Addenbrooke House**,** Ironmasters Way, **TELFORD** TF3 4NT

HEALTH AND WELLBEING BOARD

Wednesday 21st January 2015

2.00pm

Meeting Room G3, Ground Floor Addenbrooke House, Ironmasters Way, Telford TF3 4NT

Lead Officer	Democratic Services Officer	Media Enquiries
Jon Power	**Jayne Clarke**	**Corporate Communications Manager**
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HEALTH AND WELLBEING BOARD MEMBERS	
Councillor R Overton (Chair)	Telford & Wrekin Council
Dr M Innes (Vice-Chair)	Clinical Commissioning Group
Councillor E Clare	Telford & Wrekin Council
P Taylor	Telford & Wrekin Council
Councillor A England	Telford & Wrekin Council
D Evans	Clinical Commissioning Group
Councillor G Green	Telford & Wrekin Council
D Harrison	Clinical Commissioning Group
L Johnston	Telford & Wrekin Council
Councillor J Seymour	Telford & Wrekin Council
D Wickham	NHS England Area Team
Councillor P Watling	Telford & Wrekin Council
L Noakes	Telford & Wrekin Council
J Chaplin	Healthwatch Telford & Wrekin
James Tozer	Community Safety Partnership

The Vision:

To improve the health and wellbeing of our communities and address health inequalities

Terms of Reference

The Committee has the responsibility on behalf of the Council in respect of public health and health and wellbeing responsibilities within the Borough. This includes the ongoing development of the joint strategic needs assessment, developing a high-level joint health and wellbeing strategy, the establishment of sound joint commissioning arrangements and the development of Healthwatch for public and patient engagement and involvement.

The HWB will provide a key forum for public accountability of NHS, social care for adults and children and other commissioned services that the HWB agrees are directly related to health and wellbeing in Telford and Wrekin.

The HWB has a duty to encourage integrated working between local health, social care and health-related commissioners.

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

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

Additional Information

Members of the public are welcome to attend and observe the proceedings of the meeting whilst in open session. The filming, recording or taking of photographs of proceedings is allowed, as well as the use of social networking and micro-blogging to communicate with people about what is happening at the meeting. These activities are subject to a protocol, which can be accessed from the following link http://www.telford.gov.uk/info/354/council-minutes_agendas_and_reports/1596/filming_photography_recording_and_use_of_social_networking_at_meetings

A copy of the Agenda and papers are available from Addenbrooke House in Telford Town Centre or from the Council's Website www.telford.gov.uk.

HEALTH AND WELLBEING BOARD

Meeting of the Health and Wellbeing Board to be held on Wednesday 21st January 2015 at 2.00pm in Meeting Room G3, Ground Floor, Addenbrooke House, Ironmasters Way, Telford TF3 4NT

AGENDA

1. **Minutes**
   To confirm the Minutes of the meeting of the Health and Wellbeing Board held on 10th December 2014. **Appendix A**

2. **Apologies for Absence**

3. **Declarations of Interest**

4. **Public Speaking**

Oversight of Performance:-

5. **CATP Focus: Better Care Fund Progress Update** **Appendix B**
   To receive a report from Michael Bennett **TO FOLLOW**

6. **HWBB Priority Update: Life Expectancy** **Appendix C**
   To receive a joint report from Helen Onions and Nicky Wilde

7. **HWBB Priority Update: Support People with Dementia** **Appendix D**
   To receive a joint report from Zena Young & Laura Thorogood, to be presented by Mike Innes

Future Meeting Dates:

Wednesday 11th March 2015

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 10th December 2014 at 2.00pm in NFU Meeting Room, Agriculture House, Southwater Way, Telford. TF3 4NR

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

Also Present: K Roberts (Better Care Project Manager), H Onions (Consultant in Public Health), L Mills (Service Delivery Manager – Health Improvement), H Potter (Research & Intelligence Manager), D Clayton (Research & Intelligence Officer) J King (Communications & Marketing Officer) and P Fenn (Cohesion Locality Manager).

Officers: M Cumberbatch (Legal Services) and J Clarke (Democratic Services Officer).

HWB-13 MINUTES

RESOLVED – that the Minutes of the meetings of the Health and Wellbeing Board held on 24th September 2014 be confirmed and signed by the Chair subject to the following changes:

HWB-06 Page 4 – Second paragraph should read "series" and not "serious".

HWB-10 Page 10 – Sixth paragraph should read "Concerns were raised regarding the changes to the Mental Health Service. The Changes regarding the Redwood Centre were to be accompanied by a much greater service in the community . . .".

M Innes informed the Board that although the 5 Year Strategic Plan (HWB10) was due to be brought back to the December meeting, the CCG had taken advice from NHS England who had confirmed that there was no requirement for the Health and Wellbeing Board to sign off the Plan and that this item of business was therefore withdrawn.

HWB-14 APOLOGIES FOR ABSENCE

Cllr P Watling, (Telford and Wrekin Council), D Evans (Clinical Commissioning Group) and Dylan Harrison (Clinical Commissioning Group).

HWB-15 DECLARATIONS OF INTEREST

None

HWB-16 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-17 STRATEGIC COMMISSIONING GROUP REPORT: FUNDING TRANSFER – NHS ENGLAND (SHROPSHIRE AND STAFFORDSHIRE AREA TEAM) PARNTERSHIP AGREEMENT ("LANSLEY") AND OTHER AGREEMENTS

P Taylor and K Roberts gave a brief overview on the funding transfer from NHS England (Shropshire and Staffordshire Area Team) and the Partnership Agreement and other Agreements.

C Jones was working on behalf of the Council alongside K Roberts who was working with the CCG. The summary of the report explained the Agreement in respect of the grant to Section 256 of the National Health Service Act 2006 referred to as the "Lansley monies" (transfer of funding from the NHS to the Council). This would be a transparent and open agreement.

Four further agreements were also to be signed off which were funding transfers from the CCG of pooled monies and were a combination of Section 256 Agreements and Section 75 Agreements as listed below:

Section 256 Agreements

Appendix 1 - The NHS England (Shropshire and Staffordshire Area Team) Partnership Agreement (Lansley) £3,548,832

Appendix 2- NHS Telford and Wrekin Clinical Commissioning Group: Rehabilitation, Reablement and Intermediate Care £976,000

Appendix 3 - NHS Telford and Wrekin Clinical Commissioning Group: Maintaining Named Individuals £355,000

Section 75 Agreements

Appendix 4 - NHS Telford and Wrekin Clinical Commissioning Group and Telford and Wrekin Council: Carers £515,500

Appendix 5 - NHS Telford and Wrekin Clinical Commissioning Group and Telford and Wrekin Council: Intermediate Care (Beds and Community) Services £323,100

The funding referred to in the various agreements would be transferred into a single Section 75 Partnership Agreement from April 2015-16 onwards and discussions were taking place between the two authorities to agree and establish the distribution of the available resources.

Further work on the Agreements would be needed and a more detailed report of the Section 75 Partnership Agreement would be presented to the Health and Wellbeing Board on the 11th March 2015.

Recommendations:

1. Discuss and approve the signing of the agreement between NHS England and T&W

2. Note the four additional funding agreements between the two authorities also due to be signed at the same time

3. To note the work that is taking place to prepare for a new single Section 75 Partnership Agreement and request a further report, prior to the commencement in April 2015.

A discussion took place including:

- The dates and timings for the 2014/15 Agreements and the April 2015 Agreement

- Schedule 3 – Intermediate Care beds at Cartlidge House (9 beds) and Morris Care (10 beds). The changes had been made in order to ensure sure the right money was put into the right agreements for future years.

- Healthwatch would welcome the opportunity to work with all bodies to inform the public of any outcomes

RESOLVED – that

a) The signing of the agreement between NHS England (Shropshire and Staffordshire Area Team) Partnership Agreement and Telford and Wrekin Council be approved;

b) The signing of the four additional agreements between the two authorities be undertaken at the same time be noted;

c) The work taking place to prepare for a new single Section 75 Partnership Agreement be noted; and

d) a report be brought back to the March 2015 Health and Wellbeing Board Meeting prior to the commencement of the Section 75 Agreement in April 2015.

The Chair informed the Board that Kit Roberts would leave the Local Authority at the end of the year. Kit had been with the Council for 7 years working mostly as a Joint Commissioning Manager – Adults with Learning Disabilities. Previously Kit had worked for Walsall MDC, MENCAP, the Learning & Skills Council and Primary Care Trust. Since July 2014 Kit had played a key role alongside CCG Colleagues in developing the Better Care Plans.

Kit's tenacity and passion for public service, particularly for people with learning disabilities would be missed by colleagues across the health and local authority sector.

The Chair thanked Kit on behalf of the Health and Wellbeing Board and wished her the very best in her retirement.

HWB-18 CATP FOCUS: LIVING WELL PROGRESS UPDATE

L Noakes, H Onions and L Mills presented the first report of the Living Well Board updating the HWB on the progress made to date.

The first meeting of the Board took place in October following a period of planning work and two workshops held in August 2014. The workshops identified a number of work programme areas for the Board to focus on over the next 6-12 months to support the delivery of the strategic priorities. These were:

- Public Mental wellbeing
- Information, advice and signposting

- Workplace Health
- Healthy environments
- Making Every Contact Count

The Board were asked to support and endorse that the Living Well Board were following the correct direction of travel and to endorse the work being undertaken.

