    - Learning and adapting to develop the right solution

* Engaging and iterative process that harmonises the energies of clinicians, patients, carers and citizens and local community partners.

* Must cover all areas of CCG and NHS England spend as well as relevant local authority services reflecting health and wellbeing strategies.

Access to Transformation Funding

* For the first time the planning process will have significant central money attached
* STP will be the single application and approval process for transformation funding for 2017/18 onward
* This protected funding is for initiatives such as the spread of new care models, technology roll out, prevention etc
* The criteria to assess STPs will include:

  - Scale of ambition, track record of progress already made
  - Clear and powerful vision with a coherent story across the system
  - The reach and quality of the local process
  - The strength and unity of the local system leadership and partnerships
  - Confidence that there is a clear sequence of implementation actions

Context of STPs

* A clear overall vision and plan for the area
* System wide local financial sustainability plans covering providers and commissioners
* Agreement of the transformation footprint
* Clear plan for the radical upgrade in prevention, patient activation, choice and control and community engagement – how we will close the health and wellbeing gap
* New care model development, improving against clinical priorities and rollout of digital healthcare – how we will drive transformation to close the care and quality gap
* Achieving financial balance around the local systems and improve the efficiency of NHS services

What are we doing in Shropshire and Telford and Wrekin?

* We can build on much of what we have already started:
    - FutureFit
    - Community Fit
    - Deficit Reduction Plan
    - Primary Care Strategies
    - Rural Urgent Care Services

* We need to bring all the above together to tell a coherent story of our vision and what we want to achieve
* It is early days, but we have established and STP Partnership Board with membership of Chief Officers across the health and social care system
* We will not be creating a whole new bureaucracy for the STP because what we have in place still holds good
* This is an opportunity to respond to what people have been saying we need to do – a whole system plan
* We will continue to develop our thinking and methodology in partnership with all our stakeholders

Questions

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 9TH MARCH 2016

EARLY HELP UPDATE REPORT

REPORT OF: LIZ NOAKES, ASSISTANT DIRECTOR HEALTH AND WELLBEING

LEAD CABINET MEMBER – CLLR PAUL WATLING

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report summarises progress towards implementing the Early Help Strategy.

The Early Help Strategy sets out the programme of work that will be undertaken locally by the partnership (overseen by the Early Help Partnership Board) to provide early help to children and their families.

Following consultation, six priorities, for immediate action were identified by the partnership to improve outcomes for our children, young people and families:

Priority 1 Further development of the emotional health and wellbeing pathway to address gaps in current service provision with a focus on early help support for those with emerging mental health needs

Priority 2 Development of a health improvement proposal for primary and secondary schools

Priority 3 Development of a bespoke schools based programme to deliver improved outcomes for emotional health and wellbeing

Priority 4 Development of a needs led commissioned model of parenting that takes account of the evidence base; cost effectiveness and outcomes; whilst maximising opportunities to build on existing best practice within local communities and the voluntary sector

Priority 5 Work collaboratively with NHS England and the Shropshire Community Health NHS Trust to manage the transfer of the commissioning responsibility for Health Visiting and the Family Nurse Partnership to the Local Authority

Priority 6 Refinement of the model for delivering our early help services and support, which maximises integration (reducing duplication across service areas and teams); maximises skills and expertise of the local workforce; and builds capacity and resilience within local communities and the voluntary sector

Performance against outcomes is routinely monitored by the Early Help Partnership Board. Current performance at month 9 is summarised in Appendix A. The year end position will be available in July 2016.

An Early Help Impact Assessment (Appendix B) has been completed by lead Professionals to assess progress towards implementing early help arrangements locally and to identify areas requiring further improvement.

The Early Help Partnership Board is currently working with key partners to develop the work programme for 2016.

2. RECOMMENDATIONS

The Health & Wellbeing Board is requested to acknowledge:

- The progress made by Early Help Partnership organisations towards improving outcomes for children and families
- The challenges in measuring and monitoring the impact of our early help offer

3. IMPACT OF ACTION

Implementation of the Early Help Strategy and action plan will deliver improvements in the following outcomes:

- Improve the health and wellbeing of children, young people, families and carers
- Improve the educational attainment of children and young people
- Improve the emotional health and wellbeing of children, young people, families and carers
- Improve the prospects of children and young people in Telford & Wrekin
- Improve the engagement of children, young people, families and carers in services

4. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="6">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to a specific HWB Priority</td></tr>
<tr><td>Yes</td><td>• Encourage healthier lifestyles
• Improve mental wellbeing
• Strengthen our communities and community based support</td></tr>
<tr><td colspan="2">Do these proposals contribute to specific Co-Operative Council priority objective(s)?</td></tr>
<tr><td>Yes</td><td>• Put our children and young people first
• Protect and support vulnerable children and young people
• Improve local people's prospects through education and skills training
• Improve the health and wellbeing of our communities and address health inequalities</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>Children and young people</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">N/A Work programme is ongoing</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>The ring-fenced allocation of Public Health Grant for 2015/16 is £11,712k. This reflects the in year cut of £773k made in July 2015 by the Government.

A proportion of the public health grant has been allocated to delivering the Early Help programme. The 2015/16 budgets are –
• Early Help - £878k

• Health Visiting services relating to 0-5 year olds - £1,572k (reflects half year budget from date of transfer)

The 2016/17 Budget Strategy includes savings of £35k and £150k against the Early Help and the Health Visiting services budgets respectively.</td></tr>
</table>

		The 2016/17 Public Health Grant has been further cut by £300k but does include a further £1,572k to reflect the full year impact of the Health Visiting services transfer from the NHS. Whilst funding has been secured to deliver the training and development of our early help workforce to build their capacity to manage and support children and young people with emotional problems and emerging mental health issues further work is required to establish the amount of funding and how it will be accessed. The programme of work identified will need to be contained within the existing resources available for the Early Help strategy.
LEGAL ISSUES	Yes	The work of the Early Help Partnership assists the council in meeting its public health obligations required by statutory provision such as those contained section 2B of the National Health Act 2006 (as amended). This also includes specific services which the Secretary of State has arranged for local authorities to exercise under powers set out in section 7A of the National Health Services Act 2006 (as amended) such as health visiting.
EQUALITY & DIVERSITY	No	
IMPACT ON SPECIFIC WARDS	Yes	Borough-wide impact Targeted activity within the targeted intervention areas
PATIENTS & PUBLIC ENGAGEMENT	Yes	This is summarised in the Early Help Impact Assessment
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

PROGRESS TOWARDS ACHIEVING OUR PRIORITIES

A 'Targeted Support and Personal Advisor' is providing support to improve the emotional health and physical wellbeing of children in care, leaving care and fostering. A team of Senior Mental Health Practitioners based within Family Connect have offered consultation to families and practitioners, provided outreach services to identify children and young people with severe/complex needs, and have provided assessments and training to practitioners to support service delivery.

The children's counselling service has been reviewed and a new service is now in place. The new service is expected to deliver a number of improvements including a greater range of support mechanisms to better meet the needs of the child – this will support improved access to the service; reduce waiting list times; deliver improved service user engagement and satisfaction and extend the reach of the programme to provide support to an increasing number of children. Telford and Wrekin Clinical Commissioning Group, has awarded grants to voluntary sector organisations for the provision of bereavement care, counselling and specialist counselling for child sexual abuse including child sexual exploitation.

The council are currently working with the CCG to commission a new 0-25 Emotional Health and Wellbeing Service, improving capacity and access, smoothing the transition to adult services, and introducing effective preventative support. Linked to this, funding has been secured as part of the CaMHS Transformation Programme to train and develop our early help workforce to build their capacity to manage and support children and young people with emotional problems and emerging mental health issues. The identified workforce will include: children's services; social workers (and specifically those supporting children in care); teachers and non teaching staff in primary, secondary and post 16; midwives, health visitors, school nurses; and voluntary sector partners (including volunteers).

26 schools have participated in structured interviews contributing to the 'Health Promoting Schools Survey'. Emerging themes requiring greater focus are: self harm; depression; anxiety; coping strategies; online safety; RSE; effective approaches for engaging with parents; and personal resilience. The outcomes of the school survey are informing the development of our school based programme for emotional health and wellbeing. 37 schools have benefitted from additional training to help them to better support children with anxiety and anger issues. In January we launched a Physical and Emotional Health and Wellbeing Network for primary schools. This was supported by 14 primary schools and it is hoped that the membership will continue to grow over forthcoming months.

Preventative approaches to addressing the rise in self harm incidences has also been a priority. The school nurse workforce has completed specialist

training in self harm and Senior Mental Health Practitioners have delivered self harm information sessions to approximately 100 staff working within Children and Family Locality Services, Cohesion Services and Community Social work. The lead school nurse for mental health has been working directly with children and young people to develop specific projects to address self harm including development of a new resource 'Here for You' to address managing stress and anxiety. This resource will shortly be available to all schools in the borough. Our team of Senior Mental Health Practitioners meet regularly with School Nurses to discuss individual cases and describe 'good working relationships' to resolve issues and to respond to the needs of children and young people and both are providing specialist advice to professionals who have concerns about a young person. Gaps around local practice have been identified and service developments are in progress including the development of standardised paperwork for recording of risk; assessing self harm; and development of a self harm pathway with supporting guidance and protocols.

A number of service developments are being progressed to respond to unmet needs of parents. These include development of short courses for 'positive parenting', commissioning of a voluntary led parental befriending service (contract awarded October 2015); additional support for parents of 0-2's; and support for parents of Year 7 children ensuring strong links with schools and the school nursing service.

Our Health visiting workforce have a crucial role in the early years of a child's development providing ongoing support for all children and families; they lead the delivery of the Healthy Child Programme during pregnancy and the early years of life. Our focus to date has been the safe transfer of commissioning responsibilities from NHS England to the local authority.

The formal transfer of commissioning responsibilities is now complete – service development to maximise opportunities for integration (reducing duplication across service areas and teams); to maximise skills and expertise of the local workforce and to improve outcomes for children and families will now be the immediate focus for this priority.

A particular success has been the work undertaken by the Health Visitors working with Children Centre teams and Early Years Consultants to integrate the 2 year progress review. This work programme has been underpinned by joint training, new ways of working across the workforce, improved data sharing and an improved service offer for children and families.

During the last six months we have seen a significant reduction in the number of women smoking during pregnancy. Actions that have contributed to this reduction include:

- Midwives 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.

- Additional brief advice training for smoking cessation for midwives and health visitors
- An information sharing agreement is in place between the council and SaTH. The outcome is timely data and an enhanced data set which enables more effective targeting of resources and improved data intelligence to inform service and pathway developments.
- A very well defined and robust service specification, with clear key performance indicators and outcome measures (this has been cited as best practice regionally).
- Stop4Life have strong links with referring partners – Smoking Cessation specialists attend the Locality Advisory Boards and have developed robust referral pathways. Brief advice training for smoking cessation has also been provided to our early help workforce

Performance against outcomes is routinely monitored by the Early Help Partnership Board. Key messages are listed below and current performance at month 9 is summarised in Appendix A. The year end position will be available in July 2016.

- The percentage of infants being breastfed (at 6-8 weeks) for the first 6 months of the year has improved from 30.3% at the end of quarter one to 36.9% at the end of quarter two bringing the cumulative total to 33.7%.
- The percentage of mothers recorded as smoking at time of delivery continues to decrease, from 18.9% at the end of quarter 2 to 18.3% at the end of quarter 3. This is a significant improvement on previous years – historically we have had very high rates of more than 22% and the fourth highest in the UK for pregnant women smoking during their pregnancy
- The rate of teenage conceptions (per 1,000 females 15-17 years of age) has reduced from a rate of 34.7 to 33.5. This equates to 108 conceptions within the 12 month period up to end of September 2014 (4 less than the previous reporting period).
- The percentage of reception children with excess weight has continued to decrease, with the latest data for 2014/15 academic year being 23.5% (this is lower than the previous year when it was 25.9%). Although we remain higher than the national average, our rate of improvement is better than the national.
- The percentage of Year 6 children with excess weight has continued to decrease, with the latest data for 2014/15 academic year being 36.3%. Telford and Wrekin remain significantly worse than the national average. In 2014/15 the percentage has decreased, and although it remains worse than the national, the rate of improvement is better.
- The rate of hospital admissions as a result of self harm (10-24 years olds) is significantly worse than the national position.

