a co-operative council

Telford & Wrekin COUNCIL

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

HEALTH AND WELLBEING BOARD

Wednesday 11th March 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
J 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 11th March 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 21st January 2015. **Appendix A**

2. **Apologies for Absence**

3. **Declarations of Interest**

4. **Public Speaking**

   JSNA:

5. **Pharmaceutical Needs Assessment 2015/16 – 2017/18** **Appendix B**
   To receive a report from Helen Onions

   Strategic:-

6. **a) Local Authority Commissioning Intentions** **Appendix C**
   To receive a report from Viv McKay, Louise Mills, Helen Onions and Clive Jones

   b) NHS Telford and Wrekin CCG Strategic Commissioning Intentions 2015/16 **Appendix D**
   To receive a report from Nicky Wilde and Fran Beck

   Appendix E

   c) Better Care Fund: Development of the Section 75 Partnership Agreement
   To receive a report from Viv McKay

7. **Priority Update: Mental Health and Wellbeing – Commissioning Strategy Update** **Appendix F**
   To receive a report from Steph Wain and Noel Morrow

8. **Priority Update: Supporting People to Live Independently** **Appendix G**
   To receive a joint report from Rachel Foster

9. **NHS Futurefit Programme Report** **Appendix H**
   To receive a report from David Evans

Oversight of Performance:-

10. Children, Young People & Families Board Progress Update (2014/15) **Appendix I**

To receive a report from Sarah Constable to be presented by Laura Johnston

HEALTH AND WELLBEING BOARD

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

PRESENT: Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), Cllr A England (Telford and Wrekin Council), Cllr E Clare (Telford and Wrekin Council), 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), Cllr P Watling, (Telford and Wrekin Council), D Evans (Clinical Commissioning Group) and

Also Present: H Onions (Consultant in Public Health), M Bennett (Head of Commissioning, Integrated Care), L Cartwright (Interim Head of Commissioning, Planned Care/Long Term Conditions), Julia Meakin (Interim Head of Commissioning, Planned Care/Long Term Conditions)

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

HWB-24 MINUTES

Cllr J Seymour commented on the Minutes of the meeting held on 24th September 2014 which had been approved at the last meeting of the Health and Wellbeing Board.

RESOLVED – that the Minutes of the meetings of the Health and Wellbeing Board held on 10TH December 2014 be confirmed and signed by the Chair.

HWB-25 APOLOGIES FOR ABSENCE

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

HWB-26 DECLARATIONS OF INTEREST

None

HWB-27 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-28 BETTER CARE FUND UPDATE REPORT

M Bennett presented the update report on the Better Care Fund (BCF). The aim of the BCF was to transform the health and social care system promoting greater independence for patients and service users.

A response from NHS England, following re-submission of the BCF was received in September 2014 which was approved with support. An Action Plan was developed and agreed with NHS England and further evidence was submitted and re-assessed. Notification was received on 22nd December 2014 that the BCF had now 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 . . .".

This BCF Programme Board adopted a Programme Management Office approach to delivering the programme. This included the establishment of 5 work-streams:

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

M Bennett informed the Board that there had previously been a noting progress of performance due to the development of the service. From January 2015 until April 2015 there will be performance monitoring for real and the first quarter will be compared with that of last year. Payments will be made from January 2015 and this will be monitored.

Work was being undertaken on avoidance and the reduction of hospital admissions, pilot pathways, and acute hospitals.

The benchmark regarding PbR emergency admissions had been lower for five out of the 7 months so far this year. July and September had been higher, however, this rate had still been above the BCF target for all 7 months.

A sample figure from the GP Survey regarding people feeling supported was very 84% locally, which was slightly below the national average of 85%.

With regard to the indicator “Proportion of older people (65+) who were still at home 91 days after discharge from hospital into regalement/rehabilitiation services”, 3.9% equated to 47 people. It was hoped that this figure could be brought down to 3% which is below trend. This would mean an overall reduction of 7% but there was work to be done to achieve this.

The budget was still being worked through and the detail of the S75 and S256 agreements was still being considered. This would be in place by April 2015.

In response to questions from the Board regarding the single point of access M Bennett informed the Board that there was currently a modelling activity taking place on the single point of contact but that this was slightly behind schedule and was currently being picked up with the Lead Officers in order that independent work streams interconnect with each other. P Taylor explained that this piece of work was very complex and involved lots of agencies. It was important that the solution work and the correct pathways were in place and work was being undertaken with the CCG and NHS England to ensure that the right skills and pathways were in place.

Cllr J Seymour asked for clarification regarding the value for money impact with regard to the flow of money to the acute sector if the targets were not achieved and that this may be seen as a disincentive. M Bennett confirmed that there was a clear requirement to reduce admissions that it was a national requirement to hold back a percentage of the funding in order to reduce admissions. Engagement was currently being undertaken with SaTH and a pilot pathway was being included as part of the work together with commissioning intentions.

D Evans clarified that the BCF nationally was intended to reduce impact on the acute sector. Concerns had been expressed around the Country and it had therefore been agreed that due to the element of risk that this money be held back.

Further discussions included:

- The three month pilot scheme
- The cost of admissions
- Rate of referral
- Working with GPs and Ambulance Services, rapid response and home visits.
- Working with enablement services and developing rehabilitation services.

J Chaplin confirmed that Healthwatch would like to contribute towards the work involved and liaise with their service users.

Cllr A England noted that the Local Authority, CCG, NHS England and the voluntary sector were working together to help to keep people as healthy as possible and to be cared for by their families within their own homes. He thanked the officers across the spectrum for all of their hard work.

RESOLVED – that

a) the formal approval of the Better Care Fund be noted;

b) the progress and development of the work streams be noted; and

c) the respective organisations support and facilitate approved BCF implementation within the identified timescales.

HWB-29 HEALTH AND WELLBEING BOARD PRIORITY UPDATE: LIFE EXPECTANCY

H Onions, L Cartwright and J Meakin presented a joint report on the Health and Wellbeing Board's priority on Life Expectancy and premature mortality rates and associated JSNA intelligence on the main causes of early death in Telford & Wrekin.

The report gave an update on the life expectancy figures from December 2014. Progress on prevention programmes such as smoking and obesity had been presented as a CATP priority at an earlier Board meeting.

The collaborative work being undertaken specifically focussed on the treatment of cardiovascular disease and cancer.

Figures relating to life expectancy for the period 2011-13 were appended to the Report at Appendix 1. These figures had been released in December 2014. The key messages were:

- both male and female life expectancy was significantly worse than the average for England during 2011-13
    - Women - 1.6 years below the national average
    - Men - 1.2 years below the national average
- Both male and female life expectancy at age 65 was significantly worse than the average for England during 2011-13
    - Women – 0.7 years below the national average
    - Men – 1.0 years below the national average

The two main contributors to early deaths were cancers and cardiovascular diseases (CVD). High blood pressure was prevalent in many cases of CVD and the primary care indicator was significantly worse than the benchmark. Associated costs for hospital admissions relating to CVD and cardiac surgery procedures were high.

Reducing premature mortality was an aim shared between the NHS and Public Health. And the CCG Quality Premium was measured by the Potential Years of Life Lost Plan (PYLL). In Telford and Wrekin 80% of the PYLL was associated with CVD, cancers and respiratory diseases during 2011-13. These rates were higher than the national average and were contained within some of the Wards with the highest levels of deprivation.

The CCG, together with the Clinical Pathways Committee were working with Telford and Wrekin Council to develop a PYLL action plan based on high impact interventions known to reduce early death rates. Initiatives included:

- Improvement of CVD management in primary care
- Diagnosis and treatment of hypertension
- Health Trainers in GP Practices
- Remote blood pressure monitoring by text message

With regard to improving cancer outcomes, there was currently a lot of work being undertaken on areas such as gynaecology, breast, head and neck and skin cancers. The Macmillan Pod would be visiting Telford and would be located in the Shopping Centre (opposite New Look) from 9th to 13th February 2015. The Pod would offer and opportunity for people to get further information relating to cancer and would signpost the public to other areas of support and would be part of a national cancer campaign.

The latest figures relating to waiting times and treatment times suggested that the CCG was still not meeting the 31 days cancer treatment target, although the figure had improved slightly from 88.1% to 89.9%. It was considered difficult to achieve the Government target of 94%.

With regard to the 62 day referral to treatment target, was also still below target but gain showed some improvement from 83.2% to 84.6%

A Cancer Survival Plan was being developed and the CCG had commenced discussions around the poor survival rates that had been reported in September 2014. A West Midlands wide meeting was due to take place and any recommendations from this meeting would reported back to the HWB. A Cancer Protected Learning Event was due to take place in February 2015 and was expected to focus on lung and breast cancer.

There had been a lot of good support from Macmillan and a strong partnership was being built.

A discussion took place around CVD which included:

- CVD inequalities between men and women
- The management of primary care
- Indicators being below the benchmark for last year
- Quality premium target plan to be brought back to HWB
- Concerns regarding life expectancy figures and the need to understand underlying issues and produce a key action plan
- Higher levels of morbidity in areas of high deprivation – the need to be proactive

- Profiling work – ie trends and hotspots
- Intervention work
- Getting people more active to reduce symptoms – eg mental health/diabetes

D Evans reported to the Board that the CCG had put in an application for delegated authority to take over the work around CVD primary care. The advantages of this were that specific local need could be investigated and more flexibly resourced. Approval was currently awaited from the Primary Care Commission.

Members discussed the figures relating to the waiting and treatment times for cancer patients. Delays in waiting and treatment times could be affected by complex needs and patient choice eg specialist provision which may lead to a delay or patient choice to attend a hospital from a different geographical area. Other factors involved patients choosing to delay their treatment eg to go on holiday. The figures involved were quite small and although the targets were not being met, it may be that only 1 or 2 patients' treatment was delayed. It was hoped that these figures would improve if the CCG received the delegated authority from the PCC.

It was important that all patients were supported and given relevant information regarding treatment and risks in order that they could make an informed decision.

The PCC had introduced an internal market in order to drive up the quality of care and drive down costs. Prevention and lifestyles messages needed to be communicated to the public regarding consulting a GP and the 1 year survival figures.

RESOLVED – that in order to gain assurance that the collaborative action planned was adequate to impact on the poorer than average local outcomes for cardiovascular disease and cancer that the Board receive and scrutinise the cancer survival plan and the potential years of life lost plan at a future meeting of the Health and Wellbeing Board.

HWB-30 HEALTH AND WELLBEING BOARD PRIORITY UPDATE: SUPPORT PEOPLE WITH DEMENTIA

M Innes presented the report which related to the HWB priority of supporting people with dementia.

The report provided an update relating to progress against the four identified priorities for dementia which were:

- Public and Professional Awareness
- Information
- Early Identification and Diagnosis of Dementia
- End of Life Care

These priorities were in line with the recommendations set out in the Prime Minister's Challenge on Dementia and the NICE Quality Standards.

There were an estimated 1,774 people within the borough who were likely to have a diagnosis of dementia. The overall dementia diagnosis rate for Telford and Wrekin was 52.4% against the national figure of 67%.

Further work was needed regarding the End of Life Care in relation to a diagnosis of Dementia. The following priorities were highlighted:

- Carers Support
- Dementia Action Alliance (DAA) needed to be up and running again following earlier work
- Cross-Shropshire Dementia Steering Group which included Shropshire Council, CCG and TWC in order to harmonise and give the same the provision of care across Shropshire. It was suggested that the Dementia Steering Group report through the BCF CATP as a way of reporting back to the Health and Wellbeing Board.

In summary the activity on Dementia was continuing. Although the figure of 67% had not been met presently, this figure was increasing on a month by month basis. The Dementia Bus was extremely helpful in raising public awareness.

A discussion took place including:

- Community programmes to help raise public awareness and professional awareness
- Targets and diagnosis rates
- The work SaTH was undertaking to raise awareness of the symptoms of dementia
- The harmonisation of services
- The differences between dementia and memory challenges
- Mid-cognitive improvement
- The incidence of dementia within care homes and variable diagnosis rates
- Supporting people with dementia within their own homes
- Community based support
- Challenge around behaviour and understanding relapses and remissions

RESOLVED – that

a) **the update and progress since receipt of the last Report in July 2013 be noted;**

b) **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; and**

c) **the Dementia Steering Group report into the Better Care Fund CATP**

The meeting ended at 3.18pm

Chairman:

Date:

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - DATE: 11th MARCH 2015

PHARMACEUTICAL NEEDS ASSESSMENT 2015/16 – 2017/18

REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL, HITESH PATEL, PHARMACEUTICAL ADVISER, NHS TELFORD AND WREKIN CCG

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

Health and Wellbeing Boards have a legal duty[1] to publish revised Pharmaceutical Needs Assessments (PNA) for their area by 1st April 2015. The draft Telford & Wrekin PNA 2015/16 – 2017/18 has been developed in-line with national guidance and expectations and best practice. The statutory consultation took place between 12th December 2014 and 13th February 2015. This report describes the PNA process, the recommendations for the provision and development of community pharmacy services and the responses to the statutory consultation.

2. RECOMMENDATIONS

The Board is requested to:

- Note that the PNA process has been undertaken in-line with the national expectations and the associated statutory duties for the HWB
- Consider and agree the content of the PNA Equalities Impact Assessment and support the remedial actions set out to reduce the negative impacts identified
- Carefully consider all the consultation responses received from both the statutory consultees and wider respondents
- Adopt the draft Telford and Wrekin Pharmaceutical Needs Assessment 2015/16–2017/18, including the proposed recommendations, subject to any amendments which are appropriate in consideration of the consultation responses.

3. IMPACT OF ACTION

[1] Part 2 of NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

- The PNA, which is part of the wider JSNA, will be used to make decisions on which services, including public health services, need to be provided by local community pharmacies
- In addition, the PNA will be used by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies

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>Potentially all health and wellbeing priorities can be influenced by the role of community pharmacy as a key provider of primary health care services.</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>Improving the health and wellbeing of our communities and addressing health inequalities</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>Local pharmacy has a key role in providing primary care services within our local communities.</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">There is a requirement for the HWB to publish the PNA by April 2015.</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>The PNA will be used to inform commissioning decisions for Public Health services which will need to be met from within the existing Public Health Grant.

The remedial actions contained within the PNA Equality Impact Assessment to mitigate negative impacts include consideration of the extension of some sexual health services to over 25 year olds. Further modelling of this proposal will need to be carried out to assess the feasibility of this extension within the existing resource envelope.

The total Public Health grant allocation to the Council in 2015/16 will be £10.9m.</td></tr>
</table>

LEGAL ISSUES	Yes	The decision that the Health and Wellbeing Board (HWBB) are being asked to make today must include the following in order to ensure fair, transparent decision-making. • All members of the HWBB taking part in this decision must read this report in its entirety including the draft policy and recommendations at Appendix 1 and all of the consultation responses at Appendix 2 before making any decision. • Careful consideration needs to be given to the proposed assessment document and whether any of the responses at Appendix 2 should result in a change to the assessment. Whether consultation responses are agreed and acted upon or not, there should be a justification as to why proposed changes/suggestions have been accepted or rejected. In the main body of the report the report authors have made reference to the consultation responses and offered their views on the points raised. It is a matter for members of the HWBB as to whether they accept those views or not. • If any member of HWBB believes that any aspect of the report, document or consultation responses is ambiguous or requires further explanation then questions should be raised with those officers presenting the report before any decision is made. • If the consultation and/or responses include any suggested alternatives to the proposed assessment then those alternatives should be given full consideration before a final decision is made. • Statutory provisions requiring the Pharmaceutical Needs Assessment are outlined in the main body of this report at Part A paragraph 1 and Part B paragraphs 1.1 and 1.2. In particular it should be noted that the statutory deadline for publishing the PNA is 1st April 2015 (Section 5 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013). • The National Health Service (Pharmaceutical and Local Pharmaceutical Services)

		Regulations 2013 sets out requirements for the consultation process. The process undertaken is set out in this report at section 1.6 onwards. Regard has also been given to the Department of Health's supporting document entitled "Pharmaceutical needs assessments, Information Pack for Local Authority Health and Wellbeing Boards".
EQUALITY & DIVERSITY	Yes	The PNA has a significant potential to positively influence health inequalities determined directly, or indirectly, by an individual's protected characteristics. As the assessment has significant relevance to our Public Sector Equality Duty, a Community Impact Assessment, (see Appendix III) has been conducted to highlight areas for improvement, or positive enhancement, in relation to outcomes between people who share protected characteristics. Recommendations within the PNA also have the potential to promote the human rights of individuals including those related to dignity and privacy. There is evidence that community pharmacy has a key role to play in health inequalities as often pharmacies are the first point of call for those requiring support who may not have engaged with other health services.
IMPACT ON SPECIFIC WARDS	No	It is proposed that community pharmacy dispensing services are currently considered to be sufficient within each locality. Proposals are made regarding increasing the coverage of public health services more comprehensively across the borough.
PATIENTS & PUBLIC ENGAGEMENT	Yes	Public engagement is a specific requirement of the PNA process. A survey of community views, undertaken

		in September and October 2014, was a key part of the PNA. The survey findings are summarised in the PNA document and the detailed survey report is provided as an appendix. The consultation was made publically available via the CCG website and all responses received were considered.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The PNA has relevance to the work of the Better Care Fund and the wider NHS services reconfiguration Future Fit work programme. The PNA should be used to support these programmes by defining community pharmacy current and future needs and provision.

PART B) – ADDITIONAL INFORMATION

1.1 Background

- Community pharmacies are a valuable and trusted public health service. The scale of daily contacts with the public means there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.
- From 1st April 2013, Health and Wellbeing Boards (HWB) in England assumed the responsibility[2] to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, through Pharmaceutical Needs Assessment (PNA).
- PNAs have been used historically by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. Now following transition of public health services to local authorities, PNAs should also be used to assess the contribution of community pharmacies to local public health programmes.
- In addition, PNAs will be used by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.

1.2 Expectations for Health and Wellbeing Boards

- HWBs have a legal duty[3] to check the suitability of existing PNAs, originally compiled by primary care trusts (PCTs), and publish supplementary statements explaining any changes.
- Each HWB needs to publish its own revised PNA for its area by 1st April 2015. This will require board-level sign-off and a period of public consultation beforehand.
- HWBs need to ensure that the NHS England Area Teams have access to their PNAs.
- Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

1.3 Key Expectations for PNAs

- PNAs should include pharmacies and the services they already provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- PNAs should also consider other services, such as dispensing by GP surgeries, dispensing appliance contractors, and services available in neighbouring HWB areas that might affect the local need for services.

[2] Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

[3] Part 2 of NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

- PNAs should examine demographics of the local population, across the area and in different localities, and their health and wellbeing needs.
- PNAs should consider gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.

1.4 Refreshing the Telford and Wrekin PNA: The Process

The first Telford & Wrekin PNA was published by the Primary Care Trust in February 2011. A core group (including the CCG Pharmaceutical Adviser and the Council's Consultant in Public Health and Research & Intelligence Officers) began working to refresh the PNA refresh in April 2014. A steering group was established to ensure that the proposed refreshed PNA was prepared for the Health and Wellbeing Board in March 2015, to fit with the Board's statutory obligations for publication. The steering group includes representatives from HWB partner organisations, including: the CGG, the Council, NHS England Shropshire and Staffordshire Area Team, the Local Pharmaceutical Committee and Health Watch Telford & Wrekin. The purpose and aims of the Telford and Wrekin PNA Steering Group and its terms of reference are included in the PNA document.

The key elements of the PNA process were as follows:

- Service provision mapping exercise for community pharmacies and the dispensing GP practice, to provide information on: contact details, opening hours and provision of pharmaceutical services. This also included gathering of more detailed information on community pharmacy premises and the current workforce.
- Survey of views from community pharmacies services regarding gaps in the context of needs of their local population.
- A public survey of views and opinions on community pharmacy.
- Refreshed JSNA intelligence (including locality maps where relevant) covering:
  - Demographic and socio-economic factors,
  - Health and wellbeing priority facts and figures
  - Population health outcomes and surveillance trends
- Community pharmacy service activity monitoring and analyses.
- The mapping of pharmaceutical services outside Telford and Wrekin's borders.
- Development of PNA recommendations for dispensing provision and enhanced and advanced services in the context of need assessed through intelligence described above.
- Equalities Impact Assessment on the key findings and proposed recommendations.

1.5 The Consultation Process

The consultation on the draft Telford & Wrekin Pharmacy Needs Assessment ran for 60 days from Friday 12th December to Friday 13th February 2015. The consultation draft is provided in full in Appendix I of this report. The PNA was made available on the NHS Telford & Wrekin website with responses invited to be returned to a specific PNA consultation email address. All the statutory consultees were formally notified of the consultation launch via email, as follows:

- Shropshire Local Pharmaceutical Committee
- Staffordshire Local Pharmaceutical Committee (as the neighbouring LPC)
- Shropshire Health & Wellbeing Board and Staffordshire Health & Wellbeing Board (as neighbouring HWBs)
- All Telford & Wrekin pharmacy contractors
- Shropshire Local Medical Committee
- Healthwatch Telford & Wrekin
- Shrewsbury and Telford Hospitals NHS Trust
- NHS England Shropshire and Staffordshire Area Team

The launch was also well publicised across the CCG and Council, with wider responses beyond the statutory consultees also invited. Members of the Health & Wellbeing Board were formally notified of the consultation.

In addition, two PNA steering group members attended a meeting of the Shropshire LPC on 13th January 2015 to present the key findings and draft recommendations. Two meetings were also held with Health Watch Telford & Wrekin representatives to discuss the PNA proposals.

1.6 Consultation Responses

A total of 14 consultation responses were received, including from key the statutory consultees and from a community group and a member of the public. See Appendix II for copies of all the consultation responses.

1.6.1 Responses on the coverage of dispensing services recommendation

There were three consultation responses which referenced the draft recommendation on the coverage of dispensing services (from the Shropshire LPC, Healthwatch Telford and Wrekin and a pharmacy contractor). These comments related to the proposed early review of the recommendation to re-assess the coverage of dispensing services within 18 months of April 2015, to take into account any changes to: primary care and community health services provision and to reflect housing expansion and potential population growth in the Borough.

The LPC commented that there should be further clarity on the criteria of how this will be assessed and the processes that will be followed. The pharmacy contractor indicated that in other areas of the country Health & Wellbeing Boards have stated the conditions when they would consider a new pharmacy was necessary. The rationale given was that this provides clarity for both contractors and prospective applicants and highlights the conditions necessary before applications will be considered. Further, the consultee recommended that this approach is adopted in Telford & Wrekin given the volume of new housing that is planned.

Healthwatch Telford and Wrekin welcomed the early review of the dispensing provision recommendation, in light of proposed substantial changes to primary care and community health provision and reflection of population growth in our borough. Specifically, Healthwatch highlighted the impact of any changes to care plans for frail and elderly patients, who will be increasingly cared for in the community in future. This will impact on the issue of drugs currently only available through hospital pharmacy. Healthwatch proposed an additional recommendation be added to review accessibility of these medications.

Further, Healthwatch welcomed the expansion to opening hours across the borough through 100 hour pharmacies in their response, but encouraged consideration be given to the provision of a 24 hour pharmacy delivery service, in light of hospital admission avoidance strategies.

In light of these consultation responses it is proposed that the dispensing services recommendation is expanded to more fully describe the scope and process which will be undertaken to review the PNA within the 18 month period.

1.6.2 Responses of Public Health Services provided through pharmacy

Healthwatch responded regarding the sexual health services recommendations endorsing the proposal, based on findings from the equalities impact assessment, to remove age restrictions to Emergency Hormonal Contraception (EHC).

Healthwatch also strongly supported the recommendation to make the availability of EHC universal across all pharmacies in Telford & Wrekin, encouraging pharmacies to make clear the services they offer.

With respect to substance misuse services Healthwatch welcomed the proposed increase to services available across the borough, and asked that the two pharmacies currently offering the needle exchange service are identified to increase public awareness.

It is proposed, based on consultation responses and the equalities impact assessment, that the recommendation on Emergency Hormonal Contraception be expanded to include the scoping of age expansion to the service.

1.6.3 Pharmacy Contractor Contact Details and Service Provision – Additions, Updates and Amendments

A series of consultation responses were received which provided: updates, amendments and additions to the pharmacy contract contact details and service provision information set out in the draft PNA. It is proposed that these responses are used to update the final publication providing a correct up-to-date record of pharmacy provision.

1.6.4 Public and Community Group Responses

Responses were received from a community group and a member of the public. Both these responses commented on the readability of the document, referencing the difficult to understand technical aspects and acronyms included. A public survey pharmacy users was a key component of the PNA and this intelligence supported the development of the recommendations, specifically in terms of awareness raising of the local services on offer.

It is proposed that subsequent reviews of the PNA incorporate an enhanced level of community engagement beyond the survey, for example through focus groups and presentations at community group meetings.

It is also proposed, in response to these comments, that a short easy-to-read PNA summary statement is prepared and made publically available.

1.6.5 Document Formatting, Style and Layout and Wording Responses

A series of consultation responses were received which highlighted formatting, style and layout issues and technical wording issues. It is proposed that these responses are used to update the final publication, where considered relevant.

1.7 The PNA Equalities Impact Assessment

Throughout the development of the PNA consideration has been given to how the evidence and recommendations can support our Public Sector Equality Duty (PSED). An equalities impact assessment (EIA) was undertaken on the draft PNA, in line with the Equalities Act duties and the Telford & Wrekin Council Constitution. The recommendations particularly support the elimination of discrimination and advancement of equality of opportunity. The impact assessment (Appendix III) has been conducted to demonstrate our due regard to the PSED. The findings included; brief notes of some positive elements of the PNA and a more fuller note of negatives with mitigation actions.

Specifically, a series of positive impacts were identified relating the following protected characteristics: age, disability, pregnancy and maternity and people affected by socio-economic deprivation.

Two negative impacts for specific protected groups were identified as follows:

- Age: The age cut-off for the free Emergency Hormonal Contraception service which is currently offered to people under 25 years only
- Race: Supporting people with language barriers was specifically noted as a need issue by pharmacists in the professional stakeholder survey

A series of remedial actions has been developed to minimise these two negative impacts which were identified in the EIA, see the full EIA for further details.

Healthwatch Telford and Wrekin specifically commented on equality and diversity aspects in their consultation response, recognising the difficulties in reaching the diverse populations within the borough. Healthwatch wholeheartedly supported the production of a summary document in an easy read format at the earliest opportunity.

Healthwatch also supported the proposal to use a Health Equity Audit approach to investigate and define equality and diversity issues more fully. This is seen as being extremely beneficial to provide a focus for targeted activity with respect to health inequalities. A Health Equity Audit process will be supported by the recommendation relating to improving data systems to enhance quality monitoring for pharmacy services.

1.8 Wider links

There is a key requirement for PNAs to be aligned with other plans for local health and social care. The Telford and Wrekin PNA will be strongly aligned to the Health and Wellbeing Strategy and associated priorities and will be an integral part of the wider JSNA process.

The PNA also has relevance to the work of the Better Care Fund and the wider NHS services reconfiguration Future Fit work programmes. The Futurefit2 phase will involve GPs and other stakeholders to define in more detail the integrated models of care which will provide support for more people for them remain independent and reduce hospital admissions and lengths of stay. The Better Care Fund aims to help to bring together health and social care, to keep people in good health for as long as possible, reducing the time they spend in ill health and reducing time spent in hospital.

Community pharmacy services and innovations will be important to the development of the models of care developed through these programmes and the PNA should be used to defining community pharmacy current and future needs and provision in an integrated way.

2 IMPACT ASSESSMENT – ADDITIONAL INFORMATION

- See page 3-4 for the Equality and Diversity comment.
- Section 1.7 summarises the Equalities Impact Assessment (EIA) undertaken for the PNA
- The full EIA can be found in Appendix III

3 PREVIOUS MINUTES

Health and Wellbeing Board 24th September 2014, Minute Number – HWB-12

4 BACKGROUND PAPERS

None.

Report prepared by Helen Onions, Consultant in Public Health
Telephone: 01952 38102

APPENDIX I

PNA consultation draft in full plus appendices – See attached documents.

Telford & Wrekin Pharmacy Needs Assessment Consultation Responses

Shropshire LPC Consultation Response

SHROPSHIRE LOCAL PHARMACEUTICAL COMMITTEE

Chair: Nicola Roe
Vice Chair: Joanne McMurray
Secretary: Lindsey Fairbrother

Service Development Officer Lynne Deavin

3rd February 2015

Telford & Wrekin Pharmaceutical Needs Assessment (PNA)

On behalf of the Shropshire Local Pharmaceutical Committee (LPC) may I thank you for consulting with us on the draft Telford & Wrekin PNA 15/16- 2017/18.

The LPC welcome the document and I have detailed the comments below:

Emergency Supply

Emergency Supply is not an NHS service. Within the Medicines Act there are legal parameters to allow supply of a POM in an emergency scenario. Under Contract Law, pharmacies are in breach of their NHS Contract if they make a loan against a prospective NHS script.
If a patient requests an emergency supply, many pharmacies take the business decision to charge for drugs supplied.
If this clause remains in the PNA, it should be specified that this is not a NHS service and therefore the patient may be charged.

New homes

PNA states that there will be 20,000 new homes over 20 years. The Executive recommendation states that PNA will be reviewed in 18 months for any impact of service changes and new buildings and the adequacy of service provision will be assessed.
There should be further clarity on the criteria of how this will be assessed and the processes that will be followed.

Section 8 Advanced Services

This section discusses Flu vaccination and winter pressures common ailments. These are both "Enhanced Services" and should be under a separate heading.

Section 7.2 " Current provision service provision"

Should this heading read "current service provision"?

Appendix VI

Doesn't seem to show the location of the pharmacies.

Appendix X

How often do you visit the pharmacy- the results should be in order of frequency, ie from the top down more than once a month, once a month, every 2-3 months, every 6 months, once a year, never

The LPC is looking forward to working with the Telford & Wrekin Health & Wellbeing Board and Clinical Commissioning Groups to deliver current and newly commissioned pharmaceutical services to meet local health needs and priorities.

Yours sincerely,

Lynne Deavin
Service Development Officer

Neighbouring LPC Consultation Responses

South Staffordshire LPC

Please find below comments from South Staffordshire LPC on the above consultation

- All references to "Control of Entry" should be replaced with "Market Entry" - following implementation of the The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the terms market entry and market exit are now in use (eg Paragraph 5.1.1 Title and within 5.1.2)
- Rural Dispensing (para 5.1.2 and 5.3) - CCGs do not determine rurality; this is defined and determined as described in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 Part 7, regulation 36. This is the responsibility of the NHS Commissioning Board (NHS England); the former Telford & Wrekin Primary Care Trust would have formerly discharged this responsibility under the 2005 and 2012 regulations.
- Dispensing Doctors (para 5.3) - This LPC notes the bracketed comment: *"A range of other services are also offered through the GP contractual system. These are not in the scope of this needs assessment but it should be noted that when assessing service needs, all providers current service provision is considered"* SSLPC does not consider that the latter part of the second sentence is relevant to the PNA nor the consultation or any subsequent application for new pharmacy premises; only the services provided by dispensing practices to be considered in such applications are those which fall under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ie dispensing of medicines and appliances. The comment should therefore read *"A range of other services are also offered through the GP contractual system. These are not in the scope of this needs assessment."*
- Mapping of Controlled Localities - SSLPC suggests that maps showing rurality and defining Controlled Localities should be included within the PNA or appendices
- Home delivery (para 5.5) - Delivery of medicines does fall outside of NHS commissioned services, however if a pharmacy normally provides appliances in the course of its business, and is presented with a prescription for a 'specified appliance', the pharmacist must offer to deliver the specified appliance to the patient's home. For further detail please see the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 Part 2 Regulation 12

- Emergency Supply (para 5.6) - this paragraph should make clear that this service is purely voluntary, not a commissioned service and provided outside the terms of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. However the NHS England Shropshire & Staffordshire Area Team did commission such a service in January-March 2014 and could be referenced here as a model for future provision with the aim of reducing attendance at out-of-hours medical services, walk-in centres or accident and emergency departments..
- Consultation rooms & MURs (paras 7.2 & 8.1.2) - the total number of contractors able to deliver MURs is only 33 as only this number have the approved consultation rooms necessary to deliver these services.

Other Pharmacy Professionals Consultation Responses

Dudley CCG

Jag Sangha MRPharmS IP
Pharmaceutical Adviser - Community Pharmacy and Public Health

Well done on your comprehensive PNA. I have read through and it reads very well and well organised. Only comment to make from me is to update section on NMS and extension for this financial year based on academic findings of evaluation via Nottingham University and others from memory. Even then the official line from PSNC is extension until March 14 for NMS and beyond that still unclear about what this may look like.

Other than that, I think you have closed any gaps for market entry which is always a good sign.

Community Pharmacy Contractor Responses

Rowlands Pharmacy

- We agree with the assessment that no further pharmacies are required in Telford and that, by implication, there is capacity in the current providers to accommodate growth during the life of the PNA. We also agree with the assessment that opening hours and geographical locations are well-spread.
- The PNA would benefit from a thorough proof-read. There are numerous sections which 'jump about' and do not flow clearly making this a difficult document to read and follow. For example;
    - section 6 is supposed to talk about the contracting framework but doesn't really with essential services discussed in section 7 and advanced in section 8. There is no section for Enhanced services (which are included in section 8 as advanced services – see below)
    - We suggest putting the recommendations at the end of either each sub section (e.g. 9.1.1) or at the end of each chapter. Currently there appears to be a mixture and some recommendations are at the start of chapters not the end.
    - Section 13 (services outside Telford) should really be considered alongside the assessment of essential and advanced and should all be done together otherwise it is difficult to assert that the popn of Telford can properly access services
    - The 'future service developments' section comes after the summary of the patient survey. Surely this sits earlier in the document with locally commissioned service opportunities.

  - It is not clear from the emergency supply service comments whether NHSE or the CCG will commission this as a free NHS service or whether it is to be conducted as a private service. NB loaning medication to patients is illegal.

- The PNA highlights that 20,000 homes are to be built over the next few years (i.e. longer than the life of this PNA). In other areas of the country the HWB have stated the conditions when they would consider a new pharmacy was necessary. For example, in Stockport in a development where 960 homes are being built, the HWB have stated that applications will be invited via supplementary statement once the 460th home has been occupied. This provides clarity for both contractors and prospective applicants and highlights the conditions necessary before applications will be considered. We recommend a similar approach in Telford given the volume of housing that is proposed.
- There are a number of inaccuracies:
  - Winter flu and common ailments are Enhanced Services not advanced services as indicated
  - If the smoking cessation contract is being awarded in January 2015 it will be a current service in when the PNA is being published in April 2015.
  - A statement is made that no decision has been made about the future of NMS. This is incorrect

Healthwatch Telford and Wrekin Response

healthwatch Telford and Wrekin

Telford and Wrekin Pharmaceutical Needs Assessment (PNA)

Healthwatch Telford and Wrekin would like to thank you for consulting with us on the draft Telford & Wrekin PNA 2015/16 – 2017/18. Please find our comments below:

- **Access to Dispensing Services** – we welcome the early review of this recommendation in light of proposed substantial changes to primary care and community health provision and reflection of population growth in our borough.
  We would like to highlight the specific issue of drugs currently only available through hospital pharmacy, which would be impacted by changes to care plans for frail and elderly patients who will be increasingly cared for in the community. We would like to see an additional recommendation to review accessibility of these medications.

  We welcome the expansion to opening hours across the borough through 100 hour pharmacies, but would encourage the provision of a 24 hour pharmacy delivery service in light of hospital admission avoidance strategies.

- **Sexual Health Services** – We endorse the proposal, based on findings from the equalities impact assessment, to remove age restrictions to Emergency Hormonal Contraception (EHC). It would be beneficial to see the numbers of prescriptions issues at all ages by both pharmacy and Primary Care to review the impact of this on our already challenged primary care providers.
  We would strongly support the recommendation to make the availability of EHC universal across all pharmacies in Telford & Wrekin and would encourage pharmacies to make clear the services they offer.
  Please note that Healthwatch Telford and Wrekin are currently researching awareness of Sexual Health provision in the borough, in collaboration with colleagues at T&W council, which will in turn support the review process.

- **Substance Misuse Services** – We welcome the proposed increase to services available across the borough, and would ask that the two pharmacies currently offering the needle exchange service are identified to increase public awareness.

- **Equality & Diversity** – Healthwatch Telford and Wrekin recognise the difficulties in reaching the diverse populations within the borough. We wholeheartedly support the proposal to produce a summary document in Easy Read format at the earliest opportunity. Healthwatch Telford and Wrekin would offer support in engaging hard to reach groups in future activities.

- **Health Equity Audit** – We understand that a new reporting tool is to be used which will allow greater analysis of data, particularly in relation to demography of service users in relation to specific services. We see this as extremely beneficial in providing focus for targeted activity.

PODS Parent/Carer Forum (for families with Disabled Children)

We have been notified of the Pharmacy Needs consultation documentation. From looking at this online via CCG website – it is very confusing and lengthy – we don't feel we would be able to share all this information would be appropriate for parent carers

How is it been shared with general public please – is there a questionnaire/survey somewhere that can be accessed?

By email from member of the public

What is a Healthy Living Pharmacy programme? (I have seen page 63 but it is not clear)

Cardiovascular Disease, recommended consideration be given to developing a pharmacy services to tackle CVD. No idea what this means, would include, what the benefits would be? Seen page 65 (or 51 depending on the page numbers or pdf file) and would suggest it may be a nice idea, but if it is not well promoted and taken up it is a waste of resources. It seems people aren't aware of the current services available at pharmacies, why would this be any different?

Medicines use Review (MUR) – how do you know these are conducted appropriately, is there any way of sending questionnaires where payment has been claimed for a review to the patient to get feedback? Have you considered, sending in 'mystery shoppers'?

Same comments as above for appliance user Review (AUR)

New Medicines Services (NMS)- how are patients & carers made aware of this services?

Common Ailment's scheme – how many people are using this services? How are you judging if it is successful?

Palliative care 'Just in Case' boxes – what happens to unused boxes?

Document Formatting, Style and Layout Responses

Local Pharmaceutical Committee

Appendix VI doesn't seem to show the location of the pharmacies.

Appendix X -how often do you visit the pharmacy- the results should be in order of frequency, i.e. from the top down more than once a month, once a month, every 2-3 months, every 6 months, once a year, never.

APPENDIX II

Pharmacy Contractor Contact Details and Service Provision – Additions, Updates and Amendments

CliniSupplies Ltd

Clinidirect provides a home delivery dispensing service for NHS prescriptions for continence, stoma and woundcare products. As well as a dedicated customer service team, we also have health professionals on hand to answer any queries.

Dispensing appliance contractor	Address	Address	Address	Postcode	Tel Number	Fax Number
Clinidirect Ltd	Unit 10 Horton Court	Hortonwood 50	Telford	TF1 7GY	0800 012 6779	01952 670 120

Hours of opening:

Monday	08.30-17.30
Tuesday	08.30-17.30
Wednesday	08.30-17.30
Thursday	08.30-17.30
Friday	08.30-17.30
Saturday	**Closed**
Sunday	**Closed**

Rowlands Pharmacy

Correction to Rowlands Pharmacy opening hours

Pharmacy	Standards hours	Core hours	Lunch break
Hollinswood	M-F 9-6 Sat 9-13	M-F 9-13 14-1730 Sat 9-1130	M-F 1300-1320
Stirchley	M-F 9-6 Sat 9-12	M-F 9-13 14-1730 Sat 9-1130	M-F 1300-1320
Sutton Hill	M-F 9-1245 1345-300	M-F 9-1245 1345-300	Branch closed 1245-345

APPENDIX II

Anstice Pharmacy

8.45-6pm Mon – Thursday ; 8.30-5.30pm (Fri) & 9-1pm (Sat)

It appears on spreadsheet that it opens at 9AM all week?

With Regards to **Service provision**; the current situation differs from spreadsheet as follows:

Service	Currently showing	Actual situation
NMS	Willing to provide if commissioned	Currently providing under contract
Care Home Service	No response	Willing if commissioned
Chlamydia Treatment	No response	Willing if commissioned
Contraception Service	No response	Willing if commissioned
Supply of Condoms	Willing if commissioned	Will provide as soon as Phcist completed training
EHC (Levonelle)	Willing if commissioned	Will provide as soon as Phcist completed training
EHC (ellaone)	Willing if commissioned	Will provide as soon as Phcist completed training
Gluten free	No response	Willing if commissioned
Home Delivery	No response	Willing if commissioned
Medication review	No response	Willing if commissioned
Medication assessment	No response	Willing if commissioned
MA Scheme	No response	Willing if commissioned
Obesity Mgement	No response	Willing if commissioned
On demand –specialist drugs	No response	Willing if commissioned
PGDs	No response	Willing if commissioned
Prescriber support	No response	Willing if commissioned
Supervised Administration**	No response	**Willing to Provide**
Vascular Risk Assessment	No response	Willing if commissioned
Alcohol	Not willing	Willing if commissioned
Cholesterol	Currently providing	Willing if commissioned

Diabetes	Currently providing	Willing if commissioned
Gonorrhoea	Not willing	Willing if commissioned
H.Pylori	Not willing	Willing if commissioned
HbA1C	Not willing	Willing if commissioned
Hepatitis	Not willing	Willing if commissioned
HIV	Not willing	Willing if commissioned
Seasonal Flu	Not willing	Willing if commissioned
Childhood Vaccines	Not willing	Willing if commissioned
Hepatitis (at risk workers)	Not willing	Willing if commissioned
HPV	Not willing	Willing if commissioned
Travel	Not willing	Willing if commissioned
Allergies	No response	Willing if commissioned
Alzheimers	No response	Willing if commissioned
Cardiovascular	No response	Willing if commissioned
Depression	No response	Willing if commissioned
Epilepsy	No response	Willing if commissioned
Parkinsons	No response	Willing if commissioned

Kitchings chemist

At Kitching's chemist we currently do do the c-card scheme and have now done the training to be a c-card distribution centre.

Under disabilities/premises we have a low counter in addition to electronic doors.

I may have read our opening times wrong on the spreadsheet, but just to clarify,

Mon-fri 08.30-17.30

Sat 08.30 - 14.30

Our supplementary hours are 08.30-14.30 sat and 12.30-13.30 Mon to Fri 08.30-12.30 then 13.30-17.30 Mon to Fri are

APPENDIX III

Telford & Wrekin Pharmacy Needs Assessment 2015/16 – 2017/18

Community Impact Assessment

It is intended that you complete this form if you have identified a high negative impact to our communities and employees.

Sections1 & 2 should be completed early in policy development and before any consultation/engagement activity takes place

Sections 3 & 4 should be completed before policy approval.

You will find the information from this assessment useful for the Equality Implications section of any report you are completing.

Make use of the supporting guidance – Community Impact Assessment

Section 1 – Overview

1. What is the title of the policy?

Telford & Wrekin Pharmacy Needs Assessment (PNA) 2015/16 – 2017/18

2. What are the objectives of the policy? For example, what are we aiming to achieve? Who does it benefit?

- Community pharmacies are a valuable and trusted public health service. The scale of daily contacts with the public means there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.
- From 1st April 2013, Health and Wellbeing Boards (HWB) in England assumed the responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, through Pharmaceutical Needs Assessment (PNA).
- PNAs have been used historically by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. Now following transition of public health services to local authorities, PNAs should also be used to assess the contribution of community pharmacies to local public health programmes.
- In addition, PNAs will be used by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.

3. Who does this policy affect? All – as specified

- Customers/service-users – the general public
- **Partners** – Health & Wellbeing Board partners: the Council, NHS Telford & Wrekin, NHS England Shropshire and Staffordshire Area Team, Health Watch Telford & Wrekin
- **Employees** – providers of community pharmacy services and their staff

APPENDIX III

4. What period does the policy cover? (start date & end/review date)

2015/16 – 2017/18

5. Your contact details:

Name of person completing impact assessment and their post	Helen Onions, Consultant in Public Health, Hitesh Patel, Pharmaceutical Advisor Richard Taylor-Murison, Equalities Officer
Contact details	Helen.onions@telford.gov.uk Hitesh.patel@telfordccg.nhs.uk Richard.taylor-murison@telford.gov.uk
Date started	December 2014
Other officers/Stakeholders involved	See below for Telford and Wrekin Pharmaceutical Needs Assessment Steering Group membership

Name	**Role/Title**	**Organisation**
Helen Onions	Consultant in Public Health (chair)	Telford & Wrekin Council
Paul Thomas	Senior Research & Intelligence Officer	Telford & Wrekin Council
Lynne Deavin	LPC Business Development Officer	Shropshire Local Pharmaceutical Committee
Kate Ballinger	Patient/Public Representation	Healthwatch Telford & Wrekin
Dr A Egleston	Dispensing Doctors Representative	GP Wellington Road, Newport
Ruth Bolderston	Assistant Contracts Manager	Shropshire and Staffordshire Area Team
Jacqui Seaton	Head of Medicines Management	NHS Telford & Wrekin CCG
Manir Hussain	Chair – Pharmacy Local Professional Network	NHS England Area Team
Hitesh Patel	Pharmaceutical Adviser	NHS Telford & Wrekin CCG

APPENDIX III

Section 2 – Impact Assessment

1. Will this policy have a significant impact on any of the following groups of people with regard to the General Equality Duty?

Positive and negative impacts should be assessed with regard to the General Equality Duty;

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations between different groups

	Impact (X)		
	Positive	**Negative**	**None**
People of different ages Helpbox - Age	X	X	
People with ill health or people with a disability Helpbox - Disability	X		
People of different gender Helpbox - Gender (Sex)			X
People who are transgender Helpbox - Transgender			X
Different racial groups Helpbox - Race		X	X
People with different religion or beliefs Helpbox - Religion or Beliefs			X
People of different sexual orientation Helpbox - Sexual Orientation			X
Women who are pregnant or breast-feeding Helpbox -Pregnancy and Maternity	X		
People that are married or in a civil partnership Helpbox - Marriage or Civil Partnership			X
People affected by deprivation Helpbox - people affected by deprivation	X		

It has been assessed that there are no positive or negative impacts of the PNA process or recommendations which have emerged for the following: gender, transgender, race, religion or beliefs, sexual orientation, marriage or civil partnership.

This decision has been made on the basis that the PNA is a fully inclusive process and as part of the wider Joint Strategic Needs Assessment, adopts the principles of the Health and Wellbeing Strategy vision "*To improve the health & wellbeing of our communities and address health inequalities".* As such the community pharmacy services commissioned by Health & Wellbeing partner organisations are expected to be delivered irrespective of race, gender, transgender, religion or beliefs, sexual orientation or marital status.

2. What is the expected impact?

For each impact **positive** or **negative** please explain the reasoning and provide evidence for that response. Remember to fully reference the evidence and attach it if it is appropriate.

You can find more information to fill any gaps that may have by contacting Delivery & Planning - 80131

People of different ages

The public survey on views on community pharmacy was a key component of the PNA process. People aged 45-64 years accounted for 41.5% of all survey respondents therefore this middle aged group were over represented in the survey given that the proportion of this age group in the general population is circa 26%. However, this age group are key users of community pharmacy services along with people aged 65 years and over. *(Positive impact)*

Younger people under 25 years were under represented in the public views survey.

Teenage pregnancy is a health issue which has been prioritised by the Telford & Wrekin Health and Wellbeing Board. At present Emergency Hormonal Contraception is on offer free of charge to women under age 25 years, promoting equal opportunities of access to this emergency medicine for younger women *(positive impact).* The Boots branch in Telford Town Centre is the single biggest prescriber of EHC across the Borough, which indicates that this service is easily accessible for young people and provider anonymity. *(Positive impact)*

However, there are concerns that the cut off at age 25 for this service produces a negative impact for women above 25 years *(Negative impact)*

Chlamydia testing is offered to young people under 25 in community pharmacies, in line with the National Chlamydia Screening Programme requirements*. (Positive impact)*

The PNA could be enhanced by incorporating a map identifying the distribution of pharmacies across areas with high proportions of older people.

APPENDIX III

People with ill health or people with a disability

61% of the PNA public survey respondents reported suffering from a long standing limiting illness, disability or infirmity, compared to 18.6% of people in the general population as a whole. Therefore people with a long standing illness or disability were over represented in the survey.

All community pharmacies have a responsibility to meet DDA requirements and pharmacies are actively expected to ensure patients/public are able to access their services. Contractors work to resolve any associated issues where these arise. Specific examples of this would include prescription collection and delivery services, medication adherence support services (positive impact)

The PNA could be enhanced by incorporating a map identifying the distribution of pharmacies across areas with high proportions of people reporting long term limiting illness.

Women who are pregnant or breast-feeding

The Health Start Vitamins programme has operated in community pharmacies throughout Telford & Wrekin for a number of years. Under the national scheme the programme offers vitamins for pregnant women and their infants (positive impact)

People affected by deprivation

There are clear inequalities in health in Telford & Wrekin related to reduced life expectancy and socio-economic deprivation in our communities. As such improving life expectancy and reducing the associated health inequalities are included within the ten Health & Wellbeing Board priorities. There are also inequalities in health identified within the other priorities, including the following which are relevant to community pharmacy service provision: smoking, teenage pregnancy and sexual health and substance misuse. There are clear recommendations in the PNA made to expand the provision of Chlamydia testing and treatment, Emergency Hormonal Contraception, supervised consumption for opiate addiction, needle exchange and smoking cessation services across the Borough. (Positive impact)

Human Rights

Whilst the overall aim of a community impact Assessment is to document the demonstration of our public sector duties, related to Article 14 - Prohibition of discrimination, Human Rights Act (2000) (HRA). It is sometimes appropriate to include information related to the advancement of other articles of the HRA.

The recommendations to continue and enhance the provision of ‘Just in Case’ palliative care medical supply boxes has a positive impact on our duties to promote human rights in relation to Article 3 – Prohibition of torture and inhuman and degrading treatment. It does so by pre-empting the escalation of medicinal need helping to preserve the dignity of individuals at a time when they are particularly vulnerable to a loss of dignity.

3. What engagement and consultation have you already carried out?

Please answer the following questions and include any additional information that is relevant; • Who have you consulted/engaged with? • What the consultation/engagement told you? • What you have changed or intend to change as a result of the consultation? • How and when you intend to feedback?

Consultation

The national guidance for PNAs is explicit regarding the statutory consultees which must be considered as part of the 60 day consultation process. These consultees include the following:

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs) **– Shropshire and Telford Local Pharmaceutical Committee**
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs) **– Shropshire Local Medical Committee**
- any persons on the pharmaceutical lists and any dispensing doctors list for its area **– all community pharmacies and the one dispensing GP practice in Telford & Wrekin**
- any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
- any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area – **Health Watch Telford & Wrekin**
- any NHS trust or NHS foundation trust in its area – **Shrewsbury & Telford Hospitals NHS Trust, Shropshire Community Health Service Trust, Shropshire & Staffordshire Mental Health Services Foundation Trust**
- NHS England – **Shropshire and Staffordshire Area Team**
- Any neighbouring Health and Wellbeing Board – **Shropshire Health & Wellbeing Board**

The 60 day consultation period for these statutory consultees ran from Friday 12th December until Friday 13th February 2015. The draft PNA was published for consultation on the NHS Telford & Wrekin website. The conusltees were all contacted regarding the publication and the launch was well publicised. Although there is not an expectation that PNAs are subject to public consultation the consultation was publically available and comments invited from all those who wished to contribute.

APPENDIX III

Engagement

The PNA process included a survey of public views on community pharmacy which was undertaken between 11th September and 9th October 2014. The survey consisted of 16 questions covering themes such as awareness of and access to services and levels of satisfaction. Standard socio-demographic questions were included. There survey was publicised on the NHS Telford & Wrekin website and to Council staff through the intranet. A number of visits to community support groups were undertaken to obtain survey responses. There were over 400 respondents in the survey (See Community Survey Report for further details)

A professional stakeholder survey was carried out as part of the PNA with all community pharmacies. The survey asked contractors to consider the needs of their local population and what gaps they felt needed to be addressed and which priorities were important.

Supporting people with language barriers was specifically noted by several respondents as a key current gap. (*Negative impact)*

4. Please give brief details of any further engagement/consultation you plan to carry out with any of the above groups, particularly where you feel you don't have sufficient information.

As part of our ongoing commitment to promote the use of our community pharmacies we will be actively seeking the views of our contractors about what they feel is required in their local communities. We will continue to engage with our local Healthwatch colleagues to ensure we are continuously addressing local health needs.

You are at the end of Section 2 - have you completed all questions in this section?

Please ensure all questions are answered and then send your information to;
Equalityanddiversity@telford.gov.uk

You can ask questions or for any support by contacting 01952 382104 or e-mail

equalityanddiversity@telford.gov.uk

The Equality and Diversity Team will help you address/respond to any issues in **Section 3 – Mitigating Actions**

APPENDIX III

Section 3 – Mitigating Actions

1. For each significant **negative** impact identified in Section 2 (Questions 3 & 4), what action have you taken, or will you be taking, to reduce/manage these impacts?

Please bring forward any **negative** impacts identified earlier in the form and explain what action you will take to mitigate against them (The earlier help boxes include help on mitigating actions).

Emergency Hormonal Contraception – lack of access to free contraception for women aged over 25 years. The commissioner of sexual health services will be approached to consider expanding the service to women aged over 25 years old. A sexual health services health needs assessment is currently being undertaken to inform the future commissioning of services and these PNA findings will be incorporated into that process.

Supporting people with language barriers – this was specifically noted pharmacists in the professional stakeholder survey. Providing interpretation services for patients who have difficulty understanding English would ensure that they understand the benefits of their medication and that they are taking medications safely and accurately. Access to telephone language support services could be considered to help support community pharmacies that have expressed difficulties with communication. There is also a need to consider the use of Health promotion materials in different languages. For national campaigns these can often be accessed from Public Health England. Community pharmacies should review their local patient profiles and where possible try to support them with nationally available support materials printed in different languages. Using local community based support groups may also be considered. A number of our pharmacies are well positioned in local communities encouraging them to make links with community groups will raise the profile of pharmacy and potentially help to resolve communication difficulties. The PNA could be enhanced by incorporating a map identifying the distribution of pharmacies across areas with high proportions non-English speaking communities.

2. For each significant **positive** impact you identified in Section 2 (Questions 3 & 4) what action have you taken, or will you be taking, to maximise the opportunity?

Please bring forward any **positive** impacts identified earlier in the form and explain what action you will take to enhance these. (The earlier help boxes include help on enhancing positive impacts).

Remember to integrate any actions you have identified in to your service/team plans.

3. How do any of the above actions contribute to the aims of the General Equality Duty;
    - eliminate unlawful discrimination, harassment and victimisation
    - advance equality of opportunity
    - foster good relations between different groups

The expansion of pharmacy services more widely across the Borough will improve access to services, offering more comprehensive response to the local needs identifies in the PNA. This approach which is designed to reduce inequalities will advance the equality of opportunity for people living in Telford & Wrekin.

The PNA sets out recommendations to further develop the relationship with community pharmacy, the commissioners of these services in the council and the NHS and more widely across the health economy. This is foster good relations between different groups and across Health & Wellbeing Boards partners.

Section 4 – Review and Monitoring

1. From what date will this policy be implemented?

The PNA is due to be considered by the Health & Wellbeing Board on 11th March 2015 and will be published by 1st April 2015 in line with the statutory duties of the Board.

2. How will the actual impact of the policy be monitored and reviewed?

Health Equity Audits (HEAs) will be undertaken for public health services provided in community pharmacies to assess the provision, uptake and outcome of public health services in relation to age, gender, ethnicity and socio-economic deprivation. This will be part of the development of the Healthy Living Pharmacy Programme and supported by the implementation of the pharmoutcomes system which in line with the PNA recommendations.

Actions:

Agree set of HEAs to be incorporated into the HPL programme from Sept 2015.

First review of HEA cycle to be completed by March 2016

APPENDIX III

Emergency Hormonal Contraception

Actions:

Model the demand/need for EHC prescribing in women aged over 25 (June 2015)

Incorporate EHC age expansion into the prioritisation process for public health services as part of the public health grant budgeting (September 2015)

Enhanced PNA Mapping to support Equalities Impact Assessment

Actions:

Incorporate maps indicating levels of older people, people reporting long term limiting illness and non-English speaking communities alongside community pharmacy provision into the PNA review process.

Supporting people with language barriers

Action:

Scope the feasibility of providing interpretation services and/or telephone language support services for community pharmacy patients who have difficulty understanding English

Ensure that the campaign and awareness raising programme recommended to publicise community pharmacy services uses resources and materials in different languages and that local community based support groups are used, where relevant to develop local publicity materials

Community Impact Assessments will be published online and available on request. This will include the subject document, equality analysis, data sources and consultation evidence.

Please make sure that your Line Manager/Head of Service has been made aware of the content of the impact assessment and that they agree with it.

Arrange for your Line Manager/Head of Service to e-mail confirmation of agreement to; equalityanddiversity@telford.gov.uk

The Equality and Diversity team will create a summary for ease of access, please make sure that you forward any relevant documentation you have referred to with the e-mail, or a link to the appropriate web page.

Thank you conducting this Community Impact Assessment, should you have any questions please contact 01952 382104 or e-mail

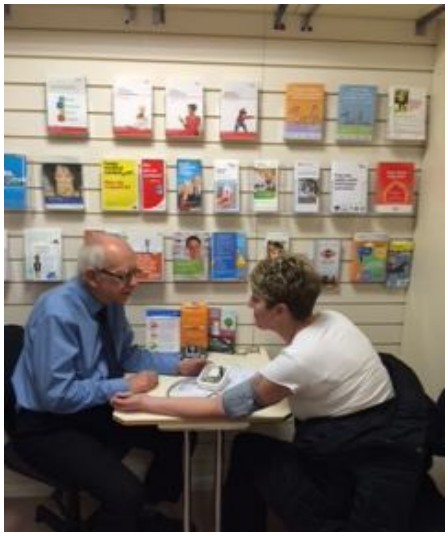
equalityanddiversity@telford.gov.uk

a co-operative council

Telford & Wrekin COUNCIL

NHS Telford and Wrekin Clinical Commissioning Group

Telford and Wrekin Pharmaceutical Needs Assessment (PNA) 2015/16- 2017/18



A DRAFT FOR CONSULTATION (December 2014)

Executive summary

Community pharmacies are often the first point of contact for people with a minor illness, especially those in deprived communities and those who may otherwise struggle to access healthcare services. Improved use of easily accessible skills within community pharmacies will help to reduce the pressure on other healthcare services. The public has a high regard for pharmacies, yet there remains a need to raise awareness of the many and varied services and benefits offered by community pharmacies.