The Living Well Board had been looking at the priority to reduce smoking and the journey to becoming smoke free. Page 8 to the report summarised the progress and performance actions. The HWB had signed up to the Local Authority Tobacco Control Declaration and had submitted a response to the Government's consultation on standardised packaging.

Trading Standards had started a project focussing on compliance and the selling of tobacco to people under age.

Work continued to engage with young people and ethnic groups.

Appendix 1 to the Report gave details of the Stoptober campaign which took place in 2014.

There was currently a decline in the numbers of smokers accessing quit services and the introduction of E-cigarettes had become a national feature of this. Despite this drop, there continued to be a high level of quit rates and a high quality service and those that quit remained quit.

Stop Smoking services were currently being re-tendered and a new contract would be in place for April 2015.

A discussion took place including:

- New contract for quit services that commenced last August

- Confusion regarding staying quit figures (effectiveness of support service) and the number of people accessing the service declining. The figures were disappointing but were being addressed.

- Ensuring that as many people as possible access structured support and medication. Stoptober was previously about quitting by using willpower – during 2014's campaign the message to the public was not to go it alone but to seek help and support.

- The use of E-cigarettes in place of accessing cessation services.

- The Survey results and the questionnaire

- The involvement of pharmacies being providers of stop smoking services or offering clinic space delivering intervention.

- The sub-contracting and pricing arrangements for stop smoking services.

- E-cigarettes – only 1 licensed product which was like an inhaler and not an e-cigarette. The likelihood of further products being licensed as medical products and accessing national guidance on using licensed products.

- Mixed messaged the public are receiving by pharmacies stocking e-cigarettes on their shelves.

- Figures on 4 week and 12 week quit rates and how many were still quit or had accessed further services were asked to be presented in the next Living Well report highlighting what was being done well and if there was more that could be done. A discussion took place around smokers taking a number of quits but given the impact of stopping smoking on health, smoking cessation was still a cost-effective intervention.

- Training on making every contact count and the 5 ways to wellbeing and the difficulties of getting the message across:

    - Strong, positive approach and taking steps to have a positive impact on lives
    - Not just explanations but demonstrations by people of their stories by means of an online platform to encourage others
    - Use of social media
    - Peer to peer recommendation
    - Subliminal messages

- Reporting back measures included the facebook posts figures and how many viewed/read a particular page

- Accessing and posting stories needed very basic training

The links relating to the stories/videos/transcripts would be circulated to Board Members following the HWB Meeting.

RESOLVED – that

a) the five work programme priorities of the Living Well Board be endorsed:

b) a progress report in 2015/16 be brought to the Health and Wellbeing Board;

c) the key collective action being taken to reduce smoking across the Borough with partners be recognised.

HWB-19 CATP FOCUS: COMMUNITY SAFETY PARTNERSHIP UPDATE

H Onions and P Fenn gave an update on reducing the misuse of alcohol and drugs and on the wider context of governance through the Community Safety Partnership.

The drugs and alcohol strategy was presented to the Board in March 2014 and this paper gave an update on that strategy and included an update on the Community Safety Partnership and the wider community safety agenda.

The report included highlights on work undertaken including:

- Engagement

- Scrutiny Review of the drug and alcohol strategy and the implementation of a strategy Partnership Workshop for service users, stakeholders and partners

- Scrutiny Committee's visit to Drug and Rehabilitation Service (DARS) and Telford After Care Team (TACT)

- The TACT Recovery and Aftercare Celebration of Success event – the award ceremony celebrated individual's recovery achievements. The event was considered to be very successful and it was hoped that this would now become an annual event.

A question was raised with regard to the engagement of young people and whether there was involvement with NACRO Services. It was also asked if further details of engagement undertaken could be reported at a future meeting.

There were currently projects running in schools

- Y6 – Crucial Crew – aimed at primary schools on substance misuse
- Y9 – Projects for secondary age children regarding drugs and alcohol

It was hoped that engaging with young people would help to shape the provision of services and it was the intention to consult with young people during the tendering processes.

A further question was raised with regard to work through the Courts and "Willowdene". Intensive support was given to people who committed crimes through drug and alcohol abuse. Crime had been cut as a result of properly joined up services ie Courts/CPS/Police/ Willowdene as this had maximised the impact.

Willowdene was a key partner and anyone who spent more than 2 days in police custody received support with processes and pathways being put in place for individuals.

A discussion took place around the Community Safety Partnership Plan and it was asked that the officers clarify that a plan was in place. P Fenn confirmed that it was a risk not to have a plan in place going forward as this would impact on funding but reassured members that a 2 year plan was in place and had been endorsed approximately 18 months ago and this would be reviewed at the end of the 2 year period.

A discussion took place on the budgets and the funding of the drug and alcohol strategy. A question was raised as to whether there was any comeback on the PCT with regards to having to offset the savings due to the poor information during the transfer of the funding. H Onions explained that the PCT was no longer in place during the Public Health Transfer huge amounts of information had been received and although most of the areas were clear, some historical areas were not so clear and had taken a little time to fully understand.

A comment was made regarding the Scrutiny recommendations and it was asked that the recommendations be taken on board. P Fenn replied that there was a good relationship between the CSP and the DAAT Board and that they had recently reviewed and refreshed the Terms of Reference.

It was confirmed that all comments would be fed back to the CSP meeting which was due to take place on 11th December.

A report would be brought back to the Board next year.

<u>RESOLVED</u> – that the progress made towards reducing the misuse of drugs and alcohol priority since April 2014 across the Community Safety Partnership (CSP), specifically the:

- **collaboration with stakeholders at the Moving Forward workshop and the Celebrating Success Recovery Event**
- **development of governance arrangements and the performance and outcomes framework reporting**
- **work undertaken with the Scrutiny Committee**
- **prevention and awareness raising work in schools and with the general public**
- **Community Safety Partnership (CSP) under it's statutory responsibilities is required to develop a Partnership Strategic Plan which outlines the actions to be taken by partners on collectively working together to reduce crime and disorder and anti-social behaviour (ASB) across Telford & Wrekin.**
- **Continued financial support from the Police and Crime Commissioner**

be acknowledged.

HWB-20 ANNUAL PUBLIC HEALTH REPORT 2014

L Noakes presented the Annual Public Health Report for 2014 which was a statutory responsibility of the Director of Public Health and was presented to both the Health and Wellbeing Board and Cabinet.

There was a long history of the reports being published and this report focused on the wider determinants of health which included:

- Lifestyles Community and social networks
- Employment
- Education
- Physical living environment

L Noakes highlighted that 80% of the determinants of health lie outside of the control of the NHS. The report highlighted some of these wider determinants, how they influence health and wellbeing and some of the actions being undertaken to address these and makes high level recommendations She summarised the key issues within each of the following chapters:

- The best start in life
- Helping people to find jobs and stay in work
- Being Active – access to green and open spaces, active travel and the role of leisure services
- Strong communities, wellbeing and resilience

The Board were asked to support the recommendations set out in the Annual Public Health Report and thanked the officers within her teams and across the Council for their hard work in contributing to this report

M Innes welcomed the report and congratulated the Team on their work and linked the work to the upstream measures needed to support the work on the Better Care Fund.

The Chair thanked L Noakes for the report.

RESOLVED – that the recommendations in the report set out as follows:

1 The Early Help Partnership, which reports to the Children Young People & Families Board, should work with schools to develop a schools-based programme to improve emotional health and wellbeing of children and young people;

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

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

4. 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

5. 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.

6. 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.

7. 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.

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

a) 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;

b) 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

be supported.

HWB-21 HEALTH WARD PROFILE UPDATE

H Potter and D Clayton tabled a presentation regarding Ward Health Profiles.

The profiles covered the key health messages and gave a Red/Amber/Green (RAG) rating of areas for Members to concentrate on. The profiles were based on the current 33 ward boundaries and would be published in January 2015.

A discussion took place including:

- Slide 3 – Ageing Well – concerns were raised regarding distorted figures which did not show the pockets of deprivation within wards. As these wards appeared to be less deprived it would make it more difficult to access grants and sustainable initiatives ie The Big Lottery. The slides had been prepared on the data available at the time, new data would be available in 2015 and updates would be given when appropriate. It may be possible in the future to break down the figures further depending on the area being considered. Some of these issues may be addressed when the boundary review takes place in 2015.

- The comparisons between the Borough and England figures

- The report was a starting point but there was more work to be done through liaison with Doctors Surgeries and Ward Members and the wider Health Profession.

- Training and Engagement

- Access to the information via the Website

- National significance of child sexual exploitation and the Rotherham recommendations. These recommendations would be included in the JSNA

HWB-22 LOCAL ACCOUNT

P Taylor presented the Local Account which was for information only.

The first Local Account was produced approximately three years ago and gave details of performance around Adult Social Care. Inspections were undertaken by the Care Quality Council (CQC), similar to those of Ofsted. Although regulation and inspection had now ceased, the CQC still undertake some regulation and inspection through a sector led improvement approach and through Peer Challenge. The Local Authority had been through a peer challenge during 2013.

The Local Account would be published and brought to the attention of the public and a wide range of stakeholders.

HWB-23 CQC INTELLIGENCE MONITORING OF GP PRACTICES

M Innes gave a verbal update on behalf of D Evans in respect of the Care Quality Council (CQC) and the monitoring of GP Practices through Independent Regulations of Health and Social Care 2009.