- In the first 9 months of this year there had been 821 CAMHS referrals sent to Family Connect and screened by a CAMHs representative; at the same point last year there had been 670 referrals.

The Early Help Impact Assessment (Appendix B) summarises our Early Help Offer and outcomes by individual service. It also demonstrates the progress we have made towards improving a number of high level outcomes e.g. attainment, rate of teenage conceptions and smoking in pregnancy.

The quality of outcome and impact reporting for early help and prevention varies considerably across services and in some instances is very limited. It is also difficult, placing the child and family at the centre, to demonstrate the progress we have made as a partnership towards improving outcomes for children at the earliest point or reducing the need for higher cost, more intensive help.

Whilst we do have some good examples of measuring impact, current arrangements are not as robust as we would like – we do not have a means of measuring impact consistently across all early help and preventative services.

At the December meeting of the Early Help Board, partners agreed to prioritise the development of a joint framework for the evaluation of the impact and effectiveness of early help and preventative interventions in line with the strengthening families approach. The framework will focus on the quality of work, effectiveness of services and the impact on children and families. This programme of work is in progress.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

No further information

3. PREVIOUS MINUTES

Children, Young People and Families Board progress update presented to Board on 11th March 2015

4. BACKGROUND PAPERS

Report prepared by Louise Mills, Service Delivery Manager Health Improvement, Telephone: 01952 380505

Key

Improving (high is good) | Improving (low is good)
Worsening (high is good) | Worsening (low is good)

ID	Title	2012/13 Outturn	2013/14 Outturn		2014/15 Outturn		National Comparator 2014-15	Comparison to national position 2014-15	Performance at 6 months 2015-16	Performance at 9 months 2015-16	Estimate/ Outturn 2015-16	Direction of travel compared to 2014-15	Target 2015/16
Common Assessment Framework (CAF) Activity													
CM204	Number of Common Assessment Frameworks (CAFs) completed	N/A	392		552	↗	N/A		255	452	N/A (Estimate)		
Commentary on performance: No comments received for 9 month monitoring											Full year data covers 2015/16 financial year.		
CM649	Number of open Common Assessment Framework (CAF) episodes at end of period	N/A	N/A		339		N/A		329	340	N/A (Estimate)		
Commentary on performance: No comments received for 9 month monitoring											Full year data covers 2015/16 financial year.		
CM648	% of Common Assessment Framework (CAF) assessments progressing to Team Around the Child Plans	N/A	42.7%		57.7% (305/529)	↗	N/A		53.1% (320/603)	55.3% (351/635)	N/A (Estimate)		
Commentary on performance: Data based on a rolling year (01/01/2015 - 31/12/2015)											Full year data covers 2015/16 financial year.		
CM650	% of active Common Assessment Framework (CAF) episodes open for more than one year.	N/A	N/A		N/A		N/A		N/A	N/A	N/A (Estimate)		
Commentary on performance: Data relating to this is not recorded in a reportable way at present											Full year data covers 2015/16 financial year.		
CM645	Number of repeat CAF episodes	N/A	N/A		N/A		N/A		N/A	N/A	N/A (Estimate)		
Commentary on performance: Data relating to this is not recorded in a reportable way at present											Full year data covers 2015/16 financial year.		
CM651	Number of step ups - child with a CAF that is accepted as a referral to social care	N/A	N/A		N/A		N/A		N/A	N/A	N/A (Estimate)		
Commentary on performance: Data relating to this is not recorded in a reportable way at present											Full year data covers 2015/16 financial year.		
CM652	Number of step downs - child coming out of a CIN plan to be managed in early help services	N/A	N/A		N/A		N/A		N/A	N/A	N/A (Estimate)		
Commentary on performance: Data relating to this is not recorded in a reportable way at present											Full year data covers 2015/16 financial year.		

ID	Title	2012/13 Outturn	2013/14 Outturn		2014/15 Outturn		National Comparator 2014-15	Comparison to national position 2014-15	Performance at 6 months 2015-16	Performance at 9 months 2015-16	Estimate/ Outturn 2015-16	Direction of travel compared to 2014-15	Target 2015/16
CM653	TAC Impact scores at point of closure	N/A	N/A		N/A		N/A		N/A	N/A	N/A (Estimate)		
Commentary on performance: Further definition of indicator required											Full year data covers 2015/16 financial year.		
CM654	Number of CAFs completed for SEND children	N/A	N/A		N/A		N/A		N/A	N/A	N/A (Estimate)		
Commentary on performance: Data relating to this is not recorded in a reportable way at present											Full year data covers 2015/16 financial year.		
Improve the health and wellbeing of children, young people, families and carers													
CM096	Reduce the number of babies born with a low birth weight (live births at term (>=37 wks, <2500g)	3.3%	2.8%	↘	3.1%	↗	2.8% (2013)		N/A	2.5%	2.5% (Outturn)	Getting better	⮟
Commentary on performance: National figure at 9 months is 2.9%											Full year data covers 2014		
CYP001	Breast feeding (% of infants breastfeeding at 6 to 8 weeks)	33.2%	33.9% 722/2131	↗	32.8% (671/2047)		43.8% (2014/15)	Worse	30.3% (148/490)	33.7% (343/1019)	N/A (Estimate)	Getting better	43.8% (2019/20)
Commentary on performance: Data for 2015/16 ytd at Q2, single Q2 figure 36.9%. National 43.6%											Full year data covers 2015/16 financial year.		
CM026	Smoking in pregnancy (% of mothers smoking at delivery)	22.4%	22.4% 471/2099	↗	21.2%	↗	11.4% (2014/15)	Significantly worse	18.9% (196/1030)	18.3% (251/1532)	N/A (Estimate)	Getting better	11% (2019/20)
Commentary on performance: data for 2015/16 ytd at Q3.											Full year data covers 2015/16 financial year.		
CM067	Teenage conceptions (rate per 1,000 females aged 15-17 years)	37.4	36.8	→	35.1	→	24.3 (2013)	Significantly worse	34.7 (112)	33.5 (108)	N/A (Estimate)	Getting better	30.2
Commentary on performance: 108 conceptions. Rolling annual rate October 2013 - September 2014. National figure 23.3.											Full data covers July 2013-June 2014		
CM318	% excess weight (reception children)	23.9%	24.2%	→	25.9%	→	21.9% (2013-14 academic year)	Worse	N/A	23.5%	23.5% (Outturn)	Getting better	22.9%
Commentary on performance: National figure at 9 months is 21.9%											Full year data covers 2014/15		
CM319	% excess weight (Year 6 children)	35.7%	35.0%	→	37.3%	↗	33.5% (2013-14 academic year)	Worse	N/A	36.3%	36.3% (Outturn)	Getting better	34.3%
Commentary on performance: National figure at 9 months is 33.2%											Full year data covers 2014/15		

ID	Title	2012/13 Outturn	2013/14 Outturn		2014/15 Outturn		National Comparator 2014-15	Comparison to national position 2014-15	Performance at 6 months 2015-16	Performance at 9 months 2015-16	Estimate/ Outturn 2015-16	Direction of travel compared to 2014-15	Target 2015/16
Improve the attainment of children and young people													
CM082	% of children achieving at least the expected level in the prime areas of learning (Early Years Foundation Stage)	N/A	45.0%		58.2%		60.4% (2013-14 academic year)	Worse	66.6% (1474/2214)	67% (1474/2213)	67% (Outturn)	Getting better	
Commentary on performance: 67% of T&W pupils achieved a GLD, compared to 66% for England and 64% for the West Midlands. This is the first year that T&W has outperformed their regional and national comparators.											Full year data covers 2014/2015 academic		
CM588	Average attendance % for primary school/academy children	95.9%	95.5%		96.3%		96.1%	Better	N/A	N/A	N/A (Estimate)		95.8%
Commentary on performance: The DfE only release attendance data in the Statistical first release in March. Therefore we are no longer able to complete the 6 & 9 monthly data return with validated figures.											Full year data covers 2014/2015 academic		
CM589	Average attendance % for secondary school/academy children	94.4%	94.4%		94.9%		94.8%	Better	N/A	N/A	N/A (Estimate)		94.4%
Commentary on performance: The DfE only release attendance data in the Statistical first release in March. Therefore we are no longer able to complete the 6 & 9 monthly data return with validated figures.											Full year data covers 2014/2015 academic		
CM656	Average attendance % for state funded special school children	91.6%	90.8%		91.6%		91.0%	Better	N/A	N/A	N/A (Estimate)		91.3%
Commentary on performance: The DfE only release attendance data in the Statistical first release in March. Therefore we are no longer able to complete the 6 & 9 monthly data return with validated figures.											Full year data covers 2014/2015 academic		
Improve the emotional health and wellbeing of children, young people, families and carers													
CM615	Rate of hospital admission as a result of self harm (10-24 year olds) - per 100,000	N/A	N/A		511.5		346.3	Significantly worse	569.9	N/A	569.9 (Outturn)	Getting worse	
Commentary on performance: No new data											Full year data covers 2013/2014 financial year		
CM616	Rate of hospital admissions for mental health conditions (0-17year olds) - per 100,000	N/A	46.3		43.6		87.6	Significantly better	64.2	N/A	64.2 (Outturn)	Getting worse	
Commentary on performance: No new data. This is an annual measure											Full year data covers 2013/2014 financial year		
Improve the engagement of children, young people, families and carers													
CM559	Number of parents, carers, young people contacting Family Connect directly to request support	1790	6965		7848		N/A		3,965	5,913	N/A (Estimate)		
Commentary on performance: Figure based on actual count 1st April 2015 to 31 Dec 2015.											Full year data covers 2015/16 financial year.		