With ever increasing demands on local health services there is a need to continuously assess the health needs of the population and to review where patients and service users can access health services. Patients with a chronic illness are often prescribed several medicines on a long term basis. A significant proportion of these patients are not taking their treatment as intended and therefore not achieving the intended health outcomes. Providers of pharmaceutical services have a key role to play in improving treatment concordance and improving the patient's understanding of their illness.

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area. The 'pharmaceutical needs assessment' (PNA) should be part of the wider Joint Strategic Needs Assessment which identifies high level health and wellbeing needs of the area. The PNA is aimed to help in the commissioning of pharmaceutical services in the context of local priorities.

Decisions on whether to open new pharmacies are made through a formal application process to NHS England. The relevant NHS England Area Team reviews the application to decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations the Telford and Wrekin PNA is being updated every three years.

The PNA includes information on:

- Pharmacies in Telford and Wrekin and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as sexual health services and support for drug users.
- Public views and opinions of community pharmacy, including accessibility and opening
- Relevant local maps of providers of pharmaceutical services in the area.
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Telford and Wrekin
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The PNA refresh was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. In the process of undertaking the refresh views were sought from a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities.

The consultation of the key findings and proposed recommendations is taking place from Friday 12th December 2014 to Friday 13th February 2015. The consultation is seeking the views of the statutory consultees, other stakeholders and members of the public, on whether they agree with the contents of the draft PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services. Please send comments via email to Pharmacy.Needs@telfordccg.nhs.uk

Access to dispensing services - Key findings

Telford and Wrekin has 37 community pharmacies and one dispensing doctor practice providing pharmaceutical services directly to its population. Looking at geographical location, population density, number of pharmacies per head of population and the public survey, we conclude that there is sufficient dispensing pharmaceutical provision in Telford and Wrekin, to offer choice and accessibility.

Based on PNA analyses current pharmaceutical services in Telford and Wrekin are considered to be adequate for the local population. The reasons for this are as follows:

- Current geographical location of pharmacies is broadly centered on population density within each cluster.
- There is sufficient choice for patients wanting to access dispensing services close to their GP practice or those that wish to travel into the town centre.
- Opening hours of pharmacies located close to GP practices reflect those of the GP practice. Additional opening during a Saturday ensures easy access to pharmacy services.
- Pharmacies located in the town centre and retail parks are easily accessible and offer long opening hours throughout the week and during weekends, providing significant service coverage. Parking in the town centre is charged according to length of stay, however parking at the retail parks is free of charge.
- With the opening of four new '100' hour pharmacy contracts there has been a substantial increase in weekend and evening opening hours. These extended hours have also supported provision during Bank Holidays
- Most pharmacies operate a collection and delivery service ensuring provision of medication to those unable to access a pharmacy (some pharmacies do have restrictions on who they will deliver to for example housebound, disabled).
- 'Shropdoc' (GP out of hours provider) holds stocks of emergency drugs that can be issued to patients when pharmaceutical services are unavailable, or if there should be significant difficulty in obtaining medication that was required without delay.

It should be noted that:

- Service coverage during weekends is less than that provided during weekdays. This reflects the reduced demand for dispensing provision over the weekend period. This provision would need to be reviewed following any changes to GP primary care services.
- There are a number of pharmacies providing services outside of the boundary of Telford and Wrekin, but this would not suggest local service coverage is deficient. Residents located in the north of Telford may choose to use pharmacies located in Shropshire County as they may be more accessible. Telford and Wrekin will review the PNAs from bordering localities to ensure service provision is maintained in these areas.

Recommendation

Telford and Wrekin has reviewed its coverage of dispensing services. The PNA has highlighted that there is currently sufficient coverage with existing community pharmacies and GP dispensing practice (Newport). The current geographical location and opening hours of dispensing services provides adequate choice and accessibility for the majority of the public.

An early review of this recommendation, will be required within 18 months to take into account any changes to: primary care and community health services provision and to reflect housing expansion and potential population growth in the Borough.

Access to advanced and enhanced pharmacy services - Key findings

Coverage of advanced and enhanced services is generally adequate across Telford and Wrekin, but there are areas of improvement that need to be considered by existing contractors. Telford and Wrekin encourages all contractors to engage with advanced, enhanced and locally agreed services for their patients.

Recommendations

Telford and Wrekin has reviewed its coverage of commissioned advanced and enhanced services provided by community pharmacies. The PNA has shown that there is sufficient coverage of MUR and NMS services based on current accreditation and provision. However Telford and Wrekin continues to encourage all community pharmacy contractors to engage with advanced service provision and support their local communities.

There is a need for commissioners to work with local contractors to increase awareness of common ailments service and improve on the current number of participating community pharmacies.

An evaluation of the newly commissioned flu vaccination service is needed to establish future commissioning intentions. Local healthcare partners need to work together improve on annual influenza vaccine uptake.

Locally Commissioned Services

Sexual Health Services - Key findings

- The public survey of views and knowledge of pharmacy services indicated that in terms of sexual health services: 67% of respondents were aware of the contraception service and advice offer in local community pharmacies, 32% of respondents were aware that pharmacies offered free condoms to those eligible and 24% of respondents reported awareness of the Chlamydia screening and treatment service in pharmacies
- Teenage conception rates have been historically high, but have been declining over the past decade and the highest rates seen in the most deprived electoral wards.
- The overall incidence of sexually transmitted infections (e.g. syphilis, gonorrhoea, genital warts and HIV infection) in Telford & Wrekin is low to average.
- Chlamydia testing and diagnoses rates in young people aged 15-24 years are lower than average, particularly in men.
- A total of 24 pharmacies are currently signed up to deliver an emergency hormonal contraception service and a further 11 pharmacies reported a willingness to deliver an EHC service through the pharmacy survey. There is a high level of satisfaction reported by EHC pharmacy service users.
- Town Centre pharmacies deliver the greatest uptake for EHC. This is not unexpected given the potential anonymity offered by the size and location of these pharmacies.
- In general sexual health service provision during weekends is significantly less than during weekdays. Community pharmacies open during the weekend offer essential provision during this time, especially those open during weekends and extended hours during the week.

Recommendations

Emergency Hormonal Contraception: Assessment of the current provision suggests that there is adequate local coverage for EHC. However, Telford and Wrekin Council encourage all community pharmacies to participate with this enhanced service, especially those open during weekends and extended hours during the week. Generally service provision during weekends is significantly less than that during weekdays. Community pharmacies open during the weekend offer essential provision during this time.

Chlamydia Screening Scheme: Assessment of current provision suggests that there is adequate local coverage in terms of pharmacy sign up for the Chlamydia Screening

Scheme. However, testing and treatment levels need to be improved amongst 15-24 young people, with a particular focus on men. A training programme should be developed as a way of encouraging and supporting pharmacies that have signed up to the scheme to improve access to Chlamydia testing and treatment.

Recommendation: Assessment of current provision suggests that there is adequate local coverage in terms of pharmacy sign up to distribute condoms, however more awareness is need to promote the scheme as well as distributing condoms to young people accessing EHC and Chlamydia Screening & Treatment service within community pharmacies

Substance Misuse Services - Key findings

- Liver disease is the only major cause of early death in Telford and Wrekin which is still on the rise and this contributes to lower than average rates of life expectancy in both men and women. Reducing the number of people who misuse drugs and alcohol is Telford and Wrekin Health & Wellbeing Board priority.
- Community pharmacy services have a key role to play in improving treatment and recovery and minimising harm for people with substance misuse dependence problems, which are key aims of the Telford & Wrekin Drug & Alcohol Strategy.
- The public survey of views and knowledge of pharmacy services indicated that 52% of respondents were aware of the substance misuse services offer in local community pharmacy.
- The majority, 33 of out of 37 pharmacies offer a supervised consumption service, which benefited circa 280 people in recovery for drug dependence in 2013/14.
- Currently two pharmacies are offering a needle exchange service, which issued circa 1,015 needle packs to injecting drug users during 2013/14. In terms of future developments associated with drugs and alcohol misuse the majority of pharmacies indicate a willingness to offer services for alcohol screening and blood borne virus testing and immunisation.

Recommendations

Supervised consumption: Assessment of current need, demand and provision suggests there is an appropriate level of coverage across Telford & Wrekin, with only a small number of pharmacies not offering the service. Offering such a wide coverage has made it easier for clients to access the service within their localities. There are plans to try an engage all pharmacies in the service to achieve full coverage across Telford and Wrekin in the future.

Needle exchange: An increase in needle provision in the centre of the Telford is required. Client feedback and service evaluation will provide insight into the need for increased provision. A further three community pharmacies have been identified as potential sites to increase service capacity and improve needle provision, Asda, Town

Centre, Woodside Pharmacy and Oakengates Pharmacy. The central location of these sites as well as the weekend opening hours will significantly increase service provision.

Future substance misuse developments: Commissioners of public health services should seek to improve services for: alcohol screening and brief advice, blood borne virus testing and vaccination and naloxone provision (to reduce opiate overdose and drug-related deaths), considering community pharmacy provision. These intentions are: in line with agreed strategic objectives, evidence of effectiveness and best practice guidance and local levels of need and fit with the aspirations of local pharmacies.

Future Developments

The analyses in the PNA has highlighted key areas where community pharmacies could support delivery of the local health and wellbeing priorities. These should be taken into account when considering gaps in service delivery or where priority needs are not being met. Commissioning any new services from community pharmacies will need to be based on identified need. Services will need to be closely monitored to ensure they achieve the desired outcomes.

When reviewing and commissioning any future services, commissioners will need to consider where community pharmacy can improve the health and wellbeing of our communities, and address health inequalities. Commissioning strategies should focus on the strengths of community pharmacy and utilise them to help achieve local priorities.

Recommendations

- **Commissioners of pharmacy services and Health & Wellbeing partners should work together, supported by the LPC to raise awareness of pharmacy services and integrate them into local care pathways.**
- **Building on the local introduction of the PharmOutcomes system (by NHS England for quality monitoring and to support the seasonal 'flu immunisation service) commissioners and the LPC should work together to further roll out such systems across wider pharmacy services in Telford & Wrekin**
- **It is recommended that consideration be given to developing a Healthy Living Pharmacy programme in Telford & Wrekin.**
- **Cardiovascular Disease: It is recommended that consideration be given to developing pharmacy services to tackle CVD, particularly for groups who are less likely to access services through primary care**
- **Stop Smoking Services: Telford & Wrekin Council will award new Stop Smoking Services contracts to providers in January 2015, new services will be in operation from April 2015. It is recommended that pharmacies work closely with the providers organisations to expand the stop smoking services increasing the accessibility and reach in community pharmacies**

1. Introduction

1.1. Background

There have been significant changes in the NHS since the PNA was first published in 2011, as part of the Health and Social Care Act. Commissioning arrangements for the nationally agreed community pharmacy contract are now the responsibility of NHS England, locally supported and monitored by the Shropshire and Staffordshire Area Team (shortly to become the Shropshire, Staffordshire, Derby and Nottinghamshire Area Team). Public health responsibilities have now been moved to the local authority.

The Health and Wellbeing Board, hosted by the local authority, has the function of joining up commissioning local NHS services, social care and health improvement. It is intended that the HWB will allow local authorities to take a strategic approach and promote joint working across health and adult social care, children's services, including safeguarding, and the wider local authority agenda. These arrangements will give local authorities influence over NHS commissioning, and corresponding influence for NHS commissioners in relation to public health and social care.

Healthcare commissioners from Clinical Commissioning Groups and commissioners of public health services in local authorities need to consider community pharmacy as a willing provider of services and self-care advice, when redesigning local pathways to meet health and wellbeing needs.

1.2. National Context

1.2.1. The NHS Five Year Forward View

Since April 2013 NHS England has been responsible for commissioning the majority of community pharmacy services. NHS England has five main functions:

- Providing national leadership on commissioning for quality improvement
- Promoting and extending public and patient involvement and choice.
- Ensuring the development of GP commissioning consortia.
- Commissioning certain services, including community pharmacy services.
- Allocating and accounting for NHS resources.

The NHS Forward View published in October 2014, identifies three gaps that need to be addressed by the NHS:

- Health and wellbeing gap - which requires a radical upgrade in prevention
- Care and quality gap - which requires new models of care
- Funding gap - which requires increased efficiency and investment

Pharmacy services have a key role to play in improving the health of local people. Community pharmacies are often the first point of contact for people, especially those in deprived communities and those who may otherwise struggle to access healthcare

services. Offering a new deal for primary care is a key to the success of the Five Year Forward View. Building the public's understanding of pharmacies and on-line resources to reduce demand are highlighted as key areas for improvement.

1.2.2. White Paper Pharmacy in England

In the White Paper published in 2008 'Pharmacy in England building on strengths – delivering the future' the Government set an aim for community pharmacies to:

- Become "healthy living" centres promoting health and wellbeing and helping people to take better care of themselves.
- Supply certain common medicines and be the first port of call for people with minor ailments – saving every GP up to the equivalent of one hour per day or up to 57 million GP consultations a year.
- Support people with long term conditions, especially those starting out on a new course of treatment.

These priorities remain core principles for community pharmacies and world class pharmacy has several distinguishing features. It will be known in local communities:

- As a primary source of accessible, up-to-date, trusted and reliable health advice and information.
- For helping people to stay healthy and to improve their health where needed.
- For routinely promoting self care and for being associated with key public health initiatives, such as influenza immunisation and preventing heart disease.
- For providing new services to help people with acute conditions and long term conditions.
- For skilled, knowledgeable, competent and considerate staff.
- As part of a strong local network of health improvement services and 'local leaders' for health in the community.
- As a wider 'information retailer', helping people to interpret and decide about the many sources of information now available about medicines, as well as providing information about broader health, wellbeing and social matters such as sustainable development.

1.2.3. Health and Wellbeing Board PNA Duties

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). The PNA will help in the commissioning of pharmaceutical services in the context of local priorities.

Decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed

location. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, the Telford and Wrekin PNA will be updated every three years. The availability of new information for the PNA will be assessed by the PNA Steering Group every six months and if indicated 'Supplementary Statements' will be produced, which will include information on new needs for example changes to the population size.

The PNA should include information on:

- Local pharmacies the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users.
- Other local pharmaceutical services, such as dispensing GP surgeries.
- Relevant maps relating to the area and providers of pharmaceutical services in the area.
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for local services.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The findings of the PNA will:

- Ensure services are high quality, accessible and meet local needs.
- Support existing community pharmacy contractors to offer enhanced services.
- Incorporate community pharmacies, where required, in redesigning service delivery in primary care to meet commissioning priorities.
- Take an informed approach to commissioning services from community pharmacies to meet identified health needs.
- Control gaps in provision and new market entry opportunities.
- Ensure community pharmacies are used as a key provider to deliver public health messages.
- Strengthen partnership working with community pharmacies across the health and social care sector to address growing public health problems and tackle health inequalities.

The purpose of the PNA was to establish a direct link between the needs of the population and the visions and goals of Telford and Wrekin and define areas where community pharmacies could assist in meeting these needs.

Since the last publication of the PNA there has been a significant reorganisation of the NHS and how services are now commissioned.

Enhanced and Advanced pharmaceutical services are now commissioned by NHS England. Local authorities and Clinical Commissioning Groups (CCGs) are able to commission community pharmacy services as 'locally agreed services'

The PNA will identify what is needed at a local level to support local commissioning plans. It will focus on the public health role of community pharmacies as well as the core requirement of supplying medication.

Informed decision making through the PNA will ensure service development is based on population need.
It has been recognised that community pharmacies can support the local population in achieving the health improvement part of Telford and Wrekin's Operational Plan. Consideration will need to be given to the location of pharmacies in relation to areas of social deprivation and health need, and the range and distribution of pharmacy services currently undertaken in these areas.

The PNA will offer vital guidance when commissioning and redesigning services. Within Telford and Wrekin, community pharmacies already successfully provide additional services such as Medication Use Review, supporting substance misuse clients, and supplying emergency hormonal contraception. The PNA will assess how and where these services are currently delivered.

Consultation on pharmaceutical needs assessments

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making:

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- any NHS trust or NHS foundation trust in its area;
- NHS England
- any neighbouring Health and Wellbeing Board.

2. Developing the PNA: The Process

2.1. Introduction

Following on from the NHS reorganisation it was agreed that the PNA, published in 2011, would be refreshed by March 2015, in line with the new duties of the Health & Wellbeing Board. There was recognition that the legislative changes to market entry regulations made if important that an up-to-date, robust PNA was required to assess future contact applications.

2.2. PNA Steering Group

A steering group was formed with key stakeholders to oversee the refresh of the PNA and provide governance. Membership included: including CCG Medicines Management, local authority public health and research and intelligence teams, NHS Area Team and Health Watch Telford & Wrekin. (See Appendix I for steering group terms of reference) The aims of the steering group were to:

- Coordinate update of the Pharmaceutical Needs Assessment (PNA) in line with current legislation.
- Oversee the overall process for updating the PNA within the required timescale.
- To agree the statement of the needs for pharmaceutical services in Telford and Wrekin.
- To agree and oversee the process for assessing the current provision of pharmaceutical services by pharmacies, appliance contractors and dispensing practices within Telford and Wrekin (and neighbouring areas where appropriate).
- To ensure that accurate maps identifying the premises where services are provided are produced.
- To agree and oversee the process required for the statutory consultation with all relevant parties as laid out in the regulations.
- To develop a framework for subsequent assessments and supplementary statements.
- To take into account any further legislation that may impact on the PNA.

Guiding principles used for the original PNA development remained in place:

- The PNA should be integrated with the JSNA process and incorporated into the framework as one of the key reports in the JSNA intelligence documents.
- There should be engagement with key local partners (community pharmacy contractors, the Local Pharmaceutical Committee (LPC), GPs and local patient representatives).
- Commitment to involve as many partners as possible during the PNA refresh and consultation process.

2.3. Overview

Key elements in the PNA refresh during 2014 included the following areas of work:

- Briefing reports and presentations to the Health & Wellbeing Board, NHS Telford & Wrekin CCG Board and Local Pharmaceutical Committee (Appendix II)
- Community pharmacies and dispensing GP practice service provision mapping exercise, to update information on: contact details, opening hours and provision of pharmaceutical services (essential, advanced and enhanced services). The questionnaires used also gathered more detailed information on community pharmacy premises and the current

workforce. Views were also sought from community pharmacies services gaps in the context of needs of their local population.

- A public survey of views and opinions on community pharmacy
- Refresh of JSNA intelligence on:
  - Demographic and socio-economic factors, including updated locality maps
  - Health and wellbeing priority facts and figures
  - Population health outcomes and surveillance trends
- Community pharmacy service activity monitoring and analyses
- The mapping of pharmaceutical services outside Telford and Wrekin's borders was undertaken using dispensing reports from ePACT data. A summary of the findings has been included in the PNA.
- Equalities Impact Assessment on the key findings and proposed PNA recommendations

2.4. Consultation on the Draft PNA

A 60 consultation is now being held to seek views on the key findings and the proposed recommendations in the PNA. The consultation period is due to run from noon on Friday 12th December 2014 to noon on Friday 13th February 2015. The consultation aims to be open and transparent. The list of consultees, as defined through PNA regulations, will be proactively engaged by PNA Steering Group members to ensure their involvement. The draft PNA consultation will also be made more widely available through the CCG website and all comments will be considered by the steering group. Comments should be emailed to Pharmacy.Needs@telfordccg.nhs.uk

The steering group will provide further information on any parts of the PNA as requested during the consultation and will arrange to discuss the PNA proposals with any local groups or individuals as required.

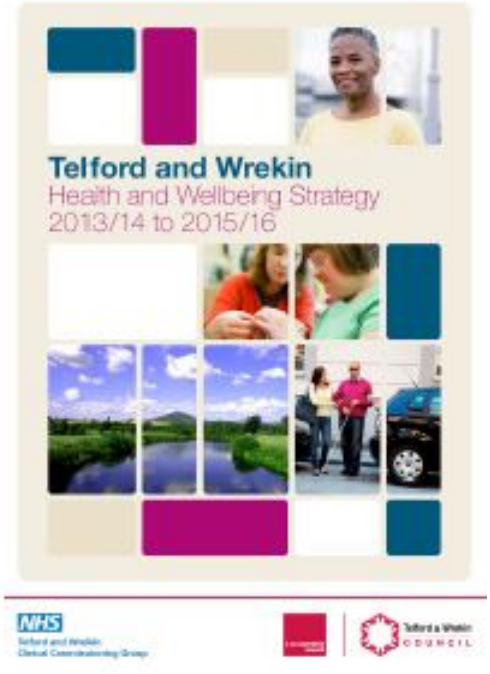
2.5. Health & Wellbeing Board Approval

Telford & Wrekin Health and Wellbeing Board are due to consider the draft PNA and all the consultation responses formally on 11 March 2015. Following this meeting the final PNA will be published by 31 March 2015.

3. Local Strategic Context

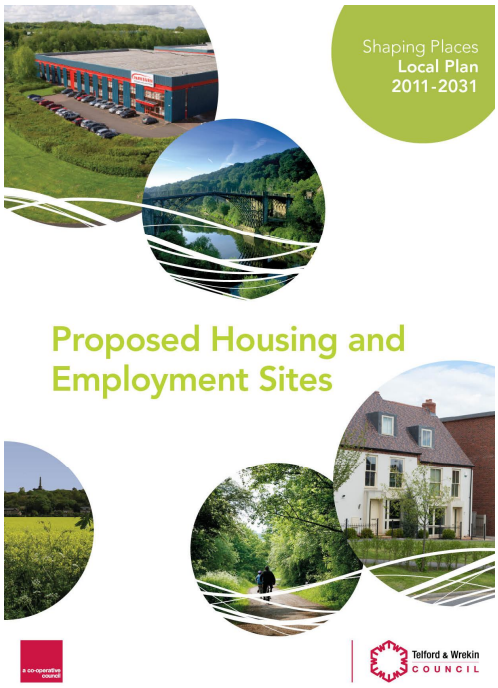
3.1. Telford & Wrekin Health and Wellbeing Strategy

- The Joint Strategic Needs Assessment identifies "the big picture" in terms of current and future health and wellbeing needs and inequalities in Telford and Wrekin.
- The overall aim of the process is to inform the development of commissioning priorities for the local authority and Telford and Wrekin. Commissioning in line with these local priorities is ensuring service development is needs-led improving health outcomes and reducing health inequalities of the local population.
- The Health and Wellbeing Strategy 2013/14 to 2015/16 priorities were agreed based on JSNA evidence of the top ten health and wellbeing issues.
- The PNA is a key component of the JSNA process



3.2. Shaping Places

- Shaping Places - the new Local Plan for the Telford and Wrekin makes proposals for development of housing, green space, shops, businesses, transport and community facilities
- The plan aims to strengthen the identity of Telford as a "green town" and building on our position in the top three cities for increasing the supply of housing and private sector jobs
- The Plan proposes a target of approximately 20,000 homes over a 20 year period, 11,885 homes are already committed a further and a further 8,115 new homes are still required.
- The new proposed sites equate to 9,986 homes - 23% more than the 8,115 new homes needed to deliver the Shaping Places target. Final approval of the Plan is expected during the Summer 2016



3.3. Health and Care Services Transformation

3.3.1. Better Care Fund

The Better Care Fund (BCF) is being used 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.

In five years' time social care and health services will be fully integrated in the delivery of community-based services care. The development and implementation of integrated health and care structures, be contributing to a better patient experience and improvement in outcomes, but at a significant lower cost.

The aims of BCF are to:

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

3.3.2. Future Fit

Future Fit is the programme which is shaping the future of all health services in Shropshire, Telford & Wrekin. The programme is in place to ensure that excellent health services are designed to meet the changing needs of our population now and in the future, ensuring high quality services are in place in the context of the challenging financial environment.

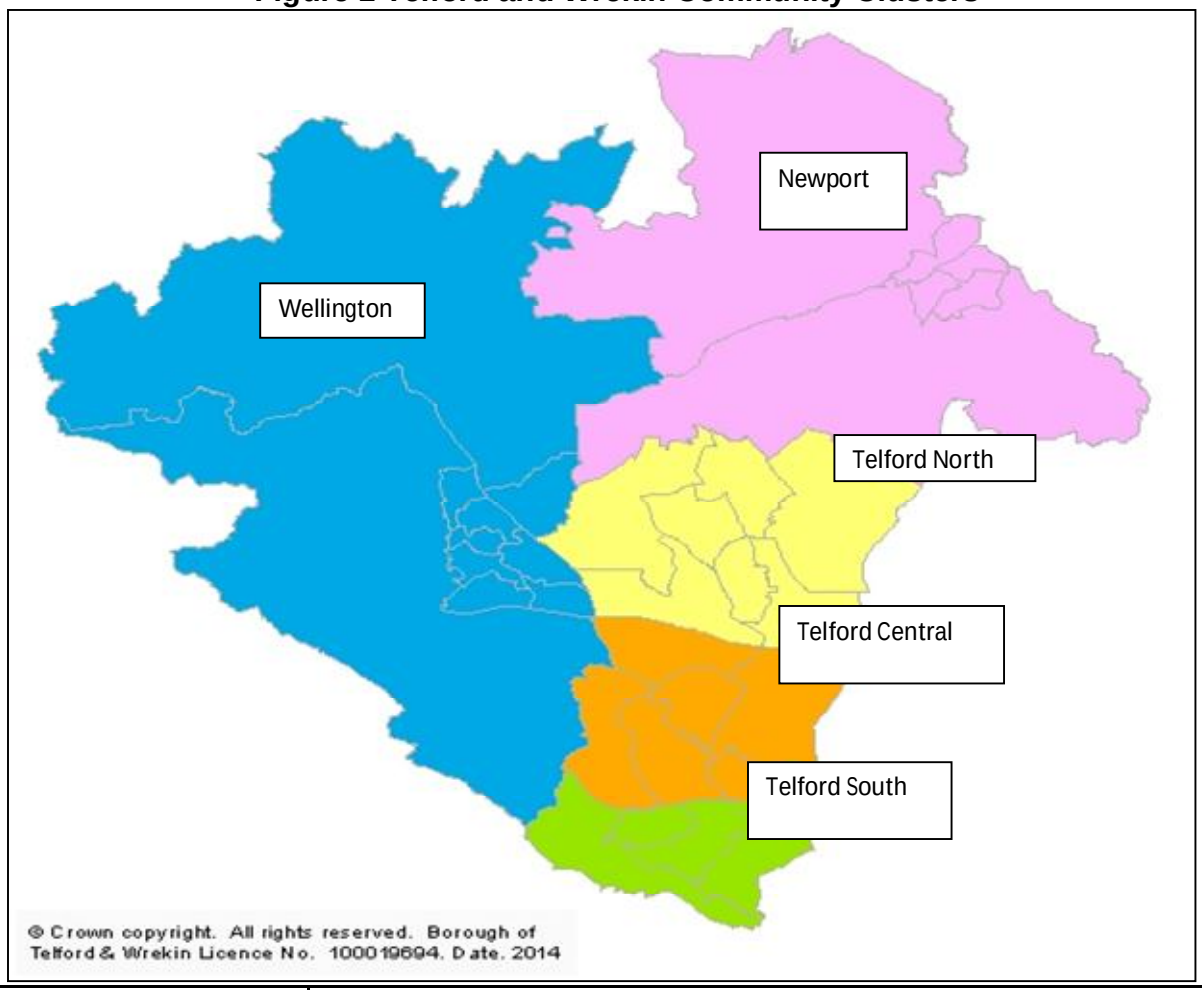
The FutureFit2 programme will develop the community based service response to the FutureFit vision of a more preventative more personalised better networked vision of a health and care system. The work will encompass a broad spectrum of community based care and community-based providers. Community pharmacy provision and developments will be a key component of the second phase of the programme.

4. Local Health and Wellbeing Needs

4.1. Telford and Wrekin community clusters

Telford and Wrekin has been divided into community clusters (localities) based on population density. The clusters are already in use within the local authority for area management and service delivery. (Figure 1) The clusters will be used to help determine pharmaceutical service needs and assess the need for dispensing provision.

Figure 1 Telford and Wrekin Community Clusters



Cluster	Wards	
Newport (pink)	Newport East	Newport West
	Newport North	Edgmond
	Newport South	Church Aston & Lilleshall
Wellington (blue)	Apley Castle	Ercall
	Arleston	Haygate
	College	Park
	Dothill	Shawbirch
	Ercall Magna	Wrockwardine
Telford North (Yellow)	Donnington	Priorslee
	Hadley & Leegomery	St Georges
	Ketley & Oakengates	Wrockwardine Wood & Trench
	Muxton	
Telford Central (orange)	Brookside	Lawley & Overdale
	Dawley Magna	Malinslee
	Horsehay & Lightmoor	The Nedge
Telford South (green)	Cuckoo Oak	Madeley
	Ironbridge Gorge	Woodside

4.2. Key demographic messages for Telford and Wrekin

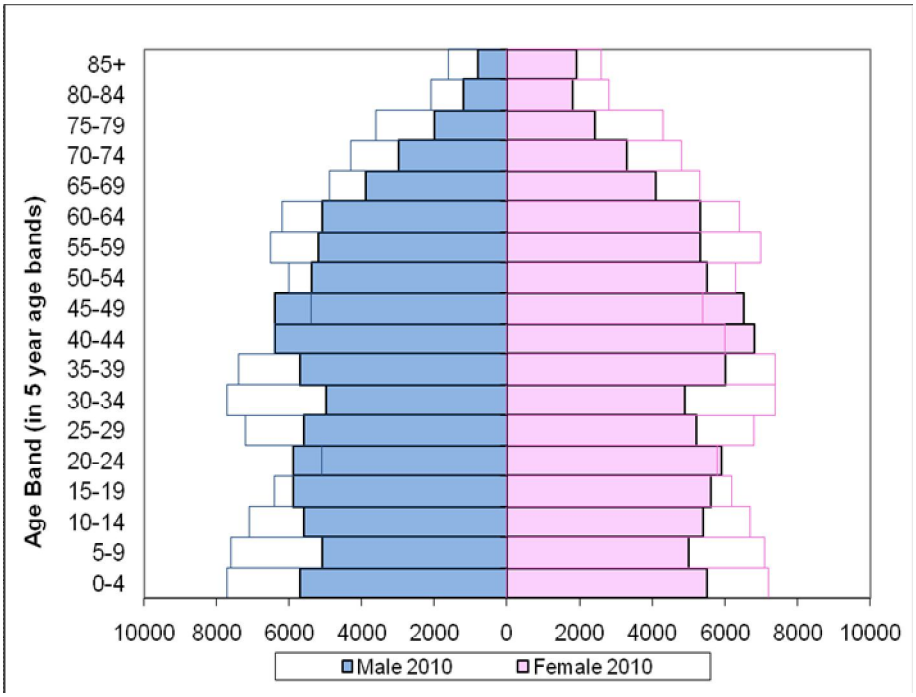
- The population of the Borough is currently estimated at 170,300, with a younger age structure than nationally. Mortality rate within Telford and Wrekin is improving, and this combined with an increasing fertility rate contributes to the growing population.
- The population of the Borough is forecast to increase to 196,300 by 2026, an increase of 26,100 people or 15%. This increase is largely through immigration of families due to the housing stock available in the Borough.
- During the period up to 2026 the 65+ population of the Borough will increase by 9,200 people, an increase of 37%. Currently this cohort represents 14.5% of the total population, by 2026 those aged 65+ will contribute 17.3% of the Borough's population.
- The population of young people within Telford & Wrekin is also projected to increase 29%, from 34,300 to 44,200 in 2026. Currently the 0-15 cohort accounts for 20.1% of the population, this is set to increase to 22.5% by 2026.
- It is projected that the BME population of Telford & Wrekin will increase by around 43% by 2026 from 15,200 to 21,800, with the over 65 cohort increasing by 51%, an additional 600 people.
- The population projections for the borough are due to be refreshed during 2015. This report will be made available at www.telford.gov.uk/factsandfigures

Table 1 Population growth in Telford and Wrekin (2010 to 2025)

Age band	Population projections		Increase from 2010 to 2025	
	2010	2025	Number	%
0-15	34,600	46,100	11,500	33%
16-29	31,900	35,600	3,700	12%
30-44	34,800	42,400	7,600	22%
45-64	44,500	49,200	4,700	11%
65-84	21,800	32,100	10,300	47%
85+	2,700	4,100	1,400	52%
Total	**170,200**	**209,600**	**39,400**	**23%**

Source: Telford and Wrekin Joint Strategic Needs Assessment: Council Population Projection Model

Figure 2 Population by age band and gender Population for 2010 and population projections for 2025



4.3. Key socio-economic messages for Telford and Wrekin

The JSNA indicates the following socio-economic headlines:

- Telford and Wrekin is in the top 30% most deprived local authorities in the West Midlands, and in the top 40% most deprived nationally.
- Across Telford and Wrekin there are pockets of nationally significant deprivation. There are 14 Telford and Wrekin SOAs (out of a total 108) ranked within the top 10% most deprived nationally (areas of Woodside, Malinslee, Cuckoo Oak, Brookside, Hadley & Leegomery, Dawley Magna, College and Donnington) an increase from six SOAs in the 10% most deprived in 2007.
- The most deprived wards are Woodside and Malinslee. All of Woodside's five SOAs rank in the 20% most deprived nationally as do three of the four SOAs in Malinslee.
- The more deprived areas are typically concentrated in the urban areas of the Borough, often around the new town estates. The exception to this is the 'Barriers to Housing and Services' domain for which the areas with the greatest level of deprivation are in the rural area.
- At the other end of the scale there are eight SOAs within the Borough which rank in the 10% least deprived nationally (areas of Priorslee, Shawbirch,

Apley Castle, Newport North, Ercall, Newport West) a slight increase from seven in 2007.

- Of the seven domains, Education, Skills & Training ranks the greatest number of SOAs in the 20% most deprived nationally – 41, over a third of SOAs, with 22 of these in the 10% most deprived. In total, these 41 SOAs represent 38% of the Borough's population.
- Within the 'Health Deprivation and Disability' domain some areas of the Borough have become considerably less deprived with the highest rank now 30,204 (out of 32,482, 8% least deprived) compared to 26,488 in 2007 (19% least deprived). However improvement has not been seen at the most deprived end of the scale resulting in a widening of the gap.
- The income deprivation affecting children index shows that 10,200 children (aged 0-15) across the Borough live in areas ranked in the 20% most deprived nationally, almost a third (31%) of the Borough's child population.
- The income deprivation affecting older people index shows 6,600 older people (65+M/60+F) within the Borough living in areas ranked in the 20% most deprived nationally, almost a quarter (24%) of the Borough's older population.
- Levels of deprivation across the Borough have increased with 13% of the population living in the 10% most deprived areas nationally in 2010 compared to 5% in 2007. Overall the changes in the 2010 profile for the Borough suggest that inequality has increased since 2007.

The Index of Multiple Deprivation is due to be refreshed in 2015. The report of the key findings for Telford & Wrekin will be made available at www.telford.gov.uk/factsandfigures

Appendix III shows the community pharmacies and dispensing doctor location mapped against national deprivation quintiles.

4.4. Telford & Wrekin Health & Wellbeing Priorities

Over the past 20 years, health and wellbeing in the Borough has improved significantly with people living longer and staying healthier than ever before. There are fewer smokers, early death rates under 75 years have reduced and life expectancy in men and women has improved. However, there are still some significant health challenges and inequalities across the borough, including increasing levels of overweight and obesity amongst adults and children. The Telford and Wrekin Health and Wellbeing Strategy (2013/14 to 2015/16) identifies the following ten priorities:

- Reduce excess weight in children and adults
- Reduce teenage pregnancy
- Improve emotional health and wellbeing
- Support people with autism
- Reduce the number of people who smoke
- Reduce the misuse of alcohol or drugs
- Improve adult and children carers' health and wellbeing
- Improve life expectancy and reduce health inequalities
- Support people to live independently
- Support people with dementia

Key facts and figures for the health and wellbeing priorities are summarised in Table 2.

Community pharmacy has a key role to play in delivering improved outcomes for the top ten health and wellbeing priorities. (see Appendix I for an overview of pharmacy services mapped to the priorities). Many services currently delivered in community pharmacies in Telford & Wrekin directly contribute to the health and wellbeing priorities, these are covered in following sections of the PNA.

Additional services, which are not currently provided but could be considered in the future, are later in the PNA). Future developments will be considered by commissioners with the LPC and pharmacy contractors and in the context of local need, wider service provision and funding.

Table 2 Telford and Wrekin Health & Wellbeing Priorities: Key Facts and Figures

Reduce the number of people who smoke

- The adult smoking prevalence in 2013 was estimated to be higher than the national average, 21% compared to 18.4% in England. This equates to circa 27,800 smokers aged 16 years and over in Telford & Wrekin
- In 2013/14 1,360 smokers quit with support from NHS Stop Smoking Services, including 98 pregnant women
- Smoking quit rates per head of population remained significantly higher than the national average (1,015 per 100,00 pop compared to 688 across England as a whole) during 2013/14
- Levels of smoking in pregnancy are persistently, significantly worse than the national average. 22.4% of mothers smoked during pregnancy in 2013/14 (471 women still smoking at delivery), compared to 12.0% in England as a whole

Improve life expectancy and reduce health inequalities

- Life expectancy at birth is statistically significantly worse than the England average for men (77.9 years compared to 79.2 years) and women (81.6 years compared to 83.0 years)
- The early death rates (under 75 years) from cancer and cardiovascular diseases remain significantly worse than the national average
- 70% of adults are estimated to be overweight or obese in 2012 and the recorded prevalence of diabetes in 2012/13 (6.3%) was significantly higher than the England average (6.0%),
- The uptake of 'flu immunisation is lower than the national average in older people and younger people with chronic conditions and bowel cancer and cervical screening programmes uptake is also below the national averages
- The uptake of NHS Health Checks is lower than the national average, 38.7% of 40-74 year olds taking up the offer, compared to 49.0 in England as a whole during 2013/14

Reduce teenage pregnancy

- There were 123 conceptions amongst under 18 year olds in 2012, teenage pregnancy rates a declined significantly during the past three years
- However, the under 18 conception rate in 2012 (36.8 per 1,000 females aged 15-17 years) remained statistically significantly worse than the national average for England (27.7 per 1,000)
- The proportion of pregnant women under 18 opting to terminate their pregnancy (38.2%) was significantly lower than the England average (49.1%) in 2012
- The electoral wards with the highest teenage pregnancy rates are also amongst the most deprived wards
- The proportion of 15-24 year olds screened for Chlamydia infection in 2013 was significantly lower than the national average (20.1% compared to 24.9% across England). The uptake of Chlamydia testing in young men is needs to increase

Reduce the misuse of alcohol or drugs

- Rates of early death (under 75 years) from "preventable" liver disease are worse than the national average, circa 30 early deaths every year
- There are an estimated 1,020 opiate and crack cocaine users, circa 50% - 508 were in treatment in 2012/13. Drug treatment programme completion rates are average, 8% for opiate users and 38% non opiate users
- In terms of alcohol consumption it is estimated that:
  - 24,265 people (18.7% of adults) are binge drinkers
  - 33,997 people (26% of adults) are higher risk drinkers
  - 4,151 are dependent drinkers
- Approximately 440 hospital admissions per year which are directly related to alcohol, rates are significantly better than the England average and are decreasing
- A wider group of admissions (circa 3,370 per year) are potentially related to alcohol, these rates are increasing although are currently better than the England average

Table 2 Telford and Wrekin Health & Wellbeing Priorities: Key Facts and Figures (cont.)

Improve emotional health and wellbeing

Self reported wellbeing indicators for Telford and Wrekin (2012/13):

- 4.7% of people report a low worthwhile
- 11.9% of people report a low happiness
- 20.1% of people report feeling anxious
- It is estimated that in 2010 around 17,200 people in Telford and Wrekin suffered from a common mental disorder such as depression, anxiety and obsessive compulsive disorder
- One in ten children aged between 5 and 16 years suffers with a mental health problem, and many continue into adulthood
- There are on average 15 suicides every year. The largest proportion of suicides is amongst men aged 21 to 39 years
- In 2012/13 there were 406 hospital stays for self-harm. The hospital admission rate for self-harm in 2012/13 was significantly higher than the national average

Improve adult and children carers' health and wellbeing

- Estimated 16,200 people over 18 providing unpaid care. Over 4,000 of these people are providing substantial and intense care
- 193 young carers are known to us though there are an estimated 600 young people in the Borough with caring responsibilities
- Carers are more likely to be female and the largest proportion are aged 35-64. Carers aged 18-45 are less likely to receive support services than those who are older
- People who care for someone over 65 get fewer carers' services than the national average
- The reported health of carers is below national average. Carers' health is poorer than that of non-carers, and the more hours spent caring, the poorer the reported health of carers.
- There is a predicted decline in the proportion of people able to care for family, friends or neighbours in the borough as the ratio of adults to older people decreases.

Support people to live independently

- 48% of people who completed a period of re-ablement in 2010/11 did not require any ongoing social care support.
- There are pockets of good practice but these services are not joined up, are complex to navigate and patchy, leading to inequity in access
- Where investment has taken place, there is evidence of reduced on going costs
- Only approx. 30% of people who would benefit from re-ablement are currently accessing the service

Support people with dementia

- In 2010 an estimated 1,600 people aged 65 and over in Telford and Wrekin were suffering from dementia, by 2026 this is estimated to rise to 2,100.

  Increased population and increased longevity of life leading to increased dementia prevalence

  Predicted decline in the number of carers due to social factors

  A need for a greater focus on local delivery of quality outcomes and local accountability for achieving them

Reduce excess weight in children and adults

- The estimated level of adults carrying excess weight (is 70%, which is higher than the national average of 63.8%
- Almost a quarter (24.2%) of Reception year children (aged 4-5yrs) are classified as obese, compared to 22.2% in England as a whole
- Over a third (35%) of 10-11 year olds are classified as obese, the national average for England is 33.3%

Support people with autism

- Estimated that 1 in every 100 adults will be on the autistic spectrum, which equates to approximately 1,700 people in Telford and Wrekin.
- Historically, local services have developed disparately, leading to inconsistencies in the services that users might expect and physical surroundings which are not fit for purpose

5. Current pharmaceutical service provision

5.1. Overview

Pharmaceutical services in Telford and Wrekin are provided through:

- Community pharmacy contractors
- Dispensing doctor practice (Newport Surgery)
- Dispensing appliance contractor (DAC)

Medical services within Telford and Wrekin are provided by one acute trust, the Shrewsbury and Telford Hospitals NHS Trust (SaTH) based at two sites the Princess Royal Hospital, Telford and the Royal Shrewsbury Hospital. GP services are provided by 22 local sites. This includes two walk in centres located within the town centre and the acute hospital site.

GP out of hours services are currently provided by 'Shropdoc'.
Shropdoc provide a GP out of hours service to all clusters. They hold stocks of emergency drugs that can be issued to patients when pharmaceutical services are unavailable, or if there should be significant difficulty in obtaining medication that was required without delay.

Data for current pharmacy services provided in the borough was collated using a pharmacy practice questionnaire.

All local contractors and where possible their head office representatives were asked to complete the questionnaire and return to Telford and Wrekin in August 2014. The questionnaire was developed following discussion with the Local Pharmaceutical Committee.

Returned questionnaires were analysed by the Medicines Management Team.

Information regarding the dispensing service at Wellington Road Surgery (Newport) was obtained directly from the GP practice.

The following sections provide some detailed analysis of current pharmaceutical service provision.

5.1.1. Pharmacy contract applications - Control of entry

The Area Team as the local representative of NHS England, is currently responsible for the provision of NHS pharmaceutical services.

From 1 April 2013, responsibility for maintaining pharmaceutical lists moved to the NHS Commissioning Board (NHSCB) supported locally by the Area Team.

Applications for new, additional or relocated premises will need to made to the NHSCB. Routine applications for a new pharmacy will be assessed against this Pharmaceutical Needs Assessment or subsequent updates produced by the HWB.

The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—

(a) The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;

(b) The provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or

(c) The dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

5.1.2. Rural dispensing

The control of entry system applies equally to urban and rural areas. However, where a CCG has determined that an area is controlled (rural in character), provided certain conditions are met, doctors as well as pharmacies can dispense NHS medicines. GPs, can in general, dispense NHS prescriptions only with NHS approval and only to their own patients, who live in the controlled locality and live more than 1.6km (as the crow flies) from a pharmacy. The main purpose is to ensure patients in rural areas, who might have difficulty getting to their nearest pharmacy, can access the dispensed medicines they need.

For further guidance see the 'NHS (Pharmaceutical Services) Regulations: http://www.legislation.gov.uk/uksi/2013/349/contents/made

5.2. Community Pharmacy Service Provision

Community pharmacies already make a significant contribution to the health and wellbeing of the local population. Essential services as outlined by the community pharmacy contract are delivered by all contractors. Contract adherence is monitored by the Area team.

In previous years contracts have been monitored using a self-assessment process and a number of site visits. Monitoring has helped to ensure high standards of pharmaceutical care are being consistently delivered. Appendix IV details all pharmaceutical contractors currently operating in Telford and Wrekin.

5.3. Dispensing doctors: Pharmaceutical Service Provision

Telford and Wrekin has one dispensing practice – The Surgery, Wellington Road Newport. The practice offers a dispensing service to its registered patients who live more than 1.6km from the nearest local pharmacy and reside within the controlled locality. A controlled locality is an area which has been determined by Telford and Wrekin to be "rural in character".

Dispensing practices are able to offer a dispensing service to meet pharmaceutical service needs for eligible patients. (A range of other services are also offered through

the GP contractual system. These are not in the scope of this needs assessment but it should be noted that when assessing service needs, all providers current service provision is considered)

Telford and Wrekin has defined the controlled localities within its borders. A controlled locality is an area which has been determined as being rural in character. Special rules relate to the provision of pharmaceutical services in such areas.

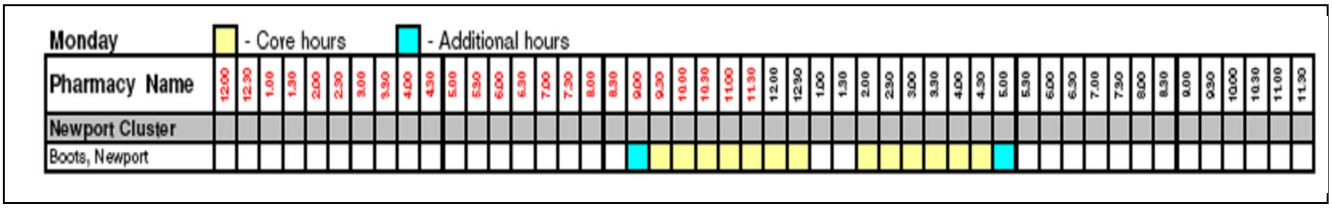
In accordance with the NHS (Pharmaceutical) Regulations 2005 local commissioners should hold maps defining rural and non-rural areas (controlled and non-controlled localities) within Telford and Wrekin boundaries. This determines the pharmaceutical services available to patients i.e. whether the GP practice dispenses to the patient or they receive their medication from a community pharmacy. See Appendix ? for contact details.

Appendix V shows the current opening hours of pharmaceutical contractors in Telford and Wrekin.

(Core hours have been highlighted in yellow with additional hours highlighted in blue (this will include all supplementary hours)

The shaded areas represent the total opening hours for each pharmacy. Each shaded block represents half an hour.

For example: Boots in Newport, opening hours on a Monday are 9:00am to 5:30pm with an hours break from 1:00pm to 2:00pm.



All community pharmacies must provide pharmaceutical services for their contracted hours (minimum 40 core contractual hours or 100 for those that have opened under that exemption from the necessary or expedient test), which cannot be amended without the consent of NHS England, Shropshire and Staffordshire Area Team. Many community pharmacies provide

supplmentary opening hours these can be amended by the pharmacy with 90 days notice.

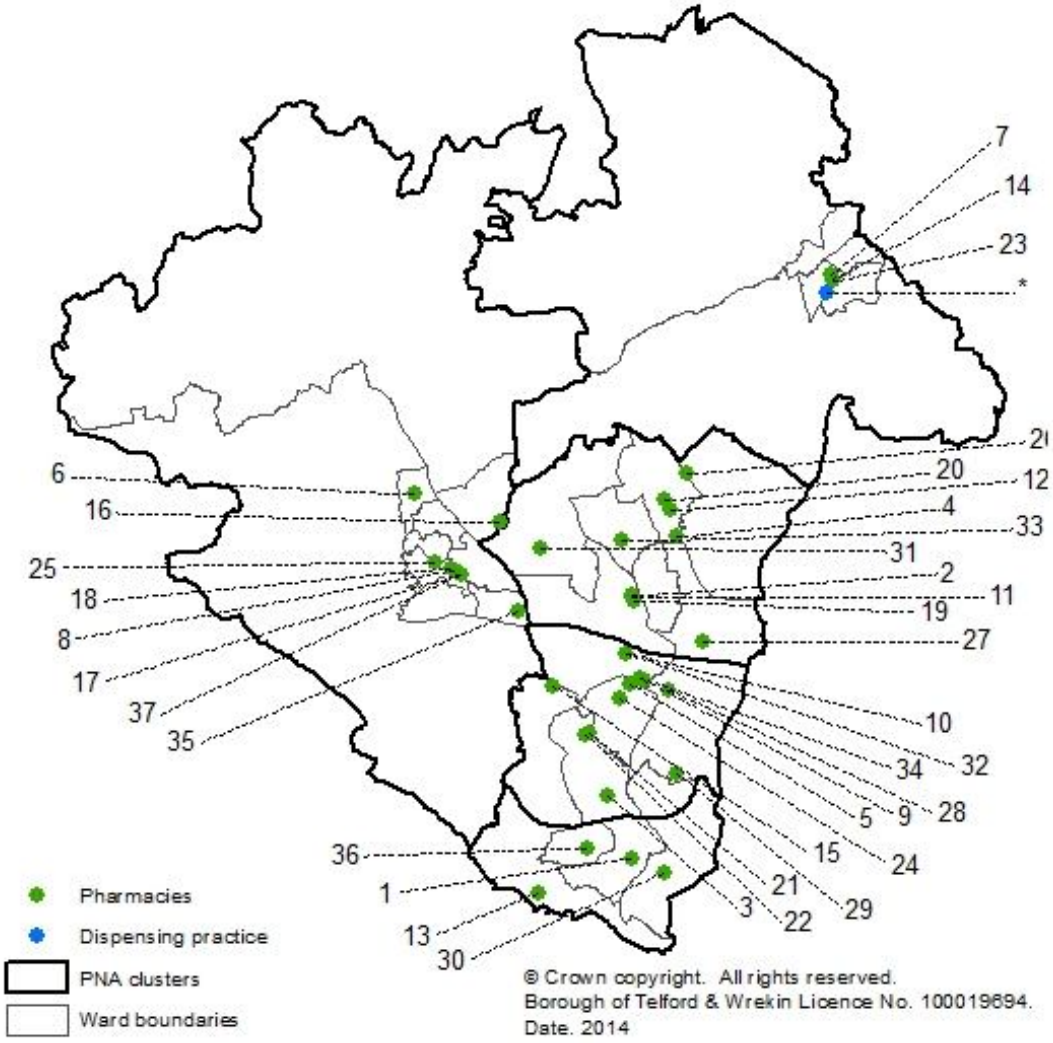
The pharmacy survey highlighted that some pharmacies were open above their contracted core and registered supplementary hours. Appendix V provides details of the core opening hours (yellow) and total additional opening hours (blue).

Opening hours for every pharmacy contractor can also be found on the NHS Choices website www.nhs.uk

5.4. Dispensing appliance contractor: Pharmaceutical Service Provision

NHS Telford and Wrekin has one dispensing appliance contractor – Clinisupplies Ltd. See Appendix IV for contact details.

Figure 3 Community pharmacies / dispensing doctor contractor location within clusters



Key	Practice/business address	Address	Address	Address	Postcode
1	A S Kitching Ltd	Limes Walk	Oakengates	Telford	TF2 6EP
2	Aqueduct Pharmacy	Majestic Way	Aqueduct	Telford	TF4 3RB
3	Asda Instore Pharmacy	St Georges Road	Donnington Wood	Telford	TF2 7RX
4	Asda Instore Pharmacy	Southwater Way	Mallinsgate	Telford	TF3 4HZ
5	Boots the Chemist Ltd	2-3 Acorn Way	Shawbirch	Telford	TF5 0LW
6	Boots the Chemist Ltd	52 High Street	Newport	Shropshire	TF10 7AQ
7	Boots the Chemist Ltd	21-25 New Street	Wellington	Telford	TF1 1LU
8	Boots the Chemist Ltd	4-10 North Sherwood Street	Town Centre	Telford	TF3 4AS

Key	Practice/business address	Address	Address	Address	Postcode
9	Boots the Chemist Ltd	Forge Retail Park	Colliers Way	Telford	TF3 4AG
10	Donnington Pharmacy	Health Centre Wrekin Drive	Donnington	Telford	TF2 8EA
11	High Street Pharmacy	4 High Street	Newport	Telford	TF10 7AN
12	Ironbridge Pharmacy	The Square	Ironbridge	Telford	TF8 7AQ
13	Jhoots Pharmacy	32 Market Street	Oakengates	Telford	TF2 6ED
14	Lawley Pharmacy	Off Birchfield Roundabout	Lawley Bank	Telford	TF4 2LL
15	Leegomery Pharmacy	Leegomery Local Centre	Leegomery	Telford	TF1 4XQ
16	Lloyds Pharmacy	Chapel Lane	Wellington	Telford	TF1 1SS
17	Lloyds Chemist	15a Market Square	Wellington	Telford	TF1 1BU
18	Lloyds Pharmacy	Charlton Medical Centre	Lion Street, Oakengates	Telford	TF2 6AQ
19	Lloyds Pharmacy	6 The Parade	Donnington	Telford	TF2 8EB
20	Lloyds Pharmacy	Webb House, King St	Dawley	Telford	TF4 2AA
21	Lloyds Chemist	46 High Street	Dawley	Telford	TF4 2EX
22	M.R. Clarke, Chemist	76 Upper Bar	Newport	Shropshire	TF10 7AW
23	Malinslee Pharmacy	Church Road	Malinslee	Telford	TF3 2JZ
24	Morrisons Instore Pharmacy	Springhill	Wellington	Telford	TF1 1RP
25	Muxton Pharmacy	9 Fieldhouse Drive	Muxton	Telford	TF2 8JQ
26	N & E Jones Ltd	7 Anstice Square	Madeley	Telford	TF7 5HB
27	Priorslee Pharmacy	Local Centre	Priorslee	Telford	TF2 9RS
28	Rowlands Pharmacy	Unit 2, Downmead	Hollinswood	Telford	TF3 2EW
29	Rowlands Pharmacy	Stirchley Health Centre	Sandino Road	Telford	TF3 1DY
30	Rowlands Pharmacy	Maythorne Close	Sutton Hill	Telford	TF7 4DH
31	Rowlands Pharmacy	Shop 14, Gladstone Centre	Hadley	Telford	TF7 5NF
32	Sainsbury's Instore Pharmacy	Forge Retail Park	Colliers Way	Telford	TF3 4AG
33	Shire Pharmacy	Teagues Crescent	Trench	Telford	TF2 6RY
34	Superdrug Stores	12-13 Dean Street	Town Centre	Telford	TF3 4BT
35	Tesco Instore Pharmacy	The Retail Park, Arleston	Wellington	Telford	TF1 2DE
36	Wellington Pharmacy	Chapel Lane	Wellington	Telford	TF1 1PZ
37	Woodside Pharmacy	Park Lane Centre	Park Lane	Telford	TF7 5QZ
*****	Wellington Road Surgery (Dispensing Doctor)	Wellington Road	Newport	Shropshire	TF10 7 HG

5.5. Prescription collection and delivery

There is no requirement for community pharmacies or dispensing doctors to offer a prescription collection and delivery service within the current pharmacy/dispensing doctors contract. Many pharmacies however do offer this as an additional service for patients in their area. Prescription collection services are widely used by all patient groups. The service has been especially useful for those who are unable to routinely attend their GP practice to order or pick up their prescription. Housebound and elderly people often rely on their pharmacy to support them with access to their prescriptions. Equally GP practices have also utilised prescription collection and delivery services to ensure their patients receive medicines in a timely manner.

Local guidance requires patients to be integral to ordering of their medicines. Pharmacies will facilitate the ordering process but they are advised that the patient must be involved in ordering their prescription. Generally patients must request a repeat prescription and the community pharmacy will then send the prescription requests to the patient's GP and collect the prescription when ready.

An increasing number of pharmacies and GP practices are now offering people the ability to order their medication online. Over the next 12 months (Beginning January 2015) Telford and Wrekin will aim to implement the electronic prescription service for all patients who have nominated a dispensing provider.

Prescription delivery services are offered by a smaller number of pharmacies. Pharmacies may have specific criteria for who they will deliver to. The service is often directed towards elderly housebound patients and those with a physical disability, who may experience difficulty in obtaining their prescription medication.

Appendix IV shows pharmacies that currently have a prescription collection and delivery service.

Appendix VI shows Community pharmacies/dispensing doctor location with GP practice location Telford and Wrekin mapped against population density.

5.5.1. Assessment of current dispensing service provision

Key findings

Based on the above analyses Telford and Wrekin considers current pharmaceutical services to be adequate for the local population. The reasons for this are as follows:

- Current geographical location of pharmacies is broadly centered on population density within each cluster.
- There is sufficient choice for patients wanting to access dispensing services close to their GP practice or those that wish to travel into the town centre.
- Opening hours of pharmacies located close to GP practices reflect those of the GP practice. Additional opening during a Saturday ensures easy access to pharmacy services.