In 2013 there were major revisions to the way monitoring of Hospitals and General Practices took place. This was now being dealt with by way of a rolling programme over 3 years for every GP Surgery and for new practices. A prioritisation process took place by scoring all practices by performance measurement and then using the scores to draw up a programme of monitoring. The scores were published on the 17th November, but was shortly after withdrawn due to unclear/incorrect scores. The new scores would be published on Tuesday 23rd December 2014 for all GP Practices and would be split into two types of list:

- Routine inspection

- Themed inspection

The Borough area was being inspected with the theme of Mental Health in 2015.

The practices would be adjudicated to see if they were safe and the CQC had the power to close premises, if necessary, or issue recommendations for remedial action.

The meeting ended at 3.36pm

Chairman:

Date:

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

21st JANUARY 2015

BETTER CARE FUND UPDATE REPORT

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

LEAD CABINET MEMBER: CLLR ARNOLD ENGLAND

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

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

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

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

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

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

1.4 Theme (Scheme) 1 - Building Community Capacity in Telford and Wrekin

- To review current spend by both organisations on the voluntary sector services to develop shared understanding of how to improve the effectiveness of the sector

- To support improvements in the infrastructure of the voluntary sector
- To jointly design and procure a range of support services that can be delivered by voluntary and community organisations
- To work through a robust engagement process with self-help organisations to clarify how best to strengthen them, and how to improve signposting for people to the help and support on offer
- To expand engagement with communities to understand how best to extend volunteering, neighbour support schemes and generate community capital.
- Achieving efficiency and reducing duplication

1.5 Theme (Scheme) 2 – Enhanced community services for Telford and Wrekin as an alternative to hospital provision

- To maximise use of pooled resources to improve and enhance the quality, value for money, and outcomes of currently funded services.
- To model the number of people that can be supported in Out of Hospital care, the staff required (clinical and care) and the future costs.
- To establish an enhanced and expanded integrated and multi-disciplinary 'Out of Hospital Service'. This will provide a comprehensive continuum of services from admissions avoidance to end of life care.
- To utilise non-recurring Transformation monies in the CCG allocation for 14/15 to 'Invest to save' in staff and processes, evaluate Pilots and innovations to reduce admissions in readiness for 2015/16.
- To establish processes for referrals/access/assessment and support by the enhanced integrated service including the establishment of a Single Referral Point.

1.6 An update on progress is provided in Part B section 1

1.7 Six performance measures are being used to monitor progress through the BCF Programme Management Board:

- Reducing non-elective hospital admissions, re-admissions and length of stay.
- Reducing permanent admissions to residential and nursing care.
- Improved patient experience
- Reducing delayed transfers of care.
- Improving the effectiveness of reablement/rehabilitation services.
- Reducing emergency admissions in 65 years + age group.

An update on performance is provided in Part B section 1

2. RECOMMENDATIONS

2.1 The following recommendations are made

2.1.1 Note the formal approval of the Better Care Fund
2.1.2 Note the progress and developments of the work-streams
2.1.3 Ensure respective organisations support and facilitate approved BCF implementation within the identified timescales

3. IMPACT OF ACTION

There was significant focus on detailed work to ensure formal approval of the submission. With formal approval the focus is now fully on implementation. Key actions will be:

- Agreeing the Pooled Budget arrangements for 2015/16 including how financial risks will be shared
- Agreeing the investments within specific teams and services within the Pooled Budget to maximise likelihood of achieving targets and outcomes
- Reductions in admissions by at least 3.5% for Payment for Performance and 7% to achieve the local target.
- Achievement of key targets should improve quality and reduce costs to the economy

4. SUMMARY IMPACT ASSESSMENT

<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>Improve emotional health and wellbeing of Borough residents.

Support people with specific health needs to live independently for as long as possible.

Support people with dementia</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>Vulnerable adults and children</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>No</td><td>The BCF will impact on all groups.</td></tr>
<tr><td>TARGET COMPLETION/ DELIVERY DATE</td><td colspan="2">The BCF will commence from April 2015.

The Pooled Budget (section 75) will commence on that date.</td></tr>
</table>

FINANCIAL/VALUE FOR MONEY IMPACT	Yes	In Telford, the net contribution to the Better Care Fund in 2015/16 will be to £12.068m. Significantly more detail showing how the fund will be spent and the expected value of benefits is now included in the plan. This plan is required to consider risk in more detail describing the process for developing a risk sharing model. The final risk sharing model will need to be approved by all parties as part of the finalisation of the Section 75 legal agreement with final approval by the HWBB. This work is still ongoing. Whilst all metrics included within the plan will be monitored, only the reduction in admissions target will have any impact on funding to the Pooled Budget. The required minimum 3.5% reduction is linked to £840k of performance pay which will be held back out of the Pooled Budget and only released as and when admission reductions are achieved. If they are not achieved then this money will flow to the acute sector to fund admission activity. This is currently the only quantifiable financial risk known. Potential areas of financial risk are being identified but further work will be needed to ensure the value of these risks can be identified.
LEGAL ISSUES	Yes	NHSE planning guidance set out the process and format for developing the BCF plan. There were specific requirements in relation to national requirements, which have been acknowledged as now being attained through being formally Approved. However, the Council and CCGs have their own requirements to have effective Governance, contract management and data protection processes in place. Where the BCF results in possible changes to existing service provision to people, consideration will be given through Quality and/ or Equalities Impact Assessment and consultation will be undertaken. New integrated provisions will bring significant changes to the commissioning of some Council and CCG commissioned services. Where changes affect the Council and CCG commissioning plans, separate reports through respective Governance structures will take place. Where identified, clarification with respective legal advice has been, and will continue to be, utilised.

		TWC Legal Comments:- NHSE appointed external lawyers have produced an overarching generic BCF s75 Agreement (entitled the "***Framework Partnership Agreement Relating to the Commissioning of Health and Social Care Services***") which will need to be reviewed by the Council, and by negotiation and cooperation between the parties, will become a final draft document to be used. Its commencement date should be no later than the 1st April 2015 (but may be earlier) so any such review and discussions, particularly over potentially complex issues such as risk sharing and overspends, governance arrangements and joint working should take account of such a timescale, how the partnership is to be structured and how the specific outcomes are to be delivered in order to ensure that the document properly reflects the aims and outcomes of the Better Care Fund plan. Under the BCF s75 Agreement the Partners will need to demonstrate that they have jointly carried out consultations with all those persons likely to be affected by the arrangements, as required by the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617 (as amended).
EQUALITY & DIVERSITY	Yes	The BCF is intended to reduce risks of admissions to groups at high risk of hospital admission as identified from local analysis. Further targeted engagement of hard-to-reach groups has been identified as an action.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	Engagement has taken place with: Carers Partnership Board Joint Scrutiny Committee Local Strategic Partnership Health Round Table Shropshire partners in Care Voluntary Sector Chief Officers Group A BCF launch event took place in June 2014. 69 stakeholders attended including users, carers and representative groups. Healthwatch are a member of the programme

		Management Board and all work-streams
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	A risk register was completed as part of the BCF submission. Risks identified include: • Lack of engagement of stakeholders and patient groups • Failure to reduce reliance on acute care • Lack of transformation of models of working • Lack of numbers of GPs locally • Insufficient capacity within the local community to support self-help/ self-care • Implications of under-or overspending on the BCF pooled budget • Lack of agreement of team base location Mitigating actions and risk scores are reviewed at each Programme Management Board.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1.1 Update on Progress

A resubmission of the BCF plan was made to NHS England on 19th September 2014. Through a National Consistency Assurance Review (NCAR) the economy's submission was rated as 'Approved with Support'. 26 areas were identified as needing further actions and an Action Plan was developed and agreed with NHS England for completion by 28th November 2014 in line with national requirements.

1.1.2 All action plans and further evidence submitted were re-assessed and rated by NHS England. On 22nd December 2014 the economy was informed that the revised plan has been classified as **'Approved'**. The submission was described as 'clear and ambitious and we support your ambitions. This puts you in a strong position for delivering the change outlined above'.

1.1.3 The BCF Programme Board has adopted a Programme Management Office approach to delivery of the BCF programme. This includes the establishment of 5 work-streams to lead the key elements of the work. Each work-stream has an identified project lead and CCG Executive or Council Senior Officer sponsor. The work-streams are:

- Community Capacity
- Single Point of Access
- Single assessment and care planning
- Integrated Community Enablement Service
- Data Sharing

1.14 A process of regular monthly reporting to the Programme Management Board is in place and includes:

- Work-stream progress update reports against the Implementation Plan and Quality Impact Assessments from each work-stream lead
- Risk Register update
- BCF programme overall Performance report
- BCF Programme overall Finance Report

1.2 Summary of progress within each BCF theme:

1.2.1 Theme 1: Increasing Community Capacity/ Community Capacity Work-stream

A work-stream has been established and some of the overlapping work areas are being progressed as part of the Council's overall Prevention work programme to avoid duplication.

1.2.2 A Prevention strategy has been developed with the overall objective of supporting people to remain in the community and avoid moving into care – whether provided by social care or health services. The strategy describes four tiers of care and support. For each of the four tiers a summary is provided of what each tier involves by way of service provision; what each of the services aims to deliver and what the expected outcomes are.