ID	Title	2012/13 Outturn	2013/14 Outturn		2014/15 Outturn		National Comparator 2014-15	Comparison to national position 2014-15	Performance at 6 months 2015-16	Performance at 9 months 2015-16	Estimate/ Outturn 2015-16	Direction of travel compared to 2014-15	Target 2015/16
Overall measures of effectiveness - monitored by other partnership boards													
CM644	% of children (U16) living in poverty	25.9%	25.1%		23.9%		19.2% (2012)	Significantly worse	23.9%	N/A	N/A (Estimate)		
Commentary on performance: Indicator ended											Full year data covers 2015/16 financial year.		
CM647	Number of referrals to Children's Social Care	3026	2878		1375		N/A		839	1,367	N/A (Estimate)		
Commentary on performance: No comments received for 9 month monitoring											Full year data covers 2015/16 financial year.		
CM646	Number of referrals accepted by social care that were within a year of a managed step down to CAF	N/A	N/A		N/A		N/A		N/A	N/A	N/A (Estimate)		
Commentary on performance: Data relating to this is not recorded in a reportable way at present											Full year data covers 2015/16 financial year.		
CYP021	Children subject to a Child Protection Plan (rate per 10,000 population)	36.5	33.2		26.4		42.1		41 (160/39000)	44 (173/39000)	N/A (Estimate)		
Commentary on performance: National comparator only available annually in March											Full year data covers 2015/16 financial year.		
CYP018	% of children becoming the subject of a Child Protection Plan for a second or subsequent time	16.8%	22.8%		19.6%		16.6%	Better	9.3% (10/108)	15.1% (24/159)	N/A (Estimate)	Getting better	
Commentary on performance: No comments received for 9 month monitoring											Full year data covers 2015/16 financial year.		
CYP015	Rate of children in care (rate per 10,000 population under 18)	82.3	79.2		75.1		60.0	Worse	74.1 (289/39000)	75.6 (295/39000)	N/A (Estimate)	Getting worse	
Commentary on performance: National comparator only available annually in March											Full year data covers 2015/16 financial year.		
CM397	Achievement rate for Key Stage 1 - Reading	85.0%	88.0%		89.0%		90% (2013-14 academic year)	Worse	91% (1963/2169)	N/A	91% (Outturn)	Getting better	
Commentary on performance: 91% (eng 90 %, WMids 90%). No new data											Full year data covers 2014/2015 academic		
CM667	Achievement rate for Key Stage 1 - Writing	81.0%	86.0%		87.0%		86% (2013-14 academic year)	Better	88% (1913/2169)		88% (Outturn)	Getting better	
Commentary on performance: 88% (Eng 88%, WMids 87%). No new data											Full year data covers 2014/2015 academic		

ID	Title	2012/13 Outturn	2013/14 Outturn		2014/15 Outturn		National Comparator 2014-15	Comparison to national position 2014-15	Performance at 6 months 2015-16	Performance at 9 months 2015-16	Estimate/ Outturn 2015-16	Direction of travel compared to 2014-15	Target 2015/16
CM668	Achievement rate for Key Stage 1 - Maths	89.0%	91.0%	↗	92.0%	↗	92% (2013-14 academic year)	Comparable	93% (2012/2169)	93.0%	93% (Outturn)	Getting better	▲
Commentary on performance: 93% (Eng 93%, WMids 92%). No new data											Full year data covers 2014/2015 academic		
CM083	Achievement rate of level 4 or above in Reading, Writing and Mathematics at Key Stage 2	74.0%	74.0%	→	78.0%	↗	78% (2013-14 academic year)	Comparable	82% (1630/1993)	82% (1631/1987)	82% (Outturn)	Getting better	▲
Commentary on performance: 82% of T&W pupils achieved L4 or above in RWM, better than England (80%) and West Midlands (79%). The gap to national has improved from 2%pts below in 2013 to to 2%pts above in 2015. The gap to regional has closed from -2%pts below to 4%pts above in the same period.											Full year data covers 2014/2015 academic		
CM085	The attainment gap between Free School Meals and their peers at Key Stage 2	-28.0	-16%-pt	↗	-17%-pt	↘	-18% (2013-14 academic year)	Worse	N/A	-17%-pts (69%/86%)	-17%-pts (Outturn)	No change	▼
Commentary on performance: In T&W 69% of pupils known to be eligible for FSM achieved L4+ in RWM compared to 86% of all other pupils, an attainment gap of -17%pts. This is the same gap as seen nationally.											Full year data covers 2014-2015 academic		
CM084	Achievement rate of 5 A*-C GCSE's or equivalent including English and Maths (Key Stage 4)	61.3%	58.6%	↘	51.7%	↘	56.8% (2013-14 academic year)	Worse	52.7% (1053/1998)	53.7% (1073/1997)	53.7% (Outturn)	Getting better	▲
Commentary on performance: In T&W 53.7% of pupils achieved 5+ A*-C including English & Maths, less than regional (55.1%) and national (57.3%) comparators.											Full year data covers 2014-2015 academic		
CM086	The attainment gap between Free School Meals and their peers at Key Stage 4	-28.8	-33.3%-pt	↘	-31.7%-pt	↗	-27.5% (2013-14 academic year)	Worse	N/A	-26.2%-pts (32%/58%)	-26.2%-pts (Outturn)	Getting better	▼
Commentary on performance: In Telford & Wrekin, 31.6% of pupils eligible for Free school meals achieved 5+ A*-C grade inc English & Maths GCSEs, compared to 57.8% of all other pupils. This is an attainment gap of -26.2%pts, a bigger gap than seen regionally (-25.8%pts) but smaller than the National gap of -27.9%pts and an improvement on last years gap of -31.7%pts. The gap has worsened for both England and West Midlands in the same period.											Full year data covers 2014-2015 academic		
CM657	Number of CAMHs referrals sent to Family Connect, screened by a CAMHs representative	129	892	↗	953	↗	N/A		503	821	N/A (Estimate)		
Commentary on performance: No comments received for 9 months monitoring											Full year data covers 2015/16 financial year.		
CM090	% of young people not in education, employment or training (16-19 years of age)	8.2%	8.5%	↗	7.9%	↘	5.0%	Worse	7.6% (433/5698)	6.6% (535/8060)	N/A (Estimate)	Getting better	▼
Commentary on performance: Average NEET Sept to Dec. Actual Figures not Adjusted											Full year data covers 2015/16 financial year.		

ID	Title	2012/13 Outturn	2013/14 Outturn		2014/15 Outturn		National Comparator 2014-15	Comparison to national position 2014-15	Performance at 6 months 2015-16	Performance at 9 months 2015-16	Estimate/ Outturn 2015-16	Direction of travel compared to 2014-15	Target 2015/16
CM004	Youth unemployment rate (16-24 year olds)	25.9%	33.6%		15.6%		17.4% (Oct 2013 - Sep 2014)	Better	12.8% (1400/11400)	16.2% (2100/13000)	16.2% (Outturn)	Getting worse	
Commentary on performance: The Borough's estimated unemployment rate for 16-24 year olds has increased in the period of Oct 2014 to Sep 2015 from 15.6% to 16.2% and is above regional (15.1%) and National (14.9%) comparators.											Full year data covers Oct 2014 - Sep 2015		
CM230	Number of households in temporary accommodation	58	55		62		N/A		55	58	58 (Estimate)	Getting better	
Commentary on performance: No comments received for 9 month monitoring											Full year data covers 2015/16 financial year.		
CM061	% of all homeless households which were of 16 to 24 year olds	57.6%	45.4%		71.8%		25.0%	Worse	55.3% (21/38)	50% (31/62)	50% (Estimate)	Getting better	
Commentary on performance: No comments received for 9 month monitoring											Full year data covers 2015/16 financial year.		
CYP007	First Time Entrants (FTE) into Youth Justice System per 100,000	487	520		504				N/A	N/A	N/A (Estimate)		
Commentary on performance: Annual data, next iteration available in Match 2016											Full year data covers 2015/16 financial year.		
CM630	Number of domestic abuse incidents involving children and pregnant women	N/A	1199		1236		N/A		572	844	N/A (Estimate)		
Commentary on performance: It is worth noting that the 6 month data has been updated from 407 to 572. This figure is cumulative during the year.											Full year data covers 2015/16 financial year.		

TELFORD AND WREKIN EARLY HELP IMPACT ASSESSMENT

OUR VISION

Families will be engaged in improving their own health and wellbeing; having an awareness of the actions they can take to help themselves and their family to achieve their full potential.

They will recognise the early warning signs of problems – knowing how and when to seek additional help and support. Families will be supported by local networks, families, friends and services in their community to help them in their day-to-day lives and at difficult times.

a co-operative council

Telford & Wrekin COUNCIL

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EARLY HELP STRATEGY

The Early Help Strategy and the local offer for children, young people, families and carers living in Telford & Wrekin has been developed in collaboration with service teams in the council, and in other organisations with input from children, young people, parents and carers.

The term 'for all' is used throughout our strategy – this is deliberate – to emphasise the universal focus we have adopted whilst not forgetting programmes and services for vulnerable groups to reduce demand and prevent problems from becoming too large.

The strategy sets out the context of how we work, what we provide, and our ambitions for the future. The vision was developed following consultation with key stakeholders – including the voluntary sector and professionals from across partner agencies in Telford & Wrekin and endorsed by children, young people, families and carers.

Our Early Help approach has a strong focus on prevention and wide reach. In addition to closer working with education we have a partnership commitment to build capacity within our communities as we work towards our vision of a longer term model of community self help and self sufficiency including volunteering of local people.

OUR PRIORITY AREAS

Following consultation during June 2014, **six priorities**, were identified by the Early Help Partnership (and endorsed by the Local Safeguarding Children's Board) to improve outcomes for our children, young people and families. Our immediate priorities are:

- **Priority 1** Further development of the Child Adolescent Mental Health Services (CAMHS) pathway to address gaps in current service provision with a focus on early help support for those with emerging mental health needs (Tier 2 service provision)

- **Priority 2** Development of a health improvement proposal for primary and secondary schools

- **Priority 3** Development of a bespoke schools based programme to deliver improved outcomes for emotional health and wellbeing

- **Priority 4** Development of a needs led commissioned model of parenting that takes account of the evidence base; cost effectiveness and outcomes; whilst maximising opportunities to build on existing best practice within local communities and the voluntary sector

- **Priority 5** Work collaboratively with NHS England and the Shropshire Community Health NHS Trust to manage the transfer of the commissioning responsibility for Health Visiting and the Family Nurse Partnership to the Local Authority

- **Priority 6** Refinement of the model for delivering our early help services and support, which maximises integration (reducing duplication across service areas and teams); maximises skills and expertise of the local workforce; and builds capacity and resilience within local communities and the voluntary sector

PROGRESS TOWARDS ACHIEVING OUR PRIORITIES

A 'Targeted Support and Personal Advisor' has been appointed to provide support to improve the emotional health and physical wellbeing of children in care, leaving care and fostering. A team of Senior Mental Health Practitioners based within Family Connect have offered consultation to families and practitioners, provided outreach services to identify children and young people with severe/complex needs, and have provided assessments and training to practitioners to support service delivery.

The children's counselling service has been reviewed and a new service is now in place. The new service is expected to deliver a number of improvements including a greater range of support mechanisms to better meet the needs of the child – this will support improved access to the service; reduce waiting list times; deliver improved service user engagement and satisfaction and extend the reach of the programme to provide support to an increasing number of children. Telford and Wrekin Clinical Commissioning Group, has awarded grants to voluntary sector organisations for the provision of bereavement care, counselling and specialist counselling for child sexual abuse including child sexual exploitation.

26 schools have participated in structured interviews contributing to the 'Health Promoting Schools Survey'. Emerging themes requiring greater focus are: self harm; depression; anxiety; coping strategies; online safety; RSE; effective approaches for engaging with parents; and personal resilience. The outcomes of the school survey are informing the development of our school based programme for emotional health and wellbeing. 37 schools have benefitted from additional training to help them to better support children with anxiety and anger issues.

Parenting workshops took place during October; attended by 40 professionals, whom work directly with children and families locally. The outcomes from the workshops and the public consultation have informed our parenting model for early help which is underpinned by the key principles of encouraging parents to self-help, seek information and support from peers.

A number of service developments are being progressed to respond to unmet needs of our children and families. These include development of short courses for 'positive parenting', commissioning of a voluntary led parental befriending service (contract awarded October 2015); additional support for parents of 0-2's; and support for parents of Year 7 children ensuring strong links with schools and the school nursing service.

Our Health visiting workforce have a crucial role in the early years of a child's development providing ongoing support for all children and families; they lead the delivery of the Healthy Child

Programme during pregnancy and the early years of life. Our focus to date has been the safe transfer of commissioning responsibilities from NHS England to the local authority.

The formal transfer of commissioning responsibilities is now complete – service development to maximise opportunities for integration (reducing duplication across service areas and teams); to maximise skills and expertise of the local workforce and to improve outcomes for children and families will now be the immediate focus for this priority

WHAT DOES THE EARLY HELP OFFER MEAN FOR FAMILIES?