- Pharmacies located in the town centre and retail parks are easily accessible and offer long opening hours throughout the week and during weekends, providing significant service coverage. Parking in the town centre is charged according to length of stay, however parking at the retail parks is free of charge.
- With the opening of four new '100' hour pharmacy contracts there has been a substantial increase in weekend and evening opening hours. These extended hours have also supported provision during Bank Holidays
- Most pharmacies operate a collection and delivery service ensuring provision of medication to those unable to access a pharmacy (some pharmacies do have restrictions on who they will deliver to for example housebound, disabled).
- 'Shropdoc' (GP out of hours provider) holds stocks of emergency drugs that can be issued to patients when pharmaceutical services are unavailable, or if there should be significant difficulty in obtaining medication that was required without delay.

It should be noted that:

- Service coverage during weekends is less than that provided during weekdays. This reflects the reduced demand for dispensing provision over the weekend period. This provision would need to be reviewed following any changes to GP primary care services.
- There are a number of pharmacies providing services outside of the boundary of Telford and Wrekin, but this would not suggest local service coverage is deficient. Residents located in the north of Telford may choose to use pharmacies located in Shropshire County as they may be more accessible. Telford and Wrekin will review the PNAs from bordering localities to ensure service provision is maintained in these areas.
- Questions have been raised about pharmaceutical service provision for the South Telford and Wrekin cluster during evenings (after 6pm) and weekends for residents who are unable to access public transport or have access to a car. Service for these individuals does need to be considered however to date Telford and Wrekin has not received any official complaints about lack of access to pharmaceutical services.
- The PNA will be reviewed to take account of population growth which may influence service requirements.

Recommendation

Telford and Wrekin has reviewed its coverage of dispensing services. The PNA has highlighted that there is currently sufficient coverage with existing community pharmacies and GP dispensing practice (Newport). The current geographical location and opening hours of dispensing services provides adequate choice and accessibility for the majority of the public.

An early review of this recommendation will be required following any changes to primary care GP service provision and to reflect housing and potential population growth in the locality.

5.5.2. Current service provision

Within Telford and Wrekin community pharmacies are conveniently located around local communities and GP practices (Appendix VI), ensuring the availability of pharmaceutical services for their local communities.

Telford and Wrekin has 37 registered pharmacy contractors and one dispensing doctor practice. Using the most recent population estimates (170,300 – 2012/13 data). Telford and Wrekin has approximately one pharmacy per 4,602 people. This is comparable with the West Midlands average (5,000 people per pharmacy).

The geographical spread of contractors is focused on local communities and high population density. Population density in specific areas of the Wellington and Newport cluster is significantly less and this is reflected in the number of pharmacies located in these specific areas. Although dispensing provision in these areas is considered adequate.

The opening hours of community pharmacies located close to GP practices reflect the opening hours of those practices, ensuring pharmaceutical services are provided at appropriate times and locations. Contractors have shown a great deal of flexibility in their hours of service to accommodate their local practices. A number of contractors located close to GP practices are also open on Saturday mornings to allow for prescription collection for those people unable to visit the pharmacy during weekdays.

The town centre has three community pharmacies which are easily accessible via local public transport. These particular contractors provide essential pharmaceutical services to people who use the town centre facilities, including those who work in the town centre and use the walk in centre (Malling Health) located in the town centre. Their opening hours and the days they are open (including weekends) ensure pharmaceutical services are not compromised throughout the week.

Telford has two large retail parks where three pharmacies are located (Tesco Pharmacy – Wrekin Retail Park / Boots and Sainsbury's Pharmacy – Forge Retail Park). The pharmacies offer extended weekday opening hours as well as weekend opening. They are generally accessible by local travel links and are essential providers of pharmaceutical services over the weekend.

Pharmaceutical service coverage over the weekend is less than that during the week.

Weekday pharmaceutical service provision

Newport
Pharmaceutical services are available from 7.30am till 10.30pm

Wellington
Pharmaceutical services are available from 8.00am till 11.30pm (Mon-Thu) /11.00pm(Fri)

Telford North
Pharmaceutical services are available from 8.00am till 11.00pm

Telford Central
Pharmaceutical services are available from 8.00am till 11.00pm

Telford South
Pharmaceutical services are available from 8.00am till 6.00pm

Extended hours pharmaceutical service provision is available in the Newport, Wellington, Telford North and Telford Central clusters.

Saturday pharmaceutical service provision

- 30 pharmacies are open on a Saturday, 13 of which are open for half a day only.
- 17 pharmacies open throughout the day with four pharmacies Tesco (Arleston) open from 8am till 9pm, Asda (Donnington) open from 7am till 10pm, Asda, Telford Town Centre open 8am till 10pm and Wellington pharmacy, Chapel Lane and High Street Newport Pharmacy open 8am till 11pm.
- All clusters have pharmacy services, with the Newport, Telford Central, Wellington and Telford North having provision for extended hours.

Sunday pharmaceutical service provision

- 10 pharmacies are open on a Sunday (pharmacies located in Newport, Telford North, Wellington and Telford Central)
- Pharmaceutical service provision is available from 9am till 8pm
- Extended hours provision is available in Newport, Wellington and Telford North Clusters
- There is no pharmaceutical service provision for Telford South.

Bank holiday provision

Pharmaceutical service provision for Bank Holiday's is currently the responsibility of NHS England. The increase in '100' hour contract provision in Telford has helped to meet Bank Holiday requirements. However where service provision is required local contractors are asked to support a local rota service cover official bank holidays within the borough

Extended hours dispensing services

Telford and Wrekin has five '100' hour community pharmacies:

- Asda Pharmacy Donnington
- Asda Pharmacy in Malinsgate
- Donnington pharmacy, Donnington
- High Street pharmacy, Newport
- Wellington pharmacy, Chapel Lane, Wellington.

The Area Team (Staffordshire & Shropshire Area Team) closely monitors these contractual hours to ensure service continuity is being met. The central location and hours of service provide essential pharmaceutical cover for the local population. The '100' hour provision has been especially useful during evenings, bank holiday periods and during weekends. The long hours provide essential dispensing cover during times when other pharmacies are closed.

Dispensing Doctor Provision

Newport dispensing practice provides a dispensing service to eligible patients registered at the practice. Opening hours reflect those of the practice opening hours. No weekend dispensing provision is available for eligible patients.

The development of repeat prescription collection and delivery services has provided comprehensive local coverage of dispensing service provision, ensuring provision of prescribed medication for people unable to access community pharmacies.

5.6. Emergency supply of prescription only medication.

Current legislation allows registered community pharmacy contractors to supply prescription only medication to patients without a prescription where certain conditions are met. This exemption offers useful opportunity to ensure patients have access to their essential medication when their GP practice is closed. All contractors are encouraged to make use of the exemption where they feel it is appropriate to do so and emergency supply requirements are satisfied to ensure access to ongoing treatment.

Local out of hours providers (Shropdoc) actively sign post patients who have run out of their repeat medication to community pharmacies. This ensures better use of out of hours doctors services and continuity of essential medication.

6. Community Pharmacy Contractual Framework

The Community Pharmacy Contractual Framework was introduced on 1 April 2005. The framework has provided an important opportunity for Telford and Wrekin to review the pharmaceutical provision within the area and to ensure that provision is offered to consistently high standards. The framework describes three categories of service provided by community pharmacies: **essential**, **advanced** and **locally enhanced** services.

Since the introduction of the framework in 2005, Telford and Wrekin introduced a contract monitoring framework and can confirm that all contractors have been assessed as compliant with minimum standards.

6.1. Contract monitoring

The Area team will be monitoring the community pharmacy contract. It is intended that self-assessment questionnaires will be sent to every pharmacy contractor (Primary Care Contracting–Community Pharmacy Assurance Framework) and dispensing doctor practice. These will be reviewed by the Area Team and any areas that require further assessment will be followed up with individual contractors.

The Area team in Telford and Wrekin will visit contractors following any complaints or concerns raised by the general public or other health care professionals related to the delivery of the national contractual framework.

Contractual monitoring of advanced services MUR / NMS will continue with pharmacies reporting performance on a quarterly basis using the nationally agreed reporting templates.

7. Community Pharmacy Essential services

7.1. Overview

All contractors are obliged to offer essential services:

- **Dispensing**
  The supply of medicines and appliances ordered on NHS prescriptions together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

- **Repeat dispensing**
  The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. This service specification covers the requirements additional to those for dispensing, such that the pharmacist must also ensure the patient's need for a repeat supply and communicate any clinical issues to the prescriber.

- **Waste management**
  Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. The Area Team will need to have in place suitable arrangements for the collection and disposal of waste medicines from pharmacies.

- **Public health (promotion of healthy lifestyles)**
  Provide healthy lifestyle and public health advice to patients.

- **Signposting**

  The provision of information to people visiting the pharmacy, who require further support, advice or treatment, which cannot be provided by the pharmacy, about other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

- **Support for self care**

  Provide advice and support to enable people to care for themselves or their families.

- **Clinical governance**

  Pharmacies must apply clinical governance principles to the delivery of services. This will include use of standard operating procedures; recording, reporting and learning from adverse incidents; participating in continuing professional development and clinical audits; and assessing patient satisfaction.

- **Consultation facilities within community pharmacies**

  The provision of national advanced and enhanced services requires consultation room facilities.

7.2. Current provision service provision

The PNA pharmacy survey confirmed all contractors were offering the defined essential services. Data collection for pharmacies offering advanced and enhanced services will need to be updated annually. The Area Team accepts that periodically this information may not be up to date; contractors have a responsibility to inform the Area Team if they are unable to offer enhanced services.

All pharmacies were asked to provide details of their consultation room facilities. Service activity has been included at a CCG / cluster level, this will be updated annually.

33 pharmacies reported that they had consultation room facilities available to deliver enhanced and advanced services. Two pharmacies reported that they did not have consultation rooms. 18 pharmacies reported that they had hand washing facilities available in the consultation room. 22 pharmacies reported that they had IT capability within their consultation rooms.

A number of pharmacies reported that they were developing their consultation rooms to have IT capability and hand washing facilities either within the consultation room or nearby to ensure they were equipped for future service delivery.

The Area Team will monitor all community pharmacies to ensure consultation rooms meet the required national standards for confidentially and privacy. This will be a requirement for the provision of most national enhanced services and locally agreed services.

8. Community Pharmacy Advanced Services (National Contract)

Key findings

Medicines Use review (MUR) and the New Medicines service (NMS) have become established advanced services. PNA analyses has shown that there is sufficient awareness of these services and they are offered by the majority of pharmacies. Telford and Wrekin would encourage all contractors to continue to focus these review services on those identified within the target groups and those that are that are identified as poorly adherent to prescribed treatment.

Fewer pharmacies have registered as providers of the common ailments service which has been commissioned on a seasonal basis to help with Winter service pressures. There is a need to raise awareness of the service within the Borough. Contractors are encouraged to support their local population with the common ailments service which in turn will reduce the pressure urgent care services and community healthcare.

Community pharmacies have been commissioned to support the 2014/15 influenza campaign. 17 pharmacies have registered as providers for the vaccination programme:

- To increase the uptake of seasonal influenza vaccine across Telford and Wrekin in line with Department of Health recommendations
- To reduce the serious morbidity/mortality and hospitalisations from influenza by immunising those most likely to have a serious or complicated illness should they develop influenza.
- To improve access to seasonal influenza vaccine for eligible patients aged 18 years and over who are registered with a GP practice in Telford and Wrekin.

The service will allow community pharmacies to support local GP practices in the delivery of influenza vaccination.

Recommendations

Telford and Wrekin has reviewed its coverage of commissioned advanced and enhanced services provided by community pharmacies. The PNA has shown that there is sufficient coverage of MUR and NMS services based on current accreditation and provision. However Telford and Wrekin continues to encourage all community pharmacy contractors to engage with advanced service provision and support their local communities.

There is a need for commissioners to work with local contractors to increase awareness of common ailments service and improve on the current number of participating community pharmacies.

An evaluation of the newly commissioned flu vaccination service is needed to establish future commissioning intentions. Local healthcare partners need to work together improve on annual influenza vaccine uptake.

8.1. Medicines Use Review (MUR) and Prescription Intervention Service.

8.1.1. Overview

This service includes reviewing medicines adherence periodically, as well as responding to a need to make a significant prescription intervention during the dispensing process. Medicines Use Review (MUR) is about helping patients use their medicines more effectively. Effective and targeted MUR's will help to support patients with long term conditions and those who have been recently discharged from hospital. Adherence to long term medication has been found to be as low as 50%. MUR's will help to improve adherence and ensure outcomes related to medicines interventions are realised. Recommendations following an MUR will focus on healthier lifestyles as well as a better understanding of treatment.

The aims of the service are to improve patient understanding and adherence or their prescribed medication by:

- Establishing the patient's actual use, understanding and experience of taking their medicines.
- Identifying, discussing and resolving poor or ineffective use of their medicines.
- Identifying side effects and drug interactions that may affect patient compliance.
- Improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

The service requires the pharmacy to have a suitable consultation room, and can only be carried out by accredited pharmacists. Accredited contractors are able to carry out 400 MURs each financial year. Currently, at least 50% of all MURs undertaken by each pharmacy in each year should be on patients within the national target groups:

- patients taking high risk medicines;
- patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital with receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge;
- patients with respiratory disease; and
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines (from 1st January 2015).

From 1st April 2015 community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of the agreed target groups.

8.1.2. Current provision

The table below shows MUR totals for Telford and Wrekin for the past three financial years.

Financial year	Total MURs
2007/08	3,207
2008/09	4,360
2009/10	4,320
2011/12	5440
2012/13	7469

Following an initial increase in the number of MURs completed in 2007/08 the number has remained relatively consistent. Up until 2011/12 where a significant increase was seen with a further increase in 2012/13.

The number of contractors completing all 400 MURs rose significantly in 2012/13
The table below shows an analysis of contractor involvement for MURs in Telford and Wrekin.

Financial year	% contractors performing more than 10 MURs	% contractors performing more than 50 MURs	% contractors performing more than 100 MURs	% contractors performing more than 200 MURs	% contractors performing maximum number of MURs
2007/08	**73**	**58**	**42**	**24**	**0**
2008/09	**85**	**52**	**36**	**27**	**9**
2009/10	**82**	**67**	**48**	**30**	**3**
2011/12	**88**	**79**	**61**	**33**	**3**
2012/13	**89**	**89**	**79**	**55**	**24**

If all 35 contractors in Telford and Wrekin did 400 MURs the total number of MURs possible would be 14,000.

Telford and Wrekin is keen to ensure that MURs are conducted appropriately for the benefit of patients. Contractors are encouraged to ensure MURs support a patient's adherence with their prescribed treatment and also takes into account any over the counter medication. MURs should be directed at those most likely to benefit or where the contractor believes compliance may be a concern. The increase in number is encouraging but Telford and Wrekin would stress the importance of quality rather than quantity. Recent updates to the delivery of MURs in community pharmacy have promoted informed consent and outcomes focused MUR service. Community pharmacies are actively promoting health and wellbeing as well as better medicines adherence.

Current contractor involvement for MUR at a cluster level (January 2013) in shown in Appendix VII.

8.1.3. Current service provision

Appendix VII shows the current contractor involvement for MUR at a cluster level.

8.2. Appliance Use Review (AUR)

8.2.1. Overview

Appliance Use Review (AUR) is the second advanced service to be introduced into the NHS community pharmacy contract. AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any ‘specified appliance' by:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business. Before providing the service, the pharmacy must notify the NHS Business Services Authority and the CCG that it wishes to provide the service. It must also inform them as to whether the service will be provided at the patient's home and unless the AUR will only be provided solely at the patient's home, a statement of each location at which the service is to be provided.

8.2.2. Current service provision

Appendix VII shows the current contractor involvement for AUR at a cluster level.

8.3. Stoma Appliance Customisation (SAC)

8.3.1. Overview

Stoma Appliance Customisation (SAC) is the third advanced service in the NHS community pharmacy contract. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

If on presentation of a prescription, a pharmacy is not able to provide the service, because the provision of the appliance or the customisation is not within the pharmacist's normal course of business, the prescription must, subject to patient consent, be referred to another pharmacy or provider of appliances. If the patient does not consent to the referral, the patient must be

given the contact details of at least two pharmacies or suppliers who are able to provide the appliance or the customisation service.

8.3.2. Current service provision

Appendix VII Shows current contractor involvement for SAC at a cluster level.

8.4. New Medicines Service (NMS)

8.4.1. Overview

The New Medicine Service (NMS) was the fourth Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011.

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

The NMS was implemented as a time-limited service commissioned until March 2013; it would continue beyond this time if all parties agreed that the service had provided demonstrable value to the NHS.

In March 2013 NHS England agreed to extend the service for a further six months. No decision has been made about the future of the service beyond September 2013. This will be an NHS England decision that will take into account any emerging data from the Department of Health (DH) commissioned evaluation of the service. The evaluation is currently due to report in September, but the DH has said it may need to be extended to ensure that enough patients are recruited to it – the DH is considering this at the moment. Successful implementation of NMS would:

- improve patient adherence which will generally lead to better health outcomes
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management
- reduce medicines wastage
- reduce hospital admissions due to adverse events from medicines
- lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmacovigilance
- receive positive assessment from patients
- improve the evidence base on the effectiveness of the service
- support the development of outcome and/or quality measures for community pharmacy.

8.4.2. Current service provision

Appendix VII Shows current contractor involvement for NMS at a cluster level

8.5. Influenza Vaccination service

Overview

NHS England Shropshire & Staffordshire have commissioned a community pharmacy vaccination service (from 1st November 2014), to contribute towards the national seasonal flu immunisation programme targeting the following cohort of patients:

- those aged 65 years and over
- those aged from 18 years to under 65 in clinical risk groups
- pregnant women aged 18 years and over

Accredited pharmacies are able to offered a patient group directive led service, which aims to:

- To increase the uptake of seasonal influenza vaccine across Shropshire & Staffordshire in line with Department of Health recommendations
- To reduce the serious morbidity/mortality and hospitalisations from influenza by immunising those most likely to have a serious or complicated illness should they develop influenza.
- To improve access to seasonal influenza vaccine for eligible patients aged 18 years and over who are registered with a GP practice in Shropshire and Staffordshire

Recommendations

Seasonal 'flu immunization programme: An evaluation of the newly commissioned flu vaccination service is needed to establish future commissioning intentions. Local healthcare partners need to work together improve on annual influenza vaccine uptake especially for hard to reach groups.

8.5.1. Current service provision

The community pharmacy mapping exercise clearly showed the majority of pharmacies were willing to offer a NHS commissioned flu vaccination service (Appendix VII). Many were already offering a private vaccination service.

To date 22 contractors are offering the commissioned service. Patient feedback on the service they have received will be collated using the Pharmoutcomes platform.

8.6. Common Ailment's Scheme (Pharmacy First Scheme)

8.6.1. Overview

The Pharmacy First Scheme aims to provide any patient who is registered with a GP practice in Telford and Wrekin (and exempt from prescription charges), with access to medication for the treatment of common ailments characterised by acute onset via Community Pharmacy. The service will be provided through Community Pharmacies contracted to NHS England Shropshire & Staffordshire Area Team who have signed up to provide this service.

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of common ailments and, where appropriate, can be supplied with over the counter medicines, at NHS expense, to treat their ailment. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours provider, or via a walk-in centre or accident and emergency. The service aims to:

- Improve patients' access to advice and appropriate treatment for common ailments
- Reduce GP workload for common ailments allowing greater focus on more complex and urgent medical condition
- Promote the role of the Pharmacist and self care
- Improve working relationships between Doctors and Pharmacists

The Pharmacy First Scheme is offered as a quicker alternative for patients to access healthcare. Patients may choose to refuse this service and continue to access treatments in the same way as they have done previously. Patients can be introduced to the scheme in a variety of ways:

- Referred by a GP surgery to a participating pharmacy
- Referred by a community health care professional or pharmacy staff
- Self refer into the scheme at a participating pharmacy
- Referred by OOH Service Provider or NHS 111

Acute Pain/Earache/Headache/Temperature	Heartburn/Indigestion
Athlete's foot	Infant colic
Bites and Stings	Mouth Ulcers
Colds/Flu-like symptoms/Nasal Congestion	Nappy rash
Cold Sores	Oral Thrush
Conjunctivitis (acute bacterial)	Scabies
Constipation (acute)	Sore Throat
Cough	Sprains and Strains
Cystitis	Teething
Dermatitis/Dry Skin/Allergic Type Skin Rash	Threadworms

Hay Fever (Seasonal Allergic Rhinitis)	Vaginal Thrush
Haemorrhoids	

Nationally there are similar schemes in many other areas which have been well utilised by eligible patient groups. There is some discussion about a nationally commissioned minor ailments scheme which would provide a more established service within community pharmacy. National marketing to support such schemes would raise public awareness and promote pharmacy as a 'first port of call' for minor ailments.

The service is currently commissioned to support increased demand on primary care services during the Winter period (1st December 2014 to 31st March 2015). A scheme was commissioned last year (Commenced 22nd January 2014 until 30th June 2014) based broadly on the same principles. During this period total of 645 consultations were undertaken by 25 accredited pharmacies. 29 pharmacies are currently accredited to provided the common ailments service. They are Geographically spread across all clusters. There is still a need to raise awareness of the scheme locally amongst healthcare providers and the public. Local partners should work together to aim to encourage all community pharmacies to participate and benefit there local communities.

9. Community Pharmacy Locally Commissioned Services: Public Health Services

9.1. Sexual Health Services

Key findings

- A Sexual Health Needs Assessment is being undertaken to shape service development and inform the next commissioning round, completion will be by March 2015. The intelligence developed for the PNA regarding sexual health need, demand and service provision will feed into this work and if required there will be feedback into the PNA process during the consultation period.
- The public survey of views and knowledge of pharmacy services indicated that in terms of sexual health services:
  - 67% of respondents were aware of the contraception service and advice offer in local community pharmacies. Over a fifth (22%) of respondents reported not being aware of the contraceptive service and advice available through pharmacies.
  - 32% of respondents were aware that pharmacies offered free condoms to those eligible, 48% reported not being aware of the service and a fifth (20%) were not sure.
  - Just under a quarter of respondents (24%) reported awareness of the

Chlamydia screening and treatment service in pharmacies but 55% were not aware of the service

- Teenage conception rates have been historically high, but have been declining over the past decade, decreasing from 187 conceptions in women under 18 in 2002 to 123 in 2012. However, under 18 conception rates still remain significantly worse than the national average. The highest rates of teenage pregnancy are seen in the most deprived electoral wards.
- The overall incidence of sexually transmitted infections (e.g. syphilis, gonorrhoea, genital warts and HIV infection) in Telford & Wrekin is low to average.
- Chlamydia testing and diagnoses rates in young people aged 15-24 years are lower than average, particularly in men.
- A total of 24 pharmacies are currently signed up to deliver an emergency hormonal contraception service in Telford & Wrekin. A further 11 pharmacies reported a willingness to deliver an EHC service through the pharmacy survey.
- There is a high level of satisfaction reported by EHC pharmacy service users. The majority of service users found out that pharmacies were offering free EHC to young people through a family member or friend. The vast majority of people using the service felt they: received enough information from the pharmacist about their emergency contraception, had enough privacy during the consultation and were able to ask questions received information about other services.
- A total of 24 pharmacies are currently signed up to deliver an emergency hormonal contraception service in Telford & Wrekin, delivering 684 consultations in 2013/14, a 9% increase on the previous year. A further 11 pharmacies reported a willingness to deliver an EHC service through the pharmacy survey.
- Town Centre pharmacies deliver the greatest uptake for EHC. This is not unexpected given the potential anonymity offered by the size and location of these pharmacies.
- In general sexual health service provision during weekends is significantly less than during weekdays. Community pharmacies open during the weekend offer essential provision during this time, especially those open during weekends and extended hours during the week.

Recommendations

Emergency Hormonal Contraception: Assessment of the current provision suggests that there is adequate local coverage for EHC. However, Telford and Wrekin Council encourage all community pharmacies to participate with this enhanced service, especially those open during weekends and extended hours during the week. Generally service provision during weekends is significantly less than that during

weekdays. Community pharmacies open during the weekend offer essential provision during this time.

Chlamydia Screening Scheme: Assessment of current provision suggests that there is adequate local coverage in terms of pharmacy sign up for the Chlamydia Screening Scheme. However, testing and treatment levels need to be improved amongst 15-24 young people, with a particular focus on men. A training programme should be developed as a way of encouraging and supporting pharmacies that have signed up to the scheme to improve access to Chlamydia testing and treatment.

Recommendation: Assessment of current provision suggests that there is adequate local coverage in terms of pharmacy sign up to distribute condoms, however more awareness is need to promote the scheme as well as distributing condoms to young people accessing EHC and Chlamydia Screening & Treatment service within community pharmacies

9.1.1. Contraception: Emergency hormonal contraception (EHC)

Overview

Approved pharmacists supply Levonorgestrel 1500mg or Ulipristal 30mg emergency hormonal contraception (EHC) to clients when appropriate, in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD specifies the age range (25 years and under) and inclusion criteria of clients that are eligible for the service. The service is confidential, easily accessible and non-judgmental and is made free of charge to the client.

The service requires community pharmacists to comply with contractual arrangements and link with existing local networks for integrated sexual health services.

Clients excluded from the PGD criteria will be referred to other local services that will be able to assist them, as soon as possible, e.g. he integrated sexual health service. All pharmacies involved in this enhanced service need to ensure their accreditation is maintained.

The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods. The pharmacy will also provide onward signposting to services that provide long term contraceptive methods and diagnosis and management of STIs.

The aims of the EHC service are:

- To increase the knowledge, especially among young people, of the availability of emergency contraception and contraception from pharmacies.
- To improve access to emergency contraception and sexual health advice.

- To increase the use of EHC by women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in the client group.
- To refer clients, especially those from hard to reach groups, into mainstream Integrated Sexual Health Services.
- To increase the knowledge of risks associated with Sexually Transmitted Infections.
- To refer clients who may have been at risk of STIs to an appropriate service.
- To strengthen the local network of contraceptive and sexual health services in the community, to help ensure easy and swift access to advice and treatment.

The service has been developed by Telford & Wrekin Council Public Health Team and the CCG Medicines Management Team and is funded through the local authority Public Health grant.

Current need, demand and service provision

A total of 24 pharmacies are currently signed up to deliver an emergency hormonal contraception service in Telford & Wrekin. A further 11 pharmacies reported a willingness to deliver an EHC service through the pharmacy survey. (Appendix IV)

- The total number of consultations in 2013/14 was 684, a 9% increase on consultations compared to the previous year. The proportions of consultations which resulted in the issue of EHC was higher at 99% in 2013/14 compared to 89% in 2012/13 (Figure 4).
- The greatest levels of EHC activity for under 25s in pharmacies are seen in those under 20 years, with a peak at age 19 (Figure 5).
- Telford Town Centre pharmacies showed the greatest uptake for EHC. This is not unexpected given the potential anonymity offered by the size and location of these providers. Almost half (46%) of EHC activity in 2013/14 was through one pharmacy.

As part of the EHC service, clients are routinely asked to provide some feedback on the service they received. Analyses of this feedback indicates a very positive picture from service users about their experience of using the scheme, including the following:

- The majority of service users found out that pharmacies were offering free EHC to young people through a family member or friend. The other main ways they found out were through a doctor or nurse (11%) and through another pharmacy (10%).
- 100% indicated that they had received enough information from the pharmacist about their emergency contraception.
- 99% indicated that they understood all/most of this information.
- 88% indicated that the pharmacist gave them leaflets with further information.

- 90% indicated that the pharmacist gave them information about other services they may need to contact.
- 100% indicated that they had enough privacy for their consultation with the pharmacist.
- 99% indicated that they had chance to ask questions during the consultation.
- 92% indicated that they did not mind the pharmacist asking them questions.

There are other local providers of EHC within Telford and Wrekin, including the integrated sexual health service and School Nurses. Appendix VIII lists alternative providers (opening hours vary according to site).

9.1.2. Condom Distribution Scheme

Overview

The C-Card condom scheme for young people under 25, coordinated by the integrated sexual health service operated by Staffordshire and Stoke-on-Trent Partnership NHS Trust, is available across Telford and Wrekin. The scheme provides access to free condoms, confidential advice and information on sexual health issues. Pharmacies provide information about the C-Card scheme and signpost clients to where they can sign up to the scheme. Pharmacies that have completed training and registered with the scheme will act as condom supply points for clients registered with the C-Card scheme. A number of pharmacies have completed the training to register and distribute condoms where others distribute only.

Current need, demand and service provision

Currently 33 out of out of the 35 community pharmacies in Telford and Wrekin are participating with the C-card scheme, with 15 pharmacies registering and distributing condoms and a further 18 distributing condoms only.

Figure 4 Trends in Emergency Hormonal Contraception Contacts in Under 25s

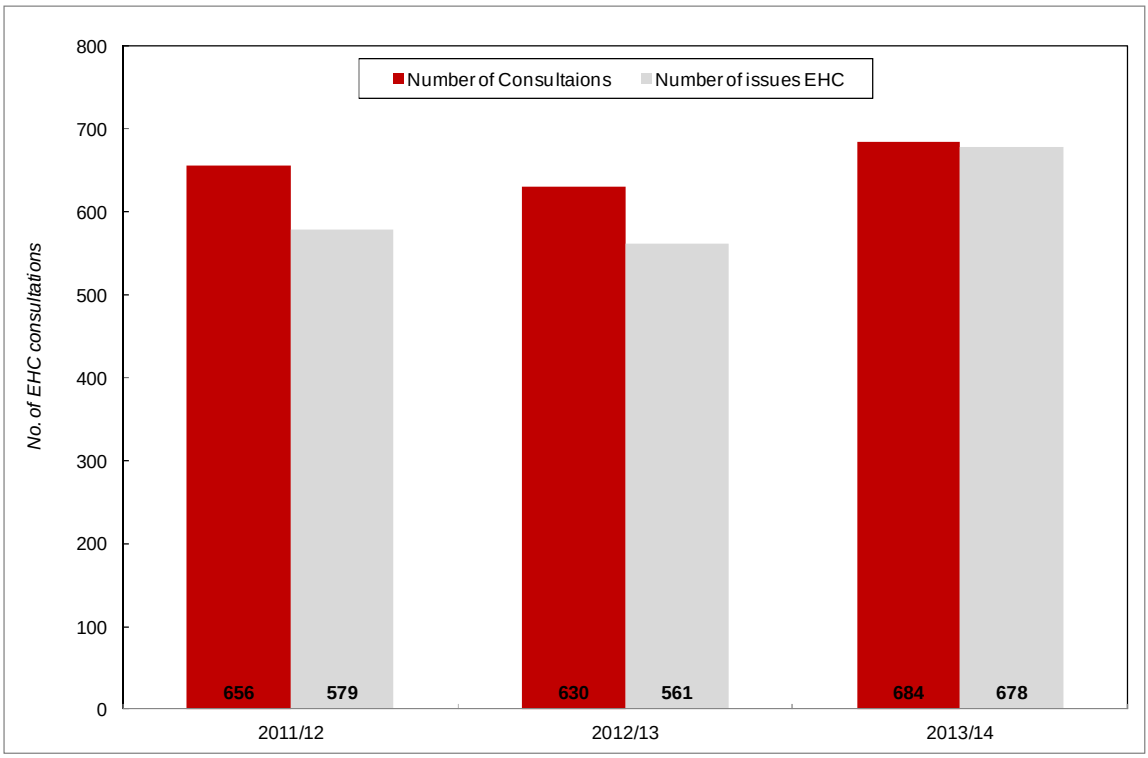
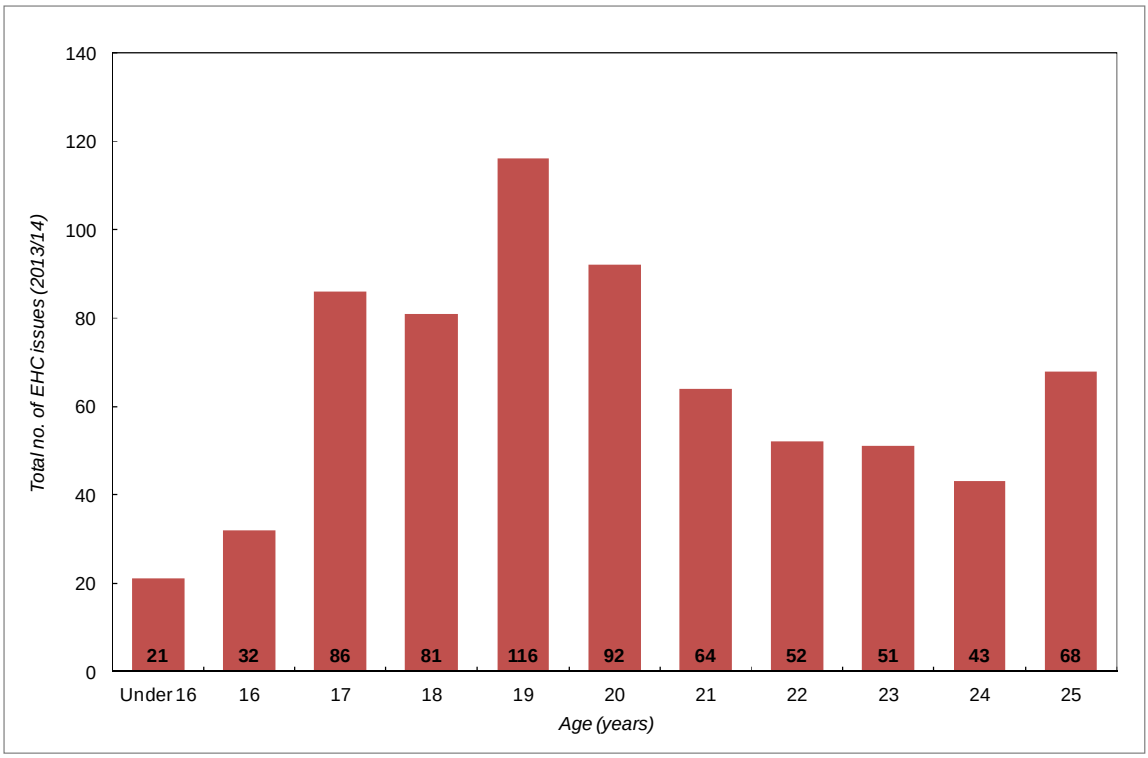


Figure 5 Emergency Hormonal Contraception Contacts in Under 25s by Age



9.1.3. Chlamydia Screening and Treatment

Overview

Sexually transmitted infections (STIs) disproportionately affect young people. Research shows that young people are more likely to have higher number of sexual partners, use barrier contraception inconsistently and are more likely to become re-infected after being diagnosed with and treated for an initial STI. Chlamydia is the most common STI and left untreated can lead to pelvic inflammatory disease, ectopic pregnancy, and infertility. Diagnostic rates for Chlamydia infection at a local authority-level are included in the national Public Health Outcomes Framework.

Approved pharmacists supply Azithromycin or Doxycycline to clients when appropriate, in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD specifies the age range (25 years and under) and inclusion criteria of clients that are eligible for the service. The service is confidential, easily accessible and non-judgmental and treatment is made free of charge to the client. The aims of the service are:

- To offer a user-friendly, non-judgmental, client-centred and confidential service
- To increase access to Chlamydia testing within existing consultations
- To normalise Chlamydia testing within existing consultation
- To increase access to treatment of asymptomatic individuals with Chlamydia infection
- To increase access for young people to sexual health advice and referral on to specialist services where required
- To increase Service Users' knowledge of the risks associated with STIs
- To strengthen the network of contraception and sexual health services to help provide easy and swift access to advice
- To reach sexually active young men and women who do not use mainstream sexual health services
- To de-stigmatise Chlamydia infections and raise awareness of positive sexual health
- To reduce the burden on secondary care services by diagnosing and treating infections in the community
- To increase early detection and treatment of both Chlamydia and therefore reduce transmission and complications associated with these infections

Current need, demand and service provision

The uptake of Chlamydia testing in young people in Telford & Wrekin (across all sexual health service settings, including community pharmacy) is significantly lower than the national average. In 2013 a fifth (20.1%) of 15-24 year olds had taken part in Chlamydia testing, compared to 24.9% across England as a whole (Table 3).

The Chlamydia diagnoses rates are lower than the national average for all 15-24 year olds and 15-24 year old males. Diagnostic rates in women aged 15-24 years are better than the England average (Table 3).

There are currently 29 pharmacies signed up to distribute home testing kits and provide treatment for Chlamydia. However, despite the high level of sign up to this scheme only 8 pharmacies are actively providing this service. (Appendix IX)

Table 3 Chlamydia Testing and Diagnosis Indicators

Indicator	Telford & Wrekin	England	Time period
Chlamydia diagnoses (15-24 year olds) - CTAD (persons)	1,719	2,016	2013
Chlamydia diagnoses (15-24 year olds) - CTAD (males)	1,008	1,387	2013
Chlamydia diagnoses (15-24 year olds) - CTAD (females)	2,477	2,634	2013
Chlamydia proportion aged 15-24 screened	20.1%	24.9%	2013

Key to RAG rating

Telford & Wrekin position statistically significantly worse than the England average	**Telford & Wrekin position statistically significantly similar to the England average**	**Telford & Wrekin position statistically significantly better than the England average**

Source: www.phoutcomes.info http://fingertips.phe.org.uk/profile/sexualhealth

9.2. Substance Misuse Services

9.2.1. Key findings

- Liver disease is the only major cause of early death in Telford and Wrekin which is still on the rise and this contributes to lower than average rates of life expectancy in both men and women. Reducing the number of people who misuse drugs and alcohol is Telford and Wrekin Health & Wellbeing Board priority.
- Community pharmacy services have a key role to play in improving treatment and recovery and minimising harm for people with substance misuse dependence problems, which are key aims of the Telford & Wrekin Drug & Alcohol Strategy.
- The public survey of views and knowledge of pharmacy services indicated that 52% of respondents were aware of the substance misuse services offer in local community pharmacy.
- The majority, 33 of out of 37 pharmacies offer a supervised consumption service, which benefited circa 280 people in recovery for drug dependence in 2013/14.

- Currently two pharmacies are offering a needle exchange service, which issued circa 1,015 needle packs to injecting drug users during 2013/14. In terms of future developments associated with drugs and alcohol misuse the majority of pharmacies indicate a willingness to consider offering services for alcohol screening and blood borne virus testing and immunisation.

Recommendations

Supervised consumption: Assessment of current need, demand and provision suggests there is an appropriate level of coverage across Telford & Wrekin, with only a small number of pharmacies not offering the service. Offering such a wide coverage has made it easier for clients to access the service within their localities. There are plans to try an engage all pharmacies in the service to achieve full coverage across Telford and Wrekin in the future.

Needle exchange: An increase in needle provision in the centre of the Telford is required. Client feedback and service evaluation will provide insight into the need for increased provision. A further three community pharmacies have been identified as potential sites to increase service capacity and improve needle provision, Asda, Town Centre, Woodside Pharmacy and Oakengates Pharmacy. The central location of these sites as well as the weekend opening hours will significantly increase service provision.

Future substance misuse developments: Commissioners of public health services should seek to improve services for: alcohol screening and brief advice, blood borne virus testing and vaccination and naloxone provision (to reduce opiate overdose and drug-related deaths), considering community pharmacy provision. These intentions are: in line with agreed strategic objectives, evidence of effectiveness and best practice guidance and local levels of need and fit with the aspirations of local pharmacies.

9.2.2. Supervised consumption (supporting clients with opiate dependence)

Overview

This service offers a client-focused non-judgmental, confidential approach to supervising the consumption of medicines, include methadone for the management of opiate (drugs) dependence by accredited pharmacists/pharmacies. Improving treatment and supporting recovery for people with opiate dependence is a key priority in the Telford & Wrekin Drug and Alcohol Strategy, which was approved by the Health and Wellbeing Board in March 2014.

This service requires the accredited pharmacist to supervise the taking of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the correct dose has been administered appropriately to the correct patient. Community pharmacists are required to link in with existing local networks for substance misuse services where necessary. The pharmacy will also provide appropriate support and advice to the client, including referral to primary care colleagues and the Telford & Wrekin Drug and Alcohol Recovery Service (DARS) where appropriate.

The service aims:

To ensure the client follows their agreed treatment plan by:

- Dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed, i.e. weekends).
- Ensuring each supervised dose is correctly consumed by the patient for whom it was intended whilst they are on site.

To reduce the risk to local communities by:

- Ensuring that people taking the prescribed substances follow the prescriber's instructions and therefore preventing prescribed medicines entering onto the illicit drugs market.
- Preventing accidental exposure of prescribed medication used in substance misuse.

The pharmacy/pharmacist will provide service users with regular contact with health care professionals and will help them access further advice or assistance, where required. Pharmacy will also promote a healthier lifestyle, by referral to specialist treatment centres or other health and social care professionals where appropriate.

The service has been developed by the Telford and Wrekin Council Public Health Team in collaboration with the CCG Medicines Management Team. Funding for the service is allocated from the local authority Public Health grant.

Current need, demand and service provision

The majority of pharmacies offer the supervised consumption service through a local authority contract, 33 out of 37 pharmacies (Appendix X) In 2013/14 a circa 47,400 supervised consumption episodes took place, supporting 280 clients in their dependency management and recovery.

9.2.3. Syringe Provision and Exchange Service

Overview

Pharmacies participating in this service offer a non-judgmental, client-centred, confidential service for the provision of needles, syringes and other injecting equipment. Used equipment is accepted for safe disposal at the pharmacy. The pharmacies provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services, where appropriate. Harm reduction is a key objective of the Telford & Wrekin Drug and Alcohol Strategy and in this context pharmacies are expected to promote safe practice to users who inject, including advice on sexual health and Sexually Transmitted Infections and Blood Borne Viruses, for example HIV, Hepatitis B and C including ways to get tested and immunised. The service aims are:

- To assist the service users to remain healthy until they are ready and willing to stop injecting and ultimately achieve a drug free life with appropriate support.

- To protect the health and reduce the rate of blood borne infections and drug related deaths of service users:
  - By reducing the rate of sharing and other high risk injecting behaviours.
  - By providing sterile injecting equipment and other support.
  - By promoting safer injecting practices.
  - By providing and reinforcing harm reduction messages, including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use, risks of using performance enhancing drugs and alcohol use).
- To improve the health of local communities by preventing the spread of blood borne infections by ensuring the safe disposal of used injecting equipment.
- To help service users access treatment, by offering referral to specialist substance misuse treatment centres and health and social care professionals where appropriate.
- To aim to maximise the access and retention of all injectors, especially for the highly socially excluded.
- To help service users access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, Hepatitis B immunisation, Hepatitis and HIV screening, primary care services etc).

The service has been developed by the Telford & Wrekin Drug and Alcohol Recovery Service (DARS), Telford and Wrekin Public Health Team and the CCG Medicines Management Team. Funding for the service is received from the local authority Public Health Grant.

Current need, demand and service provision

Telford and Wrekin currently has two community pharmacies offering a needle provision and exchange service, at the L Rowlands branches in Stirchley and Hadley. During the period April 2013 to March 2014 a total of 741 1ml needle packs and 274 2ml needle packs were issued through these two pharmacies. Current figures suggest approximately 40-50 needle packs (1ml and 2ml) are distributed from each participating pharmacy every month and there are indications that there has been a recent increase on demand by at least, 25% at one of the pharmacist sites. It has been recognised that an increase in services would be desirable dependant on funding.

Needle provision is also currently available at the Drug and Alcohol Recovery Service (DARS), Portico House site in Wellington (9am – 5pm Mon - Fri).

Recommendation

An increase in needle provision in the centre of the Telford is required. Client feedback and service evaluation will provide insight into the need for increased provision. A further three community pharmacies have been identified as potential sites to increase service capacity and improve needle provision, Asda, Town Centre, Woodside Pharmacy and Oakengates Pharmacy The central location of these sites as well as the weekend opening hours will significantly increase service provision.

9.2.4. Future Substance Misuse Service Developments

- **Naloxone** is a drug used to reverse the effects of opiate overdose and helps to prevent drug-related deaths. Currently there a low level of Naloxone prescribing/dispensing taking place in Telford & Wrekin, which has been easily accommodated by one pharmacy (Wellington). Expanding the provision Naloxone is part of the Telford & Wrekin Drug and Alcohol Strategy. Colleagues from the Council (public health and DARS teams), local substance misuse treatment providers and the CCG Medicines Management Team are working on a new policy and protocols to support the safe expansion of Naloxone provision in the Borough. The feasibility of additional pharmacies providing Naloxone in future across Telford and Wrekin wide will be considered as part of these developments.

- **Blood Borne Virus (BBV) testing and vaccination**: the majority of local pharmacies have indicated a willingness to consider offering testing and or vaccination services for Blood Borne Virus, including HIV and Hepatitis C testing and Hepatitis B vaccination in the future. In Telford & Wrekin there is a low prevalence of BBV infection and testing for Hepatitis C and immunisation levels for Hepatitis B are better than the national average. However, prevention and risk reduction are key aims of the Telford & Wrekin Drug and Alcohol Strategy and pharmacy provision of BBV screening services will be considered as part of wider developments.

- **Alcohol screening and brief advice:** There is strong evidence of that the impact of alcohol-related harm can be reduced by improving the awareness of alcohol harms in young people and delaying first use and by making lower risk drinking for adults the norm and an easy choice to make. Reducing alcohol consumption is a key aim of the Telford & Wrekin Drug and Alcohol Strategy. The majority of local pharmacies have indicated a willingness to consider offering alcohol screening and pharmacy provision will be considered as part of the wider developments of alcohol prevention and reduction work.

9.3. Healthy Start vitamins in community pharmacies

Key findings

- Community pharmacies now support the supply of healthy vitamins for eligible women and children in Telford & Wrekin and are the only sites where Healthy Start vitamins can be obtained.

- The involvement of pharmacies has provided a greater number of sites and accessibility in local communities, with the support of professional advice where necessary.

Recommendation

Healthy Start Vitamins: A continued focus to promote the uptake of Healthy Start vitamins is required. With all community pharmacies now participating in the distribution of Healthy Start Vitamins there is an opportunity to not only improve the uptake but also to increase awareness of the scheme.

Overview

Healthy Start is designed to help give children the best nutritional start in life by making healthy eating more affordable and providing healthy start vitamins. Healthy Start replaced the welfare food scheme and operates throughout Great Britain and Northern Ireland.

Healthy Start is a statutory Government scheme, which aims to help children have the best nutritional start in life and supports breastfeeding. It supports pregnant women and families with babies and young children who are in receipt of benefits and also supports pregnant women under 18 years old, by providing coupons. These coupons can be exchanged for free vitamin supplements for children from six months until their fourth birthday, and free vitamin supplements for pregnant women and women with babies up to one year old.

The Department of Health recommends that vitamin supplements are beneficial during pregnancy and in growing children, when vitamin uptake may not be sufficient through diet alone.

Children's Healthy Start vitamin drops contain vitamins A, C and D.

Healthy Start women's vitamin tablets contain folic acid and vitamins D and C.

Community pharmacies were approached to support the supply of healthy vitamins for eligible women and children in Telford. The service provided by community pharmacies was well received and now sees participating pharmacies as the only sites where Healthy Start vitamins can be obtained.

The service provided by participating community pharmacy is on a voluntary basis with no formal commissioning arrangements.

The involvement of pharmacies has provided a greater number of sites and accessibility in local communities, with the support of professional advice where necessary.

Current service provision

Current contractor involvement with the supply of Healthy Start vitamins in shown in Appendix VII.

Healthy Start vitamin supplies (April 2013 to March 2014)

Vitamin tablets	766
Vitamin drops	664

10. Community Pharmacy Locally Commissioned Services: CCG

10.1. Palliative care 'Just in Case' boxes

Overview

This scheme supports anticipatory prescribing and rapid access to medicines commonly prescribed in palliative care, by ensuring a Palliative Care Emergency Medicine Pack has been prescribed and placed in the patient's home. The packs are given to patients reaching the terminal phase of their illness. It also supports effective team working between doctors, nurses and pharmacists, both in and out of normal working hours.

A GP or a district, Macmillan or hospice outreach nurse working with the GP, will identify adult patients requiring palliative care support in their home. If it is anticipated that the patient's medical condition may deteriorate into the terminal phase of illness, and with the patient and carer's verbal agreement, the prescriber can initiate and prescribe an Emergency Medicine Pack. The GP practice will arrange for the chosen pharmacy to receive the prescription and supply the pack. The pack will be kept in the patient's home for rapid access to medicines commonly prescribed for breakthrough symptom control. All medicines will need to be authorised (prescribed doses, indication, directions, signed and dated) in the patient's community nursing notes by the prescriber in order to enable a community nurse to administer the prescribed medication.

Community pharmacies are paid an annual retention fee of £100 for agreeing to participate in the service.

Current service provision

17 Pharmacies care currently accredited to issue Palliative care boxes (Appendix VII). Geographically each cluster within Telford and Wrekin has access to an accredited pharmacy.

Palliative care box issued from participating community pharmacies	
April 2011 - 31 March 2012	44
April 2012 - 31 March 2013	55
April 2013 - 31 March 2014	44

Recommendation

Supply of palliative care boxes: Service provision for supply of palliative care boxes within Telford and Wrekin is currently considered adequate however the CCG will continue to recruit pharmacies to support the end of life pathway. Awareness of the service needs to be increased amongst local clinicians.

10.2. PEARs (Primary Eyecare Assessment Referral Service)

10.2.1. Overview

The Primary Eyecare Assessment and Referral Service has been set up in Telford and Wrekin and as a gateway service for patients presenting with a range of eye conditions that could be treated in primary care.

The service allows community pharmacies to supply medication in response to a diagnosis by the optometrist. The pharmacist will ensure that the medication is appropriate and provide counselling on how to use the medicine and what to do if the condition deteriorates or fails to improve. The service aims to:

- Improve access for people with minor eye conditions by:
  - Promoting self-care through the pharmacy, including provision of advice and where appropriate medicines without the need to visit the GP practice;
  - Supplying appropriate medicines only when necessary at NHS expense.
- Utilise the expertise and accessibility of community pharmacies
- Encourage patients to visit community pharmacy for the management of minor eye ailments
- To integrate community pharmacy into the local care pathways as an integral provider of care within the community

10.2.2. Current service provision

25 Pharmacies are currently accredited with a geographical spread across all five clusters. Although the service has been established over 12 months there is a need to raise awareness with community healthcare providers to improve uptake of the pathway.

11. Community pharmacies – non-commissioned services

11.1. Overview

As well as those services commissioned by NS England, Telford and Wrekin Local Authority and NHS Telford and Wrekin CCG a number of non-commissioned services are currently provided through many community pharmacies.

The pharmacy mapping exercise aimed to capture details of these services and a summary is available in the table overleaf.

Some of these services were provided at a charge to the patient.

Blood pressure testing
Cholesterol testing
Glucose testing
Allergy testing
Domiciliary dosage system dispensing
Health checks (not NHS Health Checks)
Emergency supply of medication
Vascular risk assessments
Travel advice (vaccines and Malaria Prophylaxis)
Obesity management services

None of these additional services were accredited by the CCG or local authority in Telford and Wrekin.

12. Suggested gaps in pharmaceutical services as identified by community pharmacies

As part of the PNA questionnaire community pharmacies were asked to consider the needs of their local population and what gaps they felt needed to be addressed. They were asked to list priorities they felt were important in meeting local needs and where community pharmacies could play an influential role. The table below summarises these responses.

Community pharmacy	Suggested gaps in pharmaceutical services. Feedback received from community pharmacy contractors
Superdrug pharmacy	More sexual health awareness among school children and students
	Mobility aids for elderly more readily available
Wellington pharmacy	Supporting people with language barriers
	Poor understanding of pharmacy services – Improving public awareness of what pharmacy offers
	Supporting patients in rural areas
Sainsburys pharmacy	Better support for young mothers
	Improved coordinated care for the elderly (discharge planning, medicines adherence support)
	Better understanding of the needs of disabled people
Anstice pharmacy	More efficient systems between pharmacy and GPs after patients have been discharged from hospital
	Training in secondary care staff to bring attention to time restraints when preparing monitored dosage systems. Improved communication is needed.
Lloyds pharmacy, Donnington	Needles exchange services/drug help outlet
Boots, Forge	Blood pressure testing
	Cholesterol testing
Boots, TTC	Supporting people with language barriers
	Commissioned delivery service
Boots, Newport	health check services
	Blood pressure testing

	Cholesterol testing
	Glucose testing
	Body weight management
	Sexual Health services
	Vaccination services
Lloyds High St, Dawley	Services for younger people
	Needles exchange - willing to undertake
Donnington pharmacy	Needle exchange service
	Emergency hormonal contraception
	Condom distribution service
Rowlands Hollinswood	Improving support for disabled people
	Tailored support for people with Impaired vision
	NHS Health Checks
	Improved coordinated care for the elderly
	Head Lice service
Jhoots	Improving services for the elderly and those with dementia
	Better support for young mothers
	Better support for young People (raise awareness of what pharmacy can offer)
Priorslee	More emergency appointments at walk in centre
	Access to carer services
	Vaccination services
Lloyds, Chapel Lane	Minor ailments service offered scheme all year round. Not just a seasonal service
	Alcohol screening and brief intervention service
Morrisons	Alzheimers/Dementia screening
	Homes service and delivery of monitored dosage system to care homes
	Medicines Management reviews
	Managing long term health conditions (Diabetes, Hypertension)
	Supporting people with language barriers
Asda, Southwater	Off site MURS commissioned to help optimise medication for patients in residential care
	Vaccination services
	Warfarin (anticoagulation) monitoring
AS Kitchings	Gluten free pilot (same as Scotland)
	Warfarin (anticoagulation) monitoring. Asthma, COPD checks
	Asthma, COPD checks with a focus on checking inhaler technique
	Diabetes checks - especially for those with mental health issues
	General supply of sexual health services - especially Chlamydia
Muxton pharmacy	Coordinated care for the elderly (work with other health and social care providers)
	Improving services offered to those with mental health issues
	Supply of Patient Group Medication (PGD) medications to stop referral to GPs
Lawley	Support for diabetes patients
	Medicines Discharge summary planning
	Minor Ailments scheme

13. Pharmaceutical services outside of Telford and Wrekin's boundaries

Telford and Wrekin recognises that local residents may obtain pharmaceutical services outside of its borders.

Telford and Wrekin borders with Shropshire County and South Staffordshire HWB.

ePACT data was used to establish where prescriptions produced in the Telford and Wrekin area were dispensed, if outside of the current Telford and Wrekin borders.

The vast majority of prescriptions generated in the Telford and Wrekin area are dispensed within its boundaries. The ePACT analysis highlighted that a number of community pharmacies located close to the boundaries were being used by local residents.

There were also a number of pharmacies that were offering dispensing services to care homes located within the borough.

The tables below show pharmacies outside Telford and Wrekin's boundaries that provide a significant dispensing service to residents and care homes in Telford and Wrekin.

Community pharmacies

Boots UK Ltd	Shifnal, Shropshire	TF11 8BN
Boots UK Ltd	Market Drayton, Shropshire	TF9 1PR
Gnosall Healthcare Ltd	Gnosall, Stafford	ST20 0GP
L Rowland and Co (retail) Ltd	Broseley, Shropshire	TF12 5ET
RE & Co Alman LTD	14 High Street, Much Wenlock	TF13 6AA
Murrays Healthcare	Market Drayton, Shropshire	TF9 3AL
Tesco Stores Limited	Cattle Market, Battlefield Road, Shrewsbury	SY1 4HA
Boots UK Ltd	Stafford	ST16 2BD

Pharmacies providing dispensing services to care homes

Pharmassured Ltd	UNIT 2 GT BRIDGE CENTRE CHARLES STREETWEST BROMWICH	B70 0BF

Dispensing appliance contractors currently used in the area

Donald Wardle and Son	Stoke On Trent	ST1 2HH

The community pharmacies outside of Telford and Wrekin's boundaries were used mainly by patients registered at the following surgeries:

Church Close Surgery
Linden Hall Surgery
Woodside Medical Practice

There is a very limited need for dispensing provision outside of the current Telford and Wrekin boundaries for patients located close to boundary lines. The analysis showed a number of patients registered at practices not located close to boundary lines, who were using pharmacies outside of the boundaries. It can only be concluded that this was a personal choice by specific patients as dispensing provision at these locations is considered adequate.

Cross border provision from neighboring HWBs will need to be assessed following publication of PNAs from these areas, however current analysis suggests this is being adequately met.

14. Public and Patient engagement

14.1. Key survey findings

- There was over representation from women in the public survey and therefore men were under represented. Young people under 25 years were under represented and middle aged people (aged 45-64 years) were over represented. People from BME groups were appropriately represented
- In general the survey responses were very positive with:
  - 73.2% of respondents stating they could access pharmacy services in under 10 minutes travel time
  - 92.4% of respondents stating they were happy with current opening times of their usual pharmacy
  - The majority of respondents (80%) found their community pharmacies helpful and supportive.
- The main reason reported for using pharmacy services was to collect prescriptions (82.9%) or to buy over the counter medicines (10.9%).
- Only a small percentage of respondents used pharmacies to obtain advice about healthy lifestyles, although 76% agreed that they could ask their pharmacist for health advice.

14.2. Overview

Public opinion is essential to the effective design and delivery of services provided for patients. Engagement and involvement of service users, patients and the public is a core principle of the Telford & Wrekin Health & Wellbeing Strategy. A survey of public views on community pharmacy in Telford & Wrekin was undertaken between 11th September 2014 and 9th October 2014. The survey consisted of 16 questions covering themes such as awareness of and access to services and levels of satisfaction. Standard socio-demographic questions were included. (Appendix X)

The survey was publicised through the NHS Telford and Wrekin CCG website and also to all Telford & Wrekin Council staff through the intranet. Paper copies of the survey were distributed to community pharmacies for completion. A number of patient groups were contacted and given printed copies of the survey, including: the Rheumatoid Arthritis Support Group, Bumps to Baby, Stroke Carers Group, Stirchley Medical Practice Patient Group, the Carers Association and the local branch of Diabetes UK.

Healthwatch Telford & Wrekin full supported completion of the survey through their extensive local contacts, which maximized the reach of the survey.