1.2.3 Tier 1 - delivers local approaches to keeping people healthy and in control of their own wellbeing.
Tier 2 - delivers higher level services in the community that are preventative and not statutory
Tier 3 - delivers services that the council and CCG have a statutory obligation to provide, in the community
Tier 4 - delivers specialist services (acute and complex) still aiming to avoid admission into long term services

1.2.4 Improved links have been forged with the voluntary sector through the Voluntary Sector Chief Officer Group (COG) meetings. Each member organisation has completed a template of the contribution they can make to all BCF work areas (which align to the four tiers above):

- Preventative activity
- Team around the GP
- Rapid Response and community- based enablement.

1.2.5 A 'working together' event has been held organised by the voluntary sector and a smaller number of voluntary sector organisations have formed a Network group to assist in progressing BCF.

1.2.6 Following a Network meeting on 22nd October 2014, a proposal was supported by the BCF Programme Management Board for Transformation funding to support a Voluntary Sector Coordinator post to be co-located with Rapid Response to support admission avoidance. This role will co-ordinate potential referrals to voluntary sector services for low level support; support admission avoidance and gather the data and evidence required to demonstrate cost benefit analysis of voluntary services.

1.2.7 Work is progressing through Public Health to engage with self-help organisations and establish ways to strengthen them and improve signposting. Further work is required between the voluntary sector and data and performance teams to establish robust ways of collecting outcomes.

1.2.8 CCGs are implementing a Grant Making Framework. This enables the CCG to support voluntary sector organisations who contribute directly to CCG priorities. It also allows a more robust transparent means of scrutinising proposals and monitoring outcomes than has previously been deployed.

1.2.9 Consultation workshops took place in October 2014 and the overall response was very positive. A number of questions were raised during the workshops about the new grants process which we have responded to. Grant applications can now be submitted. Implementation of new services will commence from April 2015.

1.2.10 The Council Commissioning team is undertaking a detailed needs analysis of the provider sector which will be linked with the work on increasing community capacity.

1.3 Theme 2: Integrated Enhanced Community Services

This theme has a number of component work-streams:

- Single Point of Access
- Single assessment and care planning
- Integrated Community Enablement Service
- Data Sharing

1.4 Single point of access and single assessment and care plan work-streams

1.4.1 These two work-streams are being managed together and form an integral part of the development of the integrated community enablement service. The key principles and requirements of a single point of access were developed as part of the joint workshop on 18th December 2014.

1.4.2 It is recognised that there are different opinions and options about the development of a single, Single Point of Access to services from the existing provisions – Shropdoc, Council's Access, Shropshire Community Trusts' SPoA, 111 and the mental health Trusts access points (CMHTs and Psychological therapies). Discussions and analysis continues to take place about the development. This work-stream is behind Implementation Plan timescales.

1.5 Integrated Community Enablement Service work-stream

1.5.1 This work-stream is focussed on the phased development of a fully integrated health and social care team. Extensive mapping of existing services across primary care, community services, acute hospital, voluntary sector, third sector and social care to establish an overview of

all services currently provided, their key role, numbers of staff and current activity/capacity.

1.5.2 A key part of the service model is to co-locate the existing service elements within a single central location, bringing together elements from social care, community care, acute care and the voluntary sector to work in a more integrated way. To facilitate this, a detailed option appraisal has been undertaken of all potentially suitable locations across the Telford area. Additional discussion is taking place to agree the location for the team.

1.5.3 To further support the development of phase 2 (integrating via co-location of Rapid Response with the Enablement team), a multi-disciplinary workshop involving all main stakeholders was held on the 18th December to establish the key principles of the service model and specification for an integrated enhanced community enablement service. A detailed service specification is now being developed which will set out the anticipated activity, workforce, finance and management/governance requirements for the new service.

1.5.4 The Accelerated Admission Avoidance Pilot commenced on 7th July 2014, to test out the implementation of improved pathways to reduce admissions. The pilot enhanced the existing Rapid Response Team to enable delivery of intensive Rapid Response interventions with the aim of reducing admissions by up to 5 per day. Referrals were encouraged from GPs, WMAS, care homes, 111 and SaTH of patients from the target population identified on page 1 of this report.

1.5.5 After 3 months the pilot had received 183 referrals and an admission to hospital was successfully avoided for 112 of these (61%). Further 3 months data identifies a similar level of referrals.

1.5.6 Further innovations are in place. Shropshire Community Trusts Nurse Consultant attends SaTH on a daily basis. This is avoiding admissions of people conveyed by ambulance on a daily basis.

1.5.7 Rapid Response Nurses are travelling with WMAS crews to illustrate the patients they could maintain at home. This would support the current pathway as agreed within the 111 Directory of Services.

1.5.8 Rapid Response Nurses are arranging to pilot home visits with GPs to identify those who they could be maintained at home with appropriate health and social care support.

1.5.9 A care home helpline was developed by Shropdoc. Since July 2014 this has been in place, initially piloted with a small number of care homes. Full roll out took place in October. 49 admissions have been avoided through utilisation of this approach to the end of December 2014.

1.6 <u>Rehabilitation sub-group</u>

1.6.1 This sub-group is focussing on the transition of rehabilitation services from within an acute hospital setting into a community setting is a key

part of the development of the integrated enablement service. The CCG has formally de-commissioned enhanced rehabilitation from June 2015 from SaTH and an alternative model and approach is being developed with acute and community stake-holders.

1.6.2 To facilitate development:

- the existing service provision within the community has been mapped
- acute rehabilitation activity has been analysed
- an audit has been carried out by SaTH, Shropshire Community Trust and Enablement therapists to identify rehabilitation needs and activities
- a new service specification for community rehabilitation has been developed; informed by the above
- a further prospective review and audit of all patients fit to be discharged is being carried out during January 2015 by SaTH therapists in order to analyse their rehabilitation as part of acute care and community rehabilitation needs

1.6.3 There is strong engagement from the SaTH therapists to co-create the model; have closer integration with enhanced enablement services and work within the community.

1.6.4 The developing model has been shared with SaTH Executives to demonstrate progress the alternative rehabilitation model. The further analysis is intended to clarify the need for hospital based rehabilitation outside the existing tariff costs.

1.7 <u>Data sharing work-stream</u>

1.7.1 This work-stream is an enabling work-stream focusing on the development of data sharing principles to ensure:

- effective data sharing is in place to meet current and immediate future needs for more integrated working
- plan for and develop an integrated record across the local economy in line with the national requirement
- ensuring effective Information Governance is in place to support current and future development of data sharing arrangements across the participant health and social care organisations involved in the BCF programme.

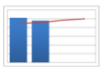
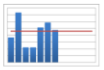
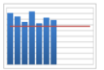
1.7.2 An additional local development is to bring together health and social care activity and financial information to model trends and develop approaches to deliver services more cost effectively across the economy. The economy is part of a Pilot programme with Midlands and East Commissioning Support Unit (CSU) and a private company (Pi Healthtrak).

1.7.3 The Information Governance issues have now been resolved sufficiently to enable health and social care data can be analysed anonymously. The Project Team from the CSU will be working with local economies to agree the local implementation timescales to be able to utilise available data.

1.7.4 A work-stream group is currently being established with cross-organisational representation from senior IT and Information Governance leads. This group will identify further task and finish sub-groups to lead on individual elements of programme work-stream. The group will also review the timescales set out within the Implementation Plan. It is recognised that the development of a single shared record for health and social care will likely require interim solutions as part of a phased implementation plan over the next 1 to 2 years.

1.7.5 A key requirement of the BCF programme to the success of this work-stream is that all organisations use the NHS number as the primary identifier. This is in place within all healthcare providers but has yet to be fully implemented across social care.

1.8 BCF Performance for October '14 (as reported to December programme board).

BCF Indicator	Period	Target	Actual	FOT	RAG	Trend
Total non-elective admissions in to hospital (general & acute) all-age, per 100,000 population	Qly	Q2 2271 FY 9424	Q2 2393	9892	A	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population	Annual	14/15 550 15/16 498	14/15 No Data	546	G	
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Annual	14/15 65 15/16 66	14/15 No Data	Proxy Data	A	
Delayed Transfer of Care (delayed days) from hospital per 100,000 population (aged 18+)	Monthly	Q3 497 FY 3072	Q2 1317	4320	R	
Question 32 of GP survey - proportion of patients feeling supported to manage their condition	Annual	14/15 64.4 15/16 65.6	*Published Aug 2015*	No Data	ND	
Total PbR emergency admissions into SaTH NHS Trust, aged 65+, per 100,000 population	Monthly	Q2 4048 FY 16191	Q2 4976	19833	R	
Quality Premium Indicator Reduction in avoidable emergency admissions	Qly	Q1 556 FY 2132	Q1 578 *CSU Proxy Indicator*	2184	A	

Key:

R	Off track - High risk of non-achievement
A	Off track - Moderate risk of non-achievement
G	On track to deliver
ND	No data provided/available

1.8.1 In summary:

- The overall rate of non-elective admissions has been above target for the previous 2 quarters, however this appears on a downwards trajectory and has been demonstrating month on month reductions.

- Contract monitoring information shows that overall admissions to SaTH for frail and complex patients during August and September reduced by 178 admissions compared to the same period last year.

- Performance against the measure 'Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per

100,000 population' is monitored using proxy data but currently appears on track to deliver by the year end.

- Actual 2014/15 performance for the indicator 'Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services will be taken from October, November and December 2014, with the 91 day follow-up falling in January, February and March 2015. Therefore actual performance data is not yet available.

  The data provided represents indicative values only and a system for regular and more frequent monitoring and reporting of the actual metric is required. Current data is for the number of people starting and ending enablement and does not actually demonstrate the number still at home 91 days later. This represents a risk to the BCF programme.