Our Early Help Offer includes the 'front door' through which parents and professionals can access additional support at any level. http://www.telford.gov.uk/downloads/file/298/the_childs_journey

The critical features of our effective early help offer are:

- **Family Connect as our 'Single Point of Contact' to ensure families receive the right help at the right time**
- **a multi-disciplinary approach that brings a range of professional skills and expertise to bear through a "Team Around The Child" approach**
- **a relationship with a trusted Lead Professional who can engage the child and their family, and coordinate the support needed from other agencies**
- **practice that empowers families and helps them to develop the capacity to resolve their own problems**
- **a holistic approach that addresses children's needs in the wider family context**
- **simple, streamlined referral and assessment processes.**

Our early help offer recognises the crucial role that all family members – not just mothers and fathers, but step parents, grandparents, siblings and other extended family members and carers – play in influencing what children experience and achieve as well as the consequences when families are in difficulty.

The new 'Working Together to Safeguard Children' guidance places an emphasis on the importance of early help in promoting the welfare of children, together with clear arrangements for collaboration, and we want to ensure that our early help offer reflects the ambitions of this guidance.

Central to our early help offer is the early identification of children and families who would benefit from early help and a co-ordinated early assessment and response to prevent abuse and neglect of children and young people, and improve outcomes for children and families as a whole.

LEADERSHIP AND GOVERNANCE

Governance for Early Help from both the local authority and the Locality Advisory Boards is strong. The Early Help Partnership Board functions well. It combines the leadership and expertise of the council's senior leadership team from Children and Families Services, Public Health, Education with our strategic partners including the Clinical Commissioning Group, police, primary and secondary education, health partners and the voluntary sector. The Locality Advisory Board knows the locality and the families it serves well. Board members are supportive and challenging of the centre's leaders and the work of the local Children Centre. This effective governance structure contributes to driving improvements with regular reports of progress to the Local Safeguarding Children's Board.

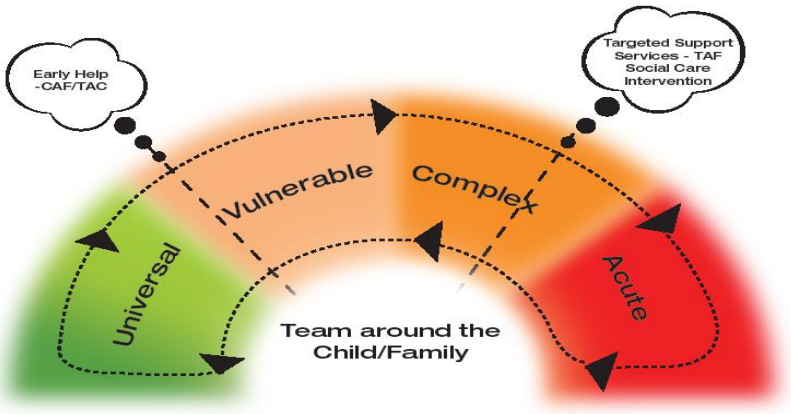
IDENTIFYING CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM EARLY HELP

The Family Connect Service is our 'Single Point of Contact' to ensure families receive the right help at the right time. The service comprises of both internal and external partnership services (Police, Probation, Community Health, Community Rehabilitation Community, Children Specialist Services, Children and Family Locality Services, Safeguarding Social Work, Education and Cohesion Services.)

Family Connect offers advice, guidance, information and sign posting to services that are appropriate and proportionate to the support needs of children, young people and their families and where necessary, identification of a lead agency/professional to coordinate relevant agencies.

The Family Connect Service has recently revised the advice, guidance and consultation for safeguarding enquiries in order to reduce the levels of professional anxiety in managing risk and to strengthen the need to provide early help interventions.

Children and family needs are constantly changing and at different times in their lives they will have differing levels of involvement from a range of services, from universal, targeted and specialist support services.



Locally, the provision of early help services forms part of a continuum of help and support to respond to the different levels of need of individual children and families.

Children and family needs are constantly changing and at different times in their lives they will have differing levels of involvement from a range of services, from universal, targeted and specialist support services.

Our universal services are available to all children, young people and families, working with families to promote positive outcomes for everyone, by providing access to education, health services and other positive activities. Practitioners working in these services identify where children and families would benefit from extra help at an early stage.

Targeted services focus on children, young people and families who may need support either through a single service or through an integrated multi-agency response. They work with families where there are signs that without support a child may not achieve good outcomes and fulfil their potential. However targeted services are also critical in preventing escalation into specialist services, and will also assist with continuing lower level support once a higher level intervention has been completed.

Specialist services focus on families with individual or multiple complex needs, including where help has been requested through Section 17 and Section 47 or where a specific disability or condition is diagnosed.

What is important is that professionals work together effectively to ensure that families experience smooth transition between services and that all services supporting the family remain focused on the needs of the child. It is also critical that all professionals remain aware of their responsibilities in relation to safeguarding and protecting children.

Our early help offer therefore puts the responsibility on all professionals to identify emerging problems and potential unmet needs for individual children and families, irrespective of the whether they are providing services to children or adults. The professionals working mainly in universal services are best placed to identify children or their families, who are at risk of poor outcomes. These will be in health services, such as health visitors, GPs and school nurses, or in Children's Centres, or in education provision at any age from early years onwards.

Partnership agencies in Telford and Wrekin working with children and families identify families who would benefit from early help by utilising the local integrated working toolkit which provides practitioners with the useful set of tools to support inter-agency working, information sharing, common assessment, planning and review process and practice within Telford and Wrekin. Professor Eileen Munro in her Review of Child Protection in England (2011) emphasises the importance of early intervention. By ensuring earlier identification and support we can help to prevent an escalation of concerns. This approach is underpinned by Working together to safeguard children (March 2015)

http://www.telford.gov.uk/downloads/file/297/integrated_working_toolkit

When professionals work together in an integrated way, they put the child at the centre of all activities to help identify their holistic needs earlier to improve their life outcomes. It is important to see safeguarding as part of a continuum where prevention, early intervention and targeted work can help children and families get back on track and prevent problems turning into crises where social care intervention is required. Step up and step down processes are a key element of delivering the right services to children and families at the right time.

PROGRESS IN EARLY HELP ARRANGEMENTS

The Integrated Working Toolkit was revised by the partnership to embrace the ability to demonstrate impact in how the process supported families and at the same time embedded a suite of quality assurance processes within our Common Assessment Framework (see integrated toolkit). As part of this we have established a multi-agency working group to embed improvements within working practice of our early help workforce. We also reviewed the arrangement for Common Assessment data collection and reporting which has led to a more accurate presentation of data.

Multiagency CAF Report Jan 2015.doc

Multiagency CAF Report July 2015.doc

The LSCB has committed to the ongoing requirement of Common Assessment training which has included the availability of training electronically via the councils on line learning system as an introductory course and free multiagency training is available to all partners. Since 2013, 204 practitioners have completed the training representing a cross sector of early help partners.

HOW CHILDREN AND FAMILIES HAVE BEEN INVOLVED IN SHAPING EARLY HELP SERVICES

Children, young people, families and carers have been directly involved in developing our early help vision statement, strategy and action plan.

The Early Help Offer consultation covered two main target groups; children and young people; and parents and carers.

The children and young people consultation was led by the Council's Community Participation Team across seven existing young people's groups including: the Young People's Forum; Young Carers; the Forum for Disabilities; and senior and junior youth groups in targeted areas.

EHO_consultation_report_CYP.pdf

The consultation with parents and carers involved a joint approach led by the Public Health Team, the Parent Carer Forum and Parents Opening Doors and included the use of a questionnaire with qualitative and quantitative questions. The questionnaire was disseminated to community groups,

local primary schools and through the Children and Family Locality Service teams. Responses were received from: three primary schools; two secondary schools: one special school; the PODS Forum; and various play and family groups.

During the past 12 months, children and young people have been directly involved in the tender process for the School Nursing Service and the procurement of the stop smoking service; have contributed to the needs assessment for sexual health and the development of the service specification for the children's counselling service.

DEVELOPING AND INVOLVING OUR EARLY HELP WORKFORCE

Practitioners have had the opportunity to contribute to a number of early help consultations including development of the parenting pathway, the children's counselling service, development of the integrated 2 year review and service developments for a number of commissioned public health initiatives.

Teams are routinely invited to attend Early Help Partnership Board meetings to present progress towards achieving early help outcomes and provide assurance against actions in the early help action plan.

8 Health Visitors have recently welcomed the opportunity to be shadowed by members of the council's Senior Leadership Team – the Health Visitors have since contributed to a feedback session and discussion around improving our early help offer.

Several teams have benefitted from training and development opportunities to support them to deliver early help and prevention services. Examples include:

- A programme of brief advice training for midwives
- A public health study day (held jointly with Shropshire) involving 130 midwives and health visitors. The day included presentations from specialists in maternal obesity, small babies, smoking, perinatal mental health and behavioural change
- Additional parenting training for Early Intervention Practitioners
- Emotional health and wellbeing training for primary and secondary schools

Within Telford and Wrekin we have a well trained and highly experienced early help workforce working with children and families. Through developing the work we have identified some excellent

examples of teams working well collaboratively but further work is required to develop professional networking opportunities, improve information sharing and to clarify roles of individual teams.

EARLY HELP PERFORMANCE OVERVIEW

The Early Help Partnership have agreed a number of outcome measures

Common Assessment Framework activity

- The numbers of CAFs completed varies as expected throughout the year but for the first 6 months of this year 255 have been completed.
- The number of open CAF episodes has dropped from 339 at the end of March 2015 to 329 at the end of September. This is higher than at the same point last year when there were 296 open episodes.
- The percentage of CAFs that progressed to TACs over the last 12 months was 53.1% as at the end of September; this is lower than the 12 month period to end of March when it was 57.7%. However, it is worth noting that even though it is a drop percentage wise, in numbers more CAFs have been converted (320 compared to 305).
- Although this increase is noted, agencies completing them has not changed with education being the main contributor

Improve the health and wellbeing of children, young people, families and carers

- The rate of teenage conceptions has reduced on previous years (35.1 per 1,000 females aged 15-17 years of age). Although this improvement is noted the rate in Telford and Wrekin remains significantly higher than the national average.
- Last year Telford and Wrekin recorded an average smoking at time of delivery as 21.4%. During the last six months we have seen a significant reduction – our average is now 17.4%.
- Excess weight in children:

  467 aged 5-6 year olds (25.9%)

  668 aged 10-11 year olds (37.3%)

Improve the attainment of children and young people

- The number of children achieving the required level at the Early Years Foundation Stage increased significantly in 2014/15 with 58.2% achieving it (29% improvement on the

previous year). This now brings Telford and Wrekin closer to the National average of 60.4%.

- The average attendances at primary, secondary and state funded special schools have exceeded the targets set and are all above the national averages.

Improve the emotional health and wellbeing of children, young people, families and carers

- The national rate of mental health hospital admissions for 0-17year olds has decreased slightly over the last year from 87.6 to 87.2; however TW's rate has increased from 43.6 to 64.2.

- The number of self harm admissions to hospital for 10-24 year olds also increased to 569.9 per 100,000, higher than the national rate of 412.1. The Early Help Partnership are undertaking a piece of work to understand the issue of self harm within Telford and Wrekin and subsequently the outcomes of the findings will inform what services need to be provided.

Improve the engagement of children, young people, families and carers

- The number of parents/carers/young people contacting Family Connect has continued to increase year on year since introduced in 2013 with 3965 making contact in the first 6 months of this year, compared to 3022 for the same period last year. They now represent the largest proportion of contact with Family Connect.

THE QUALITY AND IMPACT OF OUR EARLY HELP PRACTICE AND SERVICES IN TELFORD AND WREKIN

Children and Family Locality Services

Locality leadership teams across Hadley Castle, Lakeside South and the Wrekin have analysed the outcome data as supplied in the 2015 Population Profile and have identified key priorities where children's outcomes in parts of the locality are performing less well than their borough and national counterparts. These have been identified as the priority areas for improving outcomes established by the leadership team, supported by the Locality Advisory Board, and through regular conversations with the Local Authority Lead Officer. The priorities are supported by and used as the base of discussions on how we can improve our outcomes by the Parent's Panel and Stakeholders groups.