There were a total of 417 survey responses, which represents 0.3% of the total borough population. This was an increase from the previous PNA survey where there were 203 responses at the end of the consultation. There were 417 responses, this is an increase from previous years where there were only 203 responses at the end of the consultation A full survey report can be found in Appendix X.

14.3. Community pharmacies patient questionnaires

The clinical governance specification of the essential services requires pharmacy contractors to conduct an annual patient satisfaction survey.

The questionnaires allow patients to provide valuable feedback to pharmacies on the services they provide.

Contractors should use the survey to inform how they can develop and improve their pharmacy services.

NHS England are currently responsible for assessing these annual surveys. The clinical governance service specification stated that contractors should share with their local NHS England team, the area where the survey identified the greatest potential for improvement. They should also share the action being taken to improve performance, along with the areas in which the pharmacy is performing strongly. This requirement has not yet been written into regulations but as part of the PNA development, NHS England were asked to report any concerns that had been reported from the satisfaction surveys.

No concerns were highlighted about access. The majority of the responses are very positive, providing reassurance around service quality for those that access pharmacy services.

15. Future Developments

15.1. Communications, Marketing and Publicity

15.1.1. Overview

Supporting people to make better use of their community pharmacies will help to reduce pressure on the NHS urgent and emergency care systems and primary community care services. Raising awareness of community pharmacy services is needed to; reduce the number of people presenting to GPs with minor aliments, reduce those requiring emergency

admission to hospital with illnesses that could be effectively treated earlier by self-care or community-based services. In this context and in light of the public survey response there is a clear need to increase the public awareness of the services our community pharmacies can offer.

Recommendation

Commissioners of pharmacy services and Health & Wellbeing partners should work together, supported by the LPC to raise awareness of pharmacy services and integrate them into local care pathways.

15.2. Healthy Living Pharmacy

15.2.1. Overview

The Healthy Living Pharmacy approach, which supported by the Department of Health and Public Health England, is well implemented in many areas of the country. The aim of the framework is to achieve consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities[1]. The concept provides a framework for commissioning public health services through three levels of increasing complexity and requires expertise with aspiring pharmacies to go from one level to the next, delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions. The services provided as part of HLP should be tailored to local health needs, build on existing core pharmacy services (Essential and Advanced) and be recognised by the public

HLP can be used an organisational development framework underpinned by three enablers of:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and Local Authorities.

Community pharmacies wishing to become HLPs are required to consistently deliver a range of commissioned services based on local need and commit to and promote a healthy living ethos within a dedicated health-promoting environment.

Recommendation
It is recommended that consideration be given to developing a Healthy Living Pharmacy programme in Telford & Wrekin.

15.3. Improving service data and outcomes in community pharmacy

[1] http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/

15.3.1. Overview

Timely collection of pharmacy service data can be used as evidence to the quality of services improving outcomes for patients. Systems are available on the market to enable real-time data collection from pharmacies across localities allowing CCG or local authority-level data collation. The intelligence can be used for audit and evaluation, as part of clinical governance assurance and for needs assessment purposes. These types of systems automate the invoicing, payment and validation process for pharmacies benefiting both provider and service commissioners in the contracting process. NHS England Shropshire and Staffordshire Area Team have implemented the PharmOutcomes system in pharmacies in Telford & Wrekin in November 2014, as part of the newly commissioned seasonal 'flu immunisation service. This approach is proving very beneficial allowing real-time data on immunisation levels and improved service monitoring and payment processes.

Recommendation

Building on the local introduction of the PharmOutcomes system (by NHS England for quality monitoring and to support the seasonal 'flu immunization service) commissioners and the LPC should work together to further roll out such systems across wider pharmacy services in Telford & Wrekin.

15.4. Cardiovascular Disease: Prevention, Detection and Management

15.4.1. Key findings

- **Cardiovascular disease (CVD)** e.g. heart disease and stroke, remains the biggest major cause of premature death and disability in Telford and Wrekin, and is a significant contributor to reduced life expectancy and associated health inequalities. The early death (under 75 years) mortality rate for all cardiovascular disease is significantly worse than the average for England.
- **High blood pressure (hypertension):** in 2013 13.8% of the population registered with a GP people were diagnosed with hypertension (, circa 23,950 people. It is estimated that the true prevalence is nearer 23.9%, suggesting that over 17,500 adults may have undiagnosed (and therefore untreated) hypertension.
- **NHS Health Check:** 21.4% of eligible 40-74 year olds were offered an NHS Health Check in 2013/14, the checks aim to prevent CVD through risk assessment and tailored support and advice to the reduce risk. Of those people offered a health check 38.7% took up the invitation.
- **Excess Weight:** Levels of overweight and obesity are significantly worse than the average, with 70.2% of the adult population in 2012 in the excess weight category, 32.3% of adults being obese.
- **Diabetes:** in December 2014 a total of 9,029 people over the age of 17 were recorded as diagnosed with diabetes. Only just over half, 57.3% of these people have good glucose control, which is worse than the national average for England 69.8%.

Future service provision

- Community pharmacy services are ideally placed to have a key role in implementation of the prevention, detection and treatment of both cardiovascular risk factors, and cardiovascular diseases.
- In terms of future developments associated with cardiovascular prevention, detection and management, the majority of pharmacies indicate a willingness to consider offering a range of services related to both screening and management. A number of pharmacies identified specific services which they felt were gaps in current provision:
  - Blood pressure testing
  - Cholesterol testing and health check services
  - Glucose testing, Support for diabetes patients, and diabetes checks especially for those with mental health issues
  - Weight management
  - Alcohol screening
  - Alzheimers/Dementia screening
  - Warfarin (anticoagulation) monitoring during unsociable hours

Recommendation

Cardiovascular Disease: It is recommended that consideration be given to developing pharmacy services to tackle CVD, particularly for groups who are less likely to access services through primary care, as follows:

CVD Prevention

- Offer NHS Health Checks through pharmacies
- Incorporate blood pressure checks in the management of all long term conditions
- Provision of healthy lifestyle information and behavior change support
- Provision of weight management services
- Promotion of self monitoring of blood pressure
- Participation in awareness raising campaigns (e.g. know your numbers)
- Pulse checks and appropriate advice

CVD Detection

- Targeted outreach Blood Pressure testing in pharmacies in order to access those groups less likely to present in primary care, such as younger men, low income households and those in deprived areas
- Opportunistic testing of blood pressure with appropriate advice

CVD Management

- Support adherence to antihypertensive drug therapy and lifestyle change, particularly through self-monitoring of blood pressure and pharmacy medicine support
- Information and support about blood pressure management
- Medicine Usage Review, to include blood pressure checks for those on anti-hypertensive and others at high risk of developing high blood pressure
- Extension or development of the New Medicines Service

- Pending regulatory changes, high blood pressure is to be added to the conditions for targeted medicine use reviews (for patients on multiple medicines, to improve knowledge and identify any problems with the medicines). There could be further opportunities to use the capacity and skills in pharmacy to improve blood pressure control levels

15.5. Stop Smoking Services

Key findings

- Smoking is the single biggest cause of preventable ill-health, death and health inequalities both nationally and locally. Reducing the number of people who misuse drugs and alcohol is Telford and Wrekin Health & Wellbeing Board priority.
- Around 70% of smokers say they want to quit and 80% wish they had never started. NHS Stop Smoking Services provide effective and cost efficient treatment and smokers are four times more likely to stop with help and support than if they go it alone.
- There are still estimated to be circa 27,800 adult smokers (16+ years) in Telford and Wrekin. The prevalence of adult smoking (21%) is significantly worse than the national average (18.4%).
- There is a comparatively high uptake of stop smoking services in Telford & Wrekin per head of population. Quitter rates are impressively high, with in excess of 60% setting a quit date remaining quit at 4 weeks, compared to the national average of 51%.
- Despite the high quality stop smoking services in place locally the numbers of smokers seeking support from services to quit has declined over the past two years. This pattern has also been seen across the country and is thought in part to be due to the increasing popularity of e-cigarettes.

Recommendation

Stop Smoking Services: Telford & Wrekin Council will award new Stop Smoking Services contracts to providers in January 2015, new services will be in operation from April 2015. It is recommended that pharmacies work closely with the providers organisations to expand the stop smoking services increasing the accessibility and reach in community pharmacies

15.6. Overview

Stop Smoking Services, commissioned by the local authority as part of the new public health duties, are currently being delivered by two non-NHS providers, Ice Creates (core service) and North 51 (pregnancy service). The Council are currently undertaking a procurement process to award new contracts from stop smoking services from April 2015. The objectives for stop smoking services are to provide a support service which:

- Is accessible to all smokers
- Offers the best treatments available
- Is efficient and cost effective

- Achieves long term quitting
- Reaches adolescents and young adults
- Reaches disadvantaged smokers
- Reaches pregnant smokers.

15.7. Current need, demand and service provision

Currently, there are no pharmacies in Telford and Wrekin directly providing stop smoking services through sub-contract arrangements with the two contracted non-NHS service providers. One pharmacy (Kitchens, Oakengates) is currently providing accommodation for the local stop smoking service provider within their pharmacy premises. A total of 33 pharmacies reported a willingness to deliver stop smoking services in future through the community pharmacy survey.

Appendices

Appendix I	**Telford & Wrekin PNA Steering Group Terms of Reference**
Appendix II	**Telford & Wrekin Health & Wellbeing Board Briefing Report Sept 2014**
Appendix III	**Community pharmacies and dispensing doctor locations mapped against socio-economic deprivation quintiles**
Appendix IV	**Community pharmacy contractor list**
Appendix V	**Community pharmacy opening hours**
Appendix VI	**Community pharmacies and dispensing doctor locations mapped against population density**
Appendix VII	**Delivery of advanced, enhanced and locally commissioned services**
Appendix VIII	**Sexual Health Services opening times**
Appendix IX	**Community pharmacy sexual health services provision mapped against teenage pregnancy rates**
Appendix X	**Community Pharmacy Survey Report**

APPENDIX I

Telford and Wrekin Pharmaceutical Needs Assessment

Terms of Reference

1 Membership

Name	Role/Title	Organisation
Helen Onions	Consultant in Public Health (chair)	Telford & Wrekin Council
Paul Thomas	Senior Research & Intelligence Officer	Telford & Wrekin Council
Lynne Deavin	LPC Business Development Officer	Shropshire Local Pharmaceutical Committee
Kate Ballinger	Patient/Public Representation	Healthwatch Telford & Wrekin
Dr A Egleston	Dispensing Doctors Representative	GP Wellington Road, Newport
Ruth Bolderston	Assistant Contracts Manager	Shropshire and Staffordshire Area Team
Jacqui Seaton	Head of Medicines Management	NHS Telford & Wrekin CCG
Manir Hussain	Chair – Pharmacy Local Professional Network	NHS England Area Team
Hitesh Patel	Pharmaceutical Adviser	NHS Telford & Wrekin CCG

2 Reporting and Governance Arrangements

PNA developments will be reported as follows:

- Jacqui Seaton/Hitesh Patel will report to CCG Governance Board
- Manir Hussain/Helen Onions will report to Area Team Primary Care Quality Group
- Manir Hussain will report PNA development to the Area Team
- Helen Onions/Jacqui Seaton/Hitesh Patel will report to the Strategic Commissioning Group and Health & Wellbeing Board
- Kate Ballinger will report PNA development to Healthwatch representatives where necessary

3 Purpose and Aims of the PNA Steering Group

- Coordinate update of the Pharmaceutical Needs Assessment (PNA) in line with current legislation.
- Oversee the overall process for updating the PNA within the required timescale.
- To agree the statement of the needs for pharmaceutical services in Telford and Wrekin.
- To agree and oversee the process for assessing the current provision of pharmaceutical services by pharmacies, appliance contractors and dispensing practices within Telford and Wrekin (and neighbouring areas where appropriate).
- To ensure that accurate maps identifying the premises where services are provided are produced.

- To agree and oversee the process required for the statutory consultation with all relevant parties as laid out in the regulations.
- To develop a framework for subsequent assessments and supplementary statements.
- To take into account any further legislation that may impact on the PNA.

4 Frequency of Meetings / Communications

- The group will meet as deemed necessary (2 monthly). Wherever possible email will be used to communicate ongoing PNA development.
- Through the development phases the Public health lead and Medicines Management lead will coordinate the PNA development.
- Specific meetings around public consultation and formal consultation will be led by the communications team (LA and CCG).
- Other stakeholders will attend meetings only as necessary
- A formal meeting/communication will be arranged to agree a final draft PNA prior to consultation.
- Hitesh Patel will coordinate communication with the LPC during the PNA development. (LPC meeting updates will be scheduled as necessary)
- Hitesh Patel will coordinate communication with Wellington Road Medical Practice, Newport during the PNA development.

Public engagement and consultation will be coordinated with support from Healthwatch Telford & Wrekin and local CCG patient group representatives.

APPENDIX II

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD
TITLE: PHARMACEUTICAL NEEDS ASSESSMENT BRIEFING
REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL, HITESH PATEL, PHARMACEUTICAL ADVISER, NHS TELFORD AND WREKIN CCG

DATE: 24th September 2014
LEAD CABINET MEMBER – N/A

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

Health and Wellbeing Boards have a legal duty[1] publish revised Pharmaceutical Needs Assessments (PNA) for their area by 1st April 2015. The process requires board-level sign-off and a period of public consultation beforehand. This report outlines the approach and process taking place for the PNA refresh in Telford and Wrekin.

2. RECOMMENDATIONS

The Board is requested to endorse the PNA refresh process described in this briefing report

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

- The PNA, which is part of the wider JSNA, will be used to make decisions on which services, including public health services, need to be provided by local community pharmacies
- In addition, the PNA will be used by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Potentially all health and wellbeing priorities can be influenced by the role of community pharmacy as a key provider of primary health care services.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	• Improving the health and wellbeing of our communities and addressing health inequalities

[1] Part 2 of NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

COMMUNITY IMPACT (cont.)	Will the proposals impact on specific groups of people?	
	Yes	Local pharmacy has a key role in providing primary care services within our local communities.
TARGET COMPLETION/DELIVERY DATE	The PNA will be published in March 2015.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	*This must be decided by an officer from Finance. If yes, briefly summarise any impact(s) – financial impact must be completed by an officer from Finance*
LEGAL ISSUES	Yes/No	*This must be decided by an officer from Legal. If yes, briefly summarise any impacts – legal issues must be completed by an officer from Legal Services*
EQUALITY & DIVERSITY	Yes	There is evidence that community pharmacy has a key role to play in health inequalities as often pharmacies are the first point of call for those requiring support who may not have engaged with other health services.
IMPACT ON SPECIFIC WARDS	No	*None*
PATIENTS & PUBLIC ENGAGEMENT	Yes	Consultation and engagement is a specific requirement of the PNA process. As part of this a survey of community views is now live and runs until 11th October 2014. Survey link here
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	None

PART B) – ADDITIONAL INFORMATION

1.1 Background

- Community pharmacies are a valuable and trusted public health service. The scale of daily contacts with the public means there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.
- From 1st April 2013, Health and Wellbeing Boards (HWB) in England assumed the responsibility[2] to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, through Pharmaceutical Needs Assessment (PNA).
- PNAs have been used historically by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. Now following transition of public health services to local authorities, PNAs should also be used to assess the contribution of community pharmacies to local public health programmes.
- In addition, PNAs will be used by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.

1.2 Expectations for Health and Wellbeing Boards

- HWBs have a legal duty[3] to check the suitability of existing PNAs, originally compiled by primary care trusts (PCTs), and publish supplementary statements explaining any changes.
- Each HWB will need to publish its own revised PNA for its area by 1st April 2015. This will require board-level sign-off and a period of consultation beforehand.
- HWBs need to ensure that the NHS England Area Teams have access to their PNAs.
- Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

1.3 Key Elements of PNA

- PNAs should include pharmacies and the services they already provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.

[2] Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

[3] Part 2 of NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

- PNAs should also consider other services, such as dispensing by GP surgeries, dispensing appliance contractors, and services available in neighbouring HWB areas that might affect the local need for services.

- PNAs should examine demographics of the local population, across the area and in different localities, and their health and wellbeing needs.
- PNAs should consider gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.

1.4 Refreshing the Telford and Wrekin PNA

The Telford & Wrekin PNA was originally published by the PCT in February 2011. A core group (including the CCG Pharmaceutical Adviser and the Council's Consultant in Public Health and Senior Research & Intelligence Officer) began working on the PNA refresh plan in April 2014. A steering group has been established and will be meeting on a two monthly basis during 2014/15 to ensure that the refreshed PNA is prepared for the Health and Wellbeing Board in March 2015. The group includes representatives from key HWB organisations, including: the CGG, the Council, NHS England Shropshire and Staffordshire Area Team, the Local Pharmaceutical Committee and Healthwatch Telford & Wrekin. The purpose and aims of the Telford and Wrekin PNA Steering Group are to:

- Coordinate the update of the Pharmaceutical Needs Assessment (PNA) in line with current legislation
- Oversee the overall process for updating the PNA within the required timescale
- To agree the statement of the needs for pharmaceutical services in Telford and Wrekin
- To agree and oversee the process for assessing the current provision of pharmaceutical services by pharmacies, appliance contractors and dispensing practices within Telford and Wrekin (and neighbouring areas where appropriate)
- To ensure that accurate maps identifying the premises where services are provided are produced
- To agree and oversee the process required for the statutory consultation with all relevant parties as laid out in the regulations
- To develop a framework for subsequent assessments and supplementary statements
- To take into account any further legislation that may impact on the PNA

The terms of reference of the steering group, which includes the membership, are shown in Appendix I. A timeline has been produced for key milestones in the process, this includes: a consultation phase and briefing dates for relevant Boards and Committees. (Appendix II)

1.5 Wider links

There is a key requirement for PNAs to be aligned with other plans for local health and social care. The Telford and Wrekin PNA will be strongly aligned to the Health and Wellbeing Strategy and associated priorities and will be an integral part of the wider JSNA process.

The PNA also has relevance to the work of the Better Care Fund and the wider NHS services reconfiguration Futurefit work programme. Specifically, the PNA should support these programmes by defining community pharmacy current and future needs and provision.

2 IMPACT ASSESSMENT – ADDITIONAL INFORMATION

Please see section 2 for detailed information on impacts associated with CATP work.

3 PREVIOUS MINUTES

There are no previous minutes – this is the first PNA report to the HWBB.

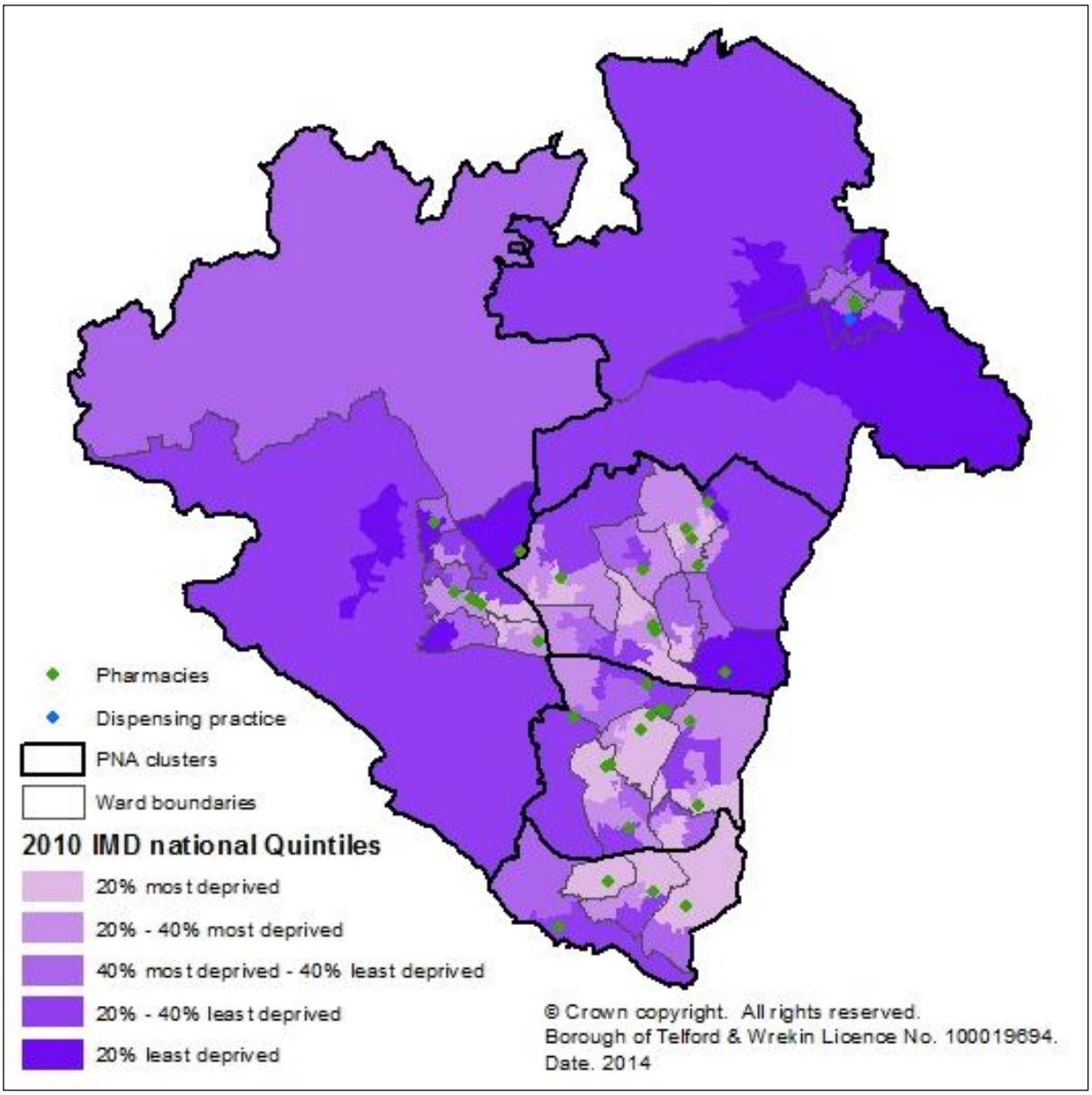
4 BACKGROUND PAPERS

None.

Report prepared by Helen Onions, Consultant in Public Health
Telephone: 01952 381028

APPENDIX III

Community Pharmacy and Dispensing Practice Locations and Socio-economic Deprivation Levels



APPENDIX IV

Telford & Wrekin Pharmacy Service Provision
Community Pharmaceutical Contractors

Practice/business address	Address	Address	Address	Postcode	Tel Number	Fax Number
A S Kitching Ltd	Limes Walk	Oakengates	Telford	TF2 6EP	01952 612964	01952 612290
Aqueduct Pharmacy	Majestic Way	Aqueduct	Telford	TF4 3RB	01952 593220	01952 593220
Asda Instore Pharmacy	St Georges Road	Donnington Wood	Telford	TF2 7RX	01952 621710	01952 621711
Asda Instore Pharmacy	Southwater Way	Mallinsgate	Telford	TF3 4HZ	01952 741028	01952 741027
Boots the Chemist Ltd	2-3 Acorn Way	Shawbirch	Telford	TF5 0LW	01952 260800	01952 260800
Boots the Chemist Ltd	52 High Street	Newport	Shropshire	TF10 7AQ	01952 811391	01952 820390
Boots the Chemist Ltd	21-25 New Street	Wellington	Telford	TF1 1LU	01952 223468	01952 240559
Boots the Chemist Ltd	4-10 North Sherwood Street	Town Centre	Telford	TF3 4AS	01952 291351	01952 291122
Boots the Chemist Ltd	Forge Retail Park	Colliers Way	Telford	TF3 4AG	01952 204243	01952 204245
Donnington Pharmacy	Health Centre Wrekin Drive	Donnington	Telford	TF2 8EA	019952 676556	01952 606121
High Street Pharmacy	4 High Street	Newport	Telford	TF10 7AN	01952 820946	01952 820946
Ironbridge Pharmacy	The Square	Ironbridge	Telford	TF8 7AQ	01952 433330	01952 433330
Jhoots Pharmacy	32 Market Street	Oakengates	Telford	TF2 6ED	01952 613074	01952 613074
Lawley Pharmacy	Off Birchfield Roundabout	Lawley Bank	Telford	TF4 2LL	01952 504666	01952 504777
Leegomery Pharmacy	Leegomery Local Centre	Leegomery	Telford	TF1 4XQ	01952 222164	01952 222164
Lloyds Pharmacy	Chapel Lane	Wellington	Telford	TF1 1SS	01952 255833	01952 255833
Lloyds Chemist	15a Market Square	Wellington	Telford	TF1 1BU	01952 253190	01952 253190
Lloyds Pharmacy	Charlton Medical Centre	Lion Street, Oakengates	Telford	TF2 6AQ	01952 613930	01952 613930
Lloyds Pharmacy	6 The Parade	Donnington	Telford	TF2 8EB	01952 605441	01952 608715
Lloyds Pharmacy	Webb House, King St	Dawley	Telford	TF4 2AA	01952 502260	01952 504615
Lloyds Chemist	46 High Street	Dawley	Telford	TF4 2EX	01952 505029	01952 505029
M.R. Clarke, Dispensing Chemist	76 Upper Bar	Newport	Shropshire	TF10 7AW	01952 810059	01952 418410
Malinslee Pharmacy	Church Road	Malinslee	Telford	TF3 2JZ	01952	01952

Practice/business address	Address	Address	Address	Postcode	Tel Number	Fax Number
					501234	505182
Morrisons Instore Pharmacy	Springhill	Wellington	Telford	TF1 1RP	01952 242846	01952 242846
Muxton Pharmacy	9 Fieldhouse Drive	Muxton	Telford	TF2 8JQ	01952 670686	01952 670686
N & E Jones Ltd	7 Anstice Square	Madeley	Telford	TF7 5HB	01952 585717	01952 585717
Priorslee Pharmacy	Local Centre	Priorslee	Telford	TF2 9RS	01952 290658	01952 290658
Rowlands Pharmacy	Unit 2, Downmead	Hollinswood	Telford	TF3 2EW	01952 299925	01952 290427
Rowlands Pharmacy	The Pharmacy, Stirchley Health Centre	Sandino Road	Telford	TF3 1DY	01952 596620	01952 596620
Rowlands Pharmacy	Maythorne Close	Sutton Hill	Telford	TF7 4DH	01952 586151	01952 586151
Rowlands Pharmacy	Shop 14, Gladstone Centre	Hadley	Telford	TF7 5NF	01952 242179	01952 242179
Sainsbury's Instore Pharmacy	Forge Retail Park	Colliers Way	Telford	TF3 4AG	01952 210039	01952 210039
Shire Pharmacy	Unit 3 The Shops, Teagues Crescent	Trench	Telford	TF2 6RY	01952 618415	01952 615142
Superdrug Stores	12-13 Dean Street	Town Centre	Telford	TF3 4BT	01952 291524	01952 291524
Tesco Instore Pharmacy	The Retail Park, Arleston	Wellington	Telford	TF1 2DE	01952 426847	01952 426849
Wellington Pharmacy	Chapel Lane	Wellington	Telford	TF1 1PZ	01952 226017	01952 226018
Woodside Pharmacy	Park Lane Centre	Park Lane	Telford	TF7 5QZ	01952 586516	01952 586516

Dispensing appliance contractor

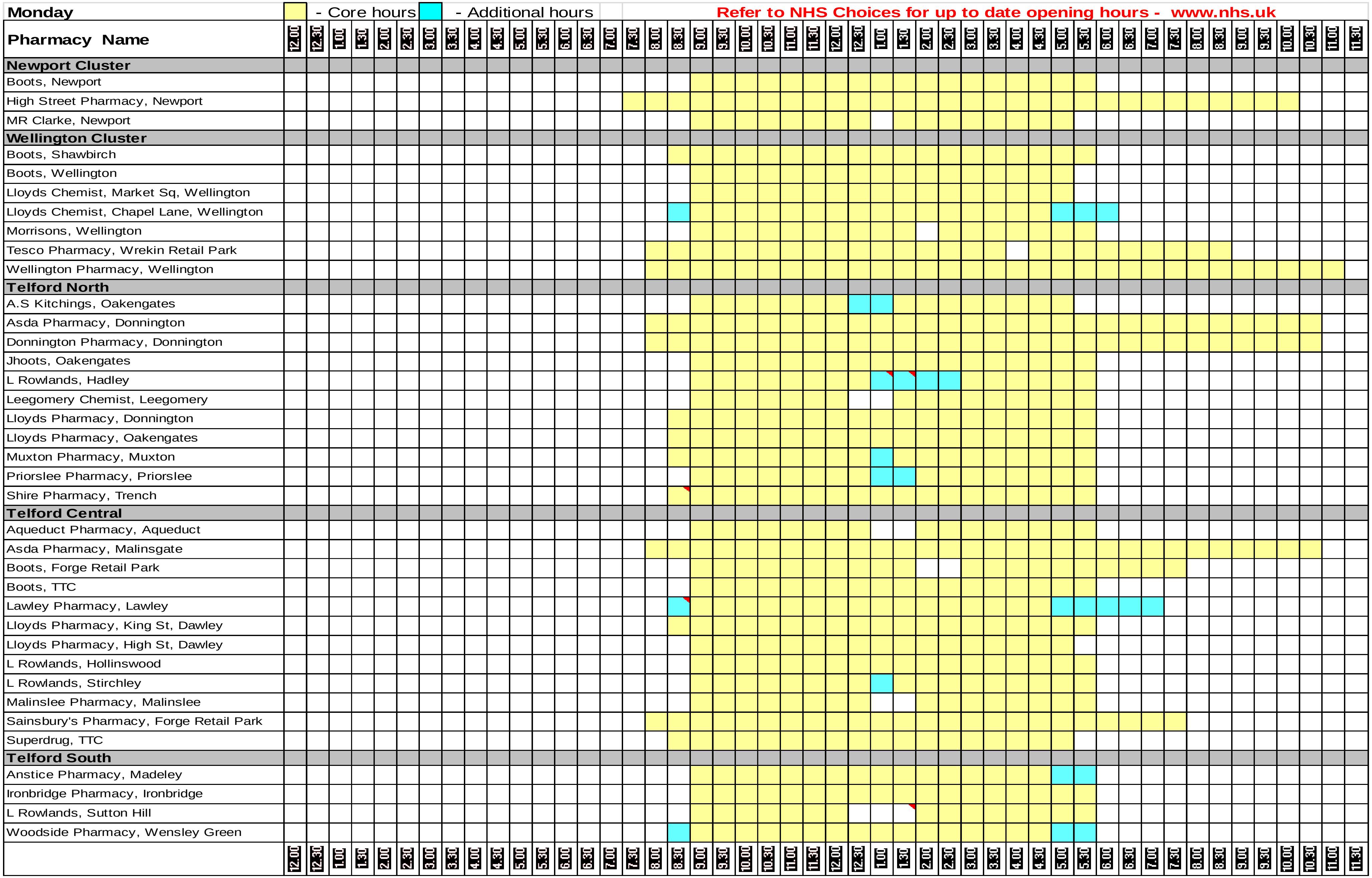
Practice address	Address	Address	Postcode	Contact Numbers
The Surgery	Wellington Road	Newport, Telford	TF10 7HG	Telephone: 01952 811677 Fax: 01952 825981

Dispensary opening hours – The Surgery, Wellington Road, Newport

Monday	8.30am – 1pm	2.30am – 6.30pm
Tuesday	8.30am – 1pm	2.30am – 6.30pm
Wednesday	8.30am – 1pm	2.30am – 6.30pm
Thursday	8.30am – 1pm	2.30am – 6.30pm
Friday	8.30am – 1pm	2.30am – 6.30pm
Saturday	Closed	
Sunday	Closed	

APPENDIX V

Telford & Wrekin Community Pharmacies Opening hours (core and additional hours)


Monday
- Core hours
- Additional hours
Refer to NHS Choices for up to date opening hours - www.nhs.uk
Pharmacy Name
12.00
12.30
1.00
1.30
2.00
2.30
3.00
3.30
4.00
4.30
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11.00
11.30
Newport Cluster
Boots, Newport
High Street Pharmacy, Newport
MR Clarke, Newport
Wellington Cluster
Boots, Shawbirch
Boots, Wellington
Lloyds Chemist, Market Sq, Wellington
Lloyds Chemist, Chapel Lane, Wellington
Morrisons, Wellington
Tesco Pharmacy, Wrekin Retail Park
Wellington Pharmacy, Wellington
Telford North
A.S Kitchings, Oakengates
Asda Pharmacy, Donnington
Donnington Pharmacy, Donnington
Jhoots, Oakengates
L Rowlands, Hadley
Leegomery Chemist, Leegomery
Lloyds Pharmacy, Donnington
Lloyds Pharmacy, Oakengates
Muxton Pharmacy, Muxton
Priorslee Pharmacy, Priorslee
Shire Pharmacy, Trench
Telford Central
Aqueduct Pharmacy, Aqueduct
Asda Pharmacy, Malinsgate
Boots, Forge Retail Park
Boots, TTC
Lawley Pharmacy, Lawley
Lloyds Pharmacy, King St, Dawley
Lloyds Pharmacy, High St, Dawley
L Rowlands, Hollinswood
L Rowlands, Stirchley
Malinslee Pharmacy, Malinslee
Sainsbury's Pharmacy, Forge Retail Park
Superdrug, TTC
Telford South
Anstice Pharmacy, Madeley
Ironbridge Pharmacy, Ironbridge
L Rowlands, Sutton Hill
Woodside Pharmacy, Wensley Green

Tuesday — Core hours — Additional hours

Refer to NHS Choices for up to date opening hours - www.nhs.uk

Pharmacy Name	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30
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High Street Pharmacy, Newport																																																
MR Clarke, Newport																																																
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L Rowlands, Sutton Hill																																																
Woodside Pharmacy, Wensley Green																																																
	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30

Wednesday   - Core hours   - Additional hours   **Refer to NHS Choices for up to date opening hours - www.nhs.uk**

Pharmacy Name	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30
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Thursday - Core hours - Additional hours

Refer to NHS Choices for up to date opening hours - www.nhs.uk

Pharmacy Name	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30
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Friday — Core hours — Additional hours

Refer to NHS Choices for up to date opening hours - www.nhs.uk

Pharmacy Name	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30
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Saturday - Core hours - Additional hours

Refer to NHS Choices for up to date opening hours - www.nhs.uk

Pharmacy Name	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30
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Sunday	- Core hours		- Additional hours		Refer to NHS Choices for up to date opening hours - www.nhs.uk																																													
Pharmacy Name	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30	12.00	12.30	1.00	1.30	2.00	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00	6.30	7.00	7.30	8.00	8.30	9.00	9.30	10.00	10.30	11.00	11.30
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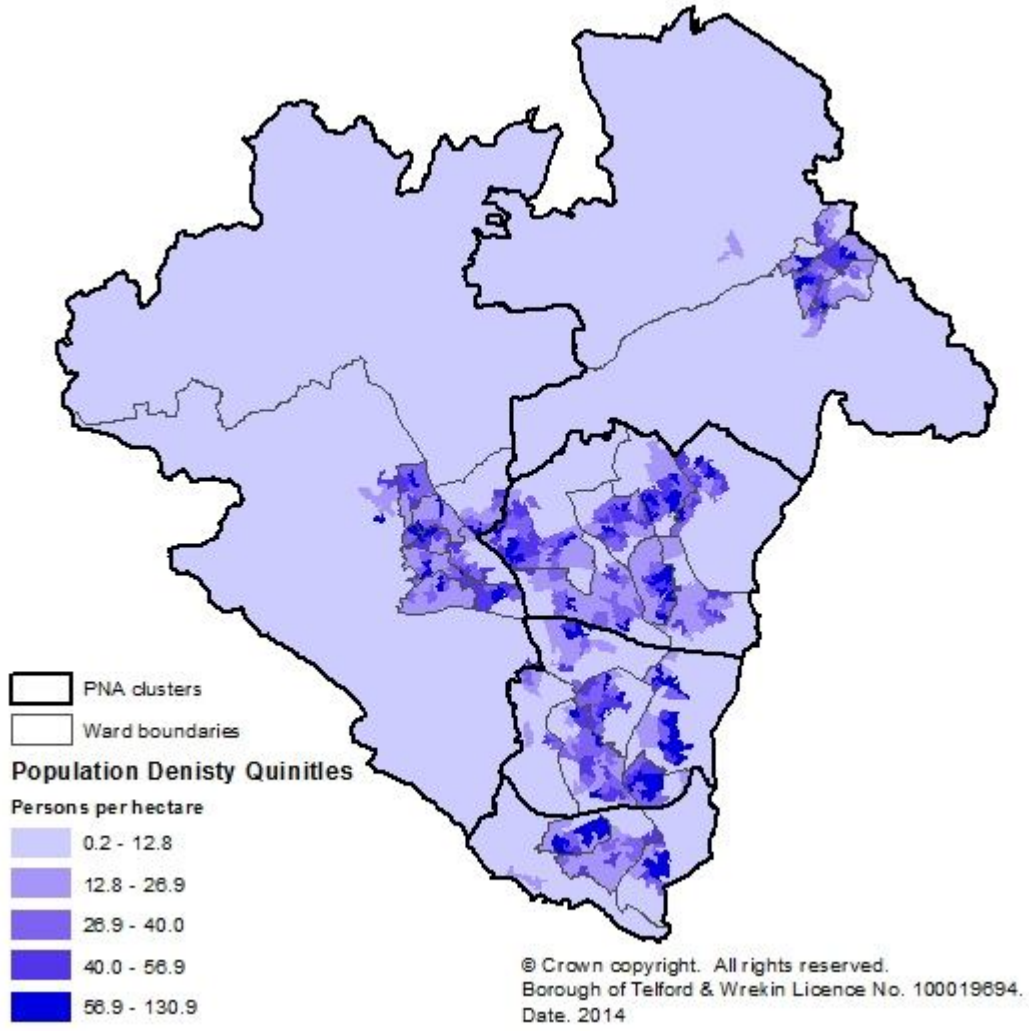
APPENDIX VI

Community Pharmacy Locations and Population Density



APPENDIX VII

Delivery of Enhanced, Advanced and locally commissioned services
NHS England and NHS Telford and Wrekin CCG

Currently providing under contract
Willing to provide if commissioned
Not able or willing to provide
No response

	NHS England Services								CCG Services	
Pharmacy Name	MURS	New Medicine Service	Appliance Use review	Stoma Appliance Customisation service	MA Scheme (NHS Eng)	Emergency supply (NHS Eng)	Seasonal Influenza Vaccine		Palliative care boxes	PEARS
Newport Cluster										
Boots, Newport										
High Street pharmacy, Newport										
MR Clarke, Newport										
Wellington Cluster										
Boots, Shawbirch										
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Sainsbury's, Forge Retail Park										
Superdrug, TTC										
Malinslee Pharmacy, Malinslee										
Telford South										
Anstice Pharmacy, Madeley										
L Rowlands, Sutton Hill										
Woodside Pharmacy, Wensley Green										

Currently providing under contract
Willing to provide if commissioned
Not able or willing to provide
No response

	Telford & Wrekin Public Health Services										
Pharmacy Name	Chlamydia Testing Service	Chlamydia Treatment Service	Supply of condoms through CDS	EHC Supply (Levonelle)	EHC Supply (ellaone)	Automated pill dispensers	Needle and syringe provision	Smoking cessation (commisioned)	Supervised administarion	Vascular risk assessment	Healthy Start Vitamin Supply
Newport Cluster											
Boots, Newport											
High Street pharmacy, Newport											
MR Clarke, Newport											
Wellington Cluster											
Boots, Shawbirch											
Boots, Wellington											
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Telford South											
Anstice Pharmacy, Madeley											
L Rowlands, Sutton Hill											
Woodside Pharmacy, Wensley Green											

Currently providing under contract
Willing to provide if commissioned
Not able or willing to provide
No response

Pharmacy Name	Currently Non Commissioned Services															
	Anticoagulation Monitoring	Anti-vital Distribution	Care Home Service	Contraception service (not EHC)	Gluten Free food supply	Independent prescribing	Medication review	Medication assessment and compliance support	Emergency supply (NHS Eng)	MUR Plus/Optimisation	Obesity Management	On demand availability specialisty drugs	Out of hours services	Phlebotomy service	Supplementary prescribing	Vascular risk assessment
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High Street pharmacy, Newport																
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Wellington Cluster																
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Telford South																
Anstice Pharmacy, Madeley																
L Rowlands, Sutton Hill																
Woodside Pharmacy, Wensley Green																

Currently providing under contract
Willing to provide if commissioned
Not able or willing to provide
No response

	Screening Services								Vaccination Services				Long Term Conditions/Disease specific managemen								
Pharmacy Name	Alcohol	Chloesterol	Diabetes	Gonorrhoea	H.pylori	HbA1C	Hepatitis	HIV	Childhood vaccinations	Hepatitis (at risk workers or pts)	HPV	Travel	Allergies	Alzheimers/dementia	Respiratory	Cardiovascular	Depression	Diabetes	Epilepsy	Hypertension	Parkinsons
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Woodside Pharmacy, Wensley Green																					

APPENDIX VIII

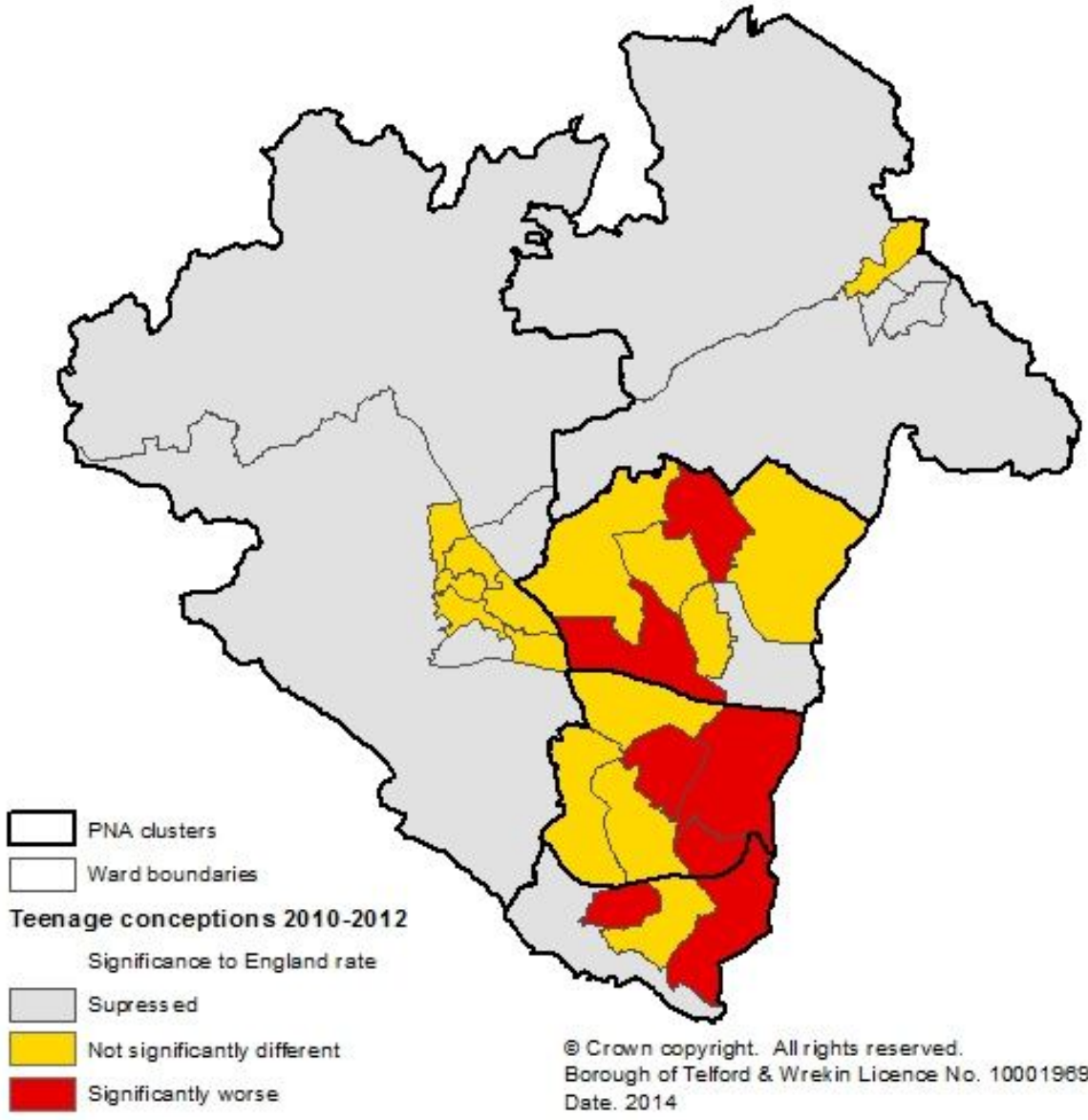
Alternative Sexual Health Services Locations and Opening Hours

The table below lists alternative providers (opening hours will vary according to site).

Service	Address
Integrated Sexual Health Service (all ages) - Wellington	Victoria Avenue, Wellington
Integrated Sexual Health Service (all ages) - Aqueduct	Majestic Way, Telford
School Nurses (school ages)	Various locations both within a school or other community setting
Malling Health	Sherwood Way, Telford Town Centre TF3 4DZ
Malling Health	Princess Royal Hospital, Apley Castle, Telford TF1 6TF
YMCA	Consort House, Victoria Avenue, Wellington TF1 1NH
A number of Telford & Wrekin Council Youth Workers	Various locations
Family Nurse Partnership team	Various locations
Teenage Identified Midwifes	Various locations

APPENDIX IX

Community Pharmacy and Dispensing Practice Locations and Teenage Conception Rates



APPENDIX X

Telford & Wrekin Community Pharmacy Survey Report

Key Headlines

- There was over representation from women in the survey and therefore men were under represented. Young people under 25 years were under represented and middle aged people (aged 45-64 years) were over represented. People from BME groups were appropriately represented
- In general the survey responses were very positive with:
  - 73.2% of respondents stating they could access pharmacy services in under 10 minutes travel time
  - 92.4% of respondents stating they were happy with current opening times of their usual pharmacy
  - The majority of respondents (80%) found their community pharmacies helpful and supportive.
- The main reason reported for using pharmacy services was to collect prescriptions (82.9%) or to buy over the counter medicines (10.9%).
- Only a small percentage of respondents used pharmacies to obtain advice about healthy lifestyles, although 76% agreed that they could ask their pharmacist for health advice.

Survey Methodology

A survey of public views on community pharmacy in Telford & Wrekin was undertaken between 11th September 2014 and 9th October 2014. The survey consisted of 16 questions covering themes such as awareness of and access to services and levels of satisfaction. Standard socio-demographic questions were included. (See questionnaire attached)

The survey was publicised through the NHS Telford and Wrekin CCG website and also to all Telford & Wrekin Council staff through the intranet. Paper copies of the survey were distributed to community pharmacies for completion. A number of patient groups were contacted and given printed copies of the survey, including: the Rheumatoid Arthritis Support Group, Bumps to Baby, Stroke Carers Group, Stirchley Medical Practice Patient Group, the Carers Association and the local branch of Diabetes UK.

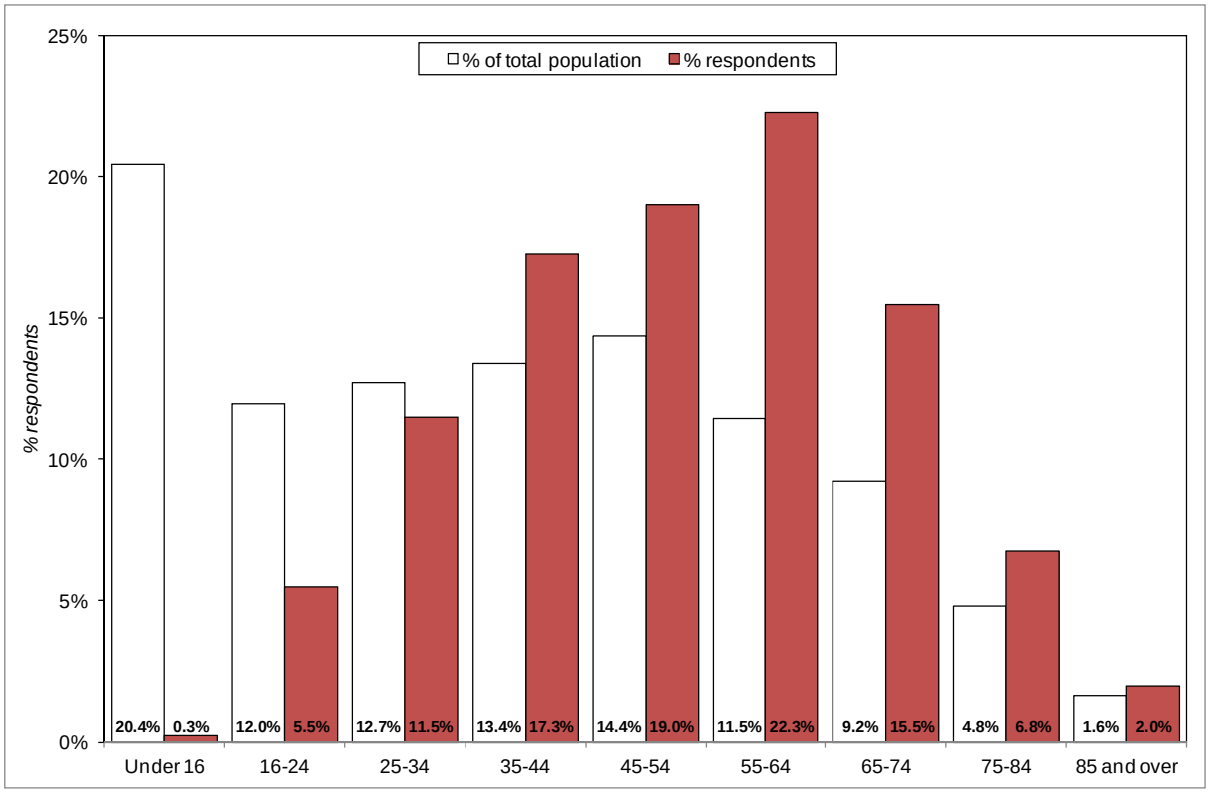
Healthwatch Telford & Wrekin full supported completion of the survey through their extensive local contacts, which maximized the reach of the survey.

There were a total of 417 survey responses, which represents 0.3% of the total borough population. This was an increase from the previous PNA survey where there were 203 responses at the end of the consultation.

Survey Respondents Representation

- **Gender split:** 67.9% of survey respondents were female and 31.6% were male. In terms of comparison with the total population is 50.4% are female and 49.6% male. Therefore women are over-represented in the survey and men are under-presented.
- **Age profile:** the age profile of survey respondents compared to the overall population is compared in Figure i. The most common age groups of survey respondents were those middle aged i.e. 45-54 years (19.0%) and 55-64 years (22.5%). These age groups were over represented compared to the overall population. Only 12% of respondents were aged under 25 and therefore young people were especially under represented in the survey.
- **Ethnicity:** there was good representation in the survey of people from Blakc and Minority Ethinc (BME) groups compared to the overall population make up, 6.5% of respondents were from BME groups compared to 7% in the Borough overall.
- **Longstanding illness, disability or infirmity**: 60.9% of survey respondents stated they had a longstanding illness, disability or infirmity, which compares to 18.6% in the overall population. Therefore people with a long standing illness or disability were over represented in the survey.

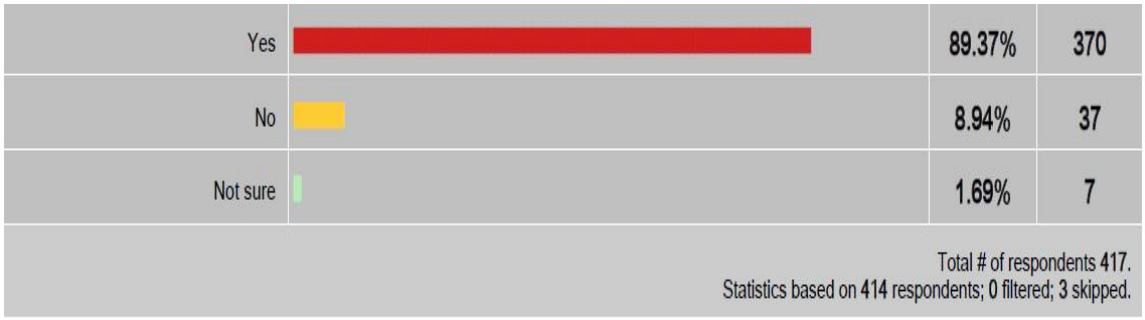
Figure i Age Profile: Survey Respondents and Overall Population



Key findings:

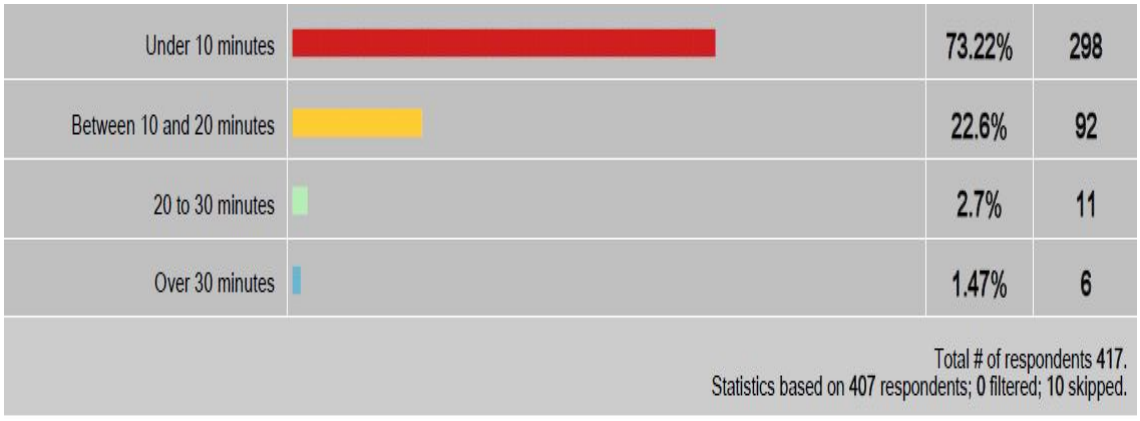
The majority of respondents have a usual pharmacy (89.4%), with most visiting their pharmacist once a month (25.5%) or more than once a month (33.8%).

Do you have a usual pharmacy (Chemist)?

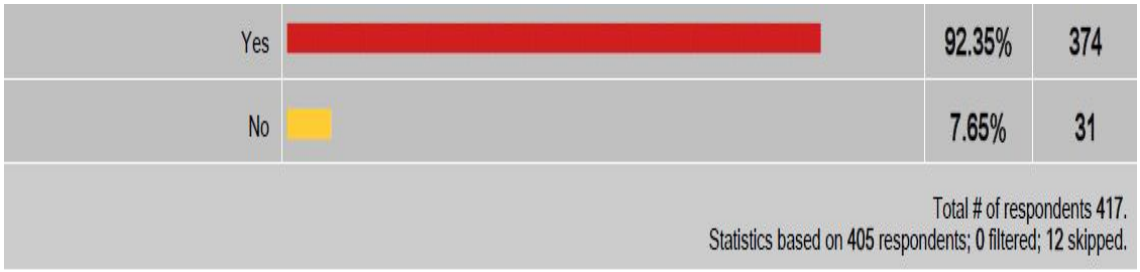


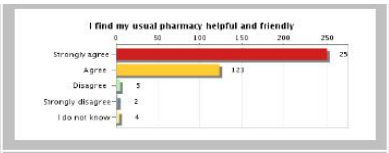
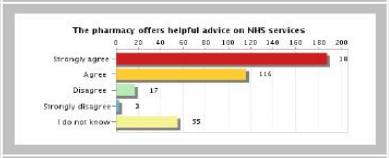
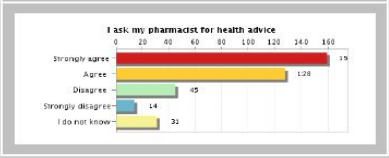
In general the responses were very positive with 73.2% of those that responded stating they could access pharmacy services in under 10 minutes travel time, and 92.4% of those stating they were happy with current opening times of their usual pharmacy. The main reason for using pharmacy services was to collect prescriptions (82.9%) or to buy over the counter medicines (10.9%). Only a small percentage of patients used pharmacies to obtain advice about healthy lifestyles, although 76% agreed or strongly agreed that they could ask their pharmacist for health advice. The majority found their community pharmacies supportive.

Approximately how long does your journey take when making a visit to your pharmacy?



Is your usual pharmacy open at the times you want to use it?



I find my usual pharmacy helpful and friendly	65.1 % (250)	32.03 % (123)	1.3 % (5)	0.52 % (2)	1.04 % (4)		384
The pharmacy offers helpful advice on NHS services	49.47 % (187)	30.69 % (116)	4.5 % (17)	0.79 % (3)	14.55 % (55)		378
I ask my pharmacist for health advice	42.18 % (159)	33.95 % (128)	11.94 % (45)	3.71 % (14)	8.22 % (31)		377

Overall Survey Analysis

The survey can be split into four main themes: Frequency of visits, Reason for visits and services used, Access, and Awareness of services. Participants were also given the opportunity to add any additional comments.

Further analysis has been done around access in relation to postcode data, this is analysed by community cluster and those who had indicated that they had a long standing illness, disability or infirmity.

Frequency of visits

The majority (33.8%) visited a pharmacy more than once a month. 27.7% visited a pharmacy around once every 2 to 3 months and of those filling in the questionnaire only 0.2% never visited a pharmacy.