- Compared to the same period in 2013/14, the rate of PbR emergency admissions per 100,000 population was lower for five out of the 7 months so far this year - only July and September were higher. However the rate has still been above the BCF target for all 7 months, suggesting a forecast outturn admission rate per 100,000 population of 19833 against a target of 16191.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

2.1 No further details to include at this time

3. PREVIOUS MINUTES

3.1 The BCF submissions have been presented to the Health and Well-Being Board at the February, April and September meetings for Approval.

4. BACKGROUND PAPERS

4.1 A number of reports are available:

- NCAR Action Plan submitted 14th November 2014
- BCF Re-submission Planning template 28th November 2014
- BCF Re-submission Performance and Finance template 28th November 2014
- CCG Governance Board report: Accelerated Pilot Evaluation report
- Pooled Budget agreements for 2014/15 (two section 256 agreements; one section 75 agreement) – previously presented to HWB Board
- Draft Integrated Community Enablement Team Service Specification
- Draft Rehabilitation Service Specification

Report prepared by Michael Bennett Head of Commissioning for Integrated Care Telford and Wrekin CCG 01952 380457

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

21ST JANUARY 2015

HEALTH AND WELLBEING BOARD PRIORITY UPDATE: LIFE EXPECTANCY

REPORT OF:

- **HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL**
- **ANN-MARIE MCSHANE, PUBLIC HEALTH NURSE, TELFORD & WREKIN COUNCIL**
- **JULIA MEAKIN, INTERIM HEAD OF COMMISSIONING PLANNED CARE/LONG TERM CONDITIONS, NHS TELFORD AND WREKIN CCG**
- **LIZ CARTWRIGHT, INTERIM HEAD OF COMMISSIONING PLANNED CARE/LONG TERM CONDITIONS, NHS TELFORD AND WREKIN CCG**
- **DR MIKE INNES, CHAIR, NHS TELFORD AND WREKIN CCG**

HEALTH & WELLBEING BOARD PRIORITY SPONSOR: RICHARD OVERTON, DEPUTY LEADER TELFORD & WREKIN COUNCIL, HEALTH & WELLBEING BOARD CHAIR.

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The Board last received a life expectancy priority update report, which had a particular focus on cancer, in March 2014. This report provides an update on life expectancy and premature mortality rates and associated JSNA intelligence on the main causes of early death in Telford & Wrekin, which contribute to our reduced life expectancy position. It describes collaborative action being led by the Clinical Commissioning Group (CCG) as part of the CCG Quality Premium, to reduce premature mortality which is amenable to healthcare, specifically focussing on the treatment of cardiovascular diseases and cancers. The relevant prevention work, led by the Council to reduce the impact of smoking, excess weight and the misuse drugs and alcohol is routinely reported to the Health & Wellbeing Board as part of the regular CATP and priority update reports.

2. RECOMMENDATIONS

2.1 It is recommended that in order to gain assurance that collaborative action planned is adequate to impact on the poorer than average local outcomes for cardiovascular disease and cancer that the Board agree to receive and scrutinise the cancer survival plan and the potential years of life lost plan at a future meeting.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority -	
	Yes	Improving life expectancy and reducing health inequalities
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	To improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	See equality and diversity section below
TARGET COMPLETION/DELIVERY DATE	N/A	
FINANCIAL/VALUE FOR MONEY IMPACT	No	
LEGAL ISSUES	Yes	In respect specifically of the Health and Wellbeing Board (HWBB) responsibilities regarding work to improve life expectancy, it should be noted that section 2B of the National Health Services Act 2006 (as amended) contains a duty on local authorities to take appropriate steps to improve the health of local people in its area. Further the HWBB has a role in co-ordinating and encouraging integrated working. Work undertaken in respect of these responsibilities is set out in the main body of this report.
EQUALITY & DIVERSITY	Yes	The JSNA clearly demonstrates inequalities relating to life expectancy in Telford and Wrekin, including: • Geographical hot spots where early death rates are significantly worse than average • Variations in the uptake of bowel cancer screening across GP practices
IMPACT ON SPECIFIC WARDS	Yes	See equality and diversity section above. • Male life expectancy is 7.0 years lower for men in the most deprived areas of Telford and Wrekin compared to those in the least deprived areas. • Female life expectancy is 2.8 years lower for women in the most deprived areas of Telford and Wrekin compared to those in

		the least deprived areas. In terms of our life expectancy inequalities gap within Telford and Wrekin between the most deprived fifth of communities and the least deprived fifth of communities: • for men 21% of the inequalities life expectancy gap is due to cancer • for women 27% of the inequalities life expectancy gap is due to cancer
PATIENTS & PUBLIC ENGAGEMENT	Yes	Patient Experience will be a key work stream within the cancer survival plan. A patient experience survey has been developed for use in the NHS Health Check programme.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	There are key interdependencies with the improving life expectancy and reducing health inequalities priority and several other HWB strategy priorities. Smoking, alcohol consumption and excess weight are well acknowledged and significant lifestyle risk factors for a wide range of cancers, including: lung cancer, bowel cancer and breast cancer.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Life expectancy figures update

Updated life expectancy figures for the period 2011-13 were released in December 2014. (See Appendix I for historic trends) Key messages are:

- Male life expectancy at birth increased by 0.3 years, to 78.2 from 77.9 in 2010-12
- Female life expectancy at birth decreased by 0.1 years, to 81.5 from 81.6 in 2010-12
- Both male and female expectancy were significantly worse than the average for England during 2011-13, for women life expectancy was 1.6 years below the national average and for men 1.2 years below the England figure
- Male life expectancy at age 65 increased by 0.3 years, to 18.0 from 17.7 in 2010-12
- Female life expectancy at age 65 decreased slightly by 0.1 years, to 20.1 from 20.2 in 2010-12
- Both male and female expectancy at age 65 were significantly worse than the average for England during 2011-13, for women life expectancy was 0.7 years below the national average and for men 1.0 years below the England figure

1.2 Reducing Premature Mortality

1.2.1 Early deaths from the big killers in Telford and Wrekin

Early deaths from cancers and cardiovascular diseases account for in excess of 75% of all early deaths and all years of life lost under 75 years. The key relevant JSNA messages are:

- **Cancers:** Early death rates from all cancers have been relatively static over the past decade with trends showing little decline. The early death rates from all cancers for persons and women remain significantly worse than the England average as do the rates from cancers considered preventable (persons) and cancers which are amenable to healthcare (both rates for men and women).

- **Cardiovascular diseases:** Early death rates from all cardiovascular diseases have declined significantly over the past decade in both men and women. In 2011-13 the rates of preventable early death from CVD were not significantly different to the England average from men, women or persons. However, the early death rate from CVD which is considered amenable to healthcare remained worse than the England average in both men and women.

- **Focus on CVD treatment**

  Public Health England have produced commissioning for value focus packs to support CCGs improve CVD treatment pathways. Key messages for CVD treatment include the following:

  - Significant benefits to patients could be made if improvement to primary care management indicators were made
  - Performance on all 27 of the CVD management in primary care indicators is worse than the benchmark, these predominately relate to the management of high blood pressure
  - The number and associated costs for hospital admissions relating to cardiovascular diseases and cardiac surgery procedures is high

1.3 The CCG Quality Premium Potential Years of Life Lost Plan

Reducing premature mortality is an aim which is shared between the NHS and Public Health Frameworks. The contribution which can be delivered by the NHS is best measured by Potential Years of life lost (PYLL) from causes considered amenable to healthcare[1]. Reducing PYLLs which are amenable to healthcare is a key component of the CCG quality premium. CCGs can make the most significant impact in reducing premature mortality by determining which contributing factors are of greatest impact to their local population, particularly taking into account the causes of premature mortality for those living in areas of deprivation.

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[2] 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.

The electoral wards with early death rates from cancers and cardiovascular diseases which are significantly higher than the national average are also the wards with some of the highest levels of deprivation.

The CCG commissioning team have been working with the Council's public health team to develop a PYLL action plan. The plan is based on high impact interventions[3] known to reduce early death rates.

[1] The causes of death considered amenable to healthcare include: cancers of the bowel, bladder, breast, skin and cervix and cardiovascular diseases such as coronary heart disease and stroke

[2] https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_1.1_I00767_D_V5.xls

[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307703/LW4L.pdf

Key priorities in the plan include:

- **Cardiovascular Disease**
  - Improvement of CVD management and treatment for patients in primary care
  - Diagnosis and treatment of hypertension
  - NHS Health Check programme
  - Smoking cessation services
- **Stroke prevention and survival**
  - Atrial Fibrilation diagnosis and management
- **Cancer**
  - Cancer survivorship plan
  - Cancer services remedial action plan

1.4 NHS Health Check Update

1.4.1 National programme developments

During 2014 there has been significant development of the NHS Health Check programme nationally under the guidance of Public Health England. Key highlights are:

- Improving coverage and uptake is both a local and a national priority.
- Establishment of the NHS Health Check Expert Scientific and Clinical Advisory Panel to ensure improvements are based on emerging best practice.
- New Quality Assurance Standards to ensure that delivery across all areas is measured consistently.
- National directory now linked to the NHS Choices website and the Council's own website.
- CQC inspection of GP Practices now includes questions relating to access to NHS Health Checks and appropriate follow up of risk factors and/or clinical outcomes.