Locality Priorities

Hadley Castle	Lakeside South	Wrekin
• School Readiness • Excess Weight • Maternal Health • Employment, Education and Training	• Health (smoking in pregnancy, breast feeding rates, excess weight) • Adult education and employability • School Readiness • Protection of children	• School Readiness • Health Inequality • Tracking • Parental Involvement • Reach

The quality, range and relevance of the universal and targeted services is improving and a particular strength of the Centres is their partnership working in order to deliver services that are based upon the profile of the target groups. We feel that Telford has been ahead of the game in terms of networking and liaison with local services, to avoid duplication and to work more smartly with less. This ensures the right services are provided at the right time, using the early childhood service that is agreed to be best placed to meet the identified needs of families

The localities are working towards ensuring that the large majority of families in target groups are receiving the help they need in a timely manner. A key platform for effective cooperation and information sharing is Family Connect. This is staffed by leaders from the locality on a three weekly cycle. The data and information sharing between professionals is sophisticated in that police, housing, safeguarding, family and cohesion, education and disabled children's services share ICT

infrastructure to share appropriate information in order that families receive appropriate specialist support.

Every child that is referred into the Children and families Team has an Assessment of some form e.g. CAF, Child and Family Assessment etc. The Assessment will identify the piece of work that is being requested for support from an Early Intervention Practitioner. The EIP will work alongside the family to put together a work plan. By measuring success against their goals and reviewing regularly, whilst also helping the family this can also impact on our localities outcomes.

Practitioners and leaders use a Workspace within the safeguarding Protocol system which enables safeguarding to view all of the support offered using the shared ICT infrastructure. The wishes and feelings of families are captured through case files recorded on the Workspace with good service user feedback through the start and end of intervention measures process. Case files are systematically sample audited using a group of middle leaders and senior leaders alongside members on a bi-monthly basis.

The Centres engage with service users, children, parents, and local community partners through Stakeholder Groups and this in turn has improved the number of volunteers and parents involved in the Centres. Across the borough we have thriving Parent led, Playing together groups which have evolved with the support of the Centre's Team providing a thorough induction, health and safety and EYFS package of training.

Parent Panels have been in place since 2014. Serving each of the localities, the panels provide an opportunity for parents, carers and young people to be involved in the design of their services. Parent panels have been instrumental in improving methods of engaging with fathers and increasing the age range of our Bumps to Baby group.

A summary of the quality and impact of practice and services is included within the self-evaluation form for each of the localities (available on request)

Healthy Families

Our Healthy Families Team sit within Children and Family Locality Services – the service is commissioned and is funded by the public health grant. The team were in sourced to the council from the Shropshire Community Health NHS Trust during April 2014. This transition has led to a number of improvements including:

- An increase in referrals to the programmes particularly from Early Intervention Practitioners
- Greater awareness of the programme amongst families and key partners
- More opportunities to engage with families at various events without a 'medical' agenda
- More opportunities to link with professional teams working with families (e.g. CAFLS, cohesion)
- Access to further training and professional networking opportunities with the early help workforce
- Improved data sharing

The **Healthy Mums** programme supports pregnant ladies with a BMI over 30 to manage their weight. The programme is designed to minimise weight gain during pregnancy (phase 1) and to support weight loss post pregnancy (phase 2), until the baby is 6 months old. During the last 12 months 93 women started the programme with 65% completing the full programme of support. During phase 1 of the programme, 75% gained less than 10kg and 71% lost weight during phase 2.

- 77% of participants engaged with the programme move from phase 1 to phase 2
- 91% of participants reporting behaviour change or intention to change behaviour
- 87% of participants reporting improved emotional health and well-being

An Information Sharing Agreement has been set up with Maternity Services and a weekly report is received by the team detailing all the women who book in at pregnancy with a BMI>30. The team actively follow-up these women to offer the service. This system has now been running for 7 weeks and we have had 82 women booking in with the midwife with a BMI > 30 (range: 30.1 – 49.3)

The **HENRY** group programme (Let's Get Healthy with HENRY) is an 8 week programme that offers parents the chance to share ideas and gain new skills to address lifestyle issues in a supportive environment. The team also co-ordinate the HENRY Parent Champions programme. Funded by the Big Lottery this programme trains local parents to be volunteer parent champions in their local area. During the past year 86 families have accessed support from HENRY. 70% of families completed the full 8 week programme.

- 100% improved overall healthiness of their family lifestyle
- Increase in average consumption of fruit and vegetables
- Decrease in average consumption of high fat and high sugar foods

Healthy Juniors is a locally developed 9 week healthy lifestyles programme for children aged 4-7 years who are over a healthy weight for their height and age. The programme utilises both a community based model or a schools model. A structured home visiting service is also offered to those families with specific needs. 91 families accessed the programme during the past year and 80% of families completed the full programme.

- 52% decreased and 33% maintained their Body Mass Index centile
- 97% of participants report behaviour changes (e.g. fruit and vegetable consumption, eating habits, consumption of high sugar / high fat foods, physical activity)

Healthy Kids is an award winning 9 week healthy lifestyles programme for families with children aged 8-13 years who are over a healthy weight for their height and age. The programme utilises both a community based model and a schools model. A structured home visiting service is also offered to those families with specific needs. 90 families started the Healthy Kids Programme and 81% of families completed the 9 weeks.

- 60% decreased and 29% maintained BMI centile
- 98% of participants report behaviour changes (e.g. diet, physical activity, healthy family behaviours)
- 96% of participants report improved emotional health and well-being

Health Visiting Services in Telford

The Telford Health Visiting service provides universal preventative and early intervention services to all families with children under the age of 5. The aim is to facilitate early intervention through improved universal access to services, thereby creating better long term outcomes and reduced health inequalities.

Additional support for children and families is tailored towards specific needs on a progressive universal basis and in partnership with other health services and external agencies. The service also offers support to women during the last trimester of their pregnancy, in preparation for parenthood.

Health visiting in Telford offers five universal contacts to all families;

- Antenatal – at around 28-30 weeks gestation, usually in the home
- New birth visit – a visit at home between 10-14 days of age
- 6-8 weeks – usually at home
- 12 months – developmental review in clinic
- 2 year review – developmental review in clinic

All children are referred to the Health Visiting service at birth or when they transfer into the area. The service is proactive and makes contact with all antenatal ladies and all families with children aged 0-5. Health Visitors also have a referral form which other services or external agencies can use to refer into the service.

Services provided by health visitors include: health and developmental reviews; screening; advice around immunisations; promotion of health and wellbeing – key topics being; accident prevention, smoking, diet, physical activity, breastfeeding and healthy weaning, prevention of sudden infant death and family dental health. Health Visitors promote sensitive parenting and involving fathers, support maternal mental health and signpost to other services.

There is a Health Visitor based within the local acute hospital at Princess Royal (SATH), providing paediatric liaison services for all 0-5s. The service provides valuable communication between the hospital and the community to prevent readmission and reduce future accidents. Safeguarding is incorporated within this role and into all outcomes, the importance of communication being essential to successful safeguarding. The role profile and aims are;

- Reduction in admission and readmission to the acute Trust
- Communication between the acute sector and health visitors
- Prevention of accidents

- Prevention of inappropriate attendance
- Promotion of self-efficacy of parents around safety and minor illness management
- Maternal mental health wellbeing (to support infant mental health)

Parents access services in a variety of ways; home visits, telephone advice, child health clinics and children centre services. In addition, Telford has a 'Health Visitor Advice Line' available via phone and text Monday to Friday 9-5. This provides access to a qualified Health Visitor for all families and professionals who require advice, guidance or information.

The service supports BME communities through access to interpretation services where needed; these include an in-house link worker for Asian families. Support for travelling families is strong, with well-developed collaborative service provision.

Telford health visiting teams are resourced by health visitors, with support from nursery nurses. All Health Visitors are Specialist Community Public Health Nurses (SCPHN); they are qualified Nurses and/or Midwives who have undertaken further post graduate training in all areas of child health, development and public health. All maintain current registration with the Nursing & Midwifery Council. Nursery Nurses have child development experience and qualifications commensurate to NNEB. During 2014/15:

- 32% of child/family contacts were within Universal service delivery (c 8200 in total)
- 68% of child/family contacts were within Universal Plus/Partnership Plus service delivery (c17700 in total)
- the child was present in 75% of all contacts
- approximately 50% of the services to families were provided in the home
- 97% of births received a face to face New Birth Visit within 14 days by a Health Visitor
- 81% of children received a 6-8 week assessment
- 70% of children received a 2-2.5 year review

Information to demonstrate impact is collected in a variety of ways. Examples include:

- In-house patient discharge information (from electronic data capture)
- SATH discharge data relating to in-patient services, accidents and emergencies
- Immunisation uptake data
- CAF and TAC audits and outcome measures
- Health Needs Assessment outcome measure for child protection and looked after children
- Breastfeeding uptake at birth, 14 days and 6-8 weeks
- Patient audit of breastfeeding services
- Measurement of core contact uptake rates – of 5 core contacts

The health visiting service uses a client feedback survey, the NHS Friends and Family Test and focus groups to encourage feedback from families. Audit results from the NHS Friends and Family Test –audit results 2015 identified the following feedback about the Telford health visiting service;

- 96.0% (105 in total) felt able to discuss any concerns about their child, found the advice and information provided helpful and that it was given in a way they could understand.
- 24 out of 25 (96.0%) parents provided positive comments when asked what they really liked about the service with many praising the attitude, approach, knowledge and skills of their Health Visitor.
- Awareness of the different ways in which Health Visitors can support parents and families was high (above 80%) in relation to child development, growth, behaviour, post-natal depression and breastfeeding although less so to supporting families with additional needs, providing advice about and referrals to other services, common childhood illnesses and accident prevention/safety in the home.
- 100% of respondents said they were either 'extremely likely' or 'likely' to recommend the Health Visiting service to their friends and family if they needed it.

The Family Nurse Partnership (FNP)

FNP is a voluntary home visiting programme for the first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two. The FNP programme aims to enable young mums to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

The FNP programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing positive economic returns. Impact and Outcome data is summarised in the FNP Dashboard 2014 2015.

FNP Dashboard 2014 2015.xls

School Nursing

Our school nurse service aims to promote and support the health and wellbeing of all school aged children aged five to 19 years old. Our school nurses work together with children, young people, parents, carers and professionals to help keep children healthy throughout their school years, in order for them to reach their full potential and make informed, healthy lifestyle choices.

School nurses are qualified nurses with various additional qualifications. All school nurse caseload holders have a specialist public health qualification and/or extensive experience of working with children, young people and their families.

School nurses provide confidential advice, care and support to children, young people, parents and carers through a range of key services including:

- Anaphylaxis and asthma training for schools, children, young people and their families
- Audiology
- Crucial Crew health promotion
- Day and night time wetting (enuresis) clinics across Shropshire
- Health education and promotion
- Support immunisation uptake for school age children
- National Childhood Measurement Programme (NCMP) for reception and year 6 children
- Safeguarding and support for children in need
- Secondary school and community health drop-in sessions
- Support with individual health needs and long-term health conditions

Each primary and secondary school has an allocated named school nurse. Children, young people, parents and carers can self-refer by contacting their named school nurse. School staff and multi agencies can refer by using the school nurse referral form. Confidential appointments are offered to secondary school pupils, using Fraser guidelines, in the school and some community youth settings.

During the academic year 2014/15 from September – June, School Nurses provided support to nearly 2000 children through one to one and group sessions.