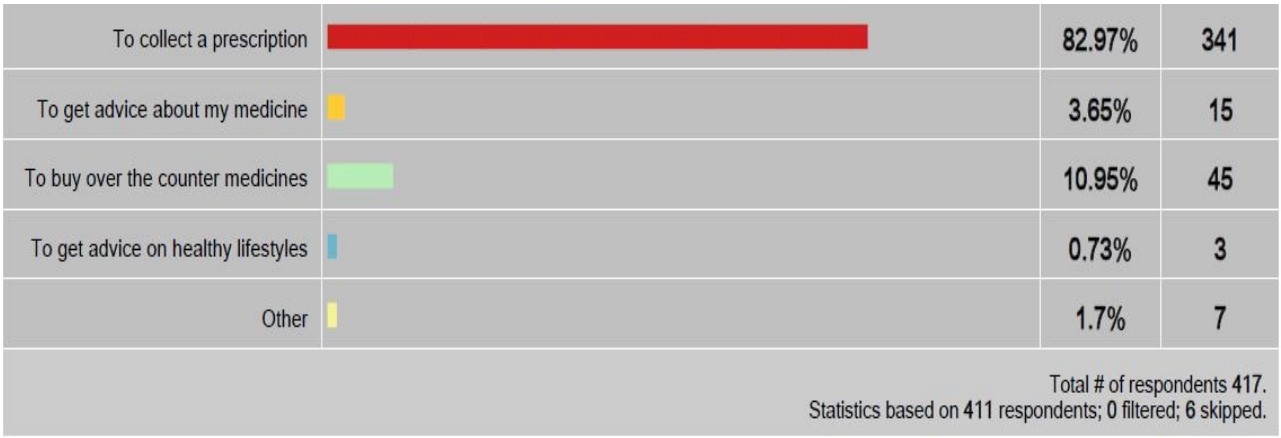
On average how often do you visit a pharmacy (chemist)?

Around once a year		5.84%	24
Around once every 2 to 3 months		27.74%	114
More than once a month		33.82%	139
Around once every 6 months		6.81%	28
Once a month		25.55%	105
Never		0.24%	1
		Total # of respondents 417. Statistics based on 411 respondents; 0 filtered; 6 skipped.	

Reason for visits and services used

The main reason for using the pharmacy was to collect prescriptions (82.9%) and to buy over the counter medicines (10.9%). 3.6% used the pharmacy to get advice about their medicine however a number of people commented that they sought advice about their medicines from their pharmacy. 76% strongly agreed or agreed that they could ask their pharmacy for health advice. 97% strongly agreed or agreed that their pharmacy was helpful and friendly. 80% strongly agreed and agreed that the pharmacy offered helpful advice on NHS services. However, 14.5% did state that they did not know that pharmacies could offer advice on NHS services.

Why do you visit the pharmacy?



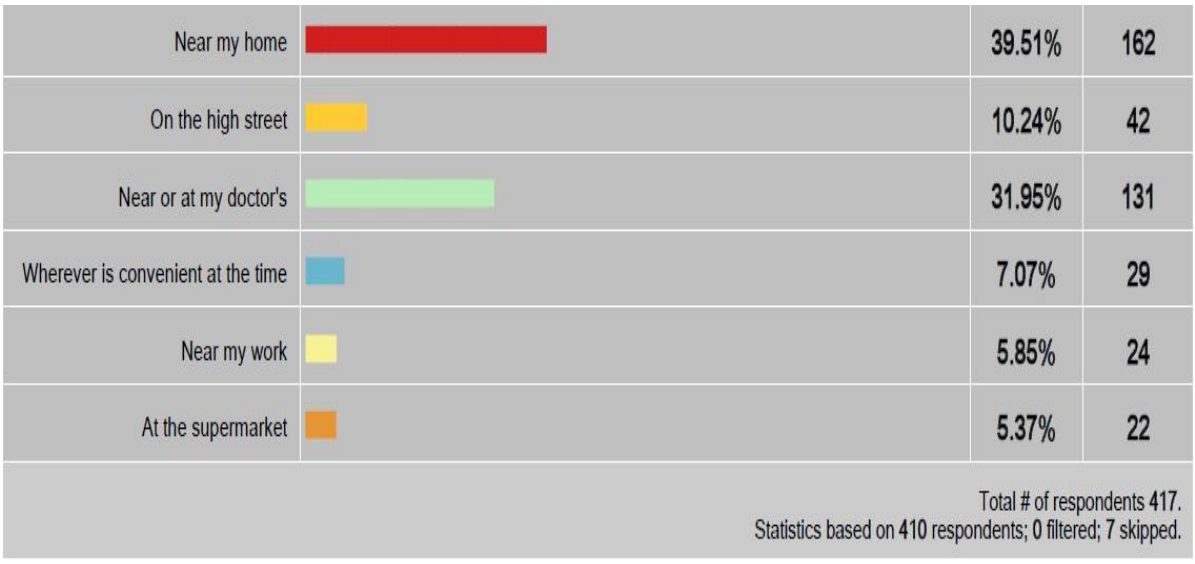
To collect a prescription	82.97%	341
To get advice about my medicine	3.65%	15
To buy over the counter medicines	10.95%	45
To get advice on healthy lifestyles	0.73%	3
Other	1.7%	7

Total # of respondents 417.
Statistics based on 411 respondents; 0 filtered; 6 skipped.

The majority were traveling under 10 minutes to get to their pharmacy (73.2%).there was a very small percentage that stated they travelled 20 to 30 minutes (2.7%) or over 30 minutes (1.4%). Of these 16 respondents, 8 had postcodes that were out of the Telford and Wrekin area.

The majority (39.5%) visited a pharmacy near their home, 31.9% visited a pharmacy because it was near their doctor's surgery and only 5.4% visited a pharmacy in a supermarket.

Where do you visit your usual pharmacy?



Near my home	39.51%	162
On the high street	10.24%	42
Near or at my doctor's	31.95%	131
Wherever is convenient at the time	7.07%	29
Near my work	5.85%	24
At the supermarket	5.37%	22

Total # of respondents 417.
Statistics based on 410 respondents; 0 filtered; 7 skipped.

The majority stated that it was important for their pharmacy to be located near the near home (38.2%) or near their doctor's surgery (31.5%). Of very low importance was access to pharmacy near child's school (0%) and getting their by public transport (1.2%).

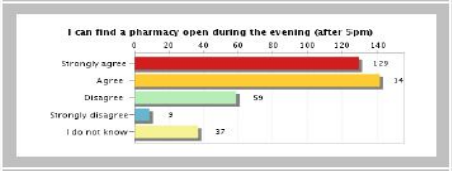
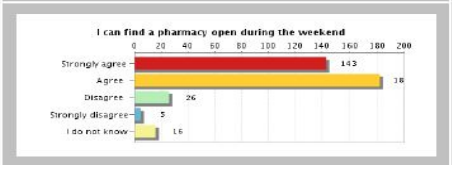
Thinking about the location of your usual pharmacy, which of the following is most important to you?

It's near my home	38.18%	155
It's near my work	6.9%	28
It's convenient to where I am on the day	9.11%	37
It's near or at my doctor's surgery	31.53%	128
I can get there using public transport	1.23%	5
It's in the town centre or high street	3.45%	14
It's in my local supermarket	4.43%	18
It's near my child's school	0%	0
I can park easily	5.17%	21

Total # of respondents 417.
Statistics based on 406 respondents; 0 filtered; 11 skipped.

92.3% were happy with the opening times of pharmacies. Additional opening hours that they would like to see are more evenings and longer opening on Saturdays and Sundays, as well as early morning.

However, 96% strongly agreed or agreed with the statement that they could find a pharmacy when they needed one. 72% strongly agreed or agreed that could find one open after 5pm and 87% strongly agreed or agreed they could find a pharmacy open at the weekends.

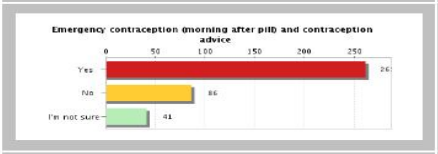
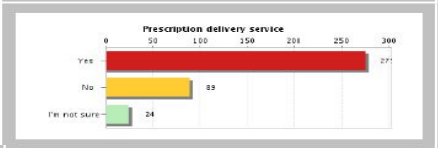
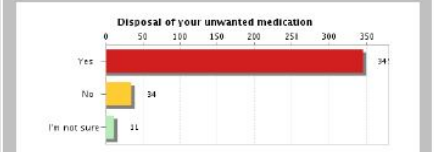
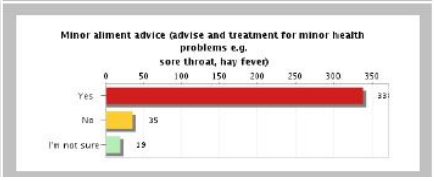
	A	B	C	D	E		Response Total
I can find an open pharmacy when needed	46.06 % (181)	49.87 % (196)	2.29 % (9)	0.51 % (2)	1.27 % (5)		393
I find it easy to find a pharmacy close to where I need it	47.91 % (183)	48.69 % (186)	2.36 % (9)	0 % (0)	1.05 % (4)		382
I can find a pharmacy open during the evening (after 5pm)	34.4 % (129)	37.6 % (141)	15.73 % (59)	2.4 % (9)	9.87 % (37)		375
I can find a pharmacy open during the weekend	38.44 % (143)	48.93 % (182)	6.99 % (26)	1.34 % (5)	4.3 % (16)		372

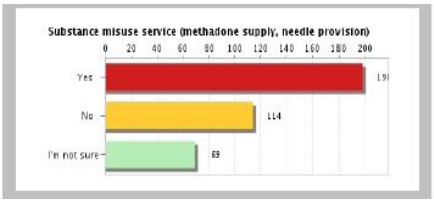
This section asked respondents about their awareness of extra services that may be available at their pharmacy. This question showed that there were some differences in awareness according to age of the respondents and the need for the service, such as emergency contraception and Chlamydia screening services.

Awareness of most extra services was high, with awareness of prescription collection from GP surgery (93.2%), disposal of unwanted medicines (88.5%) and minor aliment advice (86.2%) coming out with the highest scores.

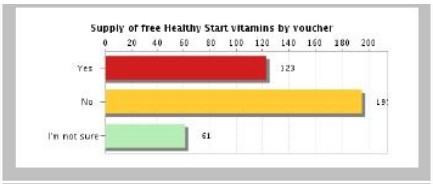
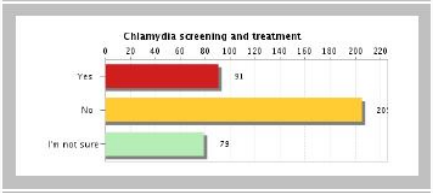
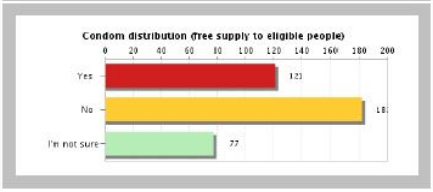
The lowest awareness rating was for Chlamydia screening with 24.3%, last year only 1.7% stated they were aware of this as an extra service. Other services that had low awareness levels were supplying free healthy vitamins (32.5%) and Condom distribution (31.8%).

Awareness of community pharmacy services

	Yes	No	I'm not sure		Response Total
Stop smoking advice and treatment	80.36 % (315)	13.78 % (54)	5.87 % (23)		392
Emergency contraception (morning after pill) and contraception advice	67.27 % (261)	22.17 % (86)	10.57 % (41)		388
Medication use review (advice on your medication)	76.73 % (300)	18.16 % (71)	5.12 % (20)		391
New medicines services (advice on taking your newly prescribed medicine)	76.08 % (299)	17.56 % (69)	6.36 % (25)		393
Prescription collection from your GP surgery	93.17 % (368)	5.32 % (21)	1.52 % (6)		395
Prescription delivery service	70.88 % (275)	22.94 % (89)	6.19 % (24)		388
Disposal of your unwanted medication	88.46 % (345)	8.72 % (34)	2.82 % (11)		390
Minor aliment advice (advise and treatment for minor health problems e.g. sore throat, hay fever)	86.22 % (338)	8.93 % (35)	4.85 % (19)		392

Substance misuse service (methadone supply, needle provision)	51.97 % (198)	29.92 % (114)	18.11 % (69)		381

Awareness of community pharmacy services (Continued)

Supply of free Healthy Start vitamins by voucher	32.45 % (123)	51.45 % (195)	16.1 % (61)		379
Advice on healthy lifestyles	66.93 % (257)	22.66 % (87)	10.42 % (40)		384
Chlamydia screening and treatment	24.27 % (91)	54.67 % (205)	21.07 % (79)		375
Condom distribution (free supply to eligible people)	31.84 % (121)	47.9 % (182)	20.26 % (77)		380

Other comments

Respondents were given the opportunity to add any other comments about their community pharmacy. Question 11 asked if there were any other services that you would like your pharmacy to offer. 79 responded to this question, with 54 of these saying no other services required. Other responses were, Blood pressure tests, Needle exchange, Warfarin testing and Weight advice. A few would like delivery of prescriptions, e-mail order and text reminders of opening hours. Others would like to NHS health checks, Flu vaccines and free NHS jabs for over 60's.

Question 12, allowed respondents to add any other comments about community pharmacy services. Overall, there were 99 comments, 38 of which stated they had not further comments to add. Of the remaining 61 comments over 70% of these were positive. There were many positive comments related to the friendliness of staff at pharmacies. There were also a few comments on how helpful staff were especially in relation to advice and care given. Although most were happy with their pharmacy, a few commented that prescriptions aren't always there or there in full, not all medication was available, often busy and there can be a wait. There were a small number who would like pharmacies to be more standardised.

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 11th MARCH 2015

LOCAL AUTHORITY COMMISSIONING INTENTIONS

REPORT OF – CLIVE JONES, ASSISTANT DIRECTOR, CHILDREN AND FAMILIES AND COMMISSIONING AND LIZ NOAKES, ASSISTANT DIRECTOR, HEALTH AND WELLBEING AND PUBLIC PROTECTION

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides the Board with an update on the local authority commissioning intentions for public health, universal whole population and vulnerable children, young people and adults.

2. RECOMMENDATIONS

The Board is requested to note and endorse the high level commissioning principles of the local authority and the detailed proposals outlined in Appendices 2, 3 and 4.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	The local authority commissioning intentions for public health, universal whole population and vulnerable children, young people and adults contribute to all of the Health and Wellbeing Priorities. The commissioning intentions will also contribute to the early intervention and prevention priorities of the Clinical Commissioning Group	
	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 Young and older carers, Older People, including those with dementia Children and adults with mental health problems Children and adults with autism Children and adults with 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 Council's budget strategy for 2015/16 will be considered for approval on 5th March and the funding and budget framework will then be established. The pressures which currently exist within Adult Social Services and Children's Safeguarding will form the back drop

		to the work which is undertaken and will drive the need to ensure cost effective ways of delivering services without compromising the Council's role to fulfil it's statutory duty to the Community. The transfer of responsibilities for Commissioning services for 0-5's is due to happen from October 2015. The estimated full year cost of delivering the services is £3.1m(£1.6m 2015/16). The final funding agreement has yet to be secured and is Subject to final agreement with the Department of Health.
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. Under the Public Contracts Regulations 2015 (the "**2015 Regs**"), implemented on the 26th February 2015, the procurement and contract award of prescribed health and social services contracts, under Chapter 3, section 7, **"Social and Other Specific Services"** will see a change to such contracting, as will the introduction of '*reserved'* contracts (mainly social, health and

		educational) for organisations that meet the "*qualifying organisation'* definition under section 77 "**Reserved Contracts for Certain Services**" i.e. those organisations with a public service mission, who reinvest profits and which have a significant degree of staff or user ownership and control. The categorisation of social care contracts as 'Part B' contracts, under the Public Contracts Regulations 2006 (as amended) has now been disposed with and social care (and some other former Part B services) will now fall under the new Schedule 3 regime of the 2015 Regs. In addition the threshold for social care service has been increased to 750,000 euros with a 'light touch' approach to be applied to procurement procedures for health and social services (and some other limited services).
EQUALITY & DIVERSITY	Yes	Local Joint Strategic Needs Assessment (JSNA) intelligence has helped to inform the commissioning intentions to ensure resources are targeted proportionately to reduce inequalities
IMPACT ON SPECIFIC WARDS	No	
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 commissioning plans and service reviews and contractual arrangements
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

Effective commissioning will ensure that services are designed around improving outcomes for the local population. Local authority commissioners use a commissioning framework. The framework (referenced in appendix 1) outlines the four elements of the commissioning cycle. The elements are sequential and are of equal importance. The commissioning cycle (the outer circle in the diagram) drives the purchasing and contracting activities (the inner circle). The process is underpinned and informed by the priorities and strategic plans of the Council and its partner agencies as set by the Local Strategic Partnership; Health & Well Being Board; and the Children and Young People and Families Board.

In close co-operation with commissioning partners and colleagues, we will follow through the priorities of those Boards and help inform those priorities through our local intelligence. The process is equitable and transparent and open to influence through on-going dialogue with stakeholders, service users, patients, non-service users and providers.

Our commissioning intentions are underpinned by the Health and Wellbeing Strategy principles:

- **Equity** – ensuring services are proportional to need and proactively targeted where they are most needed
- **Accessibility** – ensuring accessibility for all and protected groups in line with the Equalities Act
- **Integration** – ensuring people experience joined up seamless journeys
- **Quality** – ensuring services are clinically safe and have a strong evidence base
- **Financial Sustainability** – considering value for money with respect to outcomes
- **Engagement** – listening to what people are telling us about their experiences
- **Prevention** – supporting sustained lifestyle behaviour change
- **Safeguarding** – ensuring the protection of vulnerable adults and children

Public health is responsible for commissioning universal whole population health and wellbeing programmes; some tier 2 services offering early support; drugs and alcohol services and sexual health services.

Plans for supporting vulnerable people are supported through commissioning activity lead by the Vulnerable People Commissioning team who are

responsible for commissioning services to meet the outcomes for vulnerable children and their families, and adults including those with complex needs.

At a strategic level, the local authority collaborates with the Clinical Commissioning Group and Shropshire and Staffordshire Area team in its commissioning responsibilities through the Strategic Commissioning Group.

One of the duties of us as commissioners is to agree how to shape and manage the market of providers in order to improve outcomes for the population. We will ensure that:

- All service providers to demonstrate compliance with national safeguarding legislation and any other regulatory requirements;

- We deliver sustainable procurement practice and where ever possible support the local economy and have a sufficient supply of provision to meet need;

- All providers will provide details of the outcomes they have improved, stakeholder feedback and user involvement and safeguarding arrangements and issues;

- All provider agencies to work towards transparency in costs and offer services that are value for money and we will seek to achieve efficiencies wherever possible in the light of financial constraints.

4.1 Public Health Overview

The public health commissioning intentions set out to:

- Ensure commissioning arrangements are in place to appropriately align the investment of the Council's public health grant, in the context of the public health duties of the Council and as directed by local public health outcomes.

- Work collaboratively with partners to deliver the vision of the Telford & Wrekin Health and Wellbeing Board to improve the health and wellbeing of our communities and address health inequalities.

- Commission public health services which contribute to improved outcomes for the Health and Wellbeing Strategy priorities, specifically to reduce: the numbers of people who smoke, misuse drugs and alcohol; with excess weight and further reduce the number of teenage pregnancies.

- Adopt a cooperative commissioning approach; identifying opportunities to build capacity within the voluntary sector and strengthen the role of the voluntary sector in improving population wellbeing and reducing health inequalities

- Adopt the life-course approach promoted in the Marmot Review: Fair Society, Fairer Lives to tackle local health inequalities.

Public Health commissioners will lead the commissioning process for Early Help for children, young people and families (reporting to the Early Help Partnership) and Living Well (reporting to the Living Well Board). Public health will also support the Ageing Well work particularly through the use of some of the Public Health grant. The detailed public health commissioning intentions across the life course are set out in Appendix 2.

4.2 Vulnerable People Overview

We are approaching 'Outcomes Based Commissioning' principles following the assessment of demand and supply, requirement to manage demand away from more acute costly service provision where appropriate and focus on collaboratively developing innovative market solutions.

We will be commissioning in line with national and local priorities and ensure the promotion of **wellbeing and independence**. Commissioning strategies will be reviewed and will aim to prevent, reduce and delay need and where people have accessed acute provision, to 'step-down' with appropriate care and support back into the community.

Our commissioning intentions will provide avenues through an outcomes based commissioning approach to:

- Explore and provide models of practice that combine a variety of existing universal community resources
- Provide high quality, personalised affordable services for service users
- Provide a variety of collaborative solutions for those requiring contributions from reducing public funds

A Wellbeing and Prevention Strategy is being developed to promote personalisation, wellbeing and prevention in relation to reducing and delaying need with minimal intervention by public funded purchasing and encouraging social value within local communities. This strategy evidences improved integrated commissioning within the Local Authority across Public Health and the merged adults and children's commissioning areas (vulnerable people).

Our commissioning intentions aim to improve outcomes for children and young people while closing the gap for those who are disadvantaged. Therefore in particular we will work together with our partner agencies to ensure that:

- Children and young people who are vulnerable are helped to achieve their outcomes and are supported into adult life (Children in Care, Disabled Children and Young Carers)

- Families with complex needs receive the targeted support they need

The commissioning intentions as set out in Appendix 3 will be reviewed during the course of the next twelve months to reflect transformation required through the Better Care Fund, Care Act and personalisation, and to ensure that individuals, families and their carers have access to the right help at the right time.

5.0 IMPACT ASSESSMENT – ADDITIONAL INFORMATION

N/A

6.0 PREVIOUS MINUTES

N/A

7.0 BACKGROUND PAPERS

N/A

Report prepared by:

Vivianne McKay	Service Delivery Manager, Commissioning Vulnerable People
Louise Mills	Service Delivery Manger Health Improvement
Helen Onions	Consultant in Public Health

Appendix 1 - Commissioning Cycle
Appendix 2 - Local authority public health commissioning intentions
Appendix 3 - Local authority commissioning intentions for Vulnerable People
Appendix 4 – Procurement Plan

Appendix 1 – Commissioning Cycle

Appendix 2

Local authority public health commissioning intentions (population health and wellbeing)

Early Help (children, young people and families)

- We have completed the tendering process for the stop smoking in pregnancy service and have awarded a new contract to Ice Creates which will start on 1st April 2015

- We will work with key partners including the voluntary sector to review our local approach to parenting and will commission a needs led model of parenting support

- We will work with key partners including the Clinical Commissioning Group to commission counselling support with the aim of improving the emotional health, wellbeing and resilience of our children, young people and families

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

- We will work with the existing provider of our breastfeeding support services to extend the current contract for a further period of one year (up until 31st March 2016)

- We will work with our education partners to audit current practice for the delivery of health promotion and prevention in schools. The outcomes of the audit will inform our commissioning intentions and support for local schools to strengthen their contribution to improving the health and wellbeing of the whole school community. This will include development of a bespoke schools based programme to deliver improved outcomes for emotional health and wellbeing

- We will ensure the safe transfer of commissioning responsibilities for 0-5 year olds from NHS England to the local authority on the 1st October 2015. The transfer will encompass the 0-5 Healthy Child Programme which includes health visiting services and Family Nurse Partnership services; a targeted service for teenage mothers.

Living well (adults and older adults)

- We have completed the tendering process for the stop smoking service and have awarded a new contract to North 51 which will start on 1st April 2015

- We will work collaboratively with Shropshire Council Public Health and the Shrewsbury and Telford Hospitals 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 tender for the clinical element of the Drug and Alcohol Recovery Service (DARS),and the alcohol counselling service and the day care service (the current contracts for all three services expire June 2015)

- We are working with General Practices to extend the current contract for shared care substance misuse services; NHS Health Check; and sexual health services for a further period of one year (up until 31st March 2016)

- 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

- We will develop our contractual arrangements with the CSU for NHS Health Checks and extend to Sexual Health data collection

- We will develop a formal contractual arrangement with Alere for the provision of consumables for NHS Health Check

- We are working with local Pharmacies to extend the current contract for substance misuse and sexual health services for a further period of one year (up until 31st March 2016)

- Work will continue with the current provider of sexual health services to ensure this service delivers good outcomes and best value. A needs assessment is currently underway which will include a health professional's questionnaire that will shortly be distributed to inform this review. Information gathered will inform the commissioning of sexual health services beyond 31st March 2016

- We have extended the current contract for the provider of HIV prevention and support services for a further period of one year (up until 31st March 2016)

- We are currently in-sourcing the Chlamydia screening and notification service to Telford and Wrekin Council and will deliver this service on behalf of Shropshire Council also

- We will commission a programme of Making Every Contact Count (Health and Wellbeing) training and support for our frontline workforce across partners to increase staff confidence in raising lifestyle issues and signposting to support services. This will include 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 consider our local approach to working with local businesses to improve employee health and wellbeing

- We will explore the feasibility of extending the Healthy Lifestyles Hub and Health Trainer Service (delivered by Telford and Wrekin Council) where this will deliver greater flexibility to respond to increasing demand for lifestyle services

Appendix 3

Local authority commissioning intentions for Vulnerable People

1. Children and Families

Our commissioning intentions are based on the needs of specific cohorts of vulnerable children and young people and the priorities of the Children and Families Board.

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

Vision: *Keep children and young people on the edge of care, in care and transition to leaving care safe from harm and abuse and enable them to achieve their potential in life in stable and comfortable homes*

Key intentions:

- We are reviewing and refreshing 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 eg) exploring the use of social impact bonds for multi systemic therapy to support families in need of intensive support; accommodation respite to provide 'time out' for adolescents;
- We are leading on the strategic commissioning of a proposed West Mercia model adoption service to improve sufficiency of adopters, throughput of children with an adoption plan and reduce costs.
- We will review arrangements for commissioning parenting services to provide a cost effective model of provision.
- We will continue to commission and procure supported accommodation services for young people leaving care through current contracting arrangements but also by exploring alternative models of supported accomodation provision where this will improve quality, costs and outcomes. This will include links to services delivered under the Supporting People programme.
- We have completed the procurement activity for non accommodation support services for Children and young people who are in Care and who live with their families and a new Framework contract is in place that has increased capacity and clearly outlines costs.
- We will continue to commission and procure residential care and external fostering provision and through current framework contracting arrangements (regional and sub regional) and block and spot contracts.
- We will also review our procurement arrangements for residential and foster care provision for Children in Care in collaboration with our West

Midlands colleagues to more effectively develop and manage the market and manage costs. In doing this we will also consider methods of improving the measurement and reporting of outcomes achieved by contracted providers

- We are utilising an Outcomes Tracker that will measure children/young people's progress on their outcomes whilst within an accommodation based service.
- We are collaborating with health colleagues to commission effective mental health services at tier 2 for children in care.
- 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.

1.2 Children with Special Education Needs and Disabilities

Vision: *To enable children and young people with special educational needs and disabilities to maximise their potential and improve the quality of life for them and their families*

- We will commission services to meet the requirements of the SEND reforms for mediation and advocacy services.

- We will review and refresh the joint (with health) 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 commission services to meet the assessed needs of their children.

1.3 Strengthening Families

We will enter Phase Two of the agenda with a more wide ranging and targeted approach to supporting families with multiple problems through cost effective interventions. This will be undertaken across the Borough in conjunction with our local strategic partners.

1.4 Young Carers

We will further develop systems locally so that young carers are able to live a full life and are protected from excessive or inappropriate caring responsibilities. Our focus will be:

- To commission young carers services that fit with the principles which underpin the reforms to the Care Act and the Children and Families Act.
- Making young carers aware of their new rights to an assessment of their needs for support on request or on the appearance of need.
- Reviewing the availability of services to respond to eligible needs identified.
- Developing improved support arrangements for young adult carers, in which young carers are fully involved in identifying and designing the support schemes and supporting young carer's transition to adulthood.

2. Adults

In accordance with our Local Account priorities and requirements of the Care Act 2014, we are developing a Market Position Statement (MPS) which will be published by April.

We are collaboratively developing the 'Wellbeing and Prevention Strategy, which sets out our local approach to promoting wellbeing and independence across the continuum of need.

We are working with the market to ensure that there is the provision for a range of care and support solutions would prevent, delay or reduce individuals' needs for care and support or the needs for support for carers.

2.1 Understanding Community Resources

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.

2.2 Social Inclusion - Lunch Clubs

We are considering developing the links that have been made by the implementation of Community Meals and other available social opportunities, such as luncheon clubs. We are currently developing a 'Directory' to support social networks, nourishment and encourage social inclusion.

2.3 Carers – Emergency Support (Tender)

We will re-commission the emergency service which supports carers and vulnerable people in terms of crisis and emergency (Rapid Response)

2.4 Information, Advice and Guidance (Tender)

We are developing on improving and enhancing our information and advice offer and developing an 'Information, Advice and Guidance' Strategy and will tender IAG services to ensure we are Care Act Complaint.

We are also encouraging Providers within their own marketing strategies to promote information, guidance and advice for all of our residents with the right help at the right time.

2.5 Carers-Self Support (Tender separate LOT within IAG Tender)

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.'

2.6 Advocacy (Tender separate LOT within IAG Tender)

We will commission services to ensure that people have access to advocacy support where they have substantial difficulty in being involved in their assessment, support planning, review, or safeguarding event, where there is no one appropriate to support their involvement.

2.7 Supporting people to help themselves

This is a discretionary area of spend which supports people to live independently. Since October 2015, we have been reviewing the current provision of these services to ensure that they are in alignment with Telford and Wrekin's vision. These are services that aim to establish and maintain independence, offering individuals "support to do," and avoid an increase in need and avoidance of "caring" services.

Where individuals have an increased risk of developing needs we are working together to provide collaborative solutions which help slow down or reduce further deterioration. There will also be a focus on preventing other needs from developing. We will be tendering services for short term and long term supported accommodation.

2.8 Domiciliary Care – Preferred Provider Framework

As part of the original change programme a Preferred Provider Framework (PPF) for Domiciliary Care (Adults & Children) was developed. The Framework came into effect from October 2014 following a competitive tender process this Framework will be reopened.

2.9 Nursing and Residential Provision

It is projected that there is an aging 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.

2.10 We are evaluating the option of commissioning 'Progressive Support Services'

These will be outcomes based services which aim to achieve maximum independence for a wide range of individuals against a personalised support plan to:

- Enable customers (vulnerable adults and young people) to improve and maximise their independence and enable individuals to step down from residential provision to the community
- Promote independence and resilience utilising community based solutions

2.11 Joint Mental Health Strategy

We shall be reviewing the 'Joint Mental Health and Wellbeing' Commissioning Strategy and will take into account national policy and local context. It is anticipated that the Strategy will be 'All Age' to enable smoother transitions, and to enhance links with programmes such as Strengthening Families.

We will focus on a strategy being outcomes focused to promote wellbeing, independence and recovery.

We will fully involve stakeholders including NHS, Social Care, and Public Health and service users.

2.12 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.

2.13 Joint Strategy 'Living Well with Dementia Strategy'

The 'Health and Wellbeing' Board has identified 'dementia' as one of its key priorities and this strategy will be collaboratively reviewed with a variety of stakeholders.

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.

2.14 Extra Care Housing (ECH) in Telford

We will be reviewing 'Housing' Strategies and strengthen 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 plans to engage with providers and service users during 2015 to explore new service models, the opportunity to remodel existing services and the new services that might be required in the future.

2.15 Autism

To take forward the work outlined in support of the CCG as lead for the Autism Strategy and action Plan (previously presented to the H&WB Board (January 2014).

Appendix 4 – Procurement Plan

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
Public Health	HIV prevention and support services	54k	Contract Extended- extension of the current contract for a further period of one year (up until 31st March 2016)	Apr-15	Helen Onions	Increase in HIV testing uptake	Sexual Health Strategy Group is being established
Public Health	Substance Misuse - Clinical Services which will employ clinical substance misuse specialist workers and admin staff to support delivery of the clinical element of the Telford and Wrekin Council's Drug and Alcohol Recovery Services (DARS)	TBC	***Consultation*** events took place on 12th Jan and 13th Jan to seek views on specification (attended by service providers, strategic partners, commissioning and operational managers) and service users (including young people in order to focus on transition into adult treatment services). ***Potential risk highlighted as follows***:- Currently, Shropshire Community Health Services NHS hold the contract with the Council for the Substance Misuse Clinical Service. The trust also currently provide the Alcohol Liaison Service which is commissioned by the CCG and there are no plans to re-commission this service at this stage. The Alcohol Liaison Nurses work independently of the clinical substance misuse service in the trust, although they share the same management so there is not likely to be a significant risk to this service but this issue will be investigated further and reported back to the SCG.	Invitation to tender -end January 2015 Tender evaluation - March 2015 Award contracts - May 2015 for service commencement from 1st July 2015	Helen Onions	Increase in successful completion of drug treatment – non - opiate users and opiate users Number of brief interventions for alcohol delivered	Telford & Wrekin Drug & Alcohol Strategy 2014/15 – 2016/17
Public Health	Substance Misuse Treatment And Recovery Service (STARS) which includes:-	TBC			Helen Onions		Telford & Wrekin Drug & Alcohol Strategy 2014/15 – 2016/17

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
	Drug and Alcohol Support - offering support to Carers, Friends and Families of drug and alcohol users ***Psycho-social interventions***, structured Drug and Alcohol Day Services for Tier 3 intervention and Group Work Programmes ***Drug and Alcohol Employment Support*** ***Drug and Alcohol Peer Mentorin***g ***Core Alcohol service and interventions including assessment***						

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
	Probation Structured Intervention – Alcohol Treatment Requirements via Magistrates ***Shared Care and/or GP Liaison***						
Public Health	Insourcing of Young People's substance misuse service(currently provided by NACRO)	TBC	Plans to in-source this into the Council's Cohesion Team from July 2015	Jul-15	Helen Onions		Telford & Wrekin Drug & Alcohol Strategy 2014/15 – 2016/17
Public Health	Pharmacy - extension of the current contract for substance misuse and sexual health services for a further period of one year (up until 31st March 2016)	TBC	Sexual Health - Contracts Extended	Apr-15	Helen Onions	Increase in Chlamydia testing amongst 15-24 year olds Increase in Chlamydia detection rate Reduction in teenage pregnancy	
Public Health	Parenting support	30k	Currently being scoped	Jul-15	Louise Mills	Early Help priority following consultation	Early Help Strategy

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
Public Health	Breastfeeding support services	85k	To work with the current provider to extend the current contract for a further period of one year (up until 31st March 2016)	Apr-15	Louise Mills	Increase in number of infants breastfed at 6-8 weeks	Early Help Strategy
Public Health	Counselling support to improve the emotional health, wellbeing and resilience of children, young people and families	TBC	Counselling support to be commissioned jointly with the CCG	Sep-15	Louise Mills	Improved EHWB in children	Early Help Strategy
Public Health	Development of a bespoke schools based programme to deliver improved outcomes for emotional health and wellbeing	TBC	Currently being scoped with the market, stakeholders and commissioners	TBA	Louise Mills	Improved EHWB in children	Early Help Strategy

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
Public Health	Ensure the safe transfer of commissioning responsibilities for 0-5 year olds from NHS England to the local authority on the 1st October 2015. The transfer will encompass the 0-5 Healthy Child Programme which includes health visiting services and Family Nurse Partnership services; a targeted service for teenage mothers	Awaiting final allocation from DH	National Guidance has been published for the transfer - options are currently being considered	Oct-15	Louise Mills	PH Outcomes Framework (indicators for 0-5 year olds)	Early Help Strategy
Public Health	Stop Smoking Services	550k	Contracts awarded to North 51 and ICE to go live from 1st April 2015. Original approval was for two year contracts. Approval required for a 1 +1 extension for these contracts	Apr-15	Helen Onions / Louise Mills	Increase in the number of smoking quitters Reduction in adult smoking prevalence	Smoke-Free plan is in development

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
Public Health	Hospital Stop Smoking Service - contract extension for 12 months up until 31st March 2016	20k	Service to be jointly funded with contributions from Shropshire Council Public Health and SaTH (subject to SaTH Board approval)	Apr-15	Helen Onions	Reduction in maternal smoking prevalence	
Public Health	General Practice	TBC	Extension of the current contract for shared care substance misuse services; NHS Health Check; and sexual health services for a further period of one year (up until 31st March 2016)	Apr-15	Helen Onions	Increase in the take up of NHS Health Check programme	
Public Health	Commissioning Support Unit for NHS Health Checks and Sexual Health data collection	TBC	Review contractual arrangements with the Commissioning Support Unit for NHS Health Checks and extend to Sexual Health data collection	Apr-15	Helen Onions		
Public Health	Provision of consumables for NHS Health Check	54k	Review the current contractual arrangement with the current provider for the provision of consumables for NHS Health Check	Apr-15	Helen Onions		
Public Health	Sexual Health Services post 2016	TBC	A needs assessment and options appraisal will be completed in year to inform the commissioning intentions for the provision of sexual health services beyond 31st March 2016	Mar-16	Helen Onions		

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
Public Health	Insourcing of the Chlamydia screening and notification service to Telford and Wrekin Council and will deliver this service on behalf of Shropshire Council also	16k	This service will start from end of Jan and be delivered by Telford & Wrekin Council	Apr-15	Helen Onions	Increase in Chlamydia testing amongst 15-24 year olds Increase in Chlamydia detection rate	
Public Health	Brief advice and brief intervention training (behaviour change and healthy lifestyles) for our frontline workforce across partners	10k	Brief advice and brief intervention training (behaviour change and healthy lifestyles) for our frontline workforce across partners	Feb-15	Louise Mills	Increase in delivery of brief interventions and onward referral to quality assured lifestyle services (reduction in adult obesity, improved mental health, increased physical activity, reduced smoking prevalence)	Living Well Board priority
Vulnerable People	Rehabilitation and Enablement	TBC	Pooled budget agreement with the CCG reviewing the service specification with the CCG	Mar-15	Viv McKay	To support people to live as independently as possible, reducing and delaying the need for acute care	Wellbeing and prevention strategy for vulnerable people

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
Vulnerable People	Extra Care - adults	£9.5 million over 5 years	Reviewing all extra care block contracted services with a view to re-modelling in 15/16	Within the year	Viv McKay	To support people to live as independently as possible, reducing and delaying the need for acute care	Wellbeing and prevention strategy for vulnerable people Older people strategy
Vulnerable People	Independent Advocacy	£54.211 p.a.	Independent Advocacy services to be commissioned in accordance with the Care Act	Oct-15	Viv McKay	Enable informed choice and control	Wellbeing and prevention strategy for vulnerable people Statutory Service – Care Act
Vulnerable People	Information and Advice	£361,168 p.a.	Adult and Young Carers, Parent Partnership Service, Information and Advice Services commissioned with the VCS to re commissioned in accordance with the Care Act and SEND reforms	Oct-15	Viv McKay	Enable informed choice and control and promoting independence	Wellbeing and prevention strategy for vulnerable people Statutory Service – Care Act

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
Vulnerable People	Progressive Response Service	TBC	A framework contract will be developed to support wellbeing and prevention to include enablement. NEW PROVISION STILL BEING DEVELOPED	TBC	Viv McKay	To support people to live as independently as possible, reducing and delaying the need for acute care	Wellbeing and prevention strategy for vulnerable people Joint Mental Health Strategy Older people Strategy Joint Learning Disability Strategy
Vulnerable People	Domiciliary Care	Framework	Re-open and review the current framework contract	1st October 2015	Viv McKay	To support people to live as independently as possible, reducing and delaying the need for acute care	Older People's strategy Joint LD Strategy
Vulnerable People	Electronic Call monitoring system	Framework	To be confirmed following review of consultancy report	1st October 2015	Viv McKay	To support people to live as independently as possible, reducing and delaying the need for acute care	Older People's strategy Joint LD Strategy

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
Vulnerable People	Independent Social Work Assessments - Children	Framework	Currently spot contracted with independent providers. To be commissioned on a framework contract basis	Sep 2015	Viv McKay	Identification of appropriate need of vulnerable children and children in need	Children in Care Strategy Statutory service
Vulnerable People	Foster Care - children	Framework	Currently part of Solihull Framework Regional tender to replace this	Nov-15	Viv McKay	Keep children and young people on the edge of care, in care and transition to leaving care safe from harm and abuse and enable them to achieve their potential in life in stable and comfortable homes	Children in Care Strategy
Vulnerable People	Short Breaks - disabled children	£200,000 p.a.	Review of current commissioning arrangement for short breaks being undertaken in line with personalisation - re-commissioning plan to be developed in April 2015	Oct15	Viv McKay	Children with Disabilities to be given the choice to access appropriate quality short break provision and improve the quality of life for them and their families	Children with Disabilities Strategy Short Breaks Strategy
Vulnerable People	Adults with Learning Disabilities	£409,347 p.a	Review of contracts expiring towards the end of the year in line with the principles of the Care Act and personalisation Also to undertake a review of LD provision across the economy with	Through out the year	Viv McKay	Enhancing the quality of life for people with care & support needs	Joint LD Strategy

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
			the CCG				
Vulnerable People	Carers: Personalised Care	£40K (Pooled Budget)	Provision of 30 hours personalised support to family carers who support someone with dementia/LTC. Out for tender Jan 15. Linked to Admiral Nursing	ASAP/ March 2015	Viv McKay	Improve Carers Wellbeing and quality of life	Carers Strategy Wellbeing and Prevention Strategy
Vulnerable People	Carers: Emergency Response Carers Service	100K CCG/LA funding (Pooled Budget)	Emergency domiciliary response service for Carers to utilise to ensure the continuity of care at the point of emergency for the Carer e.g. Hospital admission	Jun -05	Viv McKay	Improve Carers Wellbeing and quality of life	Wellbeing and Prevention Strategy
Vulnerable People	Security contracts at Dodmoor	£36,000 p.a.	Decommission the provision replace with supported housing provision	May-15	Viv McKay	To support people to live as independently as possible, reducing and delaying the need for acute care	Wellbeing and prevention strategy
Vulnerable People	Supporting People supported accommodation	£785,508 p.a.	remodel provision and re-procure	Oct-15	Viv McKay	To support people to live as independently as possible, reducing and delaying the need for acute care	Wellbeing and prevention strategy
Vulnerable People	SLA with West Mercia Police to fund 4 x Police Community Support Officers	£108k per annum	To re-commission 4 x PCSO's working within a 'Target Team' that allows T & W to directly task e.g. to ' hot spot' areas and high areas of footfall.	1st April 2015	Jas Bedesha / Paul Fenn	Reassurance to local community and making them feel safe	Community Safety Plan

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Procurement activity date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
Vulnerable People	SLA with Wellington Boxing club	£500 for one off project	An opportunity for up to 10 young people who are on the cusp / or within the Criminal justice system.	1st April 2015	Jas Bedesha / Paul Fenn	Positive mentoring and coaching to be provided	Wellbeing and prevention strategy

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 11th MARCH 2015

NHS TELFORD AND WREKIN CCG STRATEGIC COMMISSIONING INTENTIONS 2015/16

REPORT OF: MRS NICKY WILDE, INTERIM DEPUTY EXECUTIVE LEAD QUALITY AND COMMISSIONING

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This paper provides details of the Telford and Wrekin CCG Commissioning Intentions for 2015/16. The broad intentions remain unchanged from previous years and have also been summarised in the Telford and Wrekin CCG 2014/15 "plan on a page" which is currently in draft form *(see appendix 1).* The 5 objectives of the CCG are all addressed in varying forms and they also relate to many of the priorities detailed in section 4 of the recently published guidance from the Department of Health "*The Forward View into action: NHS England's Planning Requirements for Commissioners 2015/16*".

The Commissioning Intentions were originally outlined in draft to the CCG Board in January 2015 and being re-submitted in March 2015 as final. The document has been populated by Commissioning Leads in the CCG.

2. RECOMMENDATIONS

To consider the contents of the Commissioning Intentions for 2015/16 and ensure that they do not conflict with those of the wider Health and Social Care plans.

3. IMPACT OF ACTION

The outcomes/outputs of each of the Commissioning intentions are included in this document. They will collectively assist the CCG in working towards delivery of their vision and values in 2015/16.

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>• Reduce the numbers of smokers
• Improve differences in life expectancy in the borough particularly for people from deprived communities, black and minority ethnic groups, people with heart disease or cancer and among the male population
• 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">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>For some intentions the whole population of Telford and Wrekin will be effected. For others it will be more targeted groups such as, those:
• suffering from Mental Health problems
• suffering from Long Term Conditions (including Cancer)
• accessing rehabilitation services
• in residential and nursing homes
• receiving care from children’s service</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">The commissioning intentions cover the period April 2015 – March 2016</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>Individual schemes are assessed by the CCG Planning and Priorities subcommittee of the CCG Board</td></tr>
</table>

LEGAL ISSUES	Yes	Some of the areas follow national issues such as constitutional rights.
EQUALITY & DIVERSITY	Yes	Individual schemes are assessed by the CCG Planning and Priorities subcommittee of the CCG Board
IMPACT ON SPECIFIC WARDS	No	Borough Wide
PATIENTS & PUBLIC ENGAGEMENT	Yes	Individual schemes are assessed by the CCG Planning and Priorities subcommittee of the CCG Board. The overall commissioning intentions have been discussed with the CCG Patient Roundtable
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	*N/A*

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

This paper provides details of the Telford and Wrekin CCG Commissioning Intentions for 2015/16. The broad intentions remain unchanged from previous years and have also been summarised in the Telford and Wrekin CCG 2014/15 "plan on a page" which is currently in draft form (see appendix 1). The 5 objectives of the CCG are all addressed in varying forms and they also relate to many of the priorities detailed in section 4 of the recently published guidance from the Department of Health "The Forward View into action: NHS England's Planning Requirements for Commissioners 2015/16". The National planning guidance is published in several parts:-

- The Forward View into action: NHS England's Planning Requirements for Commissioners, 2015/16 – overview document
- Activity and Financial Planning Templates 2015/16 – Guidance for CCGs
- Planning timetable
- Technical guidance – details the technical definitions of the overview document.

The papers talks of the importance of "planning together with confidence" and how in local communities Patient groups, clinicians, frontline NHS leaders and national organisations need to work together to sustain and improve NHS services. These requirements are largely being met locally by the Future Fit programme, for example the development of Urgent Care Centres will provide integrated primary and acute care.

The guidance also refers to the achievement of Core Standards such as the NHS Constitutional rights not being relaxed. In order to achieve both the forward planning and the delivery of the NHS Constitutional rights CCGs are asked to refresh their operational plans for 2015/16. The agreement of these commissioning intentions is part of this work.

Other areas mentioned in the guidance are:

- Getting serious about prevention and close working with local government partners. Specifically mentioned are lifestyle risks and evidenced based diabetes prevention.
- The role of employers in improving the health of the population
- Patient empowerment in terms of choice, improvement in access to information and personal health budgets.
- Achieving parity for mental health
- Improvements in choice for maternity services
- Better working with Carers and voluntary organisations

All health and social care organisations must work together to develop locally owned and agreed plans. To support mutual working between commissioners

and providers, there is an expectation that local organisations will share their own assumptions with each other in line with their duties of partnership. For the CCG as Commissioners, this will mean ensuring that plans reflect the local Joint Health and Wellbeing Strategy and those local providers and the local communities have been fully engaged in this process.

Appendix 2 provides the draft CCG Commissioning intentions for 2015/16. This document has been populated by Commissioning Leads and is in draft form awaiting formal approval from CCG Board.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

N/A

3. PREVIOUS MINUTES

N/A

4. BACKGROUND PAPERS

N/A

Report prepared by Nicky Wilde, Interim Deputy Executive Lead for Quality and Commissioning, NHS Telford and Wrekin CCG, Telephone: 01952 580418

CCG: NHS Telford and Wrekin

2015/16 operational plan on a page

Three key areas of focus for the 15/16 operational plan

1. **To improve commissioning of effective safe and sustainable services which deliver the best possible outcomes based upon best available evidence**
2. **To increase life expectancy, reduce health inequalities and support vulnerable people**
3. **To meet the objectives of the CCG effectively, efficiently and economically and in accordance with generally accepted principles of good governance and as an employer of choice**

Appendix 1

Access

To meet the NHS Constitution targets:

95% achievement of A&E 4 hour wait

90% RTT maximum wait of 18 weeks from referral to treatment where treatment involves an admission

95% RTT maximum wait of 18 weeks from referral to treatment where treatment does not involve an admission

100% target of no patients waiting over 52 weeks for treatment

93% Cancer maximum wait of 2 weeks for a patient to see a specialist for investigation of breast symptoms

96% Cancer maximum wait of 1 month (31 days) from diagnosis to first definitive treatment for all cancers

94% Cancer maximum wait of 1 month (31 days) for subsequent treatment where the treatment is surgery

98% Cancer maximum wait of 1 month (31 days) for subsequent treatment where the treatment is an anti-cancer regimen

94% Cancer maximum wait of 1 month (31 days) for subsequent treatment where the treatment is a course of radiotherapy

Cancer: Maximum wait of 2 months (62 days) from referral for suspected cancer to first treatment for cancer (85%)

75% Cat A Ambulance calls within 8mins - Red1&2

95% Cat A Ambulance calls – ambulance on scene 19 min

Additional commitments:

99% Diagnostics: referral to test within 6 weeks

15% (at least of estimated need) IAPT (Access to psychological therapies)

50% (at least) Recovery from psychological therapies of those finishing treatment

Work towards the 2016/17 targets to achieve treatment within 6 weeks for 75% of People referred to the Improving Access to Psychological Therapies Programme, 95% of people should be seen within 18 weeks

Dementia: Diagnosis for at least 66.7% of estimated numbers in general practice

Primary Care: Improved percentage scores in GP survey against questions relating to ease of booking appointments; quality of appointments; overall experience

Outcomes

Meeting the NHS Outcome Framework 5 Domains and 7 Outcome ambitions

Increase in cancer survivor rates

Enhanced care in residential and nursing homes

To introduce a strong framework for working with Voluntary Organisations

Improved outcomes for potential years' life lost

Introduction of House of Care Model

New end of life care plan

Increased diagnosis of patients with dementia and as a result provide early access to treatment

Introduction of Mental Health Crisis meeting the needs of those people with a mental health need in crisis in the community

Improved services for mental health service users - parity of esteem

Development of a model of Rapid Assessment Interface and Discharge (RAID) that meets with local expectations and ensure effective use of resources and expenditure

Improved waiting times for mental health services

Compliance with Special Educational Needs and Disability Code of Practice (SEND): 0-25 years (Children and Families Act 2014

Ensuring the transition and continuation of care when a child moves into adult services

Redesign services into a community setting where appropriate

Increase use of day case surgery and reduction in in-patient activity

Redesign of medical ambulatory care will avoid unnecessary hospital attendances and admissions

Better Care Fund Projects to increase the integration of care between health and social care including improved rehabilitation and delayed transfer of care

Reduction in avoidable paediatric emergency admissions

Increased use of Tele-health to support patient care creased use of Advice and Guidance to reduce number of consultant appointments

Review of pathways for planned and urgent care and improve service specifications

Development of a Primary Care Access, Transformation and Quality Strategy in line with the Co-commissioning arrangements – Develop Team around the Practice in line with enhanced Primary Care aspirations.

Delivery of Quality Innovation Productivity and Prevention programme

Quality

Patient safety – No Never Events and continued reduction of avoidable harms; maintain HCAIs within trajectory Work to embed the practice of clear clinical accountability with named doctor where appropriate. No mixed accommodation breaches

Patient experience –promote full engagement in Friend & Friends Test & increase patient reported experience measures across providers; Hearing the voice of the patient where it matters most. Reduce cancelled operations

Compassion in practice – embed the 6Cs(Care, Compassion, Confidence, Communication, Courage and Commitment) in all activity across all sectors; Support our teams to challenge when it is not evident.

Safeguarding – Work in partnership to keep our population as safe as possible; proactively learn from serious case reviews and embed recommendations.

Staff satisfaction- Increase rates of staff satisfaction building on the staff survey outcomes; Greater level of staff engagement, improvement in sickness absence rates

Seven day services- To develop a whole systems approach to increase the number of services offering seven day working to achieve the greatest benefit for both patients and the NHS; increase in the number of services offering 7 day services and increase in weekend discharges. Use SDIPs to ensure implementation of 7 day services

Response to Francis, Berwick and Winterbourne View-continue to ensure all aspects of learning is built into CCG decision making

Reconfiguration- To ensure that all service changes are built around the needs of patients, their safety and experience

CQC – Ensure that the recommendations from the CQC visits are addressed Improve antibiotic **prescribing** in Primary and Secondary Care and reduction of medication related incidents

Transformation programmes, reconfiguration plans and re-procurement

Future Fit programme of redesign which will oversee plans and proposals for improving acute and community hospital services in Shropshire

Collaboration on joint commissioning plans where possible

Implementation of integrated care record

Tendering for new services as appropriate e.g. Ophthalmology; Patient experience reviews; termination of pregnancy; Tele-health; Community Diabetes; Audiology;

Regional **Procurement** of NHS 111

Better Care Fund Projects to be fully implemented to improve integration, rehabilitation and admissions avoidance

Specialised Services commissioning arrangements to be agreed with NHS England

Co-commissioning of Primary Care and agreement of a new Primary Care Strategy to include quality, access and transformation

Delivering value

The CCG plans to achieve Business Rules, including a 1% surplus, 1% non-recurrent headroom and 0.5% Contingency.

Investments

£400k in additional Mental Health services.

£500k to support transformation through the Future Fit Programme.

Emergency Marginal Rate and Readmissions deductions reinvested in line with the CCG's published policy after consultation with relevant stakeholders.

Better Care Fund investment £10.4m linked to domiciliary care and re-ablement contracts to achieve a 3.5% decrease in Emergency Admissions.