1.4.2 Local developments in 2014 and planned work for 2015

- A Patient Experience Survey has been developed to understand local people's experience of the programme and use this knowledge to improve accessibility and uptake
- GP practices have been assessed against the new Quality Assurance framework, with follow up clinical support and training and resource tools signposting by the Public Health Nurse. Targeted support has also been offered at locations with lower uptake rates to encourage follow up of non-attendees.

- Hadley GP Practice now have a member of staff form the local community trained and delivering NHS Health Checks, often to non-English speaking clients
- The Public Health Team will further capitalise on the unique opportunity which NHS Health Check offers to impact on prevention, earlier diagnosis and better management of cardiovascular disease across health and wellbeing partner organisations. This collaborative work includes a pilot project recently started at Church Close Surgery, Madeley. The Public Health Nurse and CCG Medicines Management lead have devised the project which is inviting high risk patients with poorly controlled high blood pressure to attend a joint lifestyle and medication review. The results of this work will be reported in 2015.
- A Results card has been developed to enable those undergoing a Health Check to record their results and planned next steps. To capitalise on the opportunity, signposting and awareness raising of the cancer screening programmes and for the Council's Healthy Lifestyle Hub.

1.5 Improving Cancer Outcomes

1.5.1 Cancer waiting and treatment times performance update

In September 2014 SaTH met all the cancer waiting and treatment time targets for the first time since October 2012. The CCG year to date position (April-Sept 2014) was still below target on the target for 31 day subsequent surgery and 62 day referral to treatment targets. The current position for Telford and Wrekin CCG is shown in Appendix II.

A Remedial Action Plan (RAP) was developed with SaTH in 2013/14, however as a result of the Intensive Support Team (IST) working with SaTH, a number of other issues were raised. These were subsequently added to the plan but unfortunately this made the plan too lengthy and unmanageable and is therefore being revisited. The CCG will need to be assured that the RAP will deliver improvements in terms of stating the trajectory target, improving quality and the sustainability of meeting the targets. The weekly cancer meeting has revised the Cancer RAP in conjunction with both CCGs and SaTH which includes the recommendations from IST. Final draft of the RAP has been agreed and is monitored at the now fortnightly Cancer Assurance meeting.

Improvements to the referral pathway for patients with breast symptoms has been developed between SaTH and the CCG. The CCGs are also working with the urologists at SaTH, to improve the prostate cancer pathways which will be developed with GP practices across both CCGs. The expected outcome of both these pathway developments will be to improve capacity by streamlining the patient journey. The CCG is also undertaking some work on the ovarian pathway and working alongside Shropshire CCG to improve cancer performance.

1.5.2 Developing the Cancer Survival Plan

The CCG has commenced discussions around the poor survival rates for Telford and Wrekin which were nationally reported in September 2014 with Macmillan and partners. The CCG has a Cancer Protected Learning Event in

February 2015 for GPs. This is expected to focus on lung and breast cancer. The CCG has successfully bid for funds from the Jayne Sargent cancer foundation to provide much needed local psychological support for cancer sufferers and their carers. A cancer survival plan is being developed with GPs, public health and secondary care colleagues, Macmillian and patient representatives. Key work streams in the cancer survival plan will include:

- **Patient experience focus:** using patient stories, Macmillan patients and SaTH cancer patient experience insight to improve services
- **Symptom awareness and recognition training:** supported by the Macmillian GP with Practice Nurse/HCA training in Primary care, diagnostic support tool and Boots Macmillan pharmacists
- **Cancer treatment pathways:** specifically for gynaecology, skin, head and neck, urology and colorectal tumour treatment pathways
- **Cancer Screening Programmes:** age expansion for bowel cancer screening as part of the Bowel Scope programme and inequalities work to improve screening uptake in hard to reach groups
- **Prevention Programmes:** developments in public health programmes such as smoking cessation, weight management and alcohol awareness
- **Communication and awareness raising:** Co-ordinated campaigns to raise public awareness of cancer risk factors and symptoms

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

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

3. PREVIOUS MINUTES

- Health & Wellbeing Priority Update: Life expectancy – Focus on Cancer, 12th March 2014
- Health & Wellbeing Priority Update Report: Life expectancy and health inequalities, November 2013

4. BACKGROUND PAPERS

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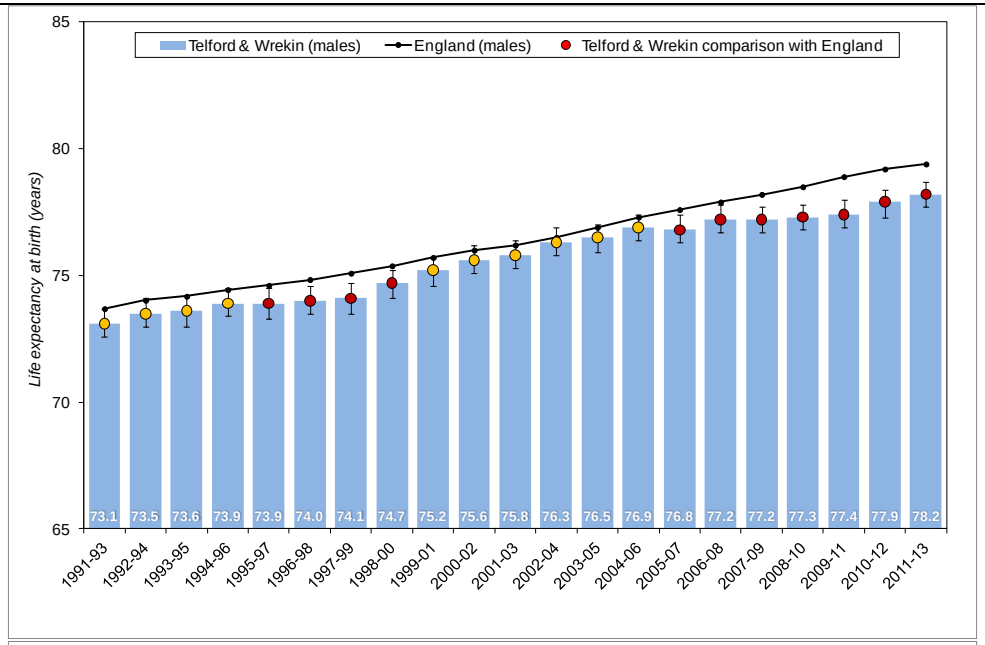
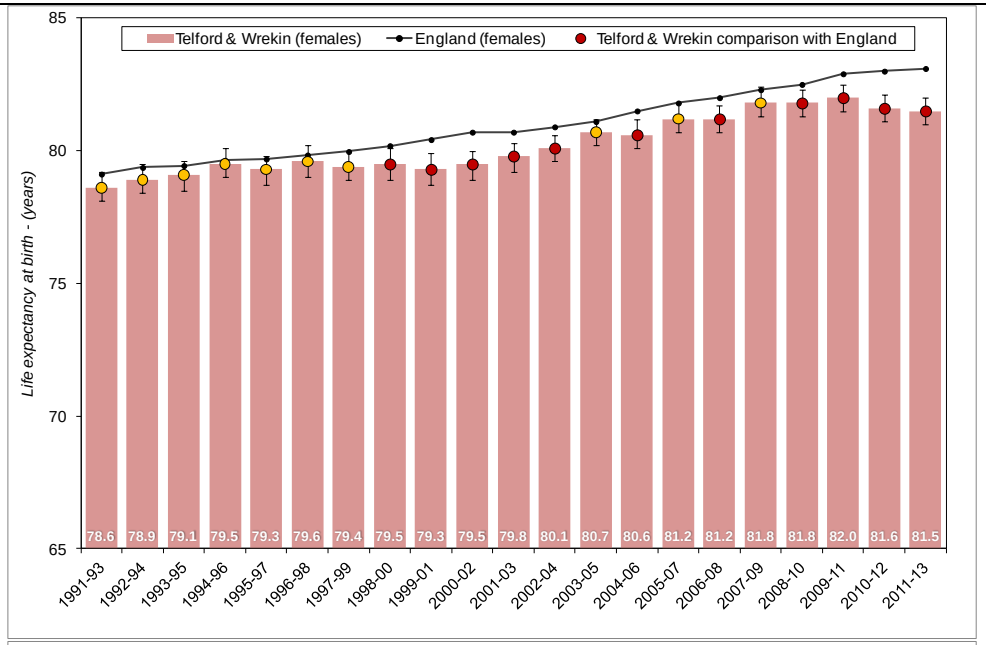
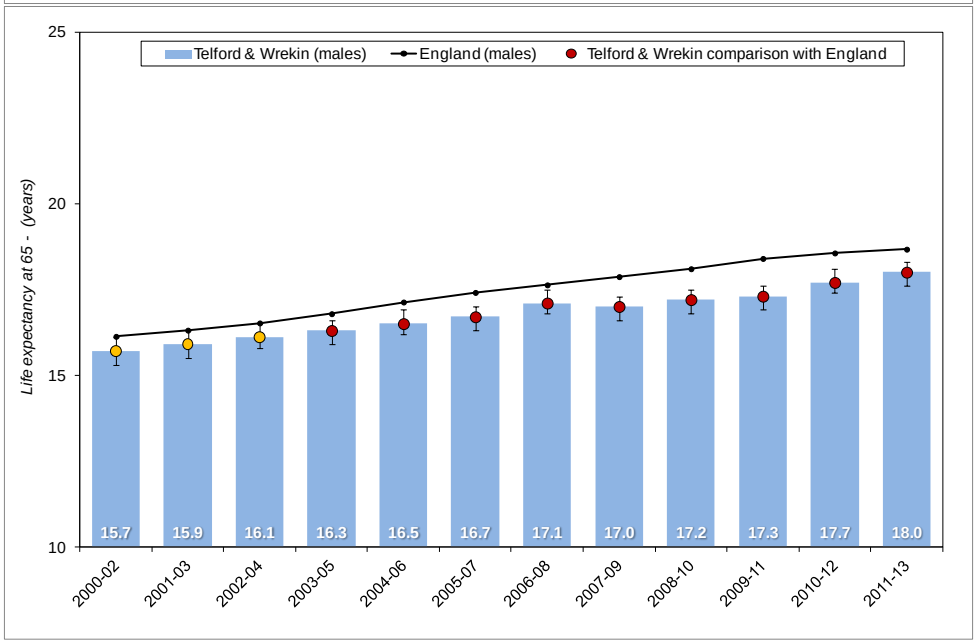
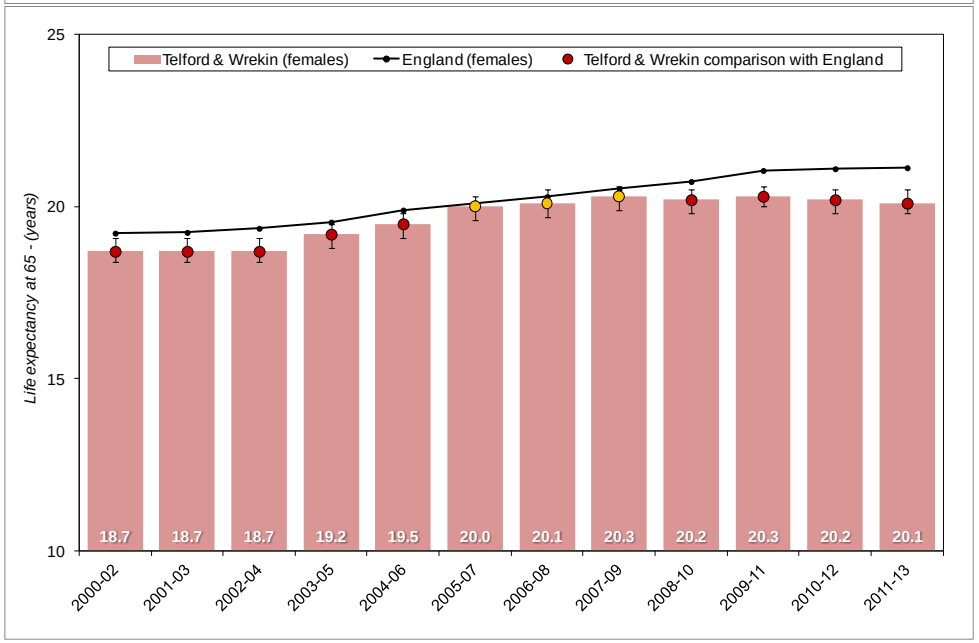
APPENDIX I