Information to demonstrate impact is collected in a variety of ways. Examples include:

- Tracking information – discharges from the electronic data capture (Lorenzo)
- CAF impact measures
- Health needs assessment, used within safeguarding, and follow-up review to assess progress against identified health needs

The School Nurse service uses the NHS Friends and Family Test, verbal feedback and focus groups to encourage feedback from children, young people, their families and schools.

Early Years

Our Early Years and Childcare Quality Improvement Team ensures that all children in Telford and Wrekin are school ready through:

- Ensuring there are sufficient high quality childcare places for all children
- Ensuring all settings and providers are graded good or better by Ofsted
- Maintaining and developing high quality provision for all children ensuring maximum take up of all funded places, including those children with additional needs and disabilities
- Having a positive impact on a Good Level of Development (EYFS)
- Working with all childcare providers to ensure children are ready for school
- Raising awareness of the variety of Early Education choices within Telford and Wrekin
- Developing and delivering good quality training to raise standards
- Ensuring safeguarding is at the forefront of all work to achieve the best outcomes for children
- Being responsive to the needs of children and families within Telford and Wrekin
- Working in partnership with maintained schools, Children and Families Locality Services (CAFLS), Telford and Wrekin Commissioners and HMI

The Professional Lead for Health Visiting Services has been working collaboratively with the local authority Early Years and Childcare Consultants to progress integrating the 2 year review (health) and the Early Years Foundation Stage Progress Review. In summary:

- 130 practitioners across early intervention, health visiting and early years settings have received training for the integrated check, pathway and processes
- 9 settings and 4 childminders will participate in the pilot
- The pilot project will include all children aged 20 – 28 months at the pilot settings
- All settings have been provided with a link Health Visitor
- Project evaluation will be via a questionnaire for parents and professionals
- The councils Community Engagement team will also seek feedback from participants through focus groups

It is expected that the proposed pathway will deliver a number of improvements for professionals and parents involved in the process including:

- All early years settings will be provided with a lead Health Visitor contact
- Integration arising from improved information sharing between health and early years and ensuring integrated responses to identified issues – the process will involve health and early year's elements being carried out at separate times but parental feedback will be provided at a joint session with both health and early years staff present.
- Key public health messages will be introduced by the Health Visitor at the parental feedback meeting. This will include oral health, diet and accident prevention. The child's height and weight measurements will also be recorded. This will allow early identification and early help support for those children who are overweight with the intended outcome of reducing the prevalence of obesity in children when they join reception class and are routinely measured through the National Child Measurement Programme.
- A more complete and holistic picture of the child's progress by drawing on the perspectives of health, early education practitioners and parents
- Earlier identification of any development needs and the timely offer of appropriate support or interventions

Working with schools

During the last academic year 700 children across five schools participated in the Look Out Life Project delivered by Loudmouth (Theatre in Education). A 45 minute drama production is performed to the whole year group and workshops are delivered to smaller groups throughout the day. The Police Crime Commissioner contributes funding to the project – the project will be delivered to 8 schools this academic year.

The project reported:

- a 93% increase in young people who identified 'emotional abuse' as a form of abuse in a relationship after seeing 'Safe & Sound'
- 86% stated that as a result of the session they felt 'confident' or 'very confident' about telling someone if they were experiencing difficulties or control in a relationship.
- 95% would recommend the session for the next year's pupils.

Crucial Crew is an enjoyable interactive learning opportunity. It enables young people to develop a safer, healthy lifestyle by increasing their confidence and promoting resilience, independence and good relationships. Whilst encouraging responsibility and respect for differences.

It is facilitated by a multi agency partnership working towards one common goal; to promote independent active citizens within their communities who are more aware of their personal safety and the safety of others.

The outcomes below have been identified by the Crucial Crew Steering Group (multi-agency) to enable young people to have opportunities to:

- Become more aware of personal and peer safety
- Learn how to react to potentially dangerous situations
- Make a positive contribution to local communities
- Identify actions to reduce the risk of becoming victims of crime
- Understand what to do in an emergency situation

This year's event was our third year of being open to all Year 6 Students across the 13 day period (22 June – 10 July). There were approximately 2016 students that attended.

Crucial Crew Evaluation 2015.doc

Working with schools to improve health and wellbeing outcomes is a priority for the Early Help Partnership Board along with building on the success of our existing programmes.

Between April and July 2015 schools were invited through cluster meetings and direct contact to participate in the Health Improvement in Schools Survey to help inform our early help offer.

In total 23 schools contributed to painting a picture of Public Health issues for children in school within Telford and Wrekin.

All but one secondary school said that the mental health and wellbeing of Children and Young People is the primary concern in their setting. High levels of stress and anxiety were reported, referencing resilience or a lack of coping skills to face issues in and out of school. Self harm, either in a 'self destructive manner' to cope with stress or copying as part of a friendship group was indicated to be a rising trend within schools. Main concerns in primary schools echoed that of the secondary schools; however self harm was not so prevalent as an indicator and that stress and anxiety manifests itself in other ways such as bad behaviour. On a daily basis many school staff struggle to cope with some children who have mental health issues while they wait for services to intervene.

Schools have asked for support for young people pre CAMHS Tier 2 and want to be trained to manage children and young people with mental health issues. Staff would like to be trained to identify early onset of problems in young people to provide earlier intervention. Some schools have asked for better signposting to services within CAMHS.

Overall, schools are happy to take on the mantle of being a source of support for young people, either in a preventative or reactive way, however they must be equipped with the skills to be able to do this.

The majority of school staff questioned stated the diet of students is the second greatest concern. They said the contents of lunchboxes and catering in some settings often isn't acceptable. Some schools spoke about the fact they are in a more deprived area and linked this to malnourishment and poor dietary choices.

Secondary schools identify a concern with the teaching of relationship and sex education and online safety and Child Exploitation being topical in some settings. The teaching of PSHE is varied and greatly lacking in some schools mainly due to other pressures on SLT for the schools to improve achievement. Often these sensitive matters are either directly addressed with the individual they involve or lessons are planned in very much a reactive way.

In summary most schools that completed the questionnaire identified emotional health and wellbeing, diet and relationships and sexual health to be the top three Public Health issues which need addressing within school. Both head teachers and other school staff acknowledge the need for more time to be spent on solving these problems but there is a lack of resource and time to do this. CPD is required for schools to feel confident in supporting children and young people with mental health issues. However the pressures to achieve and raise (academic standards) in schools override the ability (and sometimes desire) to give the other concerns resource, time and energy.

Additionally in most schools engagement with parents is hard, either getting parents in to schools to talk generally about these matters was impossible or parents simply didn't wish to acknowledge and address concerns the school had identified with individual children.

Substance Misuse Services

Substance Misuse Services in Telford and Wrekin use a family therapy approach, where they try to include the whole family in the treatment journey. A 'Supporting Families Plan' is completed for anyone who has children or significant care responsibilities. The Supporting Families plan includes information about the service user, their substance use, family life and through discussion outlines the family support they require whilst in treatment and recovery.

In many circumstances service users' children are looked after through Kinship Care and a key difficulty with service users is declaration of a child living with them early on in treatment as the general feeling is that if they declare this then the child will be taken away from them.

When working with a service user who has a child living with them or looked after by someone else, the first point is to involve Family Connect to ensure the child is safeguarded and the appropriate mechanisms are put into place. In addition the services have to ensure the appropriate safeguarding protocols are followed especially in the home and in terms of the child safety as a service user on medication could potentially have a store of their methadone. Other areas that are considered are the relationship between parent and child and appropriate counselling is provided to help strengthen relationships.

Improving Health Outcomes

A particular highlight has been our work with Midwifery Services. This has included a programme of public health training for midwives and development work to improve our service pathways for breastfeeding, smoking and weight management.

A maternal public health group has been established to ensure a holistic approach to improving public health outcomes for women as part of the midwifery pathway. Reducing the number of women who smoke at the time of delivery has been a focus for the group.

Our midwives work closely with Stop4Life who provide our local service. Midwives have introduced an opt out referral at booking and at the 26-28 week home visit.

Those referred are supported to quit with behavioural support and pharmacotherapy treatment. The service offer is flexible to meet the individual needs of those referred. Support includes one to one, group sessions, home visits, a text messaging service, phone calls, emails and closed chat rooms – family members who smoke are also provided with support to quit as part of our long term commitment to achieving a smoke free environment for children.

During 2014 / 15, 206 pregnant women set a quit date and 119 women (58%) successfully quit. This is a significant improvement on previous years.

Last year Telford and Wrekin recorded an average smoking at time of delivery as 21.4%. During the last six months we have seen a significant reduction – our average is now 17.4%.

Actions that have contributed to this reduction include:

- 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.
- 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. Midwifes 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 is timely data and an enhanced data set which enables more effective targeting of resources and improved data intelligence to inform service and pathway developments.
- A very well defined and robust service specification, with clear key performance indicators and outcome measures.

- Stop4Life have strong links with referring partners – Smoking Cessation specialists attend the Locality Advisory Boards and have developed robust referral pathways. Brief advice training for smoking cessation has also been provided to our early help workforce

Emotional health and wellbeing

TaMHS training for No Worries (anxiety management) and Keep Cook (anger management) have already been rolled out to schools in March and May 2015. The impact of this will be measured in autumn 2015 when schools have had a chance to carry out the work and report back to Educational Psychologists.

Public Health is going out to tender for a children's counselling service to replace the level of service currently being delivered. Counselling will be delivered to children of school age in school or at an alternative offered venue. This is due to start November 2015.

School Nurses commissioned by Public Health work with children and young people addressing emotional health and wellbeing, diet and the other Health Improvement remits. They can also support school staff to work better with children and young people on a day to day basis and fire fight issues that come up in everyday school life.

In July 2015 Shropshire CCG, Telford and Wrekin CCG, Telford and Wrekin Council and Shropshire Council agreed to proceed with the commissioning of an emotional health wellbeing service for children and young people. This will be a seamless service from targeted (including support and training to universal services to deliver early effective help) to specialist support. Further information is available on request.

Education Employment and Training

The Job Box was established to centrally coordinate the Borough's offer for all employment and training support.

Future Focus is our local service available to young people aged 16 and 17 who are not participating in learning post statutory education and 18 and 19 year olds who are NEET and up to 25 for young people who are NEET with Learning difficulties and disabilities.

The Job Box was established when Youth Unemployment in Telford was at 32%. Following the introduction of Job Box this rate is now down to 12.9 %.

The service provides a centralised phone contact point to access the service and a drop in service. The team of advisors

• will contact young people by phone to establish their current situation, identify their needs and provide information and advice

• will provide support face to face where it is felt to be the most appropriate form of intervention in a range of locations through pre-booked meetings

• will identify the barriers to participation in learning and will work with the young person to develop a written action plan summarising mutually agreed solutions

• will signpost or refer to other agencies and support services as required to address barriers to participation

• will ensure that every young person has a named Future Focus Adviser

• will support with the development of IAG and full range of available post provision in conjunction with our Training Provider Network.

For those young people who may be engaged with other services we will make contact with other teams to establish where any other relationships are in place to establish the current situation. These will include the most vulnerable groups of:-

• Children Looked After and Care Leavers
• Young people with LDD
• Young people engaged in the Youth Justice System
• Teenage Parents

As a result of this contact a range of options will be available to the young person and we may joint work with other professionals

Working with schools and our school census data we have developed a Risk of NEET indicator to identify those young people in years 10 and 11 most at risk of becoming NEET. Those at risk of NEET will be identified by a number of factors including:-

• No offer of learning (September Guarantee)
• No intended destination
• LA indicators

Leavers from Learning

Providers of learning are required to inform the local authority of leavers from learning from years 12 and 13 in order that support can be put in place to enable the young person to return to learning

as quickly as possible. On notification of a young person having left learning they will be contacted by the service to confirm their status and to offer appropriate support.