Demographic and non-demographic growth totalling 3%, offset by BCF, and elective growth based on RTT trajectory

Appendix 2

CCG Commissioning Intentions and Expected Outcomes

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Contract Award Due Date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
To Improve commissioning of effective, safe and sustainable services which deliver the best possible outcomes, based upon best available evidence							
Planned Care	To strengthen self-care and prevention	N/A	New Grant Making Framework implemented for 15/16, allows for a consistent and robust mechanism for supporting voluntary organisations where their outcomes and priorities are aligned with those of the CCG.GP Practices are incentivised to establish care plans in COPD, Diabetes and Asthma in partnership with patients. T&W Patient Group actively working with Practices to establish patient groups from April 2015, all GP practice obliged to have a Patient Group under the GMS contract. Need clear reporting process on progress in line within BCF Programme timescales.	N/A	Julia Meakin	Stronger framework for Voluntary Organisation Grants. Voluntary Organisation contributions will lead to greater focus on meeting need. Increased number of self-care plans will empower patients to input into and manage their own conditions where possible. Measure - number of care plans. Increased number of Practice based patient groups working with the CCG during 2015/16 will add to the progress made with meeting “no decision about me without me”. Measure – number of Practice based patient groups. Deliver the outputs from the Patients in Control - Personal Care Plan and Shared Decision Making; better signposting and training on car and compassion.	CCG 2 year plan, QiPP plan

Planned Care	Redesign services into a community setting where appropriate	Various to be confirmed	The 'Care closer to home' agenda has enabled CCGs to look at services to understand whether elements or total services can be undertaken in a community setting. Work is being undertaken with both secondary care and local providers to develop pathways to ensure care is seamless and undertaken in the most appropriate setting. Ophthalmology has been a success in redesign bringing a number of follow up appointments into a community setting and other specialties will have elements that can be redesigned to bring more care into the community. The current commissioning intentions look to redesign ENT, Gastroenterology and MSK pathways.	N/A	Liz Cartwright	Increased activity transferred from Acute to Community Services; this will allow more patients to benefit from care closer to home. Measure – increase of 15 % of activity in a community setting and 15% reduction in secondary care activity. A number of pathways to be reviewed; associated quality and cost improvements will lead to higher levels of patient satisfaction and better value for money. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases	CCG 2 year plan Care Closer to Home CCG Strategic Plan, QiPP plan
Planned Care	Increased use of Tele-health to support patient care	N/A	Continue to promote simple telehealth Flo automated texting and expansion of use for LTC's in GP Practices/Community and acute providers. CCG working in partnership with Telford &Wrekin Adult Social Services Assistive technology (AT) project where opportunities arise and represented on the Shropshire AT group	N/A	Julia Meakin	Increased number of Tele-health projects introduced to improve access and support patient care. Will contribute towards the 3.09% overall reduction in Outpatients	CCG 2 year plan, QiPP plan
Planned Care	Increased use of Advice and Guidance	N/A	Continue to increase the use of advice and guidance service across all specialties, working with SaTH and the GPs.	N/A	Sharon Clennell	Patients will benefit from earlier access to consultant opinion via GP referrals to Advice and Guidance Measure – increased number of Advice and Guidance referrals to avoid admissions. Will contribute towards the 3.09% overall reduction in Outpatients	CCG 2 year plan, QiPP plan

Planned Care	Increase use of day case surgery and reduction in in-patient activity	N/A	Following an in depth analysis of current activity it has been highlighted to the CCG that a number of in-patient activity could be undertaken as a day-case - this follows national criteria and looks at benchmarking data locally. A number of procedures have been identified.	N/A	Liz Cartwright	Number of pathways reviewed and associated quality and cost improvements will lead to better patient satisfaction and better value for money. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases	CCG 2 year plan Care Closer to Home CCG Strategic Plan, QiPP plan
Planned Care	Determine future specialised commissioning arrangements	N/A	The future arrangements for specialised commissioning currently remain unclear and the CCG is waiting for the further information from NHS England to determine which services will become the responsibility of the CCG during the coming years. The new CCG staff structure has anticipated future changes.	N/A	Fran Beck	Work with NHS England to agree the future commissioning of specialised services	CCG 2 year plan
Integrated Care	Fully implement Better Care Fund Projects	£11.610m within pooled budget	Programme Management Board in place to monitor development of the whole Programme. Rehabilitation Business Care and service specification developed	N/A	Michael Bennett	Implementation of agreed model of team integration to reduce admissions, reductions in permanent admissions to care homes and delayed Transfers of Care to planned levels and reduce length of stay in hospital. Implement agreed Community rehabilitation service leading to an increased number of episodes of community rehabilitation avoiding unnecessary long length of hospital stays. Reductions in acute rehabilitation episodes. Reductions in identified HRGs related to emergency admissions. Reductions in Excess Bed Days. Full implementation of Discharge to Assess. Patient / Carer satisfaction levels of care close to home. Will contribute towards the 6.5% reduction in emergency admissions.	BCF Programme. QIPP plan. Care Act. CCG 2 year plan

Integrated Care	Enhanced care in residential and nursing homes	£50,000 for additional community nurse to work directly with care homes	Additional resilience monies used for falls exercise and Training until March 2015. funding to be identified is seen as effective use of monies for 2015/16	N/A	Michael Bennett	To reduce admissions from nursing and residential homes through analysis of admissions to each care home; support, education and training programmes by nursing staff and Falls Prevention training and exercise; support of education and training programmes; proactive case management of patients and further roll out of case plans for residents. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases and the 6.5% reduction in emergency admissions.	BCF Programme. QIPP plan, CCG 2 year plan
Urgent Care	Procurement of NHS 111	N/A	The procurement process, undertaken on a regional basis and led by NHS Sandwell and West Birmingham CCG, is currently underway. The specification has been enhanced to increase the level of direct clinical input to address concerns from implementation of original model.	May-15	Karen Kalinowski	Patients will benefit from enhanced model. 111 also contributes to the urgent care by directing people to the most appropriate service. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases and the 6.5% reduction in emergency admissions.	CCG 2 year plan, Urgent care plan
Urgent Care	Redesign of medical ambulatory care	N/A	A project group has been set up across the LHE to undertake the review of existing and development of a future model of ambulatory care. A whole system approach is required so that the future model both delivers efficiencies and reduces pressure on the emergency departments and hospital admissions.	N/A	Karen Kalinowski	Redesign of service agreed and successfully implemented will avoid unnecessary hospital attendances and admissions. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases and the 6.5% reduction in emergency admissions	CCG 2 year plan, Urgent Care plan

Urgent Care	Reduction in avoidable paediatric emergency admissions	N/A	The CCG (alongside Shropshire CCG) is exploring the development of pathways to deliver hospital at home in conjunction with the acute and community providers including improvements to managing frequent flyers.	N/A	Rebecca Johnson	By improving paediatric pathways there will be a reduction in emergency admissions for under-19s. Working in partnership to deliver integrated acute and community hospital at home service to reduce emergency admissions and care for children in the right place at the right time. Contribute to the 6.5% reduction in emergency admissions	CCG 2 year plan, QiPP plan
Quality	Implementation of 7 day services	N/A	The CCG has included the delivery of the 7 day services standards into the NHS contracts for providers in 2015/16.	N/A	Nicky Wilde	To develop a whole systems approach to increase the number of services offering seven day working to achieve the greatest benefit for both patients and the NHS; Increase in weekend discharges. Use of SDIPs to ensure implementation of the standards of 7 day services	CCG 2 year plan
Quality	Improved quality outcomes - embed the 6Cs(Care, Compassion, Confidence, Communication, Courage and Commitment) in all activity across all sectors; Support our teams to challenge when it is not evident.	N/A	Application of principles are tested and assurances sought through clinical quality review meetings. Feedback is triangulated across patient experience sources and external review. Across all NHS Contracts	N/A	Chris Morris	Improving the outcomes for patients specifically for reduction of avoidable harms Measure -- Number of pressure sores, never events and HCAIs. Evidence of embedded practice of clear clinical accountability with named doctor where appropriate. No mixed accommodation breaches. Reduce cancelled operations. Implementation of recommendations from CQC reports	CCG 2 year plan

Primary Care	Co-commissioning of Primary Care	N/A	The CCG was notified on February 18th that has been successful in its application for full delegated authority to co-commission primary care. The CCG is in the process of working with NHS England on the scope and limitations of this and expects further guidance in March	N/A	David Evans	Secure co-commissioning of Primary Services. Agreement of a new Primary Care Strategy to include quality, access and transformation. Improved percentage scores in GP survey against questions relating to ease of booking appointments; quality of appointments; overall experience. Undertake a baseline assessment of GP Practices. Develop "Team around the Practice"	CCG 2 year plan
Medicines Management	Medicines Management improvements	N/A	Continue the ongoing programme of work to improve prescribing of antibiotics and reduction of medication related incidents.	N/A	Jacqui Seaton	Key performance indicators (KPIs) are used to monitor antibiotic prescribing: 1) antibacterial items/STAR-PU, 2) Cephalosporin's and quinolones % items, 3) Trimethoprim ADQ/item, 4) Minocycline ADQ/1000 patients, 5) co-amoxiclav % items. All KPIs are monitored on a monthly basis at both CCG and practice level. National performance against these indicators is provided by the NHS BSA on a quarterly basis. 6 monthly reports are provided to the local health economy healthcare acquired infection prevention meeting. The CCG actively participates in national campaigns (e.g. Antibiotic Guardian, Treat Yourself Better and European Antibiotic Awareness Day) to raise awareness of the risks associated with antimicrobial resistance. Medication Related Incidents are reported directly to the CCG's Medicines Management Team. The CCG's Medicines Safety Committee reviews all medicine related incident reports and ensures that learning is cascaded across the CCG. The CCG received 10 medicine related incident reports during 2013/14, this number has increased to 54 so far this year (April 2014 - January 2015).	UK Five Year Antimicrobial Resistance Strategy, CCG 2 year plan

To increase life expectancy and reduce health inequalities							
Mental Health	Ensure parity of esteem for mental health service users	N/A	To carry out a review of mental health need locally to determine what is needed for the local population, To ensure that community services are developed in line with peoples needs and that a responsive local community service is developed.	N/A	Noel Morrow	Mental Health Needs Assessment completed. Number of grants awarded to support Mental Health improvements. Service user feedback. Baseline of contract to be increased with additional 400k	CCG 2 year plan
Planned Care	Improve the outcomes for potential years life lost	N/A	CCG is working with the Public Health team to develop a Quality Premium Potential Years of Life Lost (PYLL) Plan. The Plan is based on high impact interventions known to reduce early death rates covering priority areas for T&W; CVD, cancer and respiratory	N/A	Julia Meakin	Reduce potential years life lost by 3.2%	LTC plan, CCG 2 year plan, QiPP plans
Planned Care	Implementation of new End of Life Plan	N/A	A Shropshire-wide EOL Plan to replace the Liverpool Care Pathway is being implemented by providers supported by relevant training	N/A	Julia Meakin	To improve and support the care at the end of life. Number of end of life plans agreed. Increased number of patient dying in place of choice	CCG 2 year plan, End of Life plan
Planned Care	Increase in cancer survivor rates	N/A	A stakeholder working group has been implemented to improve survivorship rates. This group includes primary care, secondary care, patient representation, Macmillan ,NHS England, Local Authority and CCG. The aim is to provide a 'joined up approach' to improve survivorship rates The plan focuses on Prevention, Early diagnosis, Treatment, Survivorship, End of Life with overarching themes of Patient experience, Data and intelligence and Inequalities and equality and	N/A	Liz Cartwright	Survivorship rates for patients will increase by improving access to cancer pathways. 2 week wait pathways and referral forms to be reviewed and agreed to improve quality of referrals Patient and GP education to improve sign and symptom awareness	CCG 2 year plan

			diversity				
Planned Care	New model for the identification and management of long term conditions	N/A	CCG is exploring the House of Care Model to manage LTC's. Significant project that will take a couple of years to implement. This is a coordinated service delivery model encompassing all people with LTC's and assumes an active role for patients, with collaborative personalised care planning at its heart.	N/A	Julia Meakin	To improve the long term conditions pathways, outcomes and experience of patients. Agreement of future model which may include the House of Care model	LTC plan, CCG 2 year plan, QiPP plans
To encourage healthier lifestyles							
Planned Care	Smoking at time of delivery	N/A	New contract awarded for stop smoking in pregnancy to start 1st April 2015 close partnership working between midwifery and the new stop smoking provider will be required. Other developments include: a midwifery Public Health training day in Jan 2015, , more monitors and training for all midwives & quarterly validation of SATOD between SaTH and stop smoking provider.	N/A	Liz Cartwright	Focus on midwifery model for case management and the Local Authority re-tendering of the health to quit programme. Collaboration with Public Health and SaTH to target disadvantaged communities	CCG 2 year plan
Planned Care	Increase diabetes prevention activity	N/A	A GP led group are looking at the re-design of diabetes services in line with the House of Care model described above. A workshop in February including representation from Public Health, Secondary and Community Services started to look at an integrated community based model for the delivery of Diabetes. The GP Group are responsible for working up plans during 2015/16 for a new model of diabetes care to be implemented in 2016/17	N/A	Julia Meakin	Work with GP Practices and providers to increase activity in preventing diabetes. Work programme to commence upon outcomes of a GP working group.	LTC plan, CCG 2 year plan, QiPP plans

To support vulnerable people							
Mental Health	To improve services for mental health service users	Mental Health Contract. Non recurrent funding to Mind in Telford.	Current Recovery plan in place and now on track to meet the access target. Issues with recovery given that the service is also seeing people at Step 4 which it is not commissioned to deliver; however there is an issue in relation to capacity of secondary care psychology. Mind have been given £25k to develop its counselling service and to pickup its activity through IAPTUs thus adding to our overall targets.	N/A	Noel Morrow	To achieve treatment within 6 weeks for 75% of People referred to the Improving Access to Psychological Therapies Programme. 95% of people should be seen within 18 weeks The 15% target of local need is met by the IAPT service. This means that year on year 2614 people access IAPT services. 50% of people also recover from their illness through the IAPT intervention.	CCG 2 year plan
Mental Health	Develop RAID model and ensure effective use of resources and expenditure.	Mental Health Contract with SSSFT and additional non recurrent funding. In 15/16 Additional 400k in contract from Parity of Esteem	Current service is seeing 200 people a month. Any new development will need to ensure that main focus of ensuring access and preventing breaches in A&E can be achieved. Need to look closely at the comprehensive savings across the health system and how these can enable better funding of a comprehensive RAID service. Funding arrangements in other parts of the country are split between provider and commissioner		Noel Morrow	Option appraisal Evaluation from the University of Chester will inform future model improving quality and value for money. This will ensure that service users have robust access to mental health assessment and ensure that the acute hospital can meet its outcome in relation to A&E	CCG 2 year plan

Mental Health	Increase diagnosis and as a result early access to treatment of patients with dementia	GP practices and mental health memory services main contract baseline	Need to work closely with GP practices who are not achieving their targets in relation to Diagnosis. Alzheimer's Society have employed 2 CDW's to work with GP Practices who are struggling with this. Hope to achieve target through targets work. Also data cleanse of EMIS system and harmonisation project	Workers in place	Noel Morrow	Dementia diagnosis rate at least 66.7% of expected levels.	CCG 2 year plan
Mental Health	Mental Health Crisis Concordat to ensure better co-ordination of statutory services in meeting the needs of those people with a mental health need in crisis in the community	250K non recurrent funding	Non Recurrent money received From NHSE to develop a crisis helpline and co-ordination hub across all key organisations - Ambulance, Mental Health, LA, Police & Voluntary Sector. This will also reduce the use of police cells/custody suites as places of safety for young people and adults. CCG will publish its action plan on the website by end of March 2015.	Pilot in place and SSSFT main provider and sub contracted for voluntary sector provider.	Noel Morrow	To ensure the implementation of the key features and outcomes of the Crisis Concordat for Mental health. To reduce the use of police custody suites as a place of safety	CCG 2 year plan
Mental Health	Improved waiting times for mental health services	mental health contract and also additional funding of 400k due to Parity of Esteem	This is linked to creating better access to services. Parity of Esteem with other secondary care services. Already built into 15/16 contract with the expectation that this will be in place by April 2016.	2016 April	Noel Morrow	Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis. Mental Health provider will ensure that by 16/17 it has the required capacity to meet the 50% outcome for people 2015/16 performance plan: of all those finishing IAPT treatment in the period, the number who began treatment within (i) 6 weeks – 75%; (ii) 18 weeks – 95%with a first episode of psychosis.	CCG 2 year plan

Children's	Special Educational Needs and Disability Code of Practice (SEND): 0-25 years (Children and Families Act 2014)	N/A	Partnership working with the Local Authority and partners to ensure the requirements of SEND reforms are locally met and there are improved outcomes for children and young people.	N/A	Rebecca Johnson	Partnership working with the Local Authority and partners to ensure the requirements of SEND reforms are locally met. This includes the introduction of Personal Budgets, new roles; Designated Health Officer and Clinical Officer and the establishment of a Joint Commissioning Task and Finish Group in support of joined effective commissioning for the future. Continual improvements to the local offer of services, developing outcomes/impact measures to include capturing data on the numbers of Notification Forms and Education Health and Care plans	CCG 2 year plan
Children's	Ensuring the transition and continuation of care when a child moves into any adult services.	N/A	Partnership working with the Local Authority and partners to Partnership working to ensure transition is supported and enabled through joint protocols and procedures.	N/A	Rebecca Johnson	The CCG recognises that there is a risk when children pass into adult services and will work to ensure that this risk is reduced in conjunction with partners.	CCG 2 year plan
Quality	Safeguarding adults– Work in partnership to keep our population as safe as possible	N/A	See outcome column.	N/A	Joy Henry	Evidence of learning from recommendations from serious case reviews, safeguarding adults reviews and domestic homicide reviews. To work closely with the local authority around the implementation of the Care Act, Mental Capacity Act, Deprivation of Liberty Safeguards, the Prevent agenda and other legislator requirements. To participate in quality assurance visits to provider areas and to attend safeguarding case conferences and strategy meetings, or section 42 meetings moving forward.	CCG 2 year plan

Quality	Safeguarding children– Work in partnership to keep our population as safe as possible	N/A	See outcome column.	N/A	Audrey Scott-Ryan	Death Overview Panel (CDOP) for Shropshire and Telford & Wrekin - Each local child death is reviewed by the panel under central statutory guidance using national templates. Lessons to be learnt and recommendations are taken forward. Serious Case Review / Individual Management Review - reporting to be a standing item on Health Safeguarding Governance Committee with SCR newly published Executive summaries to be disseminated to group. The Designated/ Named professionals to drive and support local lessons actions to be taken forward, i.e. 'children who don't cruise rarely bruise', National, regional and local SCR one minute lessons learnt briefings to front-line staff via Healthcare Governance Safeguarding Children Committees provider organizations for them to share at their internal safeguarding meeting.	CCG 2 year plan
In meeting the objectives of the CCG functions effectively, efficiently and economically and in accordance with generally accepted principles of good governance and as an employer of choice							
Planned Care	Well negotiated contracts that ensure NHS constitutional targets are delivered and value for money achieved	N/A	There is a planned programme of work to ensure that our NHS Contracts are populated correctly to ensure required standards and plans are clearly defined to allow for accurate monitoring.	N/A	Nicky Wilde	Measure against delivery of Key Performance indicators, RTT, Cancer, Diagnostics and A&E targets, CQUINS etc. Number of service specifications agreed which clearly identifies the level and quality of service expected. Adherence to West Midlands averages for Follow Up ratios and Consultant to Consultant referrals. Achievement of QiPP targets. Implementation of contract levers	CCG 2 year plan

Planned Care	Reduced variation in Primary Care referrals	N/A	Continue work with High/Low referring Practices. Look at referral trends/patterns across Primary Care at Practice/GP level.	N/A	Sharon Clennell	By undertaking reviews of referrals at a practice level will ensure the quality of referrals into secondary care and agreed pathways are followed.	CCG 2 year plan. QiPP plan
Planned Care	Increased use of TRaQs to manage referral activity e.g. 2 week wait referrals	N/A	To expand the TRAQS service to include other referral types i.e. 2WW. Review the current process in Primary and Secondary care. Look to implement a more robust process in TRAQS that will provide assurance to our patients and the CCG that all clinically appropriate 2WW referrals are being managed correctly.	N/A	Sharon Clennell	Number of new services managed by TRaQs will ensure a consistent approach to GP referrals	CCG 2 year plan. QiPP plan
Planned Care	Tendering for new services as appropriate	N/A	Ensuring that EU procurement processes are followed.	N/A	Nicky Wilde	Number of new services tendered to improve access and quality in services	CCG 2 year plan
Integrated Care	Implementation of integrated care record	N/A	This work stream is an enabling work stream and is focusing on the development of data sharing principles and a shared care record across the participant health and social care organisations involved in the BCF programme. An overall project group is currently being established with cross-organisational representation from senior IT and information governance leads. This group will establish a number of task and finish sub-groups to lead on individual elements of work.	N/A	Michael Bennett	A key requirement 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.It is recognised that the development of a single shared record for health and social care will likely require interim workaround solutions as part of a phased implementation plan over the next 1 to 2 years	CCG 2 year plan

Quality	Improvement in positive patient experience	N/A	To continue to work with providers to ensure they are engaging with national patient surveys or local patient involvement surveys	N/A	Julie Bone	To ensure that the CCG is commissioning improved services, the measure will be via the patient experience surveys and feedback. Promote full engagement in Friend & Friends Test & increase patient reported experience measures across providers; Hearing the voice of the patient where it matters most.	CCG 2 year plan
Quality	Staff health and wellbeing	N/A	As part of a refresh of the CCG OD plan we will be undertaking staff surveys to help inform a staff values/team building workshop, to help support our staff to provide the highest professional standards and to help influence the delivery of high quality services through the commissioning cycle.	N/A	Alison Smith	Improvement in overall staff survey results and reduction of sickness and absence rates.	CCG 2 year plan
Quality	Good evidence of Collaborative Commissioning	N/A	The CCG has worked with the Area Team and understands the importance of developing existing collaborative working arrangements with the council, other CCGs and providers to jointly commission in a systematic manner.	N/A	Fran Beck	Number of projects delivered by collaborative commissioning which delivery a whole systems change to patient care	CCG 2 year plan
Finance	Sustainable financial plan	N/A	The CCG anticipates achieving a breakeven financial position in 2014/15 as per plan. An initial financial plan for 2015/16 has been submitted to NHS England based upon a 1% surplus for the year. Uncertainty around 2015/16 tariff, delivery of £4m QIPP and contract performance in 2015/16 remain the key risks to delivery	N/A	Andrew Nash	To achieve the expected of 1% surplus in financial plans	CCG 2 year plan

Finance	The CCG plans to achieve Business Rules, including a 1% surplus, 1% non-recurrent headroom and 0.5% Contingency.	N/A	An initial financial plan for 2015/16 based upon Business Rules has been submitted to NHS England. Uncertainty around 2015/16 tariff, delivery of £4m QIPP and contract performance in 2015/16 remain the key risks to delivery	N/A	Andrew Nash	£400k in additional Mental Health services. £500k to support transformation through the Future Fit Programme. Emergency Marginal Rate and Readmissions deductions reinvested in line with the CCG's published policy after consultation with relevant stakeholders. Better Care Fund investment £10.4m linked to domiciliary care and re-ablement contracts to achieve a 3.5% decrease in Emergency Admissions. Demographic and non-demographic growth totalling 3%, offset by BCF, and elective growth based on RTT trajectory	CCG 2 year plan
Planned, Urgent and Integrated Care	Transformation	not yet known	The Future Fit programme OGC Gateway Review Stage 0 has just been completed. This current rating for the programme is Amber, which the joint SRO's believe is an accurate reflection given the complexity and challenges that the programme faces. This will significantly change the way services are provided in the future including a smaller acute sector and much enhanced primary and community care services.	N/A	David Evans	Future Fit programme of redesign which will oversee plans and proposals for improving acute and community hospital services in Shropshire Collaboration on joint commissioning plans where possible. Tendering for new services as appropriate e.g. Ophthalmology; Patient experience reviews; termination of pregnancy; Tele-health; Community Diabetes; Audiology; Implementation of integrated care record. Regional Procurement of NHS 111. Better Care Fund Projects to be fully implemented to improve integration, rehabilitation and admissions avoidance. Specialised Services commissioning arrangements to be agreed with NHS England. Co-commissioning of Primary Care and agreement of a new Primary Care Strategy to include quality, access and transformation	CCG 2 year plan

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 11th March 2015

BETTER CARE FUND: DEVELOPMENT OF THE SECTION 75 PARTNERSHIPAGREEMENT

REPORT OF: PAUL TAYLOR: DIRECTOR OF HEALTH, WELLBEING AND CARE AND DAVID EVANS: CHIEF OFFICER, CCG

LEAD CABINET MEMBER –CLLR ARNOLD ENGLAND

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 The Health and Wellbeing Board is asked to note that:

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- A Section 75 Partnership Agreement to underpin the Better Care Fund is under development with the intention of being in place from the 1st April 2015.

2. RECOMMENDATIONS

The Board is requested:

1) To note the progress that has taken place to develop a Section 75 Partnership Agreement.

2) To oversee the arrangements of the Section 75 Partnership Agreement over the coming year

3. IMPACT OF ACTION

The single Section 75 Partnership Agreement which will come into effect from 1st April 2015 will be for the full funding amount within the BCF for 2015-16 (£12,068,000). This Agreement will represent new ways of working between the two authorities and other partner organisations. The Health and Wellbeing Board are responsible for oversight of these arrangements.

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>• To reduce avoidable admissions to the acute hospital and support with care at home
• To support people with specific health needs to live independently for as long as possible
• To 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>• Improving the health and wellbeing of our communities and addressing health inequalities</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>The current focus for the BCF is to transform public 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

This is based on JSNA evidence of demographic changes. Local residents aged 65 and over are an increasing proportion of the population with the fastest increase since 2001 in the 85+ age group (27.3%). The 65+ population is expected to increase by 9,200, an increase of 37%. This age group currently represents 14.5% of the total population. By 2026 this will 17.3%.</td></tr>
</table>

TARGET COMPLETION/DELIVERY DATE	• Section 75 Partnership Agreement – 1st April 2015.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The Better Care Fund Pooled Fund will contain £12.068m of funding in 2015/16.. As this fund includes the current level of funding within the 2014/15 Section 75 agreements the total fund is £378k more than the minimum amount required. This additional funding is from the Local Authority. The total amount also includes £1.28m of capital allocations in respect of Social Care and Disabled Facilities which must be spent in line with nationally set criteria. Whilst only one S75 agreement can be used it may cover more than one pooled budget. The high level financial information is contained within the published plan and shows scheme by scheme budgets, expected benefits ,savings and the level of performance pay linked to the requirement of a reduction of 3.5% in non elective hospital admissions. The Section 75 agreement is the key document which will underpin the financial aspects of the plan ensuring the appropriate governance is in place to monitor and control the overall pooled budget and the detailed schemes within it. The details of what needs to be included within the Section 75 agreement are included within the main body of the report one of the most significant components is the risk share agreement. This will identify the areas of risk associated with the BCF, their financial value and the basis and level of each risk. The agreement will set out the proportion of each risk each partner will bear.. This is a key part of the development work now being undertaken.

		Further national guidance on pooled budgets is expected shortly which may further inform the content of the S75 Agreement
LEGAL ISSUES	Yes	The Health and Social Care Act 2012 ("HSCA") sets out the government's reforms to the National Health Service in England, including the abolition of Primary Care Trusts, whose commissioning functions transferred to GP consortia Clinical Commissioning Groups ("CCG's") from 1 April 2013. The HSCA amends the National Health Service Act 2006 ("NHSA") to include CCGs in the definition of NHS bodies able to enter into section 75 Agreements. The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care. Section 75 of the NHSA (as amended) gives powers to local authorities and CCG's to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions. The purpose of the s75 Agreement is to set out the terms on which the Council and the CCG ("the Partners") have agreed to collaborate and to establish a framework through which the Partners can secure the future position of health and social care services through lead or joint commissioning arrangements. It is also a means through which the Partners will pool funds and align budgets as agreed between the Partners. Overall strategic oversight of Partnership working between the Partners is vested in the Health and Well Being Board, which shall make

		recommendations to the Partners as to any action it considers necessary. A new generic model "BCF Section 75 Agreement" has been co-produced by NHS England and Bevan Brittan solicitors. This model will need to be further developed by the Partners with particular emphasis on the management of the pooled funds, governance and the financial and non-financial risk sharing arrangement, including the sharing of risks for overspends and underspends. The Commencement Date of the s75 Agreement is to be confirmed by the Partners. It should be no later than 1st April 2015, but may be earlier.
EQUALITY & DIVERSITY	No	None.
IMPACT ON SPECIFIC WARDS	No	Borough Wide Impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	Linked to the BCF, engagement has taken place through a range of meetings including: • Launch event – July 2014 • Working Together Event – September 2014 • Presentations to a wide range of meetings including Carers Partnership Board, Dementia Partnership Board, Shropshire Partners in Care; Voluntary Sector Chief Officers Group. • Representation of Healthwatch at the Programme Management Board and sub-groups
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	None.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

It is a statutory requirement for a Section 75 pooled budget agreement to be developed to support the delivery of the Better Care Fund (BCF) plan from 1 April 2015. The Better Care Fund is a national initiative to encourage integrated health and social care working at a local level and to improve outcomes for patients, service users and carers and Telford & Wrekin's Bettercare Fund Plan was accepted by the Department of Health in December 2014.

2. ACTIONS TO DEVELOP THE SECTION 75

Officers' representing the Local Authority and Telford & Wrekin CCG have been meeting regularly to jointly progress the development of a Section 75 Pooled Budget in relation to the Better Care Fund.

During these discussions a number of issues for consideration have been raised including: accounting and hosting of the Pool; material risks or issues with the proposed draft agreement and steps to mitigate those risks; monitoring and reporting processes and metrics and governance arrangements. The agreement will be reviewed by the respective legal teams of the Local Authority and CCG and will be subject to a number of iterations as it develops further and is finalised.

Whilst much of the work on the contents of the Section 75 agreement has been completed further work is required on specific issues relating to risk sharing along with legal advice.

It is intended that a full draft Section 75 agreement including the above areas will be completed by April 2015 and will be considered by the CCG Board for approval and the Assistant Director: Family Cohesion & Commissioning, after consultation with the cabinet Member: Adult Social Care who has delegated authority to approve the Section 75 on behalf of the Local Authority as long as it is within the budget and policy framework.

The signed agreement for the pooled budget will form the basis of the governance arrangements and will set out clearly and precisely what the overall aims are; who is responsible for what and the associated plans for reporting and accountability. Discussion are currently ongoing as to whether two pools will exist within the Section 75; one relating to monies the CCG will directly manage and one relating to monies the Local Authority will directly manage or whether one pool will meet the needs of the partners.

The Section 75 agreement from April 2015 will include the overall agreed monies from the 2014/15 pooled budgets as listed below:

- Section 75 agreement for carers
- Section 256 agreement (Lansley monies) with NHSE

- Section 75 agreement Intermediate Care
- Section 256 agreement Rehabilitation Reablement and intermediate Care
- Section 256 agreement Named patient Individuals

A Pooled Budget Monitoring Work-stream has been set up which will provide scrutiny and assurance to the Programme Management Board and Health and Well-Being Board on the development and expenditure of the Section 75 agreement in relation to the Better Care Fund.

3. REPORTING AND ACCOUNTABILITY

The governance arrangements supporting the Section 75 pooled budget arrangement are fundamental to the smooth delivery and implementation of the BCF plan and ensuring the level of risk both financial and non-financial the council, CCGs, partner organisations and providers are exposed to. This has been supported through the publication of CIPFA guidance, and the draft templates issued by NHS England and produced by Beavan Brittan.

The CCG and Local Authority governing bodies need to be familiar with the level of contribution to the pooled budget; what has been spent at any given time; what has been delivered against the plan and how the pooled budget is performing in overall terms.

The Pooled Budget Monitoring Work-stream will provide a monthly report to the BCF Programme Management Board.

Formal reporting from the Programme Management Board to Health and Well-Being Board, Council Senior Managers meeting and CCG Governance Board are in place to receive regular reports. Each organisation will have its own organisational reporting, governance and reporting systems. It is proposed that the Pooled Budget Monitoring Work stream will:

- Recommend the use of money within the Pooled Fund
- Agree levels of increases and/ or reduction in spend in any area(s) leading to:
    - Efficiencies
    - Investment in the new approaches to better care stated objectives and outcome through agreed (to be developed) approaches
- Monitor the services and schemes in accordance with the Performance Management Framework;
- Provide monthly reports on the Budget in the form of agreed detailed financial breakdowns
- Consider action in regard to any overspends or underspends and report on such to the Partners
- Produce reports to the Programme Management Board and Health and Well-being Board

- Consider disputes referred to it in the first instance

4. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

Please see Part A: Section 4 above.

5. PREVIOUS MINUTES

HWBB December 2014.

6. BACKGROUND PAPERS

Telford & Wrekin Better Care Fund Plan (September 2014)

Report prepared by:

Vivianne McKay
Service Delivery Manager, Vulnerable People Commissioning
Telford & Wrekin Council
tel 01952 38892

And

Michael Bennett
Head of Commissioning for Integrated Care
Telford and Wrekin CCG
Tel 01952 580457

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 11th MARCH 2015

MENTAL HEALTH AND WELLBEING – COMMISSIONING STRATEGY UPDATE

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

LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND, SOCIAL CARE LEAD

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

To update the Health and Wellbeing Board on the plans to review the existing mental health commissioning strategy for mental health across health and social care. To ensure that we carry out a robust needs assessment of mental health across the population to ascertain the areas for development. At the same time we will be able to assess in an outcome based way the impact of policy over the last 5 years and how this has improved local services for people with mental health needs.

2. RECOMMENDATIONS

- To endorse the approach outlined in the report
- To agree a programme of engagement

3. IMPACT OF ACTION

The Mental Health and Wellbeing Commissioning Strategy will seek to improve the mental health and wellbeing of the residents (this includes children and young people) of Telford & Wrekin by:

- Highlighting gaps and unmet needs
- Engage across the local community in terms of the needs of mental health service users, carers and their families
- Improving pathways and service user, carer and families experience
- Improving the partnership approach to planning and delivering mental health services
- Reducing demand on acute and long term mental health services by ensuring that appropriate preventative services are in place

- Reducing the length of stay in acute services by ensuring there are good step down provisions
- Ensuring that all service users (including Children and young people) have access to the right mental health services at a time of crisis and/or out of hours
- Developing the market in line with the expectations of Better Access by 2020

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>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>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.
This will include children and adults.</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">Engagement – to be complete by end August 2015
First draft of the strategy to be complete by December 2015, and presented to Health and Wellbeing Board.</td></tr>
</table>

FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The process of review of the Mental Health Strategy will be undertaken from within existing resources as there are no identified costs which cannot be met from existing budgets. The Strategy which emerges may have financial impacts and this will be evaluated once proposals are detailed and reported back expected around December 2015.
LEGAL ISSUES	Yes	The strategy will assist the Council and NHS in fulfilling their duties under the: Mental Health Act; NHS, Public Health and Social Care Outcomes Framework; Care Act. Further details are contained within Section 2.
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	A series of events and other engagement methods will be developed as part of the strategy development. This will seek to include service users, parents and carers, providers of all types of mental health services from Tier 1 upwards, schools, housing, Social Workers, Public Health, Clinical Commissioning Group, Emergency Duty Team, and staff across mental health services (children and adults).
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The strategy will have interdependencies with Commissioning Strategies on Autism, Dementia, Children in Care and Care Leavers and the Prevention Strategy for example.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

Background Information

The Mental Health and Wellbeing Commissioning Strategy for Telford & Wrekin was approved in 2010 and provided the strategic direction for adult mental health over a 5 year term. It is now at the end of its term. It was a joint commissioning strategy with much of its focus being placed on the redesign of adult mental health inpatient services, and the development of community services.

There have been a number of local developments, most notably:

- The closure of Shelton Hospital and opening of the Redwoods Centre.
- Enhanced community teams across adult mental health and dementia.
- The development of a health based place of safety, and improved pathways.
- Reduced length of stay, and reduction in admissions, coupled with an increase in Mental Health Act work.
- Increasing recognition across stakeholders that good mental wellbeing underpins behaviour change, builds personal resilience against adversity and reduces dependence on frontline services.
- Greater focus on the delivery of service user outcomes.

The strategy was based on the last cross party Government strategy for mental health *"No Health Without Mental Health".* More recent strategic guidance has included the *"Mental Health Crisis Care Concordat"*. This sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis. A county wide group has been developing this for Shropshire and has included health and social care commissioners and providers, the Police, Ambulance Services, British Transport Police and SATH, and has included service user and Voluntary sector contributions. Some of the challenges around this work have received national media attention, and have been highlighted in numerous reports – for example access to "places of safety", and provision for children and young people in a mental health crisis. A local action plan is being developed for Shropshire and Telford & Wrekin to ensure improvements in the care someone receives in a mental health crisis. Some of the developments include a helpline pilot, which aims to offer support in a crisis and prevent further escalation of a crisis. Further information will be presented to the Health and Wellbeing Board on this piece of work shortly.

Moving Mental Health forward in Telford & Wrekin

Telford & Wrekin Council and Clinical Commissioning Group are committed to reviewing its mental health strategy, and whilst we do not currently j*ointly* commission the intention is that both organisations work together to achieve better outcomes for people with mental health issues.

The intention is that the strategy will be all age, focusing on prevention, improving the emotional wellbeing of our population, and ultimately reducing future demand. The strategy will be consistent with the requirements of the Care Act, and recent publications such as Parity of Esteem. We already know from recent consultations, for example around the temporary closure of Castle Lodge, and from our discussions with service users and providers, some of the important issues for services users and their families and carers. These include:

- Timely response and support in a crisis.
- Improved out of hours provision to be used as a step down and prevention of needing more complex services.
- A range of housing options and support to maintain tenancies.
- Improved transition from child and adolescent services to adult mental health services.
- Better support for those with a dual diagnosis – for example substance misuse or a learning disability.
- Prevention - ensuring services are available to provide support earlier before getting complex.
- Telford doesn't have alternatives to psychiatric admission.
- Clear pathway for all ages regarding what support is available for emotional health and wellbeing and mental health across social care and health. Professionals understand referral pathways ensuring accurate and timely referrals are made correctly to avoid delays.

Commissioning Officers shall assess the needs of the population, map existing provision and gaps, review Mental Health Act data, review access to services and any particular pressure points e.g. waiting times, and draw on local, regional and national best practice. We will consider the links and interdependencies with other Commissioning Strategies and operational programmes – for example the Dementia Strategy, Autism Strategy, and Strengthening Families.

Commissioning Officers will also focus on sharing best practice, lessons learnt across health and social care and all ages, to ensure services and pathways are structured to maximise each contact.

Engagement

A programme of engagement will be developed to ensure we hear directly from people affected by mental health from Tier 1 upwards. We anticipate that this will involve: Healthwatch; Service user and Carer networks; targeted

focus groups for example the Telford Crisis Network, Housing Providers, Strengthening Families; Children and young people forums e.g. Voice; Schools and use of the information obtained from recent consultations such as Castle Lodge.

We will also engage with providers who deliver mental health services for children, young people, their families and adults from Tier 1 upwards. Including those who fulfil the statutory duties under the Mental Health Act (Approved Mental Health Professionals).

We will also engage with other relevant Groups and Boards for example Health of LAC Group; Early Help Partnership Board, Local Safeguarding Board etc.

Timescales

It is expected that the Engagement Programme will conclude in August 2015, with the first draft of the strategy being available by December 2015.

Governance Arrangements

The work will be driven by a project management team, consisting of health, social care (all age) and public health commissioners. Data will be drawn from Business Information Systems, regional and local knowledge and any other expert knowledge and skills that may need to be resourced.

A significant part of the strategy will be to enhance Governance arrangements across the partnership of Commissioners and Providers, in terms of operational processes and Commissioning decisions and impacts on partner agencies are considered. Reporting methods, frequency, and accountability will need to be confirmed as part of this.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

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

By taking an approach which begins at universal services and has a preventative approach throughout it is intended that the strategy will address health inequalities for those with mental health issues. This approach will also provide clarity to the type of services needed at each Tier for all age and how these can be accessed.

The strategy will focus on key pathways where the greatest impact will be had on people with mental health needs. The commitment to caring for people as close as home as possible is key. This means engaging General Practice in a comprehensive way in terms of skills and knowledge development so that people with mental health needs have a good experience when visiting their GP.

It is quite clear from a recent consultation that services users, their families, carers and members of the public want mental health services to be responsive and have a real grasp of the needs of the local community. It is critical that any developments in the mental health landscape has a profound impact on the experience of service users and puts in place the right services that have outcomes based on Recovery and long term mental wellbeing.

Legal Impact

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

On 15 January 2015, the Department of Health (DH) published a revised version of its statutory code of practice on the MHA 1983, under section 118 of the MHA 1983. The revised code must be followed by local authorities, managers and health professionals.

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

3. PREVIOUS MINUTES

None

4. BACKGROUND PAPERS

None

Report prepared by:
Steph Wain, Group Specialist Commissioner, Telephone: 01952 388883
Noel Morrow, Telford & Wrekin CCG Commissioner, Telephone: 01952 580300

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 11th MARCH 2015

UPDATE ON THE HEALTH & WELLBEING BOARD PRIORITY:

SUPPORTING PEOPLE TO LIVE INDEPENDENTLY

REPORT OF: LAURA THOROGOOD, TEAM LEADER, COMMISSIONING (VULNERABLE PEOPLE).

LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND
PRIORITY LEAD - CLLR JACQUI SEYMOUR

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides an update of progress being made towards the local HWBB priority of Supporting People to Live Independently. The focus for the report is four strands of work which will align to drive this priority but are also critical to Care Act 2014 ("the Act") compliance and responding to the current financial climate.

- Wellbeing and Prevention Strategy: sets out our local approach to promoting wellbeing and independence across the continuum of need. A universal offer of services will aim to prevent need from developing in the first place. Where needs do develop, provision will be arranged with a view to reducing and delaying that need, seeking community based solutions wherever possible.

  In the first instance Adults are the focus for our strategy, driven primarily, by the requirements of the Act. However locally we recognise the benefits of an all age approach to wellbeing and prevention and as such the strategy will be extended to incorporate children and families. This will allow us to remove duplication from the system but more importantly set out a more cohesive approach to transition from children's into adult's services.

- Adult Social Care Commitment Statement: sets out the Local Authority approach to the delivery of an adult social care system that has the promotion of independence at its heart.

- Market Position Statement (MPS): forms the basis of ongoing Local Authority dialogue with the voluntary sector and independent care providers. It will shape the market in line with the Wellbeing and

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

- Information and Advice Strategy: sets out outcomes that we are seeking to achieve and how we will drive the delivery of good and effective information and advice, critical to supporting people to live independently.

2. RECOMMENDATIONS

2.1 Board Members note the update and acknowledge progress since receipt of the last Board report on this priority.

2.2 Board Members provide feedback and comment on the following three draft proposed documents as part of the wider consultation process:

Wellbeing and Prevention Strategy (Appendix 1)
Adult Social Care Commitment (Appendix 2)
Information and Advice Strategy (Appendix 3)

3. IMPACT OF ACTION

The four strands of work detailed in this report will make a significant contribution to driving forward the HWBB priority of Supporting People to Live Independently by providing clear high level messages about a preventative approach which will underpin everything we do.

The Adult Social Care Commitment Statement sets out a clear rationale for future service reviews and restructures whilst forming the blueprint for a change in mindset required by all stakeholders to drive this agenda forward.

The MPS communicates our intentions to the voluntary sector and independent providers thereby allowing us to arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

Our Information and Advice Strategy represents a joined up and cohesive approach allowing us to maximise existing resources, remove duplication and provide a service that that can make a significant contribution to promoting independence.

Together these actions will make a difference by promoting independence and thereby managing demand away from high cost 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>Supporting People to Live Independently</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 Children and Adults
Health and Wellbeing
Children and Young People</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td><u>Age and Disability:</u>
The documents referred to within this report support the delivery of a fair system of social care where the resources that are offered, relate to the level of assessed needs that an individual may have.

<u>Deprivation:</u>
Contributions towards the cost of care will clearly relate to an individuals ability to pay.

<u>All protected characteristics:</u>
The policies which support the system of Adult Social Care will promote equality of opportunity and maintain parity in access to services, challenging inequalities where they exist.

Wellbeing will be promoted through the development of universal services which provide something for everyone.</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">1st April 2015</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>Adult Social Services expenditure equates to 30% of the Council’s net budget.

The Council has faced significant reductions in funding since 2010 and has made ongoing savings of £70m</td></tr>
</table>

		per year to date. Locally there was no reduction in overall spend on adult services through to the end of 2013/14. Whilst some savings have been made since then this has been done in ways to protect services to clients as much as possible. The Council's 2015-16 budget strategy identifies further savings of £9.4m of which £2.691m relates to Adult Social Services. Whilst additional monies of £738k have been allocated to the Council for Part 1 of the Care Act to be implemented on 1st April 2015 there remains a risk that when actual activity arises this may prove insufficient and this will need to be kept under close review. In addition the Government have indicated an amount of funding within the Better Care Fund for the Care Act of £409k which can only be made available if savings from reduced admissions can be realised. The 4 strands of work contained within this report provide a framework within which the required cost improvement proposals will be delivered.
LEGAL ISSUES	Yes	The Health and Social Care Act 2012 ("HSCA") sets out the government's reforms to the National Health Service in England, including the abolition of Primary Care Trusts , whose commissioning functions transferred to GP consortia Clinical Commissioning Groups ("CCG's") from 1 April 2013. The HSCA amends the National Health Service Act 2006 ("NHSA") to include CCGs in the definition of NHS bodies able to enter into section 75 Agreements. Reference is made in the report to

		the Better Care Fund (section 1.2 of this report). The Better Care Fund ("BCF") for 2015-2016 will be managed under a new BCF s75 Agreement. The purpose of the BCF s75 Agreement is to set out the terms on which the Council and the CCG ("the Partners") have agreed to collaborate and to establish a framework through which the Partners can secure the future position of health and social care services through lead or joint commissioning arrangements. It is also a means through which the Partners will pool funds and align budgets as agreed between the Partners. Overall strategic oversight of Partnership working between the Partners is vested in the Health and Well Being Board, which shall make recommendations to the Partners as to any action it considers necessary. If there is going to be further collaboration and consultation between the parties working on the BCF s75 Agreement and the officers working on independent living then this will need to proceed with celerity; the BCF s75 Agreement for the next financial year is scheduled to be agreed and signed no later than 1st April 2015. All strategies and statements will need to comply with the terms of the Care Act 2014 ("the Act") when it comes into force on the 1st April 2015 if not, then the Act will supersede any parts of the strategies and statements and risk challenge. Moreover, the work and policies described within the report are consistent with the duty in section 3 of the Act to promote the integration of care and support provision with

		NHS and other health-related provision. Further, duties to co-operate with other parties is contained within sections 6 and 7 of the Act. The Wellbeing and Prevention strategy referred to in paragraph 2 of this report must give regard to the new statutory duty known as 'the well-being principle', at section 1 of the Act and Chapter 1 of the Statutory guidance ("the guidance") and also give regard to the duties regarding prevention in section 2 of the Act. This includes a duty which "involves actively seeking improvements", in the stated aspects of well-being set out in the Act. Paragraph 5 of this report makes reference to the Council's forthcoming obligations under section 4 of the Act to establish and maintain a service to provide information and advice relating to care and support for adults and support for carers. Again, the strategy must be compliant with the statutory requirements and give due regard to the relevant guidance.
EQUALITY & DIVERSITY	Yes	As above
IMPACT ON SPECIFIC WARDS	Yes	Borough wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	Care Act Consultation 2nd February to 15th March 2015 (online survey) Provider Workshops 26th February and 27th March 2015.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	The Wellbeing and Prevention strategy is a medium to long term opportunity to manage demand away from high cost services in response to the current financial climate. The risk lies in the short term and how resources are shifted from those high cost services to support a preventative approach. This requires

		a collaborative and whole system approach that will be critical to reducing costs, improving outcomes and Care Act 2014 compliancy. A priority for the Better Care Fund is to increase and build community capacity and enhance and build more community services as an alternative to hospital provision. Failure to deliver these priorities is a risk to the preventative approach. The Adult Social Care Statement is a significant part of the whole system approach and if we don't deliver these commitments then there are risks to the sustainability of adult social care in Telford and Wrekin.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Background

Maximising people's independence is shown to prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability and delay the need for more costly and intensive services. The Government's aim is for people to live independently for as long as possible, ensuring that people who need care and support have as much choice, control and freedom over decisions and services as they want. *(Telford and Wrekin Health & Wellbeing Strategy 2013/14 – 2015/15)*

1.2 National Context

The Care Act 2014 ("the Act")

The Act modernises and consolidates the law on adult care in England into one statute. It provides the legislative framework for the Government's vision for a reformed care and support system which places the person at the heart of the health and care services they receive.

The Act isn't just about making things easier to understand but it is also about changing the way people are cared for.

Under the Act Local Authorities will take on new functions. This is to make sure that people who live in the areas:

- Receive services that **prevent** their care needs from becoming more serious or delay the impact of their needs;
- Can get **information and advice** they need to make good decisions about care and support;
- Have a range of providers offering high quality appropriate services

Adult Social Care Outcomes Framework (ASCOF)

The ASCOF supports councils in leading the transformation of the adult social care system by providing a clear focus for local priority setting and improvement. Our Local Account sets out our priorities for Telford and Wrekin which are in line with the national adult social care outcomes:

1. Enhancing the quality of life for people with care and support needs
2. **Delaying and reducing the need for care and support**
3. Ensuring that people have a positive experience of care and support
4. Safeguarding people who have a positive experience of care and support

Better Care Fund (BCF)

The Better Care Fund ("BCF") has been established by the Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service Act 2006 (as amended) gives powers to local authorities and Clinical Commissioning Groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

The BCF is being used to transform the health and social care system in Telford and Wrekin to promote greater independence for patients and service users and to improve on current areas of integrated care.

The main priorities are to increase and build community capacity and enhance and build more community services as an alternative to hospital provision.

1.3 Local Context

Our Local Account sets the context for service transformation here in Telford and Wrekin where the number of older people in our population is increasing and a growing number of dependent young people are living into adulthood. Against a backdrop of severe financial pressures from Government funding cuts to local government, the Adult Social Care budget has reduced by £8.229m since 2013/2014.

This report provides an update of progress being made locally towards the HWBB priority of Promoting People to Live Independently. The focus for the report is four strands of work which will align to drive this priority but are also critical to Care Act compliancy and responding to the current financial climate.

- Wellbeing and Prevention Strategy (Appendix 1)
- Adult Social Care Commitment Statement (Appendix 2)
- Market Position Statement
- Information and Advice Strategy (Appendix 3)

In addition to providing an update the report also seeks comment and feedback on the documents that have been enclosed as an appendix.

2. WELLBEING AND PREVENTION STRATEGY

2.1 In the current and ongoing financial climate described above, there is a recognition that previous service arrangements will no longer be financially sustainable. Our focus must shift to managing down demand; preventing people from becoming dependent on high cost services or indeed preventing the need from developing in the first place (Universal Services and Early Help).

2.2 Furthermore the Act makes it clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support. In response to this requirement and in the context of the current financial climate, we have developed a Wellbeing and Prevention Strategy which sets out our local approach to promoting well being and independence.

2.3 The Act breaks down prevention into three general approaches which we have adopted as the foundations of our strategy:

PREVENT: Primary Prevention / Promoting Wellbeing

Our Living Well Board will take the lead on primary prevention / promotion of well being aimed at individuals who have no current particular health or care and support needs. Its purpose is to realise the collective potential of communities, partners and the council in Telford & Wrekin to promote wellbeing and reduce inequalities in health.

REDUCE: Secondary Prevention

Where individuals have an increased risk of developing needs our strategy sets out how we will arrange more targeted services, to help to slow down or reduce and further deterioration; there will also be a focus on preventing other needs from developing.

DELAY: Tertiary Prevention

Where individuals have established or complex health conditions including progressive conditions, our support will be arranged to minimise the effect of the disability or avoid further deterioration. Our priority will be to help individuals to recover, recuperate and rehabilitate so that they are able to live as independently as possible. Additionally, our strategy considers services to support individuals to step down to make use of services, resources and facilities that will promote their independence from high cost services.

2.4 Our strategy identifies specific interventions that will prevent Carers from developing needs for care and support themselves. This includes consideration of a Social enterprise, co-produced with local carers for local carers.

2.5 To deliver the Wellbeing and Prevention Strategy we must take an overall view of the types of services facilities and resources that can be considered, arranged and provided as part of our approach to prevention. This will include both services delivered directly by the Local Authority and its partners and those which are commissioned. From the Local Authority perspective we have developed our **Adult Social Care Commitment Statement 2015-2016** and the

Telford and Wrekin Market Position Statement (MPS) which set out in more detail what this will look like locally.

3. ADULT SOCIAL CARE COMMITMENT STATEMENT

3.1 In Telford and Wrekin we want to see more local people living healthy, happy, more independent and fulfilling lives. The Adult Social Care Commitment Statement clearly sets out the Local Authority approach to achieving this through the delivery of an adult social care system that has the promotion of independence at its heart.

3.1 This statement has being developed with stakeholders including health, the voluntary sector and independent care. It seeks to support adults and their carers who may have social care needs through:

- Effective Information and Advice
- Community based solutions
- Resources focused on eligible needs
- Empowering risk management & Safeguarding.
- Commissioning and working with providers
- Partnership with health professionals.
- Spending public money wisely
- Knowledgeable and informed workforce -
- Valuing carers

3.2 The outcomes that we are working towards include:

- Equity in access to services.
- A reduction in the number of individuals we are directly helping and an increase in those supported within their own communities.
- A reduction in the number of people who will have to be admitted to residential care to meet their assessed needs and more people will be using personal budgets to meet their needs in the community.
- An increase in the number of people successfully completing recovery and recuperation programmes.
- The most vulnerable people are supported to be safe with robust, local safeguarding arrangements in place.

4. TELFORD AND WREKIN MARKET POSITION STATEMENT (MPS)

4.1 Our MPS allows the social care market to identify opportunities and make decisions about how they develop their services locally in the context of our Wellbeing and Prevention Strategy. It takes into account the introduction of the Care Act 2014 and the obligations placed on local authorities to shape and diversify the market to actively promote wellbeing and independence.

4.2 The MPS will ensure that we

- explore and provide models of practice that combine a variety of existing universal community resources;
- provide high quality, personalised affordable services for self funders;
- provide a variety of collaborative solutions for those requiring contributions from reducing public funds.

4.3 The MPS forms the basis of ongoing dialogue with the voluntary sector and independent care providers and includes a series of market engagement events, the next one of which is scheduled for 25th March 2015. We are also using these events as an opportunity to explore how we can shift the balance away from contracts defined by quantity of service to contracts which focus on the outcomes to be delivered (i.e. those outcomes which are most important to the individual).

5. INFORMATION AND ADVICE (IA) STRATEGY

5.1 Critical to the delivery of the Wellbeing and Prevention Strategy is the provision of good and effective information and advice. To fulfil our obligations under the Act the Local Authority will need to provide comprehensive information and advice about care and support services in Telford and Wrekin. This will help people to understand how care and support services work locally, the care and funding options available, and how people can access care and support services.

5.2 IA is a critical component of Wellbeing and Prevention and as such we have developed a strategy which will drive the delivery of easily accessible IA allowing individuals, their families and carers to make well informed choices on how they control their lives.

5.3 The strategy aims to deliver the following outcomes:

- An effective public information and advice service will be available
- Information and advice service will be co-produced with key strategic partners
- MyLife, or other agreed e-system, will be the key local directory, encouraging public and professional use to support 'self help' and to promote independence
- Local providers will be commissioned and encouraged to provide information and advice services
- Appropriate and accessible signposting to independent financial advice will be available

6. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

N/A

7. PREVIOUS MINUTES

Health and Wellbeing Board May 2014

8. BACKGROUND PAPERS

Telford and Wrekin Local Account 2013-2014 (Published)
Draft Wellbeing and Prevention Strategy 2015 – 2018 (Appendix 1)
Draft Adult Social Care Service Commitment 2015-2016 (Appendix 2)
Draft Telford and Wrekin Council Market Position Statement Draft
Draft Telford and Wrekin Information and Advice Strategy (Appendix 3)

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APPENDIX 1

Wellbeing and Prevention Strategy

The right help at the right time to promote independence.

DRAFT

a co-operative council

Telford & Wrekin COUNCIL

Title

Document Governance

Title	Vulnerable People Prevention Strategy
Purpose/scope	Prevent children, families, young and older people from becoming reliant on high cost specialist services.
Subject key words	Prevention, Demand Management, well being
Priority	Put our children and young people first Protect and support our vulnerable children and adults Improve the health and wellbeing of our communities and address health inequalities
Lead author & contact details	Rachael Foster: Telford & Wrekin Council Email: rachael.foster@telford.gov.uk Tel:01952 380810
Date of report	January 2014
Version	Version1 Draft 3
Sign-off status	Draft
Period applicable	
Distribution/circulation	First Meeting: Care Act Board 12/01/2015
	Second Meeting: Care Act Board 23/02/2015
	Draft 2 to Care Act Board and SMT
	Draft 2 HWWB 11th March 2015

Contents

SECTION 1: INTRODUCTION

1.1 BACKGROUND INFORMATION

In Telford and Wrekin we are striving to help individual and families to achieve the **outcomes** that matter to them in life. We want children and young people to be kept safe, remain healthy and achieve at school, whilst being prepared for adulthood both financially and as active members of their local community. Equally as adults we want to see more local people living healthy, happy, more independent and fulfilling lives.

To achieve these ambitions we are working together with our residents, partners and local organisations to collectively deliver the best we can for Telford and Wrekin with the combined resources we have. Telford & Wrekin is a **Co-operative Council** with the following values underpinning our approach:

- Openness and Honesty
- Ownership
- Fairness and Respect
- Involvement

To reflect our ambitions the Council has worked with residents and partners to identify the following **Council priorities** for the mid term (2014 - 2016):

- put our children and young people first
- protect and create jobs as a 'Business Supporting, Business Winning Council'
- improve local people's prospects through education and skills training
- protect and support our vulnerable children and adults
- ensure that neighbourhoods are safe, clean and well maintained
- improve the health and wellbeing of our communities and address health inequalities
- regenerate those neighbourhoods in need and work to ensure that local people have access to suitable housing

We recognise that for some people and families the outcomes that we are striving to achieve for our residents will be more challenging and as such they will require additional support. We hope that they may find this support from within their families and communities. However for those who are most vulnerable we must ensure that they receive the **right help** at the **right time.**

In the current and ongoing financial climate, with reducing levels of public service funding from the Government, past service arrangements will no longer be financially sustainable. The focus must a shift to **managing down demand; preventing** people from becoming dependent on **high cost specialist services** or preventing the need from developing in the first place (Universal Services and Early Help)

1.2 LEGISLATIVE FRAMEWORK

The Children's Act 2004 and the Care Act 2014 provide the legislative framework for the Local Authority and its partners to promote wellbeing specifically with respect to its responsibilities towards children and young people and to carrying out its care and support function in relation to a person with an identified need. The table below illustrates the shared outcomes and also how these link with our local priorities and values.

Children's Act 2004	**Care Act 2014**
Duty to co-operate to improve the wellbeing of children in the local authorities area	Duty to promote wellbeing when carrying out any of care and support functions in respect of a person
Protect from harm and neglect (Council Priority)	Protection from abuse and neglect (Council Priority)

Physical and mental health and emotional well being (Council Priority)	Physical and mental health and emotional well being (Council Priority)
Education, training and recreation (Council Priority)	Participation in work, education training or recreation (Council Priority)
Contribution made to them by society (Co-operative Value: Involvement)	The individuals contribution to society (Co-operative Value – Involvement)
Social and Economic Wellbeing	Social and Economic Wellbeing
	Personal dignity - including treatment of the individual with respect (Co-operative Value: Fairness and Respect)
	Domestic, family and personal
	Suitability of living accommodation (Council Priority)

1.3 OUR LOCAL COMMITMENTS:

At the heart of the Wellbeing and Prevention Strategy are our commitment statements for Children, Young People and Family Services and for Adult Social Care Services.

1.3.1 Adult Social Care:

Alongside the Council's co-operative values, **Promoting Independence** will underpin our approach to supporting adults and their carers (family, friends, and neighbours) who may have social care needs. We will give priority to helping people recover, recuperate, and rehabilitate so that they are able to live as independently as possible. We will do this through:

- Effective Information and Advice
- Community based solutions
- Resources focused on eligible needs
- Empowering risk management & Safeguarding.
- Commissioning and working with providers
- Partnership with health professionals.
- Spending public money wisely
- Knowledgeable and informed workforce -
- Valuing carers

(Source Adult Social Care Services – Promoting Independence Commitment Statement: January 2014)

1.3.2 Children, Young People and Family Services:

We want to have thriving children and families in Telford and Wrekin, and thriving professionals working in a value driven organisation, whilst spending within or below budget. We will do this through:

- Continuing to help schools to improve
- Having a strong focus on targeted preventative work
- Continuing to grow a stable and skilled workforce
- Continually improving practice

(Source: Where we are now v 2.2 November 2014)

3.3.3 The role of the Wellbeing and Prevention Strategy in achieving these commitments:

The Wellbeing and Prevention Strategy sets out how we will work with health services, wider council services, the voluntary sector and the community to effectively **meet the needs of individuals and families** within significantly reduced resources.

It is critical that our support systems across Children, Family and Adult Services promotes well being as well as independence from high cost services and does not just wait to respond when individuals and families are at crisis point. As such at the heart of our approach to improving outcomes particularly for the most vulnerable in our community is a strong emphasis on the **promotion of wellbeing** and the **prevention** of the escalation of need.

The overall aim of this strategy is to:

Prevent children, families, young and older people from becoming reliant on high cost specialist services.

We will achieve this by:

1. Developing effective **universal services** which prevent problems from arising in the first place

2. Intervening early with a more **targeted approach** for those with existing risk factors or those who are vulnerable

3. Taking a **holistic, systemic** approach where a family faces multiple challenges to support them to achieve sustained and significant change

4. Taking time to **understand the outcomes** that matter to individuals so that we can help them to recover, recuperate and rehabilitate so that they are able to live as **independently** as possible.

5. Supporting individuals and families to **step down** from high cost specialist / statutory services where it is appropriate and safe to do so.

Effective **commissioning** will be central to achieving these aims. We will ensure that our commissioning plans are person and family focussed and deliver social value by working together to support local communities, economies and the environment to make the Telford £ go further.

1.4 CONTINUUM OF NEED:

The diagram in Appendix 1 and 2 set out the continuum of need for children, young people and families and for adults. It then maps out the individual or family journey through the range of preventative services. There are some elements of prevention that are delivered to the whole population and make up our **universal** offer. Conversely some individuals and families are at a higher risk of experiencing inequalities which may lead to poorer outcomes and as such require a more **targeted** approach to prevention dependent on the needs identified.