Trends in Life Expectancy by gender – at birth and 65 years









APPENDIX II

Summary of Cancer Target Performance: NHS Telford & Wrekin CCG 2014/15

Target				NHS Telford & Wrekin CCG						
Ref	Description	%		Month1	Month2	Month3	Month4	Month5	Month6	YTD
PHQ24	Cancer urgent referral to first outpatient appointment (14 day referral)	93%	% Achieved	93.4%	92.8%	94.4%	93.8%	94.3%	93.1%	93.6%
			Total Referrals	467	444	486	518	400	490	2805
			Breaches	31	32	27	32	23	34	179
PHQ25	Proportion of patients with breast symptoms referred to a specialist who are seen (14 day referral)	93%	% Achieved	89.5%	93.5%	95.8%	100.0%	100.0%	98.8%	95.5%
			Total Referrals	105	62	71	61	40	82	421
			Breaches	11	4	3	0	0	1	19
PHQ06	Cancer diagnosis to treatment waiting times (31 day first treatment)	96%	% Achieved	98.4%	96.8%	98.2%	97.5%	98.3%	97.3%	97.7%
			Total Referrals	64	62	57	81	58	74	396
			Breaches	1	2	1	2	1	2	9
PHQ07	31 days for subsequent cancer treatment (surgery)	94%	% Achieved	94.4%	100.0%	88.2%	83.3%	81.25%	84.62%	88.1%
			Total Referrals	18	8	17	12	16	13	84
			Breaches	1	0	2	2	3	2	10
PHQ08	31 days for subsequent cancer treatment (drugs)	98%	% Achieved	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
			Total Referrals	20	14	33	24	18	21	130
			Breaches	0	0	0	0	0	0	0
PHQ09	31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)	94%	% Achieved	100.0%	100.0%	96.2%	96.3%	95.7%	95.8%	97.2%
			Total Referrals	18	23	26	27	23	24	141
			Breaches	0	0	1	1	1	1	4
PHQ03	Urgent referral to treatment waiting times (62 day referral to treatment)	85%	% Achieved	88.2%	64.0%	86.7%	88.2%	82.1%	85.7%	83.2%
			Total Referrals	34	25	30	34	28	28	179
			Breaches	4	9	4	4	5	4	30
PHQ04	Extended 62-Day Cancer Treatment - Screening (part a)	90%	% Achieved	75.0%	90.9%	100.0%	84.6%	100.0%	95.0%	92.5%
			Total Referrals	4	11	9	13	10	20	67
			Breaches	1	1	0	2	0	1	5
PHQ05	Extended 62-Day Cancer Treatment - Consultant upgrade (part b)	(tbc)	% Achieved	85.7%	84.2%	100.0%	100.0%	100.0%	100.0%	94.6%
			Total Referrals	14	19	13	15	14	18	93
			Breaches	2	3	0	0	0	0	5

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

21ST JANUARY 2015

HEALTH AND WELLBEING BOARD PRIORITY UPDATE: SUPPORT PEOPLE WITH DEMENTIA

REPORT OF: DR MIKE INNES, CHAIR, NHS TELFORD AND WREKIN CCG

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report and accompanying documents provides an up-date on progress against the four identified priorities for Dementia including; Public and Professional Awareness, Information, Early Identification and Diagnosis of Dementia and End of Life Care. These priorities are in line with the recommendations set out in the Prime Minister's Challenge on Dementia and NICE Quality Standards.

2. RECOMMENDATIONS

2.1 Board Members note the update and acknowledge progress since receipt of the last Board Report in July 2013.

2.2 Board Members continue to champion Dementia as a priority across the Health and Social Care Economy and to contribute to raising Public and Professional awareness.

3. IMPACT OF ACTION

Accelerated improvements in the identified priority work-streams will make a difference in the following ways:

- Improving public awareness of memory problems and addressing stigma will increase numbers of people visiting their GP, as the gateway for a diagnosis.
- Improving professional awareness of dementia will improve early identification of memory problems and ensure seamless transfer to appropriate services for a timely diagnosis, ensuring that people access care and support services, as early as possible. Improved professional training and awareness may also improve quality of care.
- Identifying and diagnosing people with dementia in the early stages of the disease will prevent crisis and the subsequent need for intensive services.

- Improving consistency and quality of end of life care will improve people's experience of health and social care services.

4. SUMMARY IMPACT ASSESSMENT

<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>Support People with Dementia</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>Dementia has remained a priority for both the Health Service and the Local Authority within Telford and Wrekin for over 5 years.

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.

Telford and Wrekin – Health and Wellbeing Strategy 2013/14 to 2015/16

The Health and Wellbeing Board key priorities that relate to dementia:

Dementia is specifically identified as Priority 10 –'Support People with Dementia '</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>Dementia is mainly a disease of people aged over 65 years but its impact on families and carers is far-reaching and can affect people of all ages.

The Dementia Joint Strategic Needs Assessment, (Deep Dive 2013) has</td></tr>
</table>

		been considered which identifies the needs of a range of people. This includes younger people with dementia, people with learning disabilities, people with alcohol-related dementia, people with other mental health problems (e.g. depression), people on low incomes and in poverty, minority ethnic groups, people living in isolated rural areas, disabled people and people living alone.
TARGET COMPLETION/DELIVERY DATE	By 2015, the Department of Health's aim is that two-thirds of people should have a diagnosis, with appropriate post diagnosis support. There is an estimated prevalence of 1,774 people living in the borough who are likely to have a diagnosis of dementia. The target number for increased diagnosis is an additional 257 people by March 2015.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	Within existing resources and jointly commissioned across health and social care. The annual cost of care for each person with dementia is higher than the median salary in the UK, and is higher than the annual cost of care for a person with cancer, heart disease or stroke combined[1]. The costs of providing dementia care are largely those required to provide support and care for activities of daily life, rather than medical treatments, so the costs associated with it, are predominantly social care[2]. 40% of the total costs are for long-term residential social care and 55% for informal care. Only 5% are for primary or secondary healthcare or medication costs for dementia[3]. However, dementia is mainly a

[1] Spotlight on DEMENTIA CARE, *A Health Foundation improvement report,* Health Foundation, October 2011
[2] *Ibid*
[3] *Ibid*

		disease of people aged over 65 years and older people will often have other health needs, therefore, poor coordination of health and social care services, leads to avoidable hospital admissions, prolonged length of stay as a hospital inpatient and increased need for residential care[4]. With increased diagnosis rates and improved quality of care, as the national Dementia Strategy, NICE/SCIE guidelines are implemented; cost savings may be possible within several years. In the meantime, implementation is likely to add to the total cost of care.
LEGAL ISSUES	Yes	In relation to the work of the Health and Wellbeing Board (HWBB) in the matter of supporting people with dementia (and in particular regarding recommendation 2.2 of this report) it is noted that The National Health Act 2006 (as amended) contains requirements for each local authority to take the steps it considers appropriate to improve the health of the people in its area. This includes working with local partner organisations. The HWBB's terms of reference (set out in the constitution) also reflect this joint working provision such as at paragraph 3 which states "The HWB has a duty to encourage integrated working between local health, social care and health-related commissioners".
EQUALITY & DIVERSITY	Yes	See above Community Impact
IMPACT ON SPECIFIC WARDS	No	Borough-Wide Impact. The expected prevalence rate is age adjusted for populations.
PATIENTS & PUBLIC ENGAGEMENT	Yes	The Admiral Nurse Steering Group takes place twice yearly and has Carer representation in attendance.