For those young people who have participated in a Careers Guidance Interview continued support can be provided through regular contact by phone with further face to face contact agreed as appropriate. Such support will continue until such time as the young person progresses to employment or learning or elects to cease engagement. When a young person ceases to engage with the service repeated efforts are made to re-engage.

Where it is apparent that a young person wishes to progress into learning or employment but lacks the basic employability skills to make that progression the service refers them to a range of support services that can help the young person develop these employability skills

RIGHT HELP RIGHT TIME

The following case studies demonstrate how our early help services work together with our families to improve outcomes

Case studies

Family with 2 children, aged 10 months and 2 years – this family were known to health visitors since the birth of the older child 2 years previous. Parents lived together with the children in a small 2 bedroom flat, with no outside space.

The family had received support with parenting and the practicalities of running a home/family from professional services in the past when the older child was born (health visiting and CAFLS). Unfortunately when the youngest child was 6 months old, Dad began a custodial sentence for 4 years. Mum identified after a period of time that she needed support from services, a CAF was completed and a Team around the Child meeting was convened. The following services were implemented to support the family;

- CAFLS – to provide Early Intervention practitioner to support with parenting and routines
- Home Start – to support with engagement in the local community and practical support within the home
- Health Visiting – to support with identified health needs of both children including referrals to paediatricians for the older child, access to routine screening, dental health and support with appropriate diet for both children. The health visitor also supported Mum with her low mood and to help her increase her emotional availability for the children. The health visiting nursery nurse supported Mum with accident prevention in the home.
- Charitable funding – A 'Buttle UK' (formerly the Frank Buttle Trust) application was made to support the family with a new washing machine, as theirs had broken and there were no local laundry facilities.
- Talking 2's funding – this enabled the older child to commence in nursery

Outcomes – regular TAC meetings were held for several months to assess impact and review. The mother's self-efficacy in certain aspects of parenting and routines improved, though she continues to need input from professional services to maintain this from time to time. The support of the TAC enabled Mum to apply for a flat with a garden. Mum reported that her mood improved after they moved into the new flat as the children had more space to run around and play. Health outcomes for the children improved as their health needs were addressed – both routine and via referral. Their emotional and developmental needs were improved in a number of ways; community engagement, outside space at home for play, nursery access for the older child and Mum's

increased awareness and availability to the children's needs. Dad's custodial sentence continues and the children have enjoyed visiting him.

Mum aged 21, first baby – this mum was not known to health visitors prior to having her baby. When the health visitor arrived for the new birth visit at 11 days, mum explained that she was formula feeding her baby as her family and friends had recommended it. She asked the health visitor for advice how to alleviate the discomfort in her breasts from the milk. The health visitor explored options with her and suggested that breastfeeding could be a possible solution as it would benefit both her and her baby. Mum agreed to this suggestion and with further support went on to breastfeed her baby until he was 5 months old.

This mum became a supporter at local breastfeeding groups to other young mothers.

Outcomes - in this instance are potentially wide reaching; not only to mother and infant due to the early positive impacts which breastfeeding has on infant and maternal health but also due to the positive peer interactions which this mother had and influence upon other mothers and their intention to breastfeed.

6 month old admitted to PRH – infant admitted to PRH over the weekend with respiratory distress. Paediatric liaison health visitor reviewed the admittance the following Monday morning and referred to social care the circumstances surrounding the presentation, in light of community information received regarding family history, parental substance misuse and concerns around other family members.

Outcomes – the community information which the paediatric liaison health visitor provided was vital to enable the full picture of the infant's home circumstances to be identified and the context of this added to the medical presentation. As a result an urgent strategy meeting was convened by professionals. A social worker was allocated to support the family, alongside substance misuse services, CAFLS and health visiting.

Opportunistic health promotion and accident prevention – paediatric health visitor liaison (PLHV) noticed family in PRH with 8 year old admitted due to fracture. She noticed that the 3 year old sibling had very poor speech, had fizzy drinks from an infant feeding bottle and did not appear to be toilet trained. The PLHV was able to discuss these health issues with parents whilst they were at the hospital and support them through stages of change. She provided them with contact information for the Telford Health Visitor Advice Line and asked the health visiting team to provide

support if needed afterwards. ‘Talking 2s’ information was also provided to the family and Children Centre information.

Outcomes – potentially these are significant, though not immediate. The public health needs of the child were identified and parents supported with change. Access to ‘Talking 2’s’ will facilitate improved school readiness and influence greater long term capacity to meet educational potential. Parents were also supported to access community services, raising self-efficacy and reliance.

Supporting families to achieve a healthy weight - The Smiths were identified by the school nursing team as having a serious and escalating weight issue with all 4 children. The Healthy Families team recognised the need for more intensive support and have worked at TAC meetings, with Social Services, school staff and school nursing teams to provide a full package of support to motivate this family to change. Once enrolled on the Healthy Juniors programme dad engaged every week and gradually began to make changes. By the end of the programme all 4 children had seen marked improvements in their BMI centile, had reduced the high fat and high sugar foods they consumed and increased fruits and vegetables intake. They continue to make efforts to walk to and from school.

Access to sexual health services and advice - ‘A young lady was referred to the school nurse for a pregnancy test by a member of the teaching staff. Seen in school, and pregnancy test was negative, ascertained boyfriend was similar age at a different secondary school and consensual. Discussed future safer sex/contraception and particularly condom usage. Also suggested urine sample be sent for Chlamydia test. Young lady agreed and this was done. Contact made to report that test was positive. Arranged to meet young lady in school via original referrer. Explained the need for treatment and how to access, even made appointment at GP which was not attended, very reluctant to obtain treatment due to embarrassment and possible parental involvement – at this point School health were not able to treat. Very soon after, School nursing service had training to administer treatment for Chlamydia, young lady very happy to access treatment from the School Nurse. Early help provided to prevent pregnancy with advice and support and future infertility with early treatment of Chlamydia, advice on condoms for prevention of future infection. The young lady was also happy to tell us the name of her boyfriend so School Health were also able to treat him as well’

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TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 9TH MARCH 2016

ANNUAL UPDATE OF THE TELFORD & WREKIN SAFEGUARDING ADULT BOARD (TWSAB) & LOCAL SAFEGUARDING CHILDREN BOARD (TWLSCB)

REPORT OF: ANDREW MASON, INDEPENDENT CHAIR

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The Care Act 2014 introduced a requirement on all local authorities to establish a Safeguarding Adult Board (SAB) which would be, for the first time on a statutory footing. Although Telford & Wrekin already had a joint board with Shropshire, it was agreed that a separate Board should be established in order to better meet the needs of the Telford and Wrekin population. The Board received a report back in June 2015 providing assurance on the governance arrangements which had been put in place for the management of the Telford and Wrekin Safeguarding Adults Board (TWSAB) which was launched on 1st April 2015.

Safeguarding and promoting the welfare of children requires effective co-ordination. For this reason the Children Act 2004 requires each Local Authority to establish a Local Safeguarding Children Board (LSCB). Section 10 of this Act places a duty to cooperate to improve the wellbeing of children and young people on the Local Authority and its Board Partners. The Board has previously received the annual report of the Telford & Wrekin Safeguarding Children Board (TWSCB) providing an update on the progress made during the year and areas of future development.

This report provides an update on progress made by the TWSAB and TWSCB since April 2015.

It is proposed that an annual update is presented to the HWBB from both the TWSAB and TWSCB to ensure links are made across all partnership boards in terms of the work areas being covered and potential joint working. It would be beneficial if linkages across Boards could be formalised with an expectation that representatives sitting on both the TWSAB/TWSCB and the HWBB provide a link between the two Boards to ensure linkages are made and duplication avoided.

2. RECOMMENDATIONS

- To note progress of the TWSAB and TWSCB over the last 12 months.
- Cascade information via respective Commissioning and Transformation Partnership (CATP) Chairs to ensure linkages and consistency in approach.
- Ensure that individuals who are representatives on both the HWBB and the TWSAB and/or TWSCB provide regular updates to the respective boards as and when appropriate.

3. IMPACT OF ACTION

The purpose of the Telford & Wrekin Safeguarding Adults Board (SAB) is to reduce the risk of harm to adults within our community and enhance the quality of life for adults who are, or may be, at risk of being harmed or abused. The focus of the Board in its first year has been establishing a sound governance structure on which to build and develop over the coming 12 months. Work has however commenced on developing a performance framework for the SAB – this will continue to be developed over the coming 12 months, collating both qualitative and quantitative information in order to demonstrate the impact of the Board on the most vulnerable adults who are unable to protect themselves from abuse and neglect with a particular focus on Making Safeguarding Personal (MSP) which ensures individuals and their desired outcomes are at the centre of the safeguarding process.

The work of the Telford & Wrekin Safeguarding Children Board (TWSCB) fits within the wider context of all children's services and aims to improve the wellbeing of children and young people in Telford and Wrekin. Working Together 2015 identifies the statutory objectives and functions of LSCBs:

- to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- to ensure the effectiveness of what is done by each such person or body for those purposes.

The TWSCB has several key areas of focus (which can be found in the Strategic Business Plan 2015-16) and each area has a performance framework to assist in demonstrating the impact the TWSCB has had on that specific area. The TWSCB Annual Report outlines the impact the TWSCB has had to children and young people within the Borough during that year.

4. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="6">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to a specific HWB Priority</td></tr>
<tr><td>No</td><td>Although safeguarding does not contribute to a specific HWBB priority, it is recognised that safeguarding should be a key consideration and principle at the centre of all partnership working across all Boards and should be a common strand across all work areas.</td></tr>
<tr><td colspan="2">Do these proposals contribute to specific Co-Operative Council priority objective(s)?</td></tr>
<tr><td>Yes</td><td>Protect and support our vulnerable children and adults</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>The safeguarding boards aim to protect adults and children who are or maybe at risk or being harmed or abused.</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">Telford & Wrekin Safeguarding Children Board Annual Report for 2014/15 is now published and can be found at the following link – this report summarises progress since April 2015.

The first Safeguarding Adults Board annual report for 15/16 is drafted but will not be formally published until June 2016. However, this report summaries progress and achievements of the Board over the last 12 months as contained in the Annual Report.</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>The Safeguarding Adults Board has gross budget in the region of £63k which is funded 62% by the Council with the remainder being contributed in equal shares by the Police and the CCG.

The Board’s budget will be further developed as the Board becomes established and it’s work plans agreed but this must be based on the level of sustainable funding made available through partners.</td></tr>
</table>

		The Safeguarding Children's Board has a gross budget in the region of £189k with 53% of this funded by the Council and the rest funded by partners contributions including the CCG, Police and schools.
LEGAL ISSUES	Yes	**<u>TWSAB</u>** The Care Act 2014 received Royal Assent on 14 May 2014. Part 1 of the Act (Care and Support) came into force on 1 April 2015 In Part 1, Sections 42 to 47 and Schedule 2 set out the local authority's responsibilities for adult safeguarding for the first time in Statute. Section 43 requires each local authority to establish a Safeguarding Adults Board ("SAB") for its area. The objective of the SAB is to help and protect adults in its area in cases as described in Section 42. The SAB must seek to achieve its objective by coordinating and ensuring the effectiveness of its member's activities and may do anything which appears to it to be necessary, or desirable, for the purpose of achieving its objective. Schedule 2 of the Act covers membership, funding, strategy and the annual report of the SAB. The SAB must publish a plan (its "strategic plan") for each financial year which sets out its strategy for achieving its objective under Section 43 and what each member will do to implement that strategy. The SAB must consult the Local Healthwatch organisation in respect of its strategic plan, and involve the community. The SAB must publish a report after the end of each financial year and

		must send a copy of the report to the chief executive and the leader of the local authority, the local policing body, the Local Healthwatch organisation and the chair of the Health and Wellbeing Board. The Statutory Guidance for Safeguarding is set out in Chapter 14 [pages 229 -280] of the Care and Support Guidance published on 23 October 2014. **<u>TWLSCB</u>** The Children Act 2004 at Sections 13-16 sets out the statutory responsibilities of local authorities to establish Local Safeguarding Children Boards, the required membership and funding arrangements. The objective of the Board is to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established; and to ensure the effectiveness of what is done by each such person or body for those purposes. Section 14A requires the Board to produce an annual report Section 14B enables the Board to request information from a person or body to enable or assist it to perform its functions. The Board has further statutory functions prescribed by the Local Safeguarding Children Boards Regulations 2006 [as amended]. The Board, in the exercise of its functions, is required to follow the statutory guidance currently set out in "Working Together to Safeguard Children" 26 March 2015.