From this point forward our strategy will divide into two sections setting out how this translates into service delivery for Children, Young People and Families and for Adults (as highlighted above).

However the final section will identify where by taking an **all age** approach we can avoid duplication but also address gaps in provision e.g. it will give us the opportunity to improve outcomes for young people in **transition.**

SECTION 2:

WELLBEING AND PREVENTION FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

This section will be developed from March 2015; central to this will be the Early Help Strategy and Phase 2 of the Department for Local Government and Communities (DCLG) Troubled Families Programme.

SECTION 3: WELLBEING AND PREVENTION FOR ADULTS

3.1 THE WELLBEIING OF OUR RESIDENTS:

3.1.1 The national picture:

The health and social care needs of the population in England are changing, as they are in every country in the developed world. Over the next 20 years, the number of people aged over 85, will more than double. People living this long may be unable to live independently, especially if they have no family to help them. People who are living longer are often doing so in ill health, with long-term conditions that can only be managed, not cured. People with Long Term Conditions (LTC) currently account for 70% of all health and care spending. Furthermore there is a likelihood that people will be living with multiple LTC which will demand a more holistic approach to care.

In the future three quarters of people aged over 65 will need care and support at some point in their later years

- 19% of men and 34% of women will require residential care
- 48% of men and 51% of women will require domiciliary care only
- 33% of men and 15% of women will never need formal care

Our challenge through this strategy is to delay or prevent this need from developing and where possible reduce the length of time in high cost specialist services.

More specifically over the next 30 years the number of people living with dementia is set to double.

(Source: Redesigning Health and Social Care: Challenges and opportunities from an IT perspective Jan 2015)

3.1.2 The local picture:

Our Market Position Statement (MPS) highlights some of the key demographic changes that will drive the need to manage demand through a preventative approach. Headline messages are as follows:

<u>The changing Adult Population profile:</u>

- The largest rate of growth (32%) will be amongst the population aged 80 plus increasing from 6,000 to 7,900 in 2026. They will make up 5% of the total adult population (an increase from 4%)

- Amongst **64-79 year olds** the growth will be 19% increasing from 21,600 to 26,000 in 2026. They will make up 18% of the total adult population (an increase from 16%)

- The smallest rate of growth (5%) will be amongst the population aged **18-64 years** increasing from 108,400 to 113,600 in 2026. They will make up 77% of the total adult population (a decrease from 80%)

- In 2014 there were 2367 people with a **severe disability** and 8028 with a **moderate disability**; PANSI forecasts show growth to be fairly limited between now and 2030.

- In 2014 there were 16,529 adults with a **common mental health disorder**; PANSI forecasts show growth to be fairly limited between now and 2030.

- In 2015 approximately 3295 **adult carers** provide more than 50 hours of care per week, which is forecast to increase to 3,700 in 2020. However in 2013 it was estimated that there were actually 16,200 adult carers providing unpaid care. There are currently approximately 600 **young carers** in Telford and Wrekin.

Key areas of need for care and support (Older People)

The table below sets out population forecasts for Telford and Wrekin for particular needs and which create potential demand for care and support
(Please refer to Projecting Older People Population (POPPI) and Office of National Statistics)

Adults aged 65 years plus	**2015**	**2020**	**2025**	**2030**
People living with dementia (POPPI)	1,747	2,084	2,551	3,091
People with a limiting long term illness (Office of National Stats.)	14,804	16,917	19,057	21,454
People unable to manage at least one self care task (POPPI)	8,917	10,443	11,983	13,856
People unable to manage at least one domestic task (POPPI)	10,862	12,781	14,696	16,941

3.2 FINANCIAL CONTEXT:

3.2.1 Current financial situation:

Adult Social Services expenditure equates to 30% of the Council's net budget. The total projected expenditure for 2014 / 2015 is £57.6million and includes the following key areas:

Community Care (e.g. Homecare, Daycare)	£15.1 million
Residential and Nursing	£23.1 million
Equipment	£0.4 million
Direct Payments	£2.9 million

Through good financial management the Council has already delivered over £70,000,000 of savings and protected front line services as far as possible. Despite unprecedented Government cuts, we have sought to protect front line services for children, adults and the environment. The proportion of cuts to adult services in Telford & Wrekin is well below the national average and the cuts that we have made have been achieved in ways that protect vulnerable adults.

3.2.2 Looking forward:

The Council's 2015-16 budget strategy identifies further savings of £9.4million of which £2.691m relates to Adult Social Service. A cost improvement plan is in place to drive the achievement of these savings targets and also to address any ongoing over spends. However whilst work on this plan is being progressed the service will continue to experience financial pressures from a number of issues including:

- high cost placements,
- a lack of supply in key market areas such as Elderly Mentally Infirm (EMI) placements
- the Deprivation of Liberty Safeguards (DoLS) changes
- the costs arising from clients transitioning from Children's to Adults services with an eligible need
- ongoing under-funding of continuing healthcare cases in the Telford & Wrekin area compared to most other parts of the country.
- additional activity arising from the implementation of the Care Act in April 2015 (although money has been allocated to the Council to cover this it may prove insufficient)

In addition the Government have indicated an amount of funding within the BCF for the Care Act of £409k which can only be made available if savings from reduced admissions to hospital can be realised.

The Wellbeing and Prevention Strategy provides a framework within which the cost improvement plan proposals will be delivered. More importantly it reflects the councils focus on upstream solutions and social responsibility and action, namely:

Demand Management: ensuring that our resources are targeted at those residents most in need

Channel Shift: providing information and services in the most efficient way
Social Action: promoting volunteering and seeking community based solutions
Social Responsibility: Encouraging residents to do more to help themselves and others

3.4 THE LOCAL APPRAOCH TO WELLBEING AND PREVENTION

The Care Act recognises that there is no one definition which constitutes preventative activity it can range from *"wide scale whole population measures aimed at promoting health through to more targeted individual interventions aimed at improving skills or functioning for one person or a particular group or lessening the impact of caring on a carer's health and wellbeing" (Care Act 2014 paragraph 2.4)*

The Care Act breaks down prevention into three general approaches. Below we have set out what these approaches will look like for Telford and Wrekin so that we can actively promote wellbeing and independence and reduce dependency on high cost specialist services.

3.4.1 Prevent: primary prevention/promotion of wellbeing:

Our **Living Well Board** will take the lead on primary prevention / promotion of well being aimed at individuals who have no current particular health or care and support needs. Its purpose is to realise the collective potential of communities, partners and the council in Telford & Wrekin to **promote wellbeing** and **reduce inequalities** in health. The Board promotes social responsibility e.g. Five Ways to Wellbeing which encourages people to help themselves to prevent needs developing in the first place.

The Focus of the Board's work programme is to co-ordinate and maximise collective action to promote positive wellbeing, healthy lifestyles and root causes of poor health such as housing and employment. By targeting our **working age population** (but not exclusively) the aim is to prevent individuals from developing needs for care in the future.

The Board uses an asset based approach to maximise the use of **collective resources** (including finance, people, facilities, environmental assets etc). It will also use intelligence gathered from the front door of Adult Social Care to identify the prevalence of different support needs so that the universal offer can be shaped accordingly.

3.4.2 Reduce: secondary prevention / early intervention

Where individuals have an increased risk of developing needs we will:

- Help people to continue to **live in their neighbourhoods and communities** where we can safely meet their assessed need and this is affordable.
- Offer the right level of support according to the individuals **assessed need** and working with each person and their own network to find the solutions.
- Use **community based solutions** including **assistive technology** where these will enable people to remain safe and meet their care needs.
- Establish a **domiciliary care offer** that is based on the principles of promoting independence
- Identify **carers** early so that they can be supported to carry out their caring role effectively and to look after their own health and wellbeing.

Our **Early Help Strategy for Children, Young People, Families and Carers in Telford and Wrekin** recognises that everyone needs some help and support at different times in their lives and has a vision, objectives and supporting action plan which make a significant contribution to our primary and secondary preventative approaches.

3.4.3 Delay: tertiary prevention

Where individuals have established or complex health conditions (including progressive conditions such as dementia), the commitments set out in the above paragraph also apply. Additionally we will:

- Carry out **assessments over a reasonable period of time** to ensure that we have not made long-term decisions about people before we have had a chance to work with them through a recovery or recuperative plan.
- Give priority to helping individuals to **recover, recuperate and rehabilitate** so that they are able to live as independently as possible
- Only use **residential care** when we have explored other options and have found that this is the only way to meet someone's care and support needs in a safe way.
- Use **personal budgets** to ensure that individuals requiring longer term care can take as much control over their lives as their needs allow, ensuring that where appropriate they receive additional personal health budgets to meet their needs.

3.5 HOW WE WILL DELIVER OUR LOCAL APPROACH TO WELLBEING

3.5.1 Remodelling of the Adult Social Care System:

The current model of social care is based upon diversion, non-engagement, enablement and theoretical concepts of choice and control. As such we face the following challenges:

- Minimal progress in Direct Payments ,
- Review figures are still unacceptable ,
- Conversion from Initial Assessment to Community Care Assessment is still high,
- Assistive technology is not embedded
- Enablement is not reducing costs or dependency on traditional services
- There is an over reliance on traditional models of service delivery

(Source: Rationale for Adult Social Care Restructure December 2014)

We have developed an **Adult Social Care Commitment Statement** which communicates how we will redress this situation by promoting independence. The Council's **Target Operating Model (TOM)** for Adult Social Care translates our commitments into reality, setting out the journey for adults with a need and how our service will be re-modelled with wellbeing and prevention at its heart. The model has four key components:

The first point of contact: will aim to resolve as many enquiries as possible at the front door by providing high quality information and advice and by sign posting to community based solutions e.g. voluntary organisations and community groups.

An Asset Library: will be a collection of the community assets available to our residents to either prevent a need from developing in the first place or to reduce and delay an identified need. It will be a culmination of local intelligence from practitioners, voluntary organisations, providers and residents alike.

Virtual Hub: where issues cannot be resolved at the first point of contact the virtual hub will provide rapid response where appropriate or alternatively identify a key worker to explore further the identified need and possible community based solutions drawing upon Asset Library in the first instance.

Unmet Need: where there are multiple complex needs the focus will be on outcomes based personalised care. The assessment process will identify any unmet eligible need and aim to maximise the use of personal budgets/direct payments to maximise value for money.

The TOM also identifies opportunities within the adult social care system where the Council can work more collaboratively with health partners to improve outcomes and reduce costs.

3.5.2 Integration with Health:

The £5.3 billion Better Care Fund (BCF) creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of

health and care services. Each Health and Wellbeing Board (HWB) area has developed a BCF Plan to improve outcomes through delivering more integrated care and support.

The focus for the BCF is adults needing **high levels of health 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

BCF will drive the integration of services commissioned by the Council and Telford & Wrekin Clinical Commissioning Group (CCG) through the creation of a **pooled budget** (and joint commissioning arrangements) from April 2015. The main priorities are to **increase and build community capacity** and **enhance and build more community services** as an alternative to hospital provision.

Therefore the BCF provides a substantial opportunity to not only prevent the need for unnecessary hospital admissions but also to improve the pathway for adults from hospital and back into the community

The BCF Implementation Plan sets out in detail how we will work with our health partners to deliver improved integrated care using the following outcomes as measures of success:

- Reduction in hospital admissions
- Reducing non-elective hospital admissions, re-admissions and length of stay.
- Reducing permanent admissions to residential and nursing care.
- Patient experience
- Reducing delayed transfers of care.
- Improving the effectiveness of re-ablement/rehabilitation services.

3.5.3 Co-production with communities and the Voluntary Sector

We are committed to ongoing dialogue with the community and voluntary sector so that together we can build upon what works to ensure that we are providing the best outcomes possible for our residents. We recognise that the current financial climate makes it even more critical that we explore opportunities and take the journey through service transformation in a joined up way.

3.5.4 Information and Advice:

"Information and advice is fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control it is also a vital component of preventing or delay in people's need for care and support." (Care Act 2014 paragraph 3.2)

Our Information and Advice Strategy 2014 to 2016 is fundamental to the prevention agenda and the councils focus on "channel shift" (see section 3.2). It sets out how we will meet our statutory obligations in providing good and effective information and, to all residents across the borough. We have identified the following outcomes that we are seeking to achieve:

- An effective public information and advice service will be available
- Information and advice service will be co-produced with key strategic partners
- MyLife, or other agreed e-system, will be the key local directory, encouraging public and professional use to support 'self help' and to promote independence
- Local providers will be commissioned and encouraged to provide information and advice services
- Appropriate and accessible signposting to independent financial advice will be available

3.5.5 Outcomes Based Commissioning:

Moving forward we will assess how well our current arrangements are promoting independence by mapping the services, facilities and resources available against these three general approaches to prevention (See Appendix 3). We recognise that services can **cut across any or all of the approaches** and our aim is that prevention is an ongoing consideration in any of our future strategies and commissioning plans. In undertaking this exercise, we will seek to remove any duplication and wastage from the system and address any gaps that may exist.

3.6 OUR PRIORITIES FOR ACTION:

Within the context set out in the previous sections the following priorities are emerging which would form the basis of an overarching action plan, which signposts out to existing strategies and implementation plans.

1. Promotion of Wellbeing to prevent need from developing in the first place
   Living Well Board Plan

2 Building and Mapping Community Assets
   BCF detailed implementation plan
   Adult Social Care TOM
   Strategic Commissioning Group Plan

3. An integrated first point of contact
   BCF detailed implementation plan
   Adult Social Care TOM

4. Effective Information and Advice
   Information and Advice Strategy and Action Plan

5. Mainstream the use of Assistive Technology throughout Adult Social Care
   Assistive Technology Project (Telford & Wrekin Council)

6. A whole family approach to identifying and addressing need
   Multi-Agency Strategy for Carers 2013 – 2016
   Young Carers Strategy 2012 – 2015

7. Outcome focussed and cost effective transition arrangements.

8. Workforce Development
   Telford & Wrekin Council – Care Act Workforce Plan

SECTION 3: AN ALL AGE WHOLE FAMILY APPROACH

Once section 1 has been developed (Wellbeing and Prevention for Children and Families) this section is an opportunity to consider where there are opportunities to take a more joined up approach between adults and children and family services, to take a whole family / household view when identifying and meeting need.

A systemic approach will not only achieve more sustainable outcomes for the individual with the presenting need but in parallel could prevent other needs from arising or escalating with other members of the family / household.

By making every contact count i.e. reaching out to family members through the person with the presenting need, this will help to manage demand away from high cost services not just in the immediate but in the longer term.

An all age approach allows us to look more closely at transition.

SECTION 4: PERFORMANCE MANAGEMENT

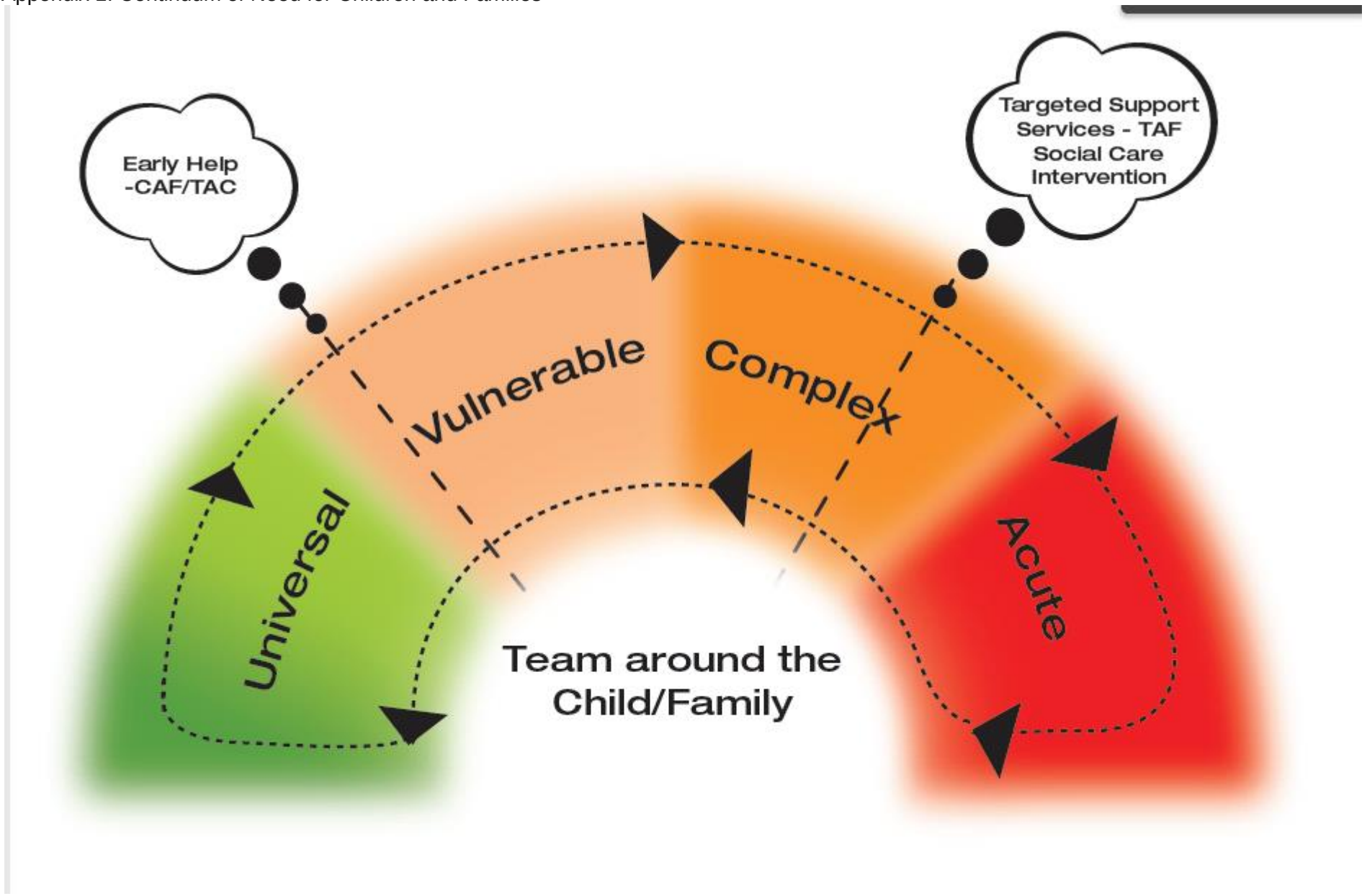
One option being considered is to link the performance management of this strategy to a local Outcomes Plan which will allow us to draw down funding from the Department for Communities and Local Government (DCLG) Troubled Families Programme Phase 2.

Phase 2 of the programme gives Local Authorities more scope to identify population outcomes which matter the most at a local level and to develop measures that will demonstrate progress. It also has service transformation at its heart.

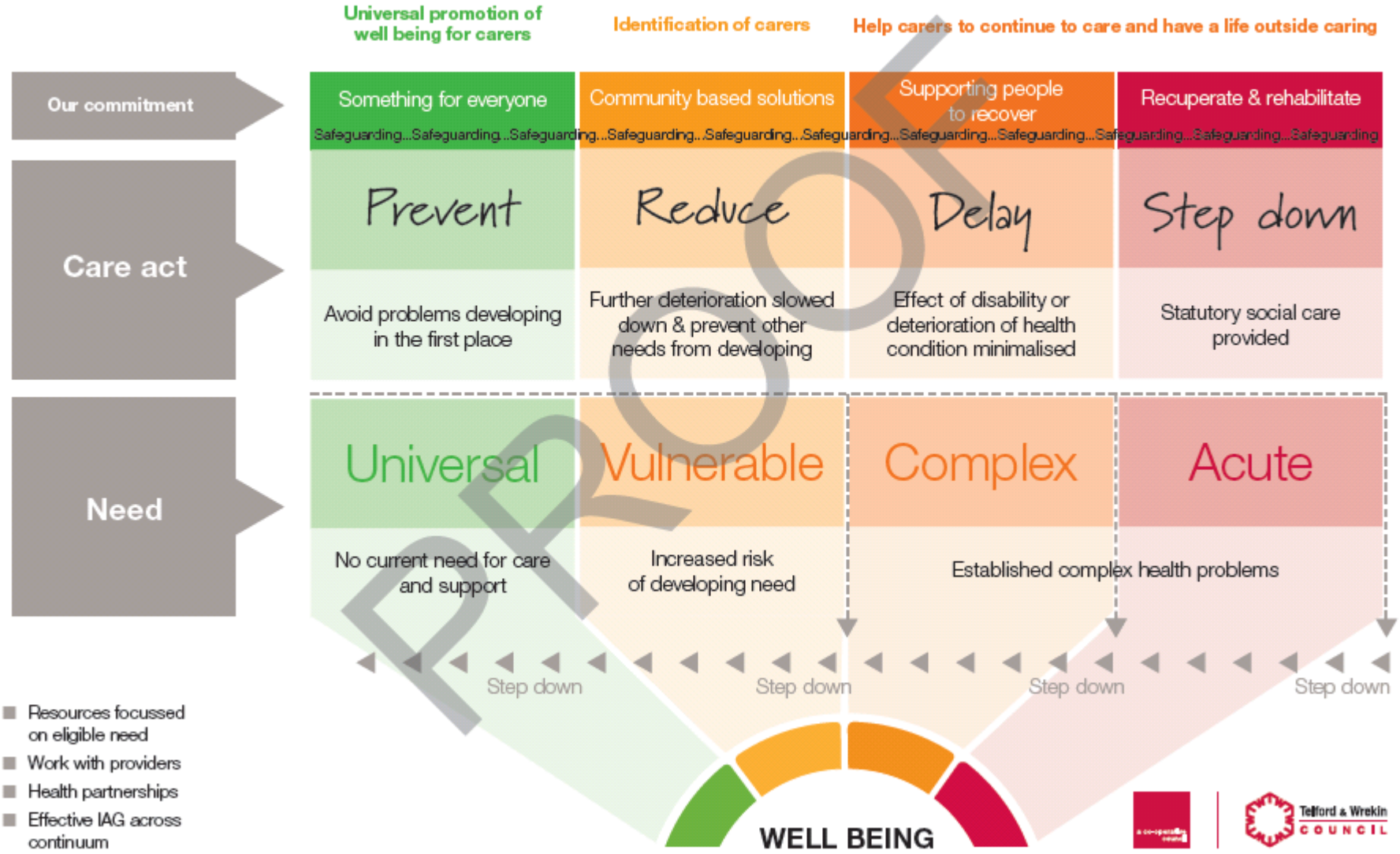
Section 5: SUPPORTING DOCUMENTS

1. Telford and Wrekin Health and Wellbeing Strategy 2013/14 to 15/16
2. Service and Financial Planning 2015/16 to 2017/18 Cabinet Report (8 January 2015)
3. Adult Social Care Account 2013 – 2014
4. Adult Social Care Commitment 2015 – 2016 (draft)
5. Redesigning Health and Social Care: Challenges and opportunities from an IT perspective Jan 2015)
6. Telford and Wrekin Market Position Statement (draft February 2015)
7. Telford and Wrekin Information and Advice Strategy (draft)
8. The Early Help Strategy for Children, Young People and Carers in Telford and Wrekin
9. Living Well Board Terms of Reference
10. Children and Families Integrated Working Toolkit
11. BCF Implementation Plan

Appendix 1: Continuum of Need for Children and Families



Adult and Social Care Right help, Right time to promote independence



- Resources focussed on eligible need
- Work with providers
- Health partnerships
- Effective IAG across continuum

Services facilities and resources that are available to prevent reduce or delay needs

Telford & Wrekin Council Preventi

Click and p PDF F

Step down

Involves:	Delivers:	Outcome:
■ MDT at AMU ■ GPs ■ Case Managers ■ Home from Hospital ■ Specialist Independent Advocacy ■ Voluntary Sector ■ Private sector care providers	Specialist services (acute and complex) with the aim to avoid admission into long term services ■ Rapid Assessment & Diagnostics ■ Design Care/Treatment plan for Community Services ■ High End Social Care Accommodation Based Services ■ Residential Nursing/EMI ■ End of Life	■ People who have complex needs which require acute interventions know they will receive high class, specialist care matched to their needs ■ Will be supported to be as independent as possible and involved in decisions and discussions about their lives

Delay

Involves:	Delivers:	Outcome:
■ MDT Integrated Team ■ Enablement team/Social Workers ■ Rapid Response ■ Specialist Teams e.g. respiratory, CMHT ■ GP practices, Therapy services ■ Admiral nursing ■ Independent Advocacy ■ Voluntary Sector ■ Brokerage ■ Personal Assistants ■ Private sector care providers	Services that the council and CCG have a statutory obligation to provide in the community ■ Rapid intervention within 2 hours ■ Intensive Home Treatment/Care and Reablement ■ Domiciliary Care including Telecare ■ Community based health care ■ FACS eligible social care services ■ Social Care Services in the home ■ Reduce/delay admissions: care/health/social care residential services ■ Carer Support ■ Rehabilitation ■ Personal Care/Carer Support ■ Case Management of individuals (service Users/patients)	■ People with complex health conditions including progressive conditions e.g. diabetes receive: ■ Rehabilitation so they can carry on doing things for themselves ■ Have access to resources or facilities which help them to remain as independent as possible e.g. community equipment ■ Receive a seamless service across health and social care ■ Know that their carer are also being supported ■ Feel more able to cope with the ongoing day to day stress caused by their condition

Reduce

Involves:	Delivers:	Outcome:
■ Team around the GP practice ■ Admiral Nursing ■ Health Services ■ Council Services ■ Supporting People services ■ Sheltered Housing ■ Community Meals/Alarms ■ Voluntary sector ■ Brokerage/Personal Assistants ■ Voluntary Sector	**Higher level:** Services in the community that are preventative and not statutory ■ Finding and supporting vulnerable people that pose future risk of hitting higher tiers appropriately ■ Rehabilitation ■ Personal Care, Carer support ■ Case Management of individuals (service Users/patients) **Lower level:** ■ Prevention Strategies, e.g. Falls Prevention ■ Maintain skills/abilities to remain independent, with support ■ Befriending Schemes	People are helped to stay in the community by: ■ Receiving early help to deal with 'problems' ■ Able to attend a 'falls prevention clinic ■ Get help with adaptations to the home ■ Can easily 'borrow' things like wheelchairs ■ Can use Assistive Technology easily ■ Go to screening clinics for health conditions ■ Getting advice e.g. how to prevent strokes or heart conditions

Prevent

Involves:	Delivers:	Outcome:
■ Self Care ■ Public Health ■ Community Engagement ■ Voluntary sector Patients/Service Users ■ Carers Support Services ■ Community Neighbourhood and Voluntary Sector Public Health ■ Libraries, Leisure Centres, The Place ■ Surgeries, Chemists ■ Supermarkets/serving their community ■ Religious & belief communities ■ Health Champions	Local approaches to keeping people healthy and in control of their wellbeing ■ Campaigns to increase physical activity ■ Lifestyle interventions ■ Behavioural and lifestyle campaigns to prevent long term conditions ■ Initiatives to reduce excess winter deaths and summer deaths ■ The promotion of community safety ■ Initiatives to tackle social exclusion ■ Drug and alcohol misuse services ■ Advice on obesity and nutrition ■ Campaigns, support and initiatives to improve emotional health and wellbeing	■ People stay healthy, avoid getting ill, keeping active and independent ■ Information, Advice and guidance ■ Voluntary sector/communities (major input) Individuals/families engage with local communities ■ Aware of how to look after themselves: good diet, regular exercise (walking/swimming/gardening) etc. ■ Befriending schemes in place (link to Voluntary Sector) ■ Develop a strong community through peer support and building social capital

APPENDIX 2

Telford & Wrekin Council

Adult Social Care

Right help, Right time to Promote Independence

Commitment Statement 2015-2016

Draft 5 - Feb/15

Social Care for Adults in Telford & Wrekin – Promoting Independence

Telford & Wrekin is a co-operative Council, working together with our residents, partners and local organisations, to collectively deliver the best we can for Telford and Wrekin. The values underpinning this co-operative approach are:

- Openness & Honesty
- Ownership
- Fairness & Respect
- Involvement

Telford & Wrekin Council (T&W) through our co-operative values and priorities is committed to delivering the best quality services for residents who have care or support needs, within the resources available. The Council is committed to working with its partners (particularly the voluntary & community sector, local providers of care and support, the NHS and of course service users and family carers) to develop services for residents that help people live as independently as possible with minimal intervention. We will develop a fair system of social care where the resources that are offered, relate to the level of assessed needs a person might have and where their contribution towards the costs of that care clearly relates to their ability to pay. In addition to our co-operative values, **Promoting Independence** will be at the heart of social care in Telford and Wrekin.

We have established a structured and fair service system which works to make the very best use of the limited resources that we have.

We will promote health and wellbeing through the effective development of universal Services, such as leisure centres, parks and libraries, ensuring that we offer **'something for everyone.'**

We will give priority in our future service delivery to helping people recover, recuperate, and rehabilitate so that they are able to live as independently as possible.

We will ensure that all staff understand how to work with service users in ways that promote their independence, ensure their safety and support their recovery.

We need to continue to develop an integrated and outcome-focused approach to our work with all our health partners and other key agencies

Making It Real

These commitments reflect the national Think Local Act Personal (TLAP) commitment in Making It Real, to transform adult social care through personalisation and community based support. Making It Real is built around "I" statements which express what people have said they want to experience. Telford & Wrekin Council have signed up to these "I" statements which provide markers against which to judge local progress. The "I" statements fall into 6 areas which are reflected below. To read more about Making It Real and read the "I" statements go to:
http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf

The Care Act, 2014 embeds most of these statements into law, making them a legal requirement.

Information and Advice – "I" statements, ***"****Having the information I need, when I need it"*

We will aim to improve and enhance our information and advice offer to ensure the development of a service that is accessible, intuitive and directs people efficiently and effectively to appropriate information, advice or services in a minimal way. It will direct the customer (adults with care and support needs and carers) to services and resources of relevance and provide a service that allows people to determine self help options to assist them to manage their health and care needs and promote independence and resilience.

Community Based Solutions - "I" statements, *"Keeping friends, family and place"*

We will always aim to help people continue to live in their neighbourhood and community, where this is feasible and affordable. We will seek to reduce admissions of people to residential care where we can safely meet their assessed needs in a community based setting. To this end, we will no longer admit any person direct from a hospital bed to a residential care home without a longer term assessment. We will always ensure that the assessment is offering more than just a response to a current crisis and that each person is getting the right health, housing and other support alongside their social care. If a person is now in residential care and an assessment indicates that they may be able to live in the community we will give them the opportunity to try that option.

We will ensure that the interventions we offer people will focus on how we can promote their independence. This means we will always seek to use community based solutions including assistive technology where these will enable people to remain safe and meet their care needs. All the domiciliary care that we offer will be based on the principles of promoting independence. This means we will work with people to see how we can assist them in doing more for themselves. Over time we would expect some packages of care to decrease as people meet their own defined outcomes in achieving greater independence.

We will only use residential care where we have explored other options and have found that this is the only way to meet someone's care and support needs in a safe way. In many cases, people who have the most complex needs also have longer term health conditions which also mean they may be entitled to additional personal health budgets to meet their needs.

Resources focused on eligible needs - "I" statements*, "My support my own way***"**

Our interventions will offer the right level of support according to a person's assessed needs. Assessments will be carried out over a reasonable period of time to ensure that we have not made long-term decisions about people before we have had a chance to work with them through a recovery or recuperative plan.

We recognise that the solutions that many people have to meet their care needs can be found within their own families, their communities and within themselves. We will work with each person and their network, to find these solutions. Where people have lost their support networks we will work in partnership with them and appropriate voluntary organisations to rebuild them. We will encourage our service users, our partners and our staff to help find creative solutions to meet the outcomes that they wish to achieve. We will always look for solutions that offer value for money (quality in delivering the agreed outcomes against the cost to the public purse).

Empowering Risk Management & Safeguarding – "I" statements, **"***Feeling in control and safe"*

The essence of our work will be to ensure that we are balancing risk to empower and safeguard our service users. We will never take responsibility away from someone unless we have a legal duty to do so, which indicates that the person does not have capacity to manage their own affairs and nobody else available to take this responsibility. If we are concerned about the decisions a person is making for themselves, but they still have capacity to make a decision, then we will talk through the risks and work with them to ensure that, as far as possible, they understand the risks they are taking. This may mean that some people make unwise decisions but that will be their choice based on as full an understanding as possible of the risks. We will look to offer guidance and support but not to take over control. We will ensure that people have access to advocacy support where they have substantial difficulty in being involved in their assessment, support planning, review, or safeguarding event, where there is no one appropriate to support their involvement.

Commissioning and Work with Providers

We will ensure that our commissioning plans are person centred and outcome focussed and deliver social value by working together to support local communities, economies and the environment to make the Telford pound go further. We will use evidence of what works and what is needed to help develop a diverse and sustainable market and provide value for money.

We will work with our providers and with our in-house team to build a philosophy of care and support that focuses on outcomes – where service users can determine with their assessors, support brokers and their providers the aspirations they have from the service. We will ensure that people have a suitable level of service (preferably through a Direct Payment) that will meet their current assessed needs and support their objectives towards independence and wellbeing.

We will always work with those who are providing services to ensure that they are delivering value for money (including those services provided by the council) from the public purse; we will look to achieve this in partnership through a dialogue between service users, providers and the council. We will work co-operatively with providers to progress the move to outcome based contracts focussing on prevention and wellbeing for all our services that are provided or commissioned by Telford & Wrekin Council. We will invest in providers who can demonstrate creative, innovative service provision and disinvest in providers who do not provide a person centred, value for money service.

We will develop community based services that encourage good neighbourliness, assist in meeting the challenges of social isolation and social exclusion as well as services that enable people to take more control over their own lives. We will support user-led organisations, social enterprises and other voluntary groups who can meet our aspirations for social care.

The council as a main employer in the area will take a lead by demonstrating that it is an employer of choice for people with disabilities and people with a history of mental illness. We will also work with other public sector bodies, our contractors and companies based in Telford and Wrekin to offer real opportunities for people whose disability may have traditionally disadvantaged them within the employment markets.

Partnership with Health Professionals – "I" statements *,"My support my own way*"

We need to continue to develop an integrated and outcome-focused approach to our work with all our health partners, particularly Telford & Wrekin Clinical Commissioning Group, Shrewsbury & Telford Hospital NHS Trust, Shropshire Community NHS Trust and South Staffordshire & Shropshire Mental Health Foundation Trust. We need to ensure that we share common goals in assisting people to remain independent in their own homes. This means that where possible we will have shared health and social care assessments and a single plan that will help people to retain independence in the community. For example, the interventions from occupational therapy, physiotherapy and social care input detailed in one support plan avoiding unnecessary admissions to hospital or care homes.

We will work with NHS partners to develop the expert patient programmes which enable people to take more responsibility for how they manage their longer term conditions. This will both help them as the patient and reduce the cost to the council and the NHS.

One of the principles that we will develop with NHS partners is to ensure that any assessments made, allow the person to have a period of treatment and support to enable them to make a full recovery before we make a longer term plan for their care. This will particularly apply to older people in hospital and any individual where placement out of the area is a consideration.

With the consent of the service user, we will also share details of care packages and review of those packages with their GP so that the GP is clearly aware of the interventions in place to promote independence and maintain the wellbeing of their patient.

Spending Public Money Wisely – "I" Statements*, "My money"*

With the combination of growing demand and reducing resources available to the council, we need to ensure that money is spent in a fair and equitable way. It is possible that some of our current service users and their carers may see a reduction in the amount of money that is available to them. The decision as to how any reduced money will be used will always be done in full consultation with the user and their carers. In particular we will manage reductions in a clear, transparent and negotiated way.

We need to reduce some historical levels of service provided to service users which are greater than the associated levels of assessed need. Whilst ensuring fair and equitable services means we cannot delay this process unduly, we will take a sensitive and understanding approach.

We will focus on achieving value for money for every service that we procure on behalf of service users. We will focus on finding the most affordable price that can deliver us the degree of quality that our service users require.

In a world of personal budgets we will take a balanced view between procuring services on behalf of local people to achieve good value mainly through framework agreements and through encouraging service users to develop their own creative solutions to meeting their needs. We will support developments such as a Personal Assistant Register which enable people to choose a direct payment as a viable solution for them.

We will ensure that there are services available for service users and their carers to meet their needs within the resources that will be made available to them through personal budgets. We will work with local and regional providers of care to support the delivery of this policy.

Our commissioning strategy will be developed jointly with our health partners and in consultation with our service users and carers and we will learn lessons from elsewhere. We will build models of care and support which help us to deliver the outcomes that we have outlined above.

Knowledgeable and Informed Workforce – "I" statements*, "My support staff"*

We will develop a workforce who can work within this vision. This includes staff both within the council and those who work for organisations who provide services on our behalf. We will ensure that all staff understand how to work with service users in ways that promote their independence and support their recovery. We will support staff to work within multi-disciplinary teams. We will help staff develop their practice in ways which will assist them to empower our service users to make the best use of their personal budgets to ensure a relentless focus on promoting independence rather than creating dependency.

We will examine our policies to ensure that we are fulfilling our statutory duty to promote equality of opportunity and to challenge inequalities in adult social care. Every policy area will be accompanied by an Equality Impact Assessment.

Valuing Carers

Many people with social care needs will have these met mainly through family carers with whom they live. Recognising there may be increased responsibilities for family carers, the council will develop a compact with each carer as to how we can best share the responsibility for delivering the care a person needs. We will ensure that carers are informed of their right to have a carers assessment which they can have either together with their cared for person or separately. Supporting carers to carry on caring through greater recognition of their needs and wellbeing, as set out in the Care Act, 2014 will be paramount, whilst ensuring that appropriate respite care is also available.

The Services we Offer

- We will continue to **develop housing schemes** with partners with suitably adapted accommodation and to offer care and support in the community wherever that is feasible to meet someone's needs (as opposed to residential care).

- In an age of digital technology we will continue to explore how **new solutions, such as assistive technology** can give citizens better care, ensure their safety and assist them in carrying out their daily tasks.

- We will expect that younger adults who have sufficient ability are **supported into work environments**. We will support younger adults and their families through the move from children's services into the adult world. We will support young carers to ensure that their needs are also being met.

- We will **use personal budgets** to ensure that the people requiring longer term care can take as much control over their lives as their needs allow. We will continue to increase the number of people who are in receipt of a **direct payment.**

- Many people with social care needs will have these met mainly through the carers with whom they live. The council will develop a **compact with each carer** as to how we can best share the responsibility for delivering the care a person needs.

- Our charging policies will reflect the guidance given to us from central Government. We apply a means tested approach. We do not offer any subsidies to service users for services we provide or those we commission when contributions are made from personal budgets.

- We **will focus on achieving value for money for every service that we procure,** finding the most affordable price that can deliver us the degree of quality that our service users require to deliver their specified outcomes.

- We will develop our **commissioning strategy** with a wide range of stakeholders including health partners, providers, voluntary organisations, community groups, users and carers taking a whole systems approach to the design and development of services. We will develop a market place for service provision that meets the needs of a vibrant diverse community.

- We will ensure that all council services strive to ensure that their policies promote good services for people who may have care and support needs e.g. we will look to ensure our street scene can be used by wheelchair users and that our Library Services have books in large print and talking books to assist blind and partially sighted residents.

- We will ensure that we optimise the full value of **universal services** such as leisure centres, parks and adult education services to deliver services which support our health and adult social care system.

The outcomes we are seeking:

We want to see more local people living **healthy, happy, more independent and fulfilling lives**.

- We will ensure our policies fulfil our statutory duty to **promote equality of opportunity,** maintain parity in access to services and challenge inequalities in adult social care.

- We expect to see **a reduction in the number of people we are directly helping** and we expect to see an increase in the number of people being helped within their communities.

- We expect to **see a reduction in the number of people who will have to be admitted to residential care** to meet their assessed needs and more people will be using personal budgets to meet their needs in the community.

- We expect to see **an increase in the number of people successfully completing recovery and recuperation programmes** and having access to assistive technology and good housing options to meet their longer term needs.

- We expect **the most vulnerable people are supported to be safe** with robust, local safeguarding arrangements in place.

APPENDIX 3

Telford & Wrekin Council

Adult Social Services

Information and Advice

Strategy
2015 – 2018

a co-operative council

Telford & Wrekin COUNCIL

Information & Advice Governance

Title	Information & Advice Strategy
Purpose/scope	To ensure that people across the Borough of Telford & Wrekin have access to up-to-date, accurate and relevant information and advice services
Subject key words	Information and Advice; Sign posting; Self help; Independent Financial advice; choice and control; promote independence
Priority	Protect and support our vulnerable children and adults Improve the health and wellbeing of our communities and address health inequalities
Lead author & contact details	Service Delivery Managers: Clare Hall-Salter: Service Improvement & Efficiency Clare.hall-salter@telford.gov.uk Julie Smith: Access and Assessment Julie.smith@telford.gov.uk
Date of report	February 2015
Version	Version 2
Sign-off status	Draft
Period applicable	2015 - 2018
Distribution/circulation	Care Act Implementation Board

Contents

	4.4	Ensure the information and advice is accurate and effective
5	**Outcomes**	
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	5.2	Information and advice service will be co-produced with key strategic partners
	5.3	MyLife, or other agreed e-system, will be the key local directory, encouraging public and professional use to support 'self help' and to promote independence
	5.4	Local providers will be commissioned and encouraged to provide information and advice services
	5.5	Appropriate and accessible signposting to independent financial advice will be available
6	**Action Plan to deliver on Strategy and Outcomes**	
7	**Performance Management**	

1 Introduction

High quality, up to date, reliable and effective Information and Advice help people to make good choices about their social care needs, and also about their health and wellbeing. Information and Advice help people to help themselves, supporting self-care and self-management – so they are an important part of our approach to personalised care, as well as for prevention and early intervention.

This Strategy is written to ensure that Telford & Wrekin Adult Social Services meets its statutory obligations in providing good and effective information and advice as set out in the Care Act 2014 for all residents in the Borough of Telford & Wrekin.

The Care Act 2014 is being introduced at a time when demand for services is high, and the resources to meet that demand are limited. It is therefore important that we make the best possible use of our existing services and sources of Information and Advice, whether within the Council, commissioned by the Council or with our partners.

Adult Social Services will own this Strategy and associated action plan and ensure they are reviewed on an annual basis or more regularly as appropriate.

Information is defined as:

- The open and accessible supply of material deemed to be of interest to a particular population. This can either be passively available or actively distributed

Advice is defined as:

- Offering guidance and direction on a particular course of actions which need to be undertaken in order to realise a need, access a service or realise individual entitlements

The Strategy is applicable to the whole adult population in Telford & Wrekin and not just those residents already receiving support or people with immediate care and support needs. It covers all residents over 18, carers (in an informal caring role) including young carers, people with disabilities or impairment, people planning future care and their families, regardless of their ability to pay for care.

1.1 Purpose

The purpose of this Strategy is to ensure that people across the Borough of Telford & Wrekin have access to up-to-date, accurate and relevant information and advice services. This Strategy recognises that information and advice and the services that provide them, need to be linked to other local policies and strategies and, although the focus of the strategy is on Adult Social Services, it recognises that people's needs are rarely limited to this area and will need to link to other services available in the Council and Communities.

Information and advice provided, must include: the care and support system locally, how to access care and support locally, choices of types of care and support, choices of care providers, how to access independent financial advice re: matters relating to care and support, how to raise concerns about the safety and wellbeing of an adult with care and support needs.

Information must also go wider than care and support and should include: housing/ housing related support, effective treatment for health conditions, availability and quality of health services, handymen services, befriending services, aids and adaptations, benefits, employment support, children's social care and transition, carers services, sources of independent advice and advocacy, awareness of need to plan future care costs.

1.2 Scope

To establish and maintain information and advice relating to adult social services support for all people residing in the Borough of Telford and Wrekin by:

- Ensuring the provision of accurate and up-to-date information and advice in relation to Adult Social Services
- Ensuring we have an effective network of Information and Advice relating to private and voluntary organisations via MyLife and/or other similar e-solutions
- Improving the range, quality and accessibility of information and advice available for all in their communities, so people understand how care and support works, their entitlements and who to go to for advice
- Promoting diversity and quality in care provision and community support so there is a range of high quality services available to meet people's needs and choices
- Connecting individuals with family, friends and community support networks so they can live independently and prevent or postpone the need for funded care and support services

- Continuing our commitment to personalisation with all systems, processes, staff and services, enabling people to have choice and control over their lives
- Striving for collaborative health and primary care services, where appropriate, to improve the health and social care for people
- Providing leadership in the joint commissioning of health and social care services to ensure diversity, quality, cost effective and sustainable services.

2 National and Local Policy Context

2.1 National Policy Context

2.1.1 Think Local Act Personal Making It Real

Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. They are a set of "progress markers" - written by real people and families - that can help an organisation to check how they are moving towards improving adult social care. The aim of Making it Real is for people to have more choice and control so they can live full and independent lives.

The markers of progress are 26 "I" statements - which describe what people expect and want when it comes to care and support - and are themed around six key areas including information and advice

Information and Advice – "Having the information I need, when I need it"

- I have the information and support I need in order to remain as independent as possible.
- I have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date.
- I can speak to people who know something about care and support and can make things happen.
- I have help to make informed choices if I need and want it.
- I know where to get information about what is going on in my community

For more information on Making it Real please visit the TLAP website:
TLAP Making it Real

2.1.2 Care Act 2014

Within the Care Act 2014 there is a duty placed on local authorities to establish and maintain information and advice services relating to care and support for all people in its area, which includes:

- The broad audience for the information and advice service;
- The local authority role with respect to financial information and advice;
- The accessibility and proportionality of information and advice;
- The development of plans/strategies to meet local needs

Information and advice is fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support.

Therefore Adult Social Services in Telford & Wrekin will develop information & advice against the outlined fundamental principles in the Care Act 2014 by:

- Complying with the law in a way that is consistent with our vision for Adult Social Services in Telford & Wrekin
- Promoting individual wellbeing, prevention, providing information & advice, promoting quality and diversity of services, co-operating with partners
- Treating carers with the same esteem as the people that they care for and being aware of the needs of children in the household
- Ensuring an equal value on access and outcomes for all regardless of reason for need or ability to pay
- Making it as easy as possible for people to have or to access the information & advice that they need, at the right time and in the best way for them
- Enabling people to be in control of their own care and support
- Responding flexibly and appropriately to people's needs
- Responding in a way that takes account of and uses our community and partners needs, expertise and resources

For more information on the Care Act 2014 for Information and Advice please visit the Department of Health website: DoH Care Act 2014 Guidance

2.1.3 Better Care Fund Reforms (BCF)

The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service Act 2006 gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure

incurred in the exercise of prescribed local authority functions and prescribed NHS functions. Under the BCF "Section 75 Agreement" the Partners agree to collaborate to secure the future position of health and social care services through lead or joint commissioning arrangements.

The BCF agenda focuses on the delivery of health and adult social services to ensure major changes are made to create seamless services fit for future generations and to focus more effectively on preventing ill health and preventing deterioration of health. In order to deliver these services local authorities, health and communities need to work jointly to redesign services to meet the needs of users.

Consideration will be made, when undertaking any Partnership planning under Better Care Fund, to ensure that there is joint planning and delivery of information and advice services. This will ensure best practice and value for money.

For more information on BCF please visit the Department of Health website: DoH Better Care Fund

2.2 Local Policy Context

2.2.1 Telford & Wrekin Council Co-operative Values, Principles and Priorities

Being a Co-operative Council is about us working together with our residents, partners and local organisations to collectively deliver the best we can for the people of Telford and Wrekin. We believe that how we do things is just as important as what we do. That is why we have adopted Co-operative Values.

- Openness and Honesty
- Ownership
- Fairness and Respect
- Involvement

To reflect our ambitions the Council has worked with residents and partners to identify the following **Council priorities** for the mid term (2014 - 2016):

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

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

The priority for Adult Social Services is to Protect and Support our Vulnerable Children and Adults

2.2.2 Commitment Statement - Promoting Independence

In addition to our co-operative values, Promoting Independence will be at the heart of social care in Telford and Wrekin Council.

We have established a structured and fair service system which works to make the very best use of the limited resources that we have.

We will promote health and wellbeing through the effective development of universal services, such as leisure centres, parks and libraries, ensuring that we offer 'something for everyone.'

We will ensure that all staff understand how to work with service users in ways that promote their independence, ensure their safety and support their recovery.

Information and Advice: We will aim to improve and enhance our information and advice offer to ensure the development of a service that is accessible, intuitive and directs people efficiently and effectively to appropriate information, advice or services in a minimal way. It will direct the customer (adults with care and support needs and carers) to services of relevance and provide a service that allows people to determine self-help options to assist them to manage their health and care needs and promote independence and resilience.

2.2.3 Local Account 2013/14

In the Local Account, we set out our aim to help individuals to find the information they require easily and quickly in order for them to help themselves. Where possible we will signpost individuals to the most appropriate information, advice and services for them whether this is provided by the Council or by other voluntary sector organisations.
We will

- Provide them with information and advice to help themselves
- Help them to regain skills they may have lost and develop new ones
- Help them to have choice and control over the support they need.

For people who do have care and support needs we have a responsibility to make sure that a diverse range of good quality service provision is available in their local community, where possible. In addition to our community care responsibilities we take the lead in safeguarding vulnerable people who have been or may be at risk of abuse. For full details of our services visit http://telford.mylifeportal.co.uk

For more information on Telford & Wrekin's Local Account 2013/14 please visit: Local Account

Accurate and easily accessible information and advice will allow the individual, their family and carers to make well informed choices on how they control their lives. For example the use of a Direct Payment and the Telford Personal Assistant Register allows the individual to choose and arrange the way they wish to manage their identified needs.

2.2.4 Local Strategies

The Strategies below are inextricably linked to the Information and Advice Strategy and should be read in conjunction with it:

- Health and Wellbeing Strategy (2013 – 16) has ten priorities including to support people to live independently and to improve life expectancy and reduce health inequalities
- Carers Strategy – Making Connections for Carers in Telford and Wrekin (2013 – 16). One of the eight priorities identified in the strategy is Information and Advice and Support. 'We know good quality information and advice is essential in how carers reach a decision. Information can shape what steps carers take, ensuring they have the confidence and are informed to access appropriate support. This leads to greater choice and control in the services they purchase and receive'
- Wellbeing and Prevention Strategy (draft) (2015 – 18)
- All information and services will be online wherever possible and we will encourage customers to use this channel wherever possible. This will support the draft Council Channel Shift Policy

3 Assessment of Current Provision

3.1 Current provision, gaps and consultations

Information about services for people with adult social care needs should be easy to find. In the national Adult Social Care Outcomes Framework Survey (2013/14), the proportion of people who use services who found it very easy

or fairly easy to find information about services was 76%. This is compared to 72.5% (West Midlands) and 74.5% (National).

Customers should be satisfied with the levels of customer service. During a mystery customer exercise carried out in 2013, across all contacts made to the Access Team, 90% were satisfied with the service they received from the Council, 68% reported the service they received was better than expected and 88% would speak highly of the Council following their contact.

Information and Advice should be consistent – currently there is a duplication of Information and Advice across multiple organisations, and some of this is not consistent with other sources of Information and Advice.

Information and Advice should be up to date – but much information about adult social care on the Council's website (via MyLife) is out of date

We will further explore, where we are now, where do we want to get to and how will we get there, with the use of the TLAP toolkit, in co-production with service user and carer representatives.

http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/Information-and-Advice-Strategy-Toolkit/

3.2 Current local services

People currently get information and advice in many different ways, and from many different services. Local places where people get information and advice include:

Local sources of information and/or advice	
Council Access Team	Council's First Point
Council Website (and MyLife)	Carers Contact Centre
NHS and other public sector websites	Advocacy Organisations
The NHS e.g. GPs	Other social care and support services commissioned by the Council
National websites e.g. government departments	Adult Social Services staff and care managers
Healthwatch	Citizens Advice Bureaux
Libraries	The voluntary and community sector

4 Objectives

4.1 Understand the information and advice needs of our residents

It is fundamental to understand the information and advice needs of the residents in Telford & Wrekin including carers and families to take control of and make well informed choices about care and support. The information and advice will ensure people know about funding for services, promotion of peoples well-being by increasing their ability to exercise choice and control. By ensuring that we understand the needs of local people for information and advice it will also prevent or delay peoples need for adult social services.

4.2 Connect more people to accessible, local personal support

To be developed through partnership working involving health, voluntary and private organisations and local communities to ensure that all potential information and advice support is available in the community and can be accessed in various formats. There is a strong focus to make more use of 'assistive technology', such as digital and web based services, however not all customers would be able to get the best information and advice if the only channels for that advice were digital channels. Face to face information and advice, and telephone based information and advice, are also important.

4.3 Review the information and advice and the method by which it is provided

To ensure that regular reviews of all information and advice are undertaken to ensure accuracy, consistency and up-to-date information and advice is available at all times. Consideration must be given to ensure that information and advice is available in various formats and is accessible across Telford and Wrekin. All information and services will be online wherever possible and we will encourage customers to use this channel wherever possible.

4.4 Ensure the information and advice is accurate and effective

All information and advice must be reviewed at least annually and in some cases more often dependent on changes and up-dates. Where possible we should create information once and use it many times and link our online service to existing information on other websites e.g. benefits, rather than creating and maintaining the information on our site.

5 Outcomes

The Strategy and associated action plan will ensure the outcomes for the current and planned approaches for information and advice delivery are met.

5.1 An effective public information and advice service will be available

We will improve our digital communications ability by being proactive in our use of social and digital media, supporting people to use these channels through clear guidelines and policies and to continue to look for new ways of engaging people using digital and social media.

We will target communication and engagement to maximise impact, using data to reach people more effectively, including people who have been harder to engage in the past and who will benefit from tailored approaches to communication and engagement.

We will provide good information & advice by working as one team, build effective, co-ordinated communications and engagement that is consistently high quality and provides value for money

- Through the use of Multi Media channels, reach the maximum number of residents, allowing them to make decisions for themselves.
- Review of information needs of local residents
- Access to information and advice.
- Use of Local 'Hubs' for information access, GP surgeries, Hospitals, First Point, Libraries, Council offices, Faith Groups, BME Groups
- Prepare staff and Members with the information resources and guidance for any enquiries in relation to the Care Act 2014
- Carers information, including young carers linking to the Carers Contact Centre
- Dementia
- Safeguarding – Making Safeguarding Personal

5.2 Information and advice service will be co-produced with key strategic partners

- Working with Partners, we will build on sharing advice, building a 'library of assets' and links to external sites , to improve the information available to residents
- Identify funding to support the strategy
- Identify key providers for financial advocacy
- Links to key central directories e.g. NHS England, CQC
- Develop further the E market place
- Engagement with Service user groups to promote strategy
- Working with Communities, private and voluntary organisations; ensuring that all relevant information and advice is available

5.3 MyLife, or other agreed e-system, will be the key local directory, encouraging public and professional use to support 'self help' and to promote independence

- Content monitoring e.g. accuracy of data and regular updating
- User experience surveys and audit
- Easy read and plain English
- Customer feedback through MyLife
- Critical friends through the Readers Group for ongoing testing of MyLife for easy use and navigation to access information and advice

5.4 Local providers will be commissioned and encouraged to provide information and advice services

- Working with Commissioning, we will engage Stakeholders –ensuring that other statutory, voluntary and/or private sectors information and advice resources are incorporated.
- Ensure that National and Local messages are delivered
- Links to JSNA
- Links to Health initiatives also providing information and advice
- Links to other external organisations providing information and advice such as DWP and Skills for Care

5.5 Appropriate and accessible signposting to independent financial advice will be available

The Care Act guidance talks about 'financial information and advice' which includes a broad spectrum of services whose purpose is to help people plan, prepare and pay for their care costs. In places it talks of 'independent' financial information or advice, by which it means services independent of the Council. This guidance also refers to 'regulated' financial advice which means advice from an organisation regulated by the Financial Conduct Authority (FCA) which can extend to individual recommendations about specific financial products. The Council has to ensure that people are able to access all of these types of financial information and advice which help people plan and pay for their care.

The details of providers of independent financial information and advice would be accessed through MyLife linking to national websites.

The Council will ensure that its staff and partners can actively describe the general benefits of seeking independent financial information and advice and explain these to an individual, actively helping people to locate sources of further information and advice through national websites.

We will ensure that there is provision of advice relating to debt, benefits, employment and housing issues across the Borough.

Whilst always operating within the statutory obligations and spirit of the Care Act 2014 the Council must be guarded against claims of undue influence and negligence when assisting people with access to independent financial advice (and where this results in a financial loss to those people) and to limit any potential liability it is advisable a disclaimer should accompany assistance given.

Disclaimer

"The Council's role is that of a facilitator and the final choice of independent financial advisor will lie entirely with the person seeking that advice. The Council accepts no responsibility or liability for any direct or indirect loss, damage or inconvenience caused by any inaccurate or incomplete advice nor for the content of any websites (or the content of websites that are accessed via links to that website)".

6 Action Plan to deliver on Strategy Objectives and Outcomes

(Link to separate action plan document)

7 Performance Management

The Think Local Act Personal Strategy Information and Advice toolkit will be used to assist with how success will be measured and will provide a framework for monitoring. Measures will include:

- Increase up-take of Information & advice through digital and social media usage
- Satisfaction ratings
- Feedback on Information & Advice through various channels including forums, meetings, hubs etc

We will bring together data about information and advice services, to consider how good and how useful the information and advice is, whether provided by the Council, its partners or services commissioned by the Council.

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

11th MARCH 2015

NHS FUTUREFIT PROGRAMME REPORT

REPORT OF:- DAVID EVANS: CHIEF OFFICER, TELFORD & WREKIN CLINICAL COMMISSIONING GROUP (CCG)

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The attached report sets out the options for acute and community hospital services identified by the NHS Future Fit Programme Board. Each option (apart from the 'Do Minimum') proposes a way of configuring services that is designed to deliver the previously agreed Clinical Models of care.

These options are now subject to detailed development in advance of a full economic assessment.