[4] National Audit Office reports of 2007 and 2010

		The Admiral Nurse service also undertakes Annual Service User Surveys. Workshops take place which include art and creativity & evaluations are carried out. The Health Economy Steering Group for Dementia takes place bi-monthly, has patient representation in attendance and connects with a variety of patient and service user panels. Events are held at public places which are nostalgic and support those with dementia e.g. Blists Hill and Telford AFC. The promotion of 'Dementia Friendly Communities' to include theatre performances at 'The Place.'
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	• Financial assessments and demand continues an inadequate investment aligned with raising prevalence widening the gap of unmet need. • Financial risks relating to demographic increase and inappropriate crisis and use of unscheduled care, largely due to late diagnosis or no diagnosis at all. • To assist in mitigating financial risks there is now consideration of the requirements of the Care Act 2014 and the Better Care Fund (BCF). Wellbeing and prevention to support an integrated approach to services that becomes more preventative than reactive. • The Telford & Wrekin Health and Wellbeing Board responded to the Prime Minister's Challenge on Dementia -November 2014. It identifies key progress on activity during the year and opportunities

		for collaborative working with the voluntary and business sector.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 BACKGROUND

Dementia is one of the biggest challenges for health and social care that we face today. In recognition of this, the Health & Wellbeing Board in Telford & Wrekin has designated Dementia as a priority area.

Good progress has been made since the launch of the National Dementia Strategy (2009), but there is still a long way to go, as signalled in the Prime Minister's challenge on dementia, 'Delivering major improvements in dementia care and research by 2015'.

People with dementia, their families and carers have told us what is important to them and recent Health and Wellbeing Board Stakeholder Events have confirmed work-streams needing focused attention for improvement. These priority work-streams are:

- Public and Professional Awareness of Memory Problems
- Information
- Early Identification and Diagnosis
- End of Life.

A summary of progress against these priorities is provided in section 1.3.

1.2 ISSUES

- There is an estimated prevalence of 1,774 people living in the borough who are likely to have a diagnosis of dementia. With the number of sufferers expected to double in the next 30 years and cost expected to rise to £19billion nationally, improved diagnosis will be key if the health and social care system is to cope effectively with the predicted surge in numbers.

- The overall dementia diagnosis rate for Telford and Wrekin is 52.4% (November QOF data), indicating there is a gap of around 207 people locally who may benefit from earlier diagnosis and support in order to achieve the 67% target.

- The incidence of dementia in care home residents is thought to be around 80%, yet diagnosis rates in care home settings is variable.

- The provision of information and advice and the quality of support for people following a diagnosis, in their own homes and communities is variable.

- The specific needs for End of Life Care in relation to a diagnosis of Dementia need to be further developed.

1.3 PROGRESS AGAINST PRIORITIES

1.3.1 Public and Professional Awareness; and Information/Support,

COMMISSIONING A Joint strategic needs analysis which combines ageing local population forecasts underpins commissioning intentions for dementia services.

PUBLIC AWARENESS Telford and Wrekin have a new central library which has given considerable attention to support people with Dementia and their carers. The CCG has posted information about the Dementia Challenge on their website which provides links to support agencies.

CARERS SUPPORT The provision of support and the promotion of health and wellbeing in the community settings has been commissioned in the main, by the Carers Pooled Budget (CCG and Telford & Wrekin Council) for carers for people who have Dementia and Alzheimer's Disease.

PERSONALISATION The CCG has printed and distributed the 'Passport-Who-I-Am' which supports professionals and provides information on the person and areas of dementia that could be pertinent. Telford & Wrekin Council has provided 'Art at Home' to support communication, cognitive skills and carers' relationships.

DEMENTIA ACTION ALLIANCE (DAA) Telford & Wrekin Council and CCG are refreshing earlier work undertaken in relation to the DAA. A steering group has been identified to take this work forward to be chaired initially by the Alzheimer's Society.

ADMIRAL NURSING This is a specialist service that provides support to the carer and their family. The 'Admiral Nursing Service' provides assessment, information and support enabling the carers to be experts by experience. This is a vital service, in line with the Care Act 2014 guidance, is readily accessible in the family home and empowers the carer to support the person. The Admiral Nurses offer training to all grades of staff based in GP practices across the borough.

It has been demonstrated that through the use of the Admiral Nurses, financial pressures have been alleviated rather than accessing more costly health and social care services. Currently there are 2 permanent (Band 7 and 6) posts. A temporary (Band 6 post) is due to expire 31.03.15. Funds have been identified within the current Carers Pooled Budget which could be utilised for this third post to be extended with the intention to work towards this post becoming permanent to ensure service continuity and stability for carers.

ALZHIEMERS SOCIETY This service focuses on providing information and guidance and runs support groups in Telford and Wrekin. The Society is providing a 'roadshow' bus within the borough for two dates in January 2015, to raise the profile of dementia within local populations with a high elderly profile. The Alzheimer's Society also delivers Carers Information and Support Programme (CRISP), 'singing for the brain' – a facilitated singing group, enabling socialisation and other therapeutic benefits for the cared for with dementia and the carer, dementia awareness sessions which assist carers and families to understand the condition and be able to manage and connect with others in similar situations.

SHROPSHIRE RURAL COMMUNITY COUNCIL Provides awareness training and delivers workshops on 'Understanding Dementia' and 'Challenge of Dementia Care' – these are on-going.

SHREWSBURY AND TELFORD HOSPITALS (SaTH) The NHS CQIN (Commissioning for Quality and Innovation) which attracts a financial incentive on successful completion, supports the target to 'Find, Assess, Investigate, and Refer' elderly patients with memory problems who are admitted to SaTH. The CCG monitors performance against this target which is reported as achieving 94% of the target population as of September 2014. SaTH has implemented a multi-disciplinary Dementia training plan and a Dementia nurse is available based at Princess Royal to support and provide training to all levels of workforce including a 'Butterfly Scheme.' This is a visual alert that the patient has dementia and assists staff accordingly.

DEMENTIA SENSE Will be providing dementia awareness in various settings to include co-production with carers/service areas e.g. residential/nursing.

1.3.2 Early Identification and Diagnosis of Dementia

To support early diagnosis, the CCG has developed a detailed 26 point action plan presented to PPQ in November 2013. One of the main actions in this plan is the roll out of a data harmonisation exercise designed to validate practice level data. Typically, an 8% increase in diagnosis rates can be expected following this process.

The CCG has confirmed that it commissions sufficient Memory Clinic Services capacity for the local population and monitors wait times for appointments. The CCG is cognisant of the possible impact of an increase in diagnosis rate on service capacity and is keeping this under review.

Dementia diagnosis was discussed as an agenda item at the GP Forum and a clinical diagnosis pathway was approved in November 2014.

Local prevalence at GP practice level is monitored by both the CCG and by NHS England Area Team. The CCG writes monthly to all practices informing them of progress against the diagnosis target and sharing best practice and sharing resources from both local and national evidence.

1.3.3 End of Life Care.

The focus for high quality end of life care is not solely directed towards patients with a dementia diagnosis. The new health economy-wide End of Life Plan for adult patients in Shropshire has been agreed by partner organisations. This plan is to support care for patients and their families in the final hours and days of life and is now available.

The specific needs for End of Life Care in relation to a diagnosis of Dementia need to be further developed.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

The CCG and Telford & Wrekin Council are considering the requirements of the Care Act 2014 and the impacts on people living with dementia and their carers. Improvements include the recognition of carers and a better understanding of what they are entitled to in their own right e.g. Carers Assessment Process and access to Personal Budgets.

3. PREVIOUS MINUTES

Health and Wellbeing Board – July 2013.

4. BACKGROUND PAPERS

- Health and Wellbeing Strategy Position Statement – May, 2013 http://www.telford.gov.uk/downloads/file/5469/priority_10-dementia_pathway_heath_and_wellbeing_priority_workshop
- Prime Ministers Challenge on Dementia: Telford & Wrekin Health and Wellbeing Board Response – November 2014

Report prepared by Zena Young, Interim Deputy Executive – Commissioning & Quality and Lead Commissioner Mental health and Learning Disabilities NHS TWCCG and Laura Thorogood, Team Leader, Commissioning (Vulnerable People), Telford & Wrekin Council. Telephone: 01952 381212