EQUALITY & DIVERSITY	No	None
IMPACT ON SPECIFIC WARDS	No	None
PATIENTS & PUBLIC ENGAGEMENT	Yes	Covered within the content of this report
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	None

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Telford & Wrekin Safeguarding Adults Board (TWSAB)

The Telford Safeguarding Adults Board met for the first time on 23rd April 2015 with representation from across our partner agencies including its statutory partners (Telford & Wrekin Council, Telford & Wrekin Clinical Commissioning Group and West Mercia Police).

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

- **Quality, Performance & Operations (QPO) –** responsible for quality assurance and performance frameworks to support operational practice across all agencies.

- **Partnership, Training, Learning & Development (PTLD) –** responsible for developing good practice, local guidance and planning training/learning across agencies.

- **Service User Communication and Community Engagement (SUCCE) –** responsible for improving the engagement of individuals/communities with promoting and informing the adult safeguarding agenda and raising the profile of the Boards work.

This report provides an update on key achievements of each of the sub-groups to date.

1.1.1 SAB Update 15/16

In the first year of its existence, the SAB has focussed on establishing and embedding new board arrangements and governance structures introduced by the Care Act which provides a good foundation on which to build and develop over the coming 12 months.

The following provides a summary of key achievements against Board objectives during 15/16 and will be summarised in the annual report for 15/16 (this will be made available on the SAB website at the following link once approved by the SAB:- www.telford.gov/SAB):

Raising the Profile of adult safeguarding

- TWSAB logo developed and approved following consultation with members of the public in order to give the Board an identity and brand
- TWSAB website developed and launched

- Public information reviewed and updated to reflect new Board arrangements
- Promotional event in Telford Town Centre to promote Action on Elder Abuse Day

Improve engagement of individuals and communities

- Communication strategy developed and approved
- Communication plan to share information on safeguarding services promoting the key principle that safeguarding is everyone's business
- Scoping exercise undertaken to identify existing groups/events where TWSAB could promote their work and raise awareness of Safeguarding (this will feed into a high profile communications campaign to be delivered in 2016/17)
- Scoping work undertaken in relation to the engagement of our most vulnerable adults in the work of the safeguarding board. This will be further developed in 16/17.

Evidence successful outcomes for adults

- Developing qualitative performance measures against the key themes of Making Safeguarding Personal focussing initially on 'Feeling Safe and Secure' and 'Peoples experiences of safeguarding'
- Continuous process for seeking assurance on Deprivation of Liberties and Mental Capacity Act arrangements with regular reporting to Board
- Development of a local multi-agency performance framework for further monitoring, updating and development in 16/17

Continuous improvement and learning

- Risk register developed and regularly reviewed
- Contribute to regional policy development group as appropriate
- Reviewed and agreed framework for Section 42 and other enquiries
- One Safeguarding Adult Review commenced during the year – identifying any potential learning from this will continue in 16/17.
- Learning Improvement framework developed and agreed
- Reviewed and updated Safeguarding Competence Framework for Care Act 2014 compliance
- Co-ordinated multi agency audit against competency framework which will feed into identification of areas of joint work and training in 16/17

1.1.2 SAB Resources

There is an anticipated under spend in the SAB budget in 15/16 primarily in relation to staffing costs due to organisational restructures which have delayed recruitment to the post of Board Manager. However, Board Management arrangements are currently being reviewed for the new financial year. The apparent under spend will be used next year to establish and maintain the key role of Board Manager

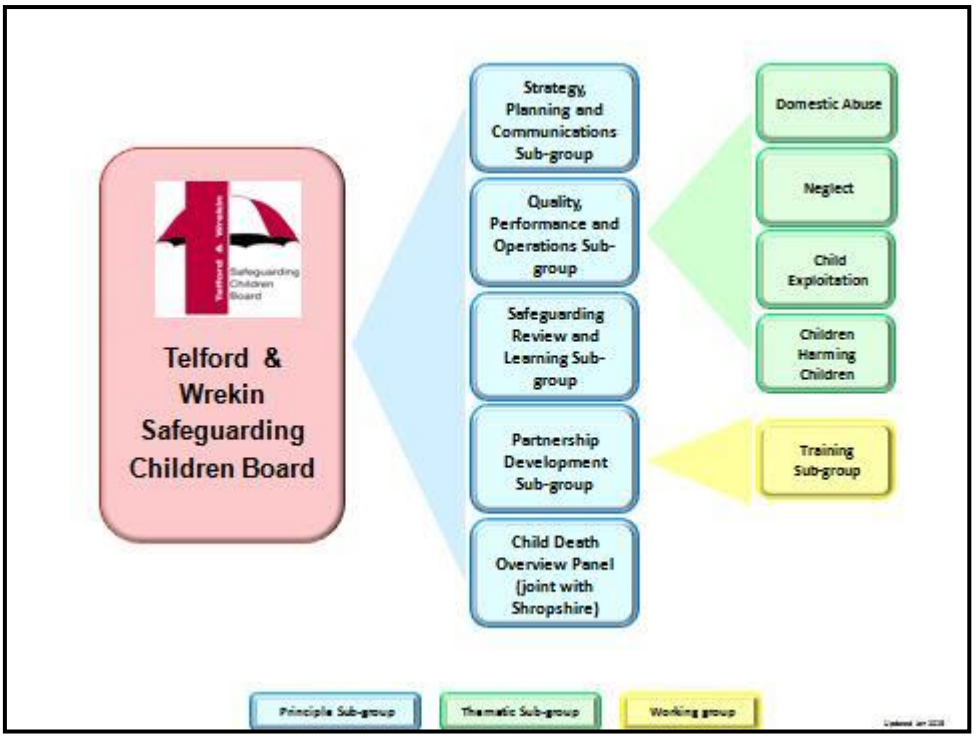
and to take forward key pieces of work identified for 16/17 including inter agency training and a high profile communications campaign.

It is anticipated that the introduction of the SAR process will result in an increase in reviews being undertaken by the Board which may require the commissioning of an independent investigating officer depending on the complexity and number of reviews undertaken.

1.2 Telford & Wrekin Safeguarding Children Board (TWSCB)

1.2.1 The TWSCB continues to meet on a bi-monthly basis and continues to have excellent representation from both the statutory and non-statutory partners.

1.2.2 Whilst the TWSCB exercises overall responsibility for all statutory functions and objectives, authority for delivery against these objectives are delegated to five principle sub-groups whose membership represent all key relevant partner agencies. For further information on the specific delegations please refer to the Terms of Reference for the Board. In order to deliver all aspects of the TWSCB Strategic Business Plan the TWSCB also has 4 thematic sub-groups and one working group. The diagram below illustrates their relationships to the board and reporting lines.



1.2.3 Progress highlights

a. The TWSCB Risk Register was updated in April 2015 and is continually updated at each Board meeting.

Learning and Improvement highlights

b. In June 2015 the TWSCB published its Serious Case Review into 'Child B' it identified three key areas of learning:
    - The importance of assessing fathers and partners in assessments and their families.
    - Recognition of the vulnerability of pregnant teenagers, with all being offered a Common Assessment Framework (CAF) assessment of needs and an integrated support plan.
    - All professionals working with children should be aware of the research regarding bruising in infants who are not independently mobile.

    The TWSCB disseminated the learning through several different methods, culminating in a learning event in June 2015 for practitioners. All actions agreed in the review have now been completed and impact reports submitted to the TWSCB.

c. In October 2015 the Multi-agency Public Protection Arrangements (MAPPA) Discretionary Serious Case Review into the murder of Georgia Williams was published. One area of learning identified in the original report was that professionals did not always see the 'bigger picture' when working with children and families, especially those where the perpetrator was under 18. This resulted in a poster being created highlighting the key prompts when working with children who harm other children. A second phase of learning (Phase 2) was commissioned by the TWSCB and is currently in progress; this will identify further areas of multi-agency learning which will be progressed during 2016. Work to disseminate the learning is ongoing and will be further aided by the completion of the Phase 2 learning.

d. The Neglect Daily Lived Experience pilot highlighted the need, and provided an opportunity, to review current multi-agency practice in relation to the working and functioning of core groups. This review has now been completed and has resulted in a guidance leaflet for Core Group Working available for all practitioners within the Borough which was disseminated in December 2015.

For further information please refer to the Annual Report.

Team Safeguarding Voice

e. Team Safeguarding Voice© (TSV©) was set up as a pilot in Holmer Lake Primary school four years ago. It aimed to engage children in safeguarding and empower them to safeguard each other. This has been led by Sian Deane, Headteacher and School Improvement Advisor. This has been commended as good practice in their OFSTED inspection.
f. This is now being rolled out to more schools within the Borough; at present there are 20 schools who have begun to set up their own safeguarding children boards, including one secondary school.
g. TSV have developed some key leaflets including one on the "Dangers of Sexting". This was distributed to all schools to share with their parents and children in June 2015 alongside a theatre production that schools could opt in to which complimented the leaflets.

1.2.4 Key areas of development in the upcoming months

a. Children Harming Children Themed Event will take place in May 2016 and will launch the new guidance for practitioners around children who harm other children as well as online safety briefings for parents/carers. The Event will also provide practitioners with information about the national work being undertaken around harmful sexual behaviour as well as hearing about the local issues and the learning from the MAPPA Discretionary Serious Case Review.

b. The National Review of Local Safeguarding Children Boards (LSCBs), which aims to conclude in March 2016, is looking at the role and functions of LSCBs, including Serious Case Reviews (SCRs) and Child Death Overview Panels (CDOP). Simultaneously, the Regional Association of Independent Chairs is reviewing how LSCBs in the 14 West Midlands authorities can work more effectively and efficiently together and identifying areas which could be joined up (including regional safeguarding procedures and a core set of performance indicators for LSCBs. Both of these reviews will provide direction for the TWSCB over the next few years.

1.3 Common Membership of HWB, TWSAB and TWSCB

There is commonality between the membership of Health & Wellbeing Board and the TWSAB and TWSCB as the following table illustrates.

	Board		
Representative	**HWBB**	**TWSAB**	**TWSCB**
Lead member for Children and Young People and Chair of Early Help Partnership	Yes		Observer
Lead member for Adult Social Care	Yes	Observer	
Director of Public Health and Chair of Living Well	Yes	Yes	Yes
Chair of Community Safety Partnership	Yes	Yes	
Director of Children and Adult Services	Yes	Yes	Yes

1.4 Future Reporting

The intention is for both the TWSAB and TWSCB to provide a report to the HWBB on an annual basis to share progress updates and identify common challenges/barriers.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

No further impact assessment information.

3. PREVIOUS MINUTES

- Telford SAB Governance Arrangements: June 2015
- Telford and Wrekin Safeguarding Children Board Annual Report 2012/13: March 2014
- Telford and Wrekin and Shropshire Adult Safeguarding Board Annual Report 2012/13: March 2014

4. BACKGROUND PAPERS

www.telfordsafeguardingboard.org.uk

http://www.telfordsafeguardingadultsboard.org

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