2. RECOMMENDATIONS

The Board is invited to note the report.

3. IMPACT OF ACTION

The Programme is focused on acute and community hospital services in Shropshire and Telford & Wrekin. It involves all communities who use those services, particularly across Shropshire, Telford & Wrekin and mid Wales. The aim is to develop a clear vision for excellent and sustainable acute and community hospitals - safe, accessible, offering the best clinical outcomes, attracting and developing skilled and experienced staff, providing rapid access to expert clinicians, working closely with community services, focused on those specialist services that can only be provided in hospital.

4. SUMMARY IMPACT ASSESSMENT

The Programme has an Integrated Impact Assessment workstream which is undertaking Equality Analysis and other related assessments, including engagement with groups with protected characteristics.

Proposals will formally be put to the public in a Consultation which is expected to commence from December 2015. In the meanwhile, a programme of pre-consultation will continue to take place in parallel with the development of options.

The financial implications of each option will be analysed and appraised as part of the economic analysis which is due to be completed in June 2015, in line with the requirements of HM Treasury's *The Green Book*.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

Please refer to the attached report.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

Please see Section4 above.

3. PREVIOUS MINUTES

- September 2014 - HWBB Report: Future Fit Programme Update
- May 2014 – HWBB Report: Future Fit Programme Report

4. BACKGROUND PAPERS

None

Report prepared by:
David Evans: Chief Officer, Telford & Wrekin Clinical Commissioning group (CCG), Telephone: 01952 580362

Report on the Shortlisting Process

The purpose of this report is to present the Programme Board's proposed shortlist of options and to summarise the process undertaken by the Evaluation Panel in developing its recommendations to the Board.

Sponsor organisations and other stakeholders are invited to consider these proposals as set out in the table below:

Key Decision Documents	Programme Board	CCGs	Other Sponsors	Joint HOSC	Health & Wellbeing Boards
Selection of Short List	Approve	Approve	Endorse	Consider	Receive

Executive Summary

The Programme Board received recommendations from the Evaluation Panel appointed by its sponsors and other stakeholders.

The Board had an extensive discussion of the Panel's recommendations in the light of all the evidence provided (including a minority report from a patient representative). Following this discussion the Board agreed the following acute services shortlist:

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

The Board also agreed that there should be further debate on the best and safest configuration of obstetric services within these scenarios. This should include reviewing the clinical evidence and workforce models to understand whether obstetrics could operate on a site alongside a DTC, alongside an Emergency Centre or alongside either.

On Urgent Care Centres (UCCs) Programme Board agreed to proceed to work on:

- Prototyping two urban Urgent Care Centres, one in Shrewsbury and the other in Telford; and
- Exploring the most appropriate rural urgent care solutions in partnership with local communities and considering current facilities/services. All existing Minor Injuries Units will be considered as potential sites for Urgent Care Centres.

Next steps include:

- A further round of pre-consultation public engagement which kicks off with two 'pop-up shops', one in Telford Shopping Centre on 20/21 Feb and Shrewsbury Darwin Shopping Centre 27/28 Feb. Events in Powys are also being planned. Many more events will follow and will be publicised via the NHS Future Fit website;
- Detailed development of the shortlisted options (including estates, workforce and finance).

It is expected that the Board will be able to propose a preferred option later in the year. Formal Public Consultation would then commence from December 2015 (subject to the timing of national approvals).

Background

Each sponsor and stakeholder organisation was given the opportunity to nominate a member of the Evaluation Panel. Some changes in membership had to be made through the course of the Panel's meetings. The final panel for the shortlisting process was comprised as follows:

Dr Bill Gowans, Vice Chair	Shropshire Clinical Commissioning Group
Chris Morris, Executive Lead for Nursing and Quality	Telford & Wrekin Clinical Commissioning Group
Victoria Deakins, Lead Therapist for North Powys	Powys Local Health Board
Mr Mark Cheetham, Scheduled Care Group Medical Director	Shrewsbury and Telford Hospital NHS Trust
Dr Emily Peer, Assistant Medical Director & GPSI	Shropshire Community Health NHS Trust
Pete Gillard	Shropshire Patient Group
Christine Choudhary *(unable to attend)*	Telford & Wrekin Health Round Table
Vanessa Barrett, Board Member	Healthwatch Shropshire
Kate Ballinger, Manager	Healthwatch Telford & Wrekin
Kerrie Allward, Better Care Fund Manager	Shropshire Council
Liz Noakes, Assistant Director and Director of Public Health	Telford and Wrekin Council
Mark Docherty, Director of Nursing, Quality & Clinical Commissioning	West Midlands Ambulance Service NHS FT
Dave Watkins, Locality Manager, North Powys	Welsh Ambulance Services NHS Trust
John Grinnell, Director of Finance	Robert Jones & Agnes Hunt Hospital NHS FT
Alison Blofield, Associate Clinical Director/Nurse Consultant *(unable to attend)*	South Staffordshire & Shropshire Healthcare NHS FT
Dr Jessica Sokolov	Local Medical Committee/GP Federation
Ian Winstanley, Chief Executive	Shropshire Doctors' Cooperative Ltd.

NHS England and Montgomeryshire Community Health Council declined to nominate members because of their subsequent assurance and scrutiny functions. The Chairs of the

Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin were in attendance as observers.

The Panel's earlier work had included the development of a wide range of potential scenarios from which the longlist was created following the Panel's recommendation to Board. A number of pre-consultation public engagement events also informed the development and evaluation of options.

The Long List

1	**Do Minimum** - Provider & Commissioner efficiency strategies implemented but no major service change. **Existing dual site acute services (including A&E).**		**Four community hospitals and MIUs** providing services as currently.
2	**EC with UCC & LPC at RSH; ***	**DTC with UCC & LPC at PRH;**	**Two to five further UCCs ideally co-located with LPCs & CUs**
3	**EC with UCC & LPC at PRH;**	**DTC with UCC & LPC at RSH;**	
4	**EC with UCC at new site; ***	**DTC with UCC & LPC at PRH; UCC & LPC at RSH;**	
5	**EC with UCC at new site; ***	**DTC with UCC & LPC at RSH; UCC & LPC at PRH;**	
6	**EC & DTC with UCC & LPC at RSH; ***	**UCC & LPC at PRH;**	
7	**EC & DTC with UCC & LPC at PRH;**	**UCC & LPC at RSH;**	
8	**EC & UCC with DTC at new site; ***	**UCC & LPC at PRH & RSH;**	
** the potential to locate consultant-led obstetrics either at the Emergency Centre or at PRH should be considered as a variant to these options.*			

In December 2014, the Board agreed that there should be a differential approach to the identification of shortlists for the consolidated and dispersed elements of the proposed networks of care.

Evaluation Criteria

The Evaluation Panel was also responsible for recommending the criteria against which longlisted options would be evaluated. A number of pre-consultation public engagement events also informed the development and weighting of the criteria.

Four criteria were proposed initially, to which Board added a fifth by separating out workforce considerations from wider quality impacts. The Board delegated to its Core Group the task of confirming the final set of measures to be used by the Programme Team to provide evidence for the Panel. These measures focused on evidence pertinent to the differentiation of acute scenarios rather than to the overall evaluation of programme proposals. That subsequent evaluation will only be possible once shortlisted options have been developed in more detail.

The agreed criteria are set out below with a brief explanation of the nature of the information provided to the Panel. That information was presented in three tiers:

- **Tier 1** - an overall summary of acute options and obstetric variants, criterion by criterion, plus the programme Team's proposed approach to a shortlist for UCCs;
- **Tier 2** - a summary description of each option summarising all the measures available; and
- **Tier 3** – the underlying sources of information, including
    - The Clinical Design Report
    - Phase 1 Activity and Capacity Modelling
    - Latest Summary of Phase 2 Activity and Capacity Modelling
    - Baseline Impact Assessment Report
    - Reports on Pre-Consultation Engagement Activities
    - Feasibility Study Report
    - Financial Assessment of Feasibility Study (includes additional scenarios from long list)
    - Acute Services Template (setting out the views of acute clinicians of key co-location issues)
    - Summary Affordability Report
    - Commissioner Funding Scenarios
    - Accessibility analysis.

All three tiers were made available to Board to inform its decision-making on shortlisting. They are subsequently being made available to the public, too, (where not already published) to help people to form their own views on shortlisted options as part of ongoing pre-consultation engagement and impact assessment activities.

To enable a high-level view to be taken of equity impact, the information provided highlighted any adverse differential impacts on particular social groups. The Panel had requested that these groups should include Older People (75+), Children (0-5), people with Long Term Illness, people on Low Income and people with no access to a car or van.

The weighting applied to the criteria was determined by the Panel, informed by public views. Members initially submitted their own weighting proposals, the results of which were presented to the Panel when it met. Following discussion, a final set of weightings was

agreed. These are recorded against the criteria below which appear in ranked order.

1. QUALITY – 29.4%

Evidence for this criterion focused on

- The extent to which each option support the delivery of key programme benefits (which reflect health service need criteria). This was informed by the content of the Clinical Report and by the assessment of acute clinicians. Given that all change options respond to the Clinical Report, which sets out to design quality into the system, only a limited amount of information was available at this stage to support the differentiation of options. When options are fully developed they should be more amenable to a more detailed quality impact analysis.

- The impact on patients with time-critical conditions for the most serious cases conveyed by the ambulance service. The data provided was based on West Midlands Ambulance Service conveyance times. West Midlands Ambulance response time information was also made available to the Panel. Welsh Ambulance Service data has only recently become available and will be used to inform subsequent evaluation.

2. ACCESSIBILITY – 26.5%

The Clinical Model envisages the development of networks of care covering urgent and emergency care, planned care and long term conditions. At the present time it is not feasible to undertake detailed accessibility analysis on these networks, given the number of potential combinations of acute and community options. The system-wide impact will be assessed as part of the full evaluation later in the year. For the time being, the accessibility of consolidated acute services has to be looked at in isolation. This may unavoidably advantage the 'Do Minimum' option (Option 1) but this is not material at this stage given that this option is a required component of the shortlist in any case. The Programme Team expects that subsequent modelling will demonstrate improved overall accessibility for all other options once local facilities are factored in (UCC, LPC, CU). It is in these dispersed facilities that a significant amount of future activity is expected to take place, as demonstrated in the Phase 2 Activity and Capacity modelling. Whilst it has been possible to include theoretical public transport information for the New site, the provision of public transport would clearly be subject to change should a new site be constructed.

The travel time analysis provided was based on Phase 2 activity projections for 2018-19. These were derived by taking SaTH activity levels (using a 2012-13 baseline) and applying to these the expected impact of:

- Provider and commissioner efficiency strategies (as set out in Phase 1 activity and capacity modelling);

- Demographic change (using projections from the Office for National Statistics);

- The Clinical Design Report (as set out in Phase 2 activity and capacity modelling).

The measures reported cover emergency care (ambulance/car only) and planned care (car plus 3 public transport time windows – weekday morning, weekday evening and weekend morning) plus consultant-led obstetrics. Average travel times and distances reflect the potential impact of change (subject to patient choice) on patients and their carers/visitors, including where they may in future travel to out of area hospitals.

3. WORKFORCE – 25.0%

This criterion (previously a component of the Quality criterion) was informed by the assessment of senior local acute clinicians about the advantages and disadvantages of the changes proposed under each option. Again, only a very high-level assessment is possible at this stage but there were three key factors:

- Options consolidating emergency care on a single site are expected to significantly improve recruitment and retention for EC and acute medicine;
- Options locating DTC and EC on separate sites are expected to be attractive for surgical recruitment as a result of separation of planned care services, resulting in a reduced impact from medical outliers; and
- Options with a greater proportion of new facilities are expected to be more beneficial for recruitment of staff.

4. DELIVERABILITY – 10.3%

Evidence under this criterion drew on the Programme's Feasibility Study work (both the original study and as subsequently expanded to cover all longlisted options).

The information provided included high level estates and financial information indicating the likely scale, duration and cost of the physical work required. It was highlighted that this information was not intended to propose final site configurations since these may evolve significantly during subsequent design phases.

In addition to this estates-based information, the Programme Team also provided a view on the likely acceptability of each option so far as it could reasonably be judged at this stage.

5. AFFORDABILITY – 8.8%

The Programme Board determined in December that no options could conclusively be identified as unaffordable on the basis of the information currently available. The affordability criterion was therefore treated in the same way as other criteria.

The Panel was provided with:

- High-level estimates of acute costs from the expanded feasibility work;

- Estimates of the investment required in Urgent Care Centres;

Although the Panel were clearly not being asked to undertake an economic appraisal (which will form part of the next stage evaluation), it was invited to view options in the light both of wider demands on the resources of the Local Health Economy and of the relative inferiority of any options when benefits are compared with costs. This was in line with guidance in the DH Capital Investment Manual. Four cost categories were reported in the summary documentation:

- **25 Year Capital Costs**

  These costs set out both the initial capital cost of each option and the impact of future lifecycle costs over the following 25 years (in line with national guidance). This reflects the fact that, under the different options, differing proportions of the facilities will be operating in "New", "Refurbished" or "Retained" condition. Given the age of some of the existing estate, total replacement of some retained facilities is required within the 25 year period. Costs are discounted to current levels. They reflect the total cash investment required over the period. No assumption has been made about the source of this capital funding at this stage (e.g. public funds, private finance or a combination of the two).

- **Net Increase in Capital Charges**

  Capital funding resources are expected to come from outside the Local Health Economy but the relevant provider must be able to service the impact of that funding. This is expressed as an annual charge on the resources available to the provider. Net figures are provided in which the annual impact of new funding is offset by any savings from facilities no longer required under a particular option.

- **Total Change in Acute Revenue Costs**

  These are also annual costs borne by providers. In addition to the net increase in capital charges, these figures also reflect estimates of savings in maintenance energy and utility costs and savings in clinical efficiency (arising from a reduction in two-site working).

- **Estimated Overall Cost Change with 4 UCCs**

  These figures take the total change in acute revenue costs, remove the costs associated with urgent care activity which (under the options for change) would not be provided in an EC and add estimated costs for running 4 UCCs. This gives a view, therefore, on the potential net impact on the Local Health Economy of the Programme's proposals.

Urgent Care Centres (UCC)

The Panel was presented with a proposal from the Programme Team about the potential make up of a shortlist for UCCs. This proposal built on clinical design work, patient and public engagement and financial, activity and travel time modelling. A proposal from Bishops Castle Patient Group was also made available.

The proposed approach took account of the need to understand in greater detail how UCCs would work, how they would relate to other components of the Clinical Model and how they would be staffed. The Programme Team had concluded that there was a need to proceed with caution and to adopt a prototyping approach in setting up an initial number of UCCs. This would allow testing of:

- Whether staff with the right skills can be recruited;
- Whether confidence in the model can be built amongst both patients and ambulance services;
- How a variety of patient pathways would be delivered in a networked EC/UCC model;
- How UCCs would link to 24/7 primary care services;
- What services envisaged in health hubs could be provided from UCCs;
- The need for co-location with beds (CUs) and certain planned care services (LPCs); and
- Whether the number and type of patients who would attend UCCs has been accurately estimated.

The Programme Team's recommendation was that four UCCs should be subject to prototyping initially: one each in Shrewsbury and Telford and two more in rural areas to test the quality, deliverability and viability of the models.

The Evaluation Panel accepted the proposed approach, subject to some amendments, although a minority report was submitted by one patient representative.

Both documents were made available to Programme Board which agreed to proceed to work on:

- Prototyping two urban Urgent Care Centres, one in Shrewsbury and the other in Telford; and
- Exploring the most appropriate rural urgent care solutions in partnership with local communities and considering current facilities/services. All existing Minor Injuries Units will be considered as potential sites for Urgent Care Centres.

Emergency Centre (EC) and Diagnosis & Treatment Centre (DTC)

The Evaluation Panel received a presentation of the summary of acute options. It was then able to put detailed questions (covering all tiers of information provided) to a group of expert advisors who had been involved in the accessibility analysis, feasibility study, affordability analysis and pre-consultation public engagement.

At the conclusion of these detailed discussions the Panel was asked to undertake an initial scoring of each option (and obstetric variant). It was agreed that would be done individually and confidentially. Panel members awarded a score for each option/variant against each of the evaluation criteria using a scale of 0-7 (where 7 is a stronger score). Initial scores were collated, totalled then weighted to produce a single overall score for each option/variant. Sensitivity analysis was applied to show the effect of changing the weightings of the evaluation criteria. These initial results were reported to the Panel to inform further discussion on the evidence presented, and to begin to enable the Panel to consider which options would best form part of a balanced recommendation to the Board.

Following discussion, individual panel members were then given the opportunity to alter any of their initial scores if they wished to. The revised results were then presented and discussed. The following table summarises those results.

Rank	Option Description (number)	Score	Difference from best	Gap
1	EC, DTC & Obs on new site (8a)	71.9	0.0%	
2	EC/Obs at new site, DTC at RSH (5a)	69.9	2.7%	2.7%
3	EC/Obs at new site, DTC at PRH (4a)	69.4	3.5%	0.8%
4	EC/Obs at PRH, DTC at RSH (3)	67.2	6.4%	2.9%
5	EC/Obs at RSH, DTC at PRH (2a)	65.9	8.3%	1.9%
6	EC & DTC on new site, Obs at PRH (8b)	63.8	11.2%	2.9%
7	EC, DTC & Obs at PRH (7)	63.2	12.1%	0.9%
8	EC at new site, DTC/Obs at PRH (4b)	61.9	13.9%	1.8%
9	EC, DTC & Obs at RSH (6a)	61.3	14.7%	0.8%
10	EC at new site, DTC at RSH, Obs at PRH (5b)	59.3	17.5%	2.8%
11	EC at RSH, DTC/Obs at PRH (2b)	56.4	21.5%	4.0%
12	EC & DTC at RSH, Obs at PRH (6b)	54.5	24.2%	2.7%
13	Do Minimum (1)	51.2	28.8%	4.6%

The Panel felt that the top five ranked options provided a good balance of feasible options for further development and evaluation alongside the 'Do Minimum' comparator.

Sensitivity analysis demonstrated that levelling the weightings did not significantly change the results, although Option 7 (EC and DTC at PRH) rose from 7th to 2nd because of the impact of increasing the relative affordability weighting on the lowest cost option. Option 8a moved from 1st to 6th. When the weighting for affordability is increased to about 25% (and other criteria maintain relative weightings) the most noticeable impact is the reduced performance of New site options which start to fall out of the top five.

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 11th MARCH 2015

CHILDREN, YOUNG PEOPLE AND FAMILIES BOARD PROGRESS UPDATE (2014/15)

REPORT OF: LAURA JOHNSTON, DIRECTOR OF CHILDREN AND FAMILIES SERVICES, TELFORD & WREKIN COUNCIL

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The Children, Young People and Families Board is a Commissioning and Transformation Partnership which reports to the Health and Wellbeing Board and has the responsibility for "*reducing teenage pregnancy*" (the Health and Wellbeing Strategy priority). This reports sets out progress against this target and the wider work of the CYPFB.

2. RECOMMENDATIONS

2.1. To consider the progress that has been made against the:

- Children, Young People and Families Board strategic priorities; and
- Health and Wellbeing Board's priority "*Reducing Teenage Pregnancy*".

2.2. To identify any specific areas where greater focus/improvement should be sought by the Board.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority?	
	Yes	The Children, Young People and Families Board have responsibility for progressing the HWB priority "*reduce teenage pregnancy*".
	Will the proposals impact on specific groups of people?	
	Yes	Children, young people, families and carers within Telford and Wrekin.

TARGET COMPLETION/DELIVERY DATE	*Insert date and if more than 6 months after the date of the HWB report, list key milestones*	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The work being undertaken and highlighted in this report has been considered when formulating the current budget strategy. Therefore the working groups highlighted, and priority work tasks should be funded from within those formulated budgets. The Strengthening Families Programme is fully funded from grant received from the Government, and the payment by results system has rewarded the positive results of the programme resulting in the Council receiving around £0.3m in payment by results grant to add to the base grant of around £1m. Further funding for the phase 2 programme is available over a 5 year programme term. The transfer of responsibilities for Commissioning services for 0-5's is due to happen from October 2015. The estimated full year cost of delivering the services is £3.1m(£1.6m 2015/16). The final funding agreement has yet to be secured and is Subject to final agreement with the Department of Health. The Job Centre Employment Advisor referred to in paragraph 4.3.4 is funded by the Job Centre Plus with the Council being responsible for travel expenses only. The post is likely to be extended from 2 days to 4 days and this post will be fully funded by the DWP. ***RP 26.02.15***
LEGAL ISSUES	Yes	The Children Act 2004 , supported by relevant Regulations and Statutory Guidance, sets out the duties of local authorities and their partner agencies

		to co-operate and work together when undertaking their respective statutory functions so as to improve the wellbeing of children and relevant young persons. The Children, Young People and Families Board and the Local Safeguarding Children Board undertake these co-operation responsibilities. Rates of conceptions for under 18 year olds and under 16 year olds are indicators under the Public Health Outcomes Framework. ***KF 19.02.2015***
EQUALITY & DIVERSITY	Yes/No	If yes, briefly list any other significant impacts in relation to equality & diversity.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS &/OR PUBLIC ENGAGEMENT	Yes	Please refer to the main section of the report for details on engagement.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	N/A

PART B) – ADDITIONAL INFORMATION

1. BACKGROUND

1.1. The purpose of the Children, Young People and Families Board (CYPFB) is to promote the wellbeing of children and young people in Telford and Wrekin by taking a critical look at the challenges facing children, young people and families and agree action to address them. It is focussed on greater integration or alignment of partner services.

1.2. The CYPFB is a Commissioning and Transformation Partnership (CATP) that reports into the Health and Wellbeing Board. It has delivery responsibilities for the Health and Wellbeing Board's priority, "*reduce teenage pregnancy*".

1.3. The purpose of this report is to update the Health and Wellbeing Board on the progress being made against this priority as well as providing an update on the CYPFB targeted areas.

Strategic Focus

1.4. The CYPFB has five strategic priorities where improved outcomes are sought:

- **"Early Help"** – to ensure children, young people and families receive the "*right help at the right time*". We want to improve the provision of support to ensure that needs are met as quickly as possible to avoid needs escalating and requiring more intensive intervention. This also includes reducing the number of teenager's conceiving.

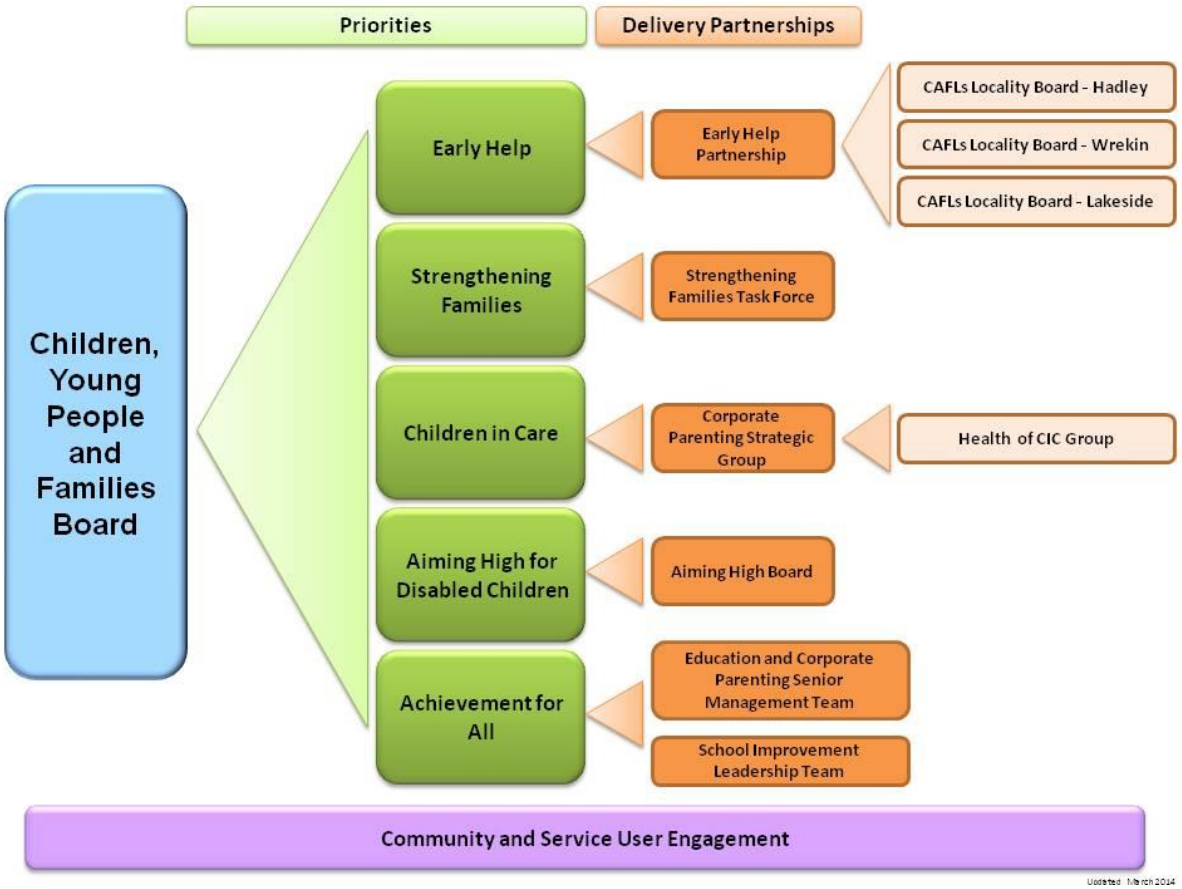
- **"Strengthening Families"** – to provide support to families, whether 'light' or 'intensive', at the right time. The Council's Strengthening Families Programme also delivers the DCLG Troubled Families payment by result programme.

- **"Children in Care"** – to ensure that the Council and its partners act as effective corporate parents, challenging the support and services provided to children in care to ensure that they are able to fulfil their potential.

- **"Aiming High for Disabled Children"** – seeks to improve outcomes for children with disabilities so that they fulfil their potential, in particular ensuring that children with disabilities and their families are supported and their views sought to inform service design, commissioning and delivery.

- "**Achievement for All"** – to ensure that all children regardless of their background, vulnerable or the brightest, fulfil their educational potential.

1.5. Where appropriate, to support the CYPFB to drive its strategic priorities delivery partnerships have been established:



1.6. The CYPFB challenges and holds these partnerships to account on the work they are delivering as well as ensuring that we are improving outcomes for every child and young person while closing the gap for those who are disadvantaged.

2. ENGAGEMENT OF CHILDREN, YOUNG PEOPLE, FAMILIES AND CARERS

2.1. An integral part of the work of the CYPFB and its delivery partnerships is around ensuring that the voice of children, young people, their families and carers is heard and shapes service provision. A few examples of where engagement of children, young people, carers and families has made a difference are:

- *Early Help Offer and Strategy* – through a consultation process with children, young people, carers and families they were able to identify gaps in the current provision and areas to improve.
- *SEND reforms* – engagement with parents and carers has shaped local implementation and subsequently work with local voluntary groups about raising awareness of the reforms and how it impacts on them has occurred.

- *National Takeover Day:* On 21st November 2014 Children in Care spent the day with Council staff and members. As part of this day the Corporate Parenting Strategic Group hosted a session looking at educational achievement. The young people identified areas that enable them to achieve, barriers to achieving and things that might "blow them off course". The outcomes from this session have been fed back into the Strategic Group and will inform actions to improve educational achievement in 2015.
- *Strengthening Families consultation:* All members of the family involved in the programme are consulted with as part of a systemic approach to developing a common purpose and agreed actions for the whole family. As part of the programme a piece of work was commissioned to:
  - Reach out to people who do not currently use our family support services and may benefit from using them;
  - Explore opportunities for joint working with statutory and voluntary organisations to meet unmet need; and
  - Explore community/or voluntary organisation provision within the community

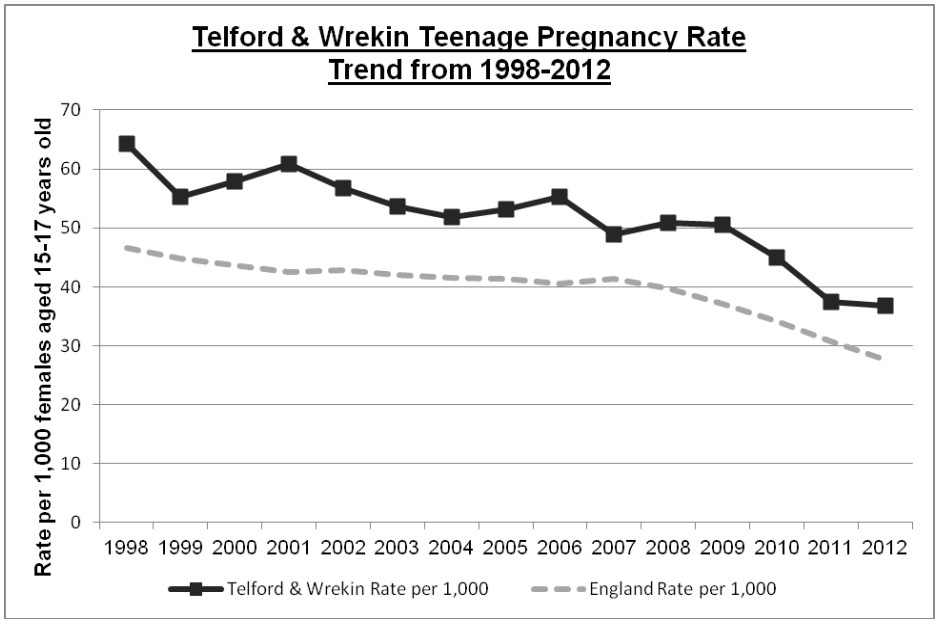
  Furthermore the Council were involved in the Local Authority Research Consortium 5 which involved talking to five different families with multiple complexities to understand more about their situation and how they felt they could have been supported earlier.

3. PROGRESS UPDATE AGAINST HEALTH AND WELLBEING PRIORITY "*REDUCE TEENAGE PREGNANCY*"

Current Performance

3.1. Teenage pregnancy rates in Telford & Wrekin have fallen over the past 20 years; however our local rate is significantly higher than the national rate. As such, reducing the number of teenage pregnancies remains a key priority.

3.2. The following graph shows the trend for teenage pregnancy in Telford and Wrekin since 1998. The latest rate is 36.1 per 1,000, compared to the national rate (27.7 per 1,000).



3.3. The Early Help Partnership is driving forward the progress within this area and as part of this work they are looking at establishing local targets to ensure good enough progress is being made and to utilise it as an evaluation tool against the services we commission that impact on teenage pregnancy.

Progress

3.4. Following a review of the evidence base and best practice an action plan to reduce the rate of teenage conceptions has been created. This includes:

- Improving access to high quality, young people friendly Contraception and Sexual Health Services
- An emphasis on high quality Sex and Relationships Education (SRE) in schools with clear links to contraception and sexual health services
- Provision of SRE and contraception information in other settings particularly popular with teenagers such as youth centres
- Clear and consistent communication to young people and parents including use of social media to 'reach out' to teenagers
- Embedding SRE within the practice of our Early Help workforce across partners, ensuring we *Make Every Contact Count* to promote the key messages and signpost to support services
- Support for parents of young people to provide SRE within the family environment
- Targeted support to at risk groups including young people in and leaving care, NEET's, those in the criminal justice system and those living in supported housing

3.5. The Family Nurse Partnership continues to provide intensive support to teenage parents which includes the provision of SRE and contraception advice to prevent repeat pregnancies.

4. PROGRESS AGAINST CYPFB STRATEGIC PRIORITIES

4.1. The CYPFB receive reports relating to its five strategic priorities highlighting the progress made and bringing to the Board's attention any ongoing areas of challenge. A summary against each priority is set out below.

4.2. ***Early Help***

"Everyone needs some help and support at different times in their lives"

4.2.1. The development of the Early Help Offer and Strategy provided an opportunity to revisit the responsibilities of the Council and partners around the prevention agenda for Early Help and Emotional Health and Wellbeing. Early Help and Emotional Health and Wellbeing are major components of many service areas within the Council and key partners including the NHS, schools, police, voluntary sector, and the community. Both are crucial to the health, wellbeing and development

of the children and families in Telford and Wrekin. The strategy outlines 5 outcomes:

- Improve the health and wellbeing of children, young people, families and carers.
- Improve the 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 and Wrekin
- Improve the engagement of children, young people, families and carers in services

4.2.2. The CYFPB has now agreed the Early Help Strategy, offer and performance monitoring framework.

Next Steps

4.2.3. As part of Working Together to Safeguard Children, 2013 the Telford & Wrekin Safeguarding Children Board (TWSCB) has the responsibility to challenge the effectiveness of the early help offer and the impact on the children and young people within Telford & Wrekin. To date, the TWSCB has challenged the work around early help, ensuring that it is inclusive to all children and young people within Telford and Wrekin, including those with a disability. The TWSCB is due to receive a report outlining the effectiveness of the early help strategy in September 2015 (allowing for changes to be implemented and embedded).

4.2.4. The Early Help Partnership has developed a comprehensive action plan. Key priorities include:

- Further development of the Child Adolescent Mental Health Services (CAMHS) pathway with a focus on developing tier 2 provision
- Development of a bespoke schools based programme to deliver improved outcomes for emotional health and wellbeing
- Development of a health improvement proposal for primary and secondary schools
- Development of a needs led commissioned model of parenting support maximising links to local communities and the voluntary sector
- Work with NHS England and the Shropshire Community Health NHS Trust to manage the transfer of the commissioning responsibility for Health Visiting and Family Nurse Partnership to the local authority
- Refining our model for delivering Early Help Services to:
    - reduce duplication across service areas and teams
    - maximise the skills and expertise of our highly trained local workforce
    - build capacity and resilience within local communities and the voluntary sector
    - strengthen the links with education

4.3. *Strengthening Families*

4.3.1. The Government's Troubled Families Programme is a three year results based funding scheme, which aims to turn around the lives of 120,000 'troubled' families. At a local level we are delivering this programme as part of our 'Strengthening Families' agenda, which has three key objectives:

- Deliver and monitor evidence based, intensive, light and superlight family interventions with our identified families across all of the associated funding streams.
- Better understand how the community perceives our family support services and how they feel services can be delivered (our co-operative approach).
- Identify, develop and implement changes to service delivery and commissioning as a result of the learning from the programme.

4.3.2. Locally a target was set by the Department for Communities and Local Government (DCLG) Troubled Families Programme to turn around the lives of 365 families who meet the DCLG Troubled Families criteria. The outcome measures included:

- Increased attendance at school;
- Reduced ASB and youth crime; and
- Increased employment.

4.3.3. "Troubled Families" is a payment by results (PBR) initiative. To date there has been limited sharing/pooling of resources; however, phase 2 will provide more scope for this with the introduction of a cost savings calculator. This will allow us to develop a much better understanding of the financial benefits achieved through the programme to different partner agencies.

4.3.4. Job Centre Plus has seconded a Troubled Families Employment Advisor (TFEA) to phase1 of the programme. Such has been the success nationally that this arrangement will be extended with more capacity for phase 2. Locally this has proven to be an invaluable inclusion to our programme and we have been fortunate to secure the same worker moving forward into phase 2.

Current Performance:

4.3.5. Telford & Wrekin is currently performing above average within the DCLG Troubled Families Programme (50th out of 152 Local Authorities on the most recent published league tables).

4.3.6. The most recent published results show that Telford and Wrekin have "turned around" 296 families, equating to 81% of our total commitment.

4.3.7. A turn around can be achieved by a combination of outcomes for a family with respect to attendance at school, crime and antisocial behaviour and employment. The breakdown of results achieved to date are as follows:

- Exclusion results achieved: 56
- Attendance results achieved: 113
- School Roll results achieved: 7
- Permanent exclusion results achieved: 8
- Youth Offending results achieved: 81
- ASB results achieved: 124
- Progress to work: 13
- Maintained Employment: 8
- Subsequent employment: 6

As of 16 February 2015 the turnaround figure had increased to 365 meaning that we have achieved 100% turnaround. This will be published nationally in April 2015.

Next Steps:

4.3.8. Telford and Wrekin has achieved the eligibility threshold to become an early starter area for the expanded programme from January 2015, ahead of a national roll out in April 2015. Phase 2 will reach up to an additional 400,000 families across England with a further £200million already committed to fund the first year of this five year programme. The focus of phase 2 will be the continued transformation of our services locally and the cost benefits to the taxpayer.

4.3.9. Phase 2 progress will continue to be reported to the CYPFB and information pertaining to Phase 2's implementation will be shared and challenged to ensure that it is fit for purpose within Telford and Wrekin.

4.4. ***Children in Care***

4.4.1. In 2014 Telford & Wrekin Council teams that support children in care and care leavers were reviewed. The CYPFB was consulted upon regarding the changes to the teams to ensure that it would improve the outcomes for the children and young people they supported:

- *Children in Care and Leaving Care Team integration in Spring 2014*. The aims of the integration of both of these teams were:
  - To focus upon 'Stage not Age'; that age alone is not a determinant of the level of service provision that a young person receives.
  - To strengthen our approach to placement stability.
  - To reduce unnecessary changes of Social Workers at key transition points for 16-18 year olds in particular.

- *Corporate Parenting Team.* Following the restructure of the Education and Corporate Parenting Service in September 2014 the Corporate Parenting was changed into the Virtual School Team and certain aspects, including the support of the Care Council (VOICE), were no longer completed by this team but others within

the Council. This change is also beginning to see positive outcomes for children in care by providing more one-two-one support for the children in and out of school as well as supporting the schools to support the children appropriately.

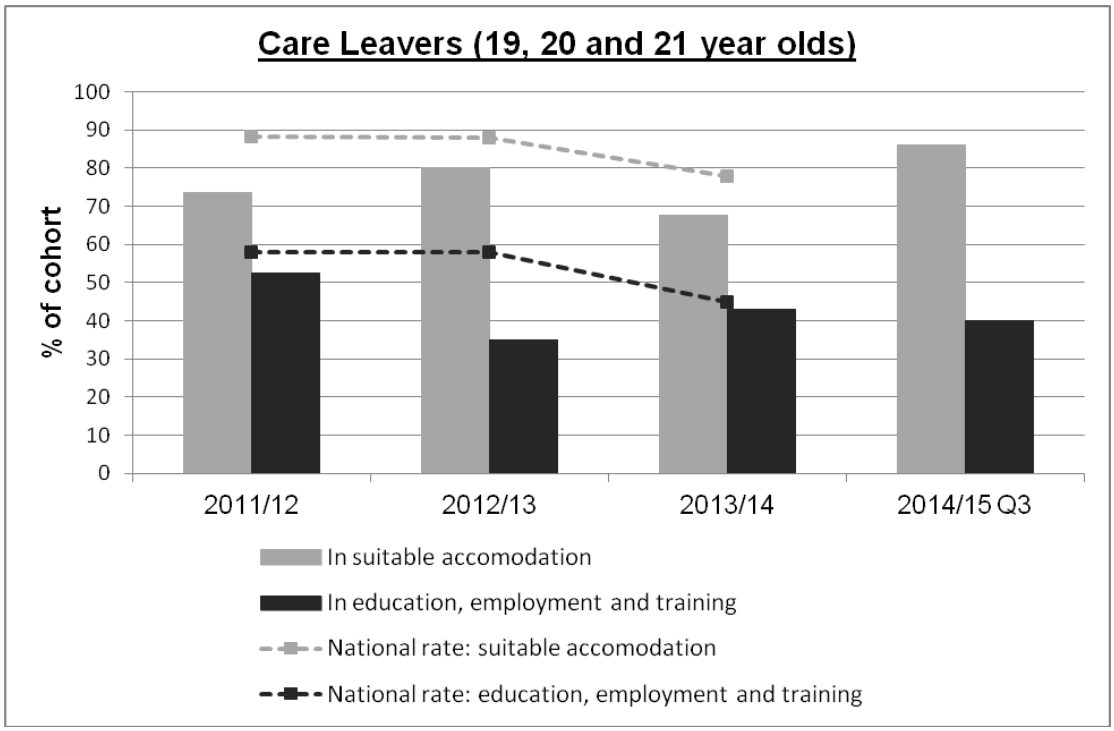
4.4.2. The Corporate Parenting Strategic Group, that reports to the CYPFB, has 5 outcomes:

- Improve both care and education placement stability
- Improve educational attainment
- Improve health and emotional wellbeing
- Ensure that all Children in Care/Care Leavers are supported as they move towards independence
- Ensure that all children and young people in care fully participate in the planning of the support and services they receive

Current Performance

4.4.3. The numbers of children in care have continued to decrease and as at end of December 2014 there are 292 children in care. This has brought the rate of children in care per 10,000 population (74.9) closer to the National rate (60).

4.4.4. *Care Leavers* has been a key area where the CYPFB has challenged around the progress being made to improve their outcomes. The following graph highlights the progress in the two key outcomes for Care Leavers (those in education, employment or training and those in suitable accommodation) and plots them against the National averages.



N/B Although this graph highlights trends over the past three years, the cohort of care leavers that this measure now measures has increased from only including 19 year olds to include 20 and 21 year olds. From April 2015 this measure will be expanded further to include 16 and 17 year olds.

The Corporate Parenting Strategic Group will receive a report from the services involved around how they will improve the numbers of care leavers in education, employment and training in March 2015.

Next Steps

4.4.5. The next CYPFB in March will concentrate on this priority, especially around its five outcomes to ensure that good enough progress is being made in each area.

4.5. *Aiming High for Disabled Children*

4.5.1. The Aiming High for Disabled Children Group have been concentrating on the implementation of the Special Educational Needs and/or Disability (SEND) reforms came into force on 1st September 2014. The aim of the reforms is to improve the life chances of children and young people through promoting early identification and intervention, bringing together the services needed to support the holistic needs of the children/young people 0-25, through a single assessment process, which co-ordinates existing assessments and leads to an appropriate plan.

4.5.2. Several work streams report to the SEND Steering Group chaired by the local Parent and Carers Council (PODS). All the work streams have required a significant cross agency/service strategic approach which encompass extended new duties which require significant changes in practice across a wider age range (0-25) and children and young people who are considered as "vulnerable learners", for example young people in custody. In addition, there is an increased focus on personalisation, including personal budgets and development of a Local Offer.

Current Performance (as at 5th February 2015):

4.5.3. The Early Years Pilot has supported the completion of 15 Education Health Care Plans (EHCP) for children under the age of 5. This is higher than would normally be expected, but may eventually reflect similar numbers overall as the reforms encourage earlier identification of need. In practice many of these are children already attending The Bridge Assessment Nursery.

4.5.4. 28 other EHC assessments have been initiated since September 1st 2014. These numbers compare to a similar period in 39 in total 2013. Numbers may increase as awareness of the new systems beds in. 14 Transfer of Statements to EHCP (Year 11) have been initiated by Future Focus, none have yet been completed which is what would be expected at this time.

4.5.5. Discussions are underway to establish a benchmark for what a good EHCP looks like, we have some evidence of improved outcomes for some individuals, but the sample is too small to be able to evidence complete success.

Next Steps:

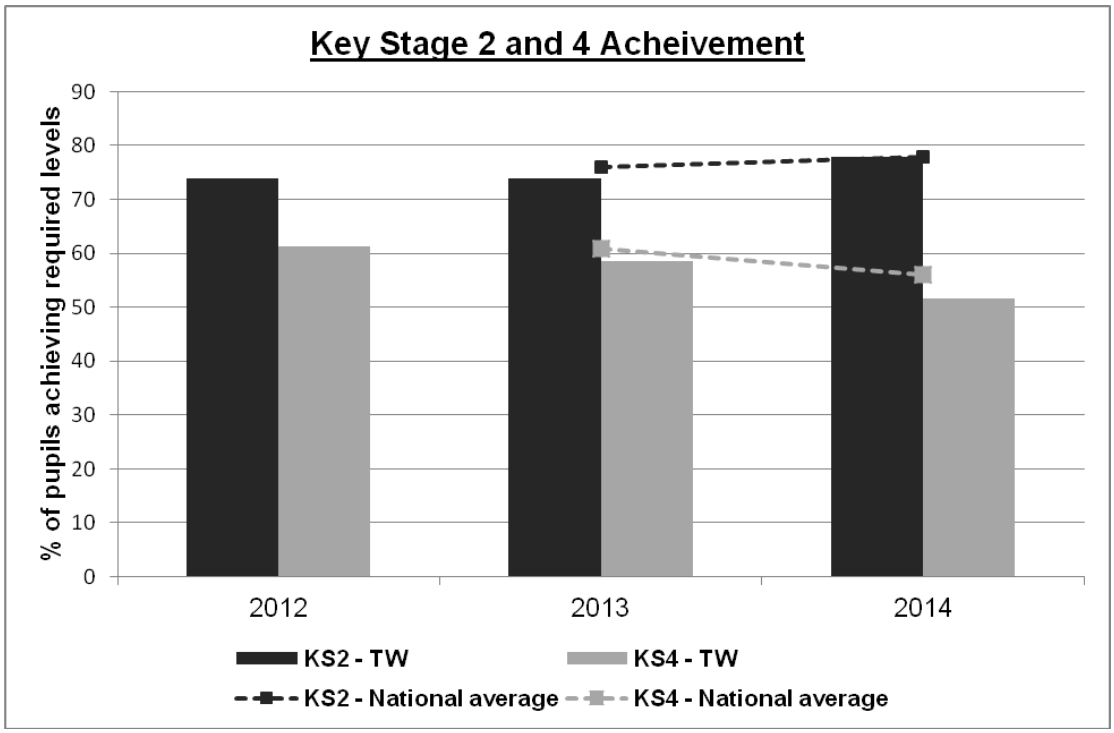
4.5.6. There is recognition for a need for significant culture change and the time it takes to achieve it. The multi-disciplinary approach supports staff development and systemic practice and specialist training has been accessed through attendance at cost free conferences, workshops provided by DfE and Pathfinders. This work has begun and will continue to be implemented and reported to the CYPFB in June 2015.

4.5.7. The need for culture change is also apparent in the work to develop a personalised approach in responding to assessed need, the need to work with parents/carers, children and young people is apparent and we need to further develop the Resource Allocation System (RAS) and change the thinking of professionals working with families to embed a personalised approach.

4.6. ***Achievement for all***

4.6.1. The CYPFB receives regular updates from the Assistant Director for Education regarding the educational achievement of the children and young people within Telford and Wrekin and in December received an update around educational attainment for 2013/14 academic year.

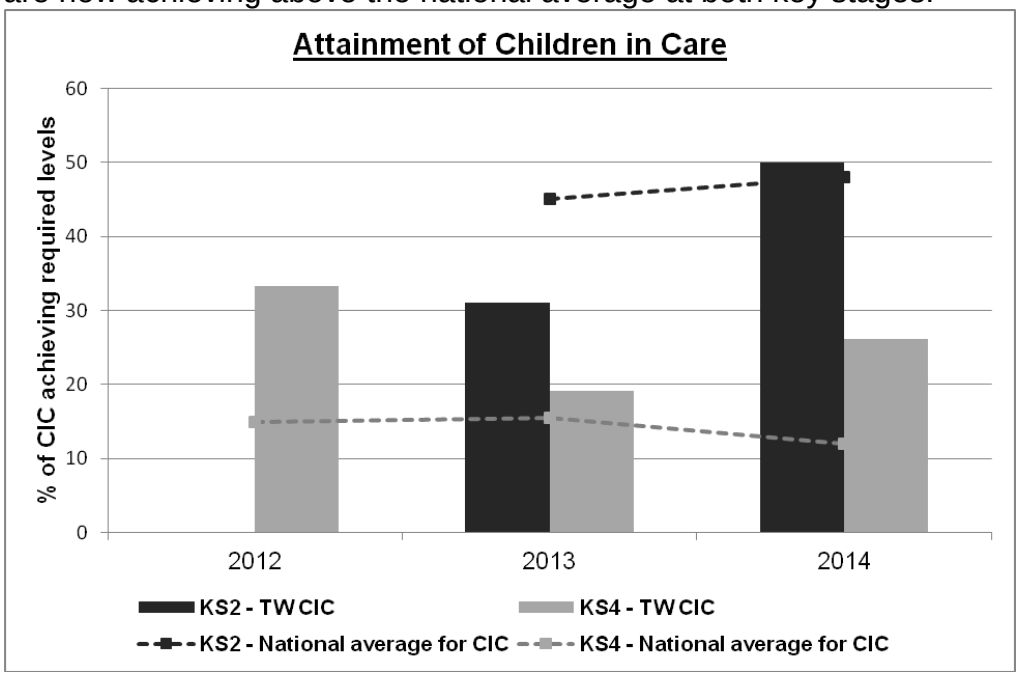
Current Performance



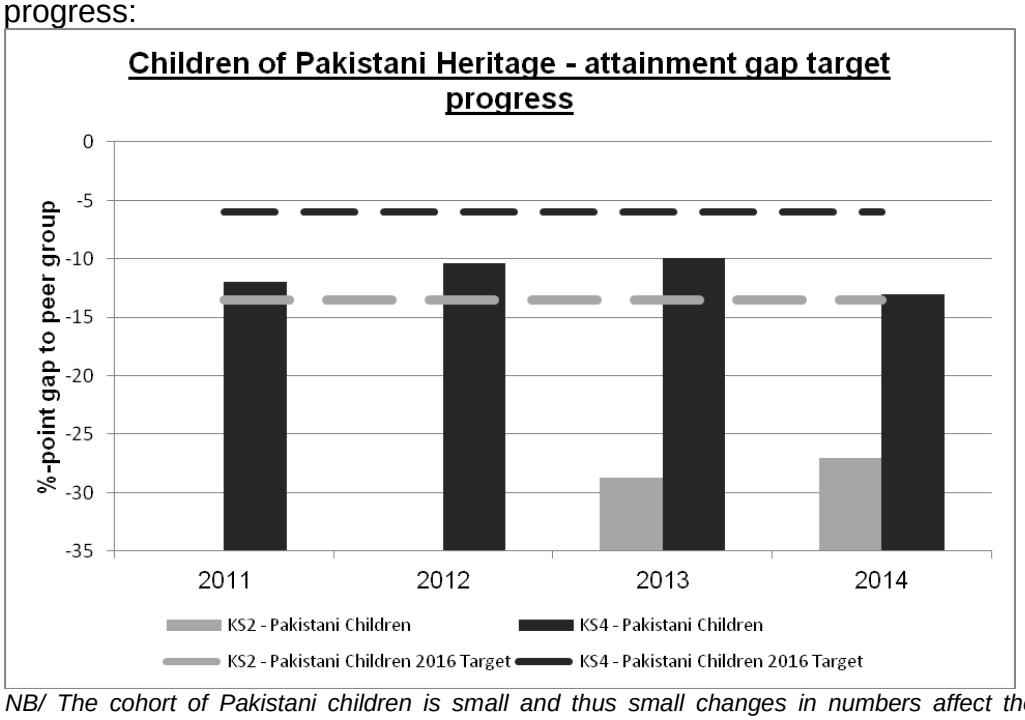
NB/ 2014 KS4 results are not directly comparable to 2013 results due to a change in methodology.

4.6.2. The educational attainment of children at Key Stage 2 has seen an improvement in 2014 and Telford and Wrekin children are now achieving at the same level as the National rate. At Key Stage 4 Telford and Wrekin children are performing at a slightly lower level than the national rate.

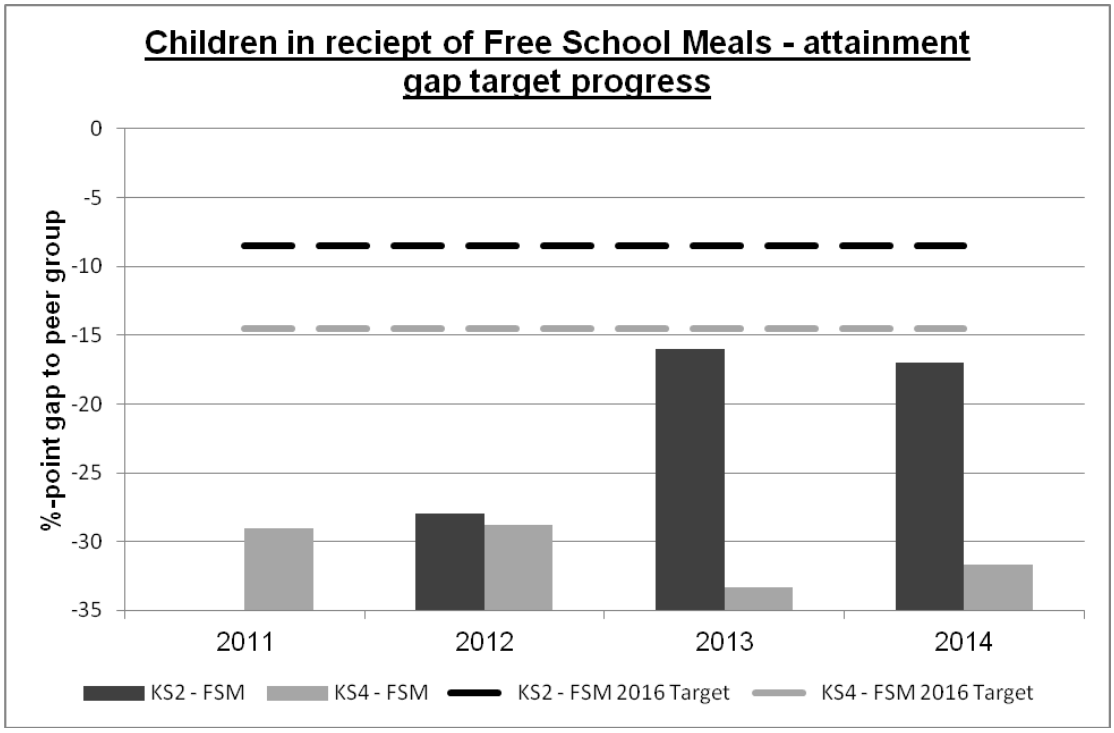
4.6.3. In both Key Stage 2 and 4 there have been improvements in the educational achievement of Telford & Wrekin Children in Care and they are now achieving above the national average at both key stages:



4.6.4. For the Council's attainment equality targets (those in receipt of Free School Meals and those of a Pakistani heritage) there has been mixed progress:



NB/ The cohort of Pakistani children is small and thus small changes in numbers affect the overall percentage. Similarly due to changes in the KS4 methodology the 2014 measure for Pakistani children only relates to one year data rather than an average over three.



Next Steps

4.6.5. Following the publication of the results for equality targets the Education and Corporate Parenting Team have identified which schools they need to target to improve the attainment of those children that are not achieving. A package of training and support has been developed to improve the performance of our vulnerable learners by targeting the resources available through Pupil Premium in order to narrow the achievement gap. This will concentrate on developing good practice across all key stages in order to reduce the variability in performance.

4.6.6. The team supporting the educational progress of Children in Care has been strengthened and we are piloting a new system to make better use of data across our schools and settings which will allow the team to intervene in a more timely manner and hopefully improve outcomes.

5. OTHER KEY AREAS

5.1. Implications of the Care Act 2014 on young people, especially young carers and the transition between children's services and adult services.

5.2. Missing Children – update from the Telford & Wrekin Safeguarding Children Board sub-group about its progress and highlighting areas of challenge, especially around the completion of return home interviews for young people who go missing in timescale.

5.3. Overall performance against the CYPFB priorities. A report was received in December highlighted some key areas of progress noted against the

priorities but also highlighting areas of further challenge. One of particular note was around homelessness of young people; 77.5% of the homelessness acceptances for the first 6 months of 2014/15 were from the 16-24 age group.

5.3.1. The CYPFB requested a more detailed report surrounding the causes of this issue and how the Council and its partners were addressing it.

5.3.2. At the February 2015 meeting Jas Bedesha (Service Delivery Manager for Cohesion) presented at report outlines the current issues within homelessness. In summary the report outlined that both locally and nationally the demand for housing for 16 to 17 year olds and care leavers has increased due to the changes in the Welfare Reform alongside the lack of appropriate and suitable accommodation. Additional temporary accommodation properties are being sourced and the opening of The Woodlands in Woodside (supported accommodation for young people with complex needs) on 27th March/April 2015 should assist in alleviating some the challenges. Linked to The Woodlands will also be a "step up and step down" facility at what is currently Dodmoor and this will provide the young people the required level of support they need to move on. This area is being driven forward by the Homelessness Partnership which feeds in to the Community Safety Partnership.

5.4. *Children and Adolescent Mental Health Service (CAMHS).* The provision of this service has been a key area of concern for the CYPFB for the past few years, especially around the provision of Tier 2 and 3 services. In December 2014, the CAMHS Tier 2 team and a parent who had involvement with the service presented an update on the progress they have made in the last year. The CYPFB were pleased to hear that at point in time there were only 4 young people awaiting an assessment and that the time take to complete an assessment was now between 4 and 6 weeks. The parent who attended the meeting commented that the team had provided her with advice and guidance at every step and that there was excellent communication between the team and herself. Although this is significant progress pathways around certain areas, especially for supporting children in care, are being reviewed to ensure they are fit for purpose.

6. NEXT STEPS FOR CYPFB IN 2015

6.1. In 2015 the CYPFB will receive progress report from each of the delivery partnerships concentrating more specifically on the following areas:

- Progress against action plans;
- Performance against outcomes;
- Engagement of young people/families/carers/frontline staff and the impact it has had;
- Financial implications (especially considering collective resources if applicable); and

- Risks and mitigation

6.2. The aim of this more detailed progress report is to enable the CYPFB to bring a greater consistency and connectivity to partnership working around children and to further enable the Board to drive and challenge how services to children and young people in the Telford and Wrekin are being delivered.

6.3. The CYPFB will focus on other key areas including:

- Child Sexual Exploitation;
- Volunteering;
- Engagement with families around the SEND reforms;
- Hearing from the local British Muslim women community about the issues that effect them and their community; and
- Partaking in National Takeover Day 2015.

7. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None.

8. PREVIOUS MINUTES

Health & Wellbeing Priority Update: Reducing Teenage Pregnancy - 18th September 2013.

9. BACKGROUND PAPERS

Children, Young People and Families Plan 2013-2016

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