



Telford & Wrekin  
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

## HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date **Tuesday, 22 March 2016** Time **12.30pm**  
Venue **Park Lane Centre, Park Lane, Woodside, Telford TF7 5QZ**

### Enquiries Regarding this Agenda:

Democratic Services	Deborah Moseley	01952 383215
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Lead Officer	Fiona Bottrill	01952 383113

Committee Membership: Councillors M Boylan, **A J Burford (Chair)**, V A Fletcher, C P R Mollett, T J Nelson, J A Pinter, R J Sloan and C R Turley  
Co-optees: Mrs J Gulliver, Mr R Mehta, Mr B Parnaby and Mr D Saunders

## AGENDA

- 1. Apologies for Absence**
- 2. Declarations of Interest**
- 3. Minutes** Appendix **A**  
To confirm the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 18 November 2015.
- 4. Adult Care Budget and Savings** Appendix **B**  
To update the Committee on the implementation of the Adult Care budget and savings for 2015/16 and update on Adult Care budget and savings for 2016/17.
- 5. NHS Continuing Healthcare**  
To update the Committee on the review of NHS CHC by Staffordshire Commissioning Support Unit.
- 6. Telford & Wrekin Mental Health Commissioning Update** Appendix **C**  
To update the Committee on the Joint Commissioning Review of Mental Health Services by Telford and Wrekin CCG and Telford & Wrekin Council.

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| 7. | <b>Non-Emergency Patient Transport – Assessment for Eligibility</b><br>To inform the Committee of changes to the eligibility criteria for the non-emergency patient transport service.                        | Appendix D |
| 8. | <b>Walk in Centres and Town Centre GP Practice</b><br>To consult the Committee on the proposed changes for the Walk in Centres and Town Centre GP services, including the communications and engagement plan. | Appendix E |
| 9. | <b>Chair’s Update</b>   |            |

**HEALTH AND ADULT CARE SCRUTINY COMMITTEE**  
**Minutes of the meeting of the Health and Adult Care Scrutiny Committee held**  
**on 18<sup>th</sup> November 2015 in Meetings Room G3 and 4, Addenbrooke House,**  
**Ironmasters Way, Telford TF3 4NT**

**PRESENT:**

Councillors: M. Boylan, A. Burford (Chair), V. Fletcher, C. Mollett , T. Nelson, J. Pinter, R. Sloan, C. Turley and Co-optees – J. Gulliver, R. Metha, B. Parnaby, D. Saunders

Councillor: R. Evans, Member of the Finance and Enterprise Scrutiny Committee

**Also Present:**

Cllr. A. England, Cabinet Member for Adult Care, P. Taylor, Director of Health, Care and Wellbeing; C. Jones, Assistant Director Family, Cohesion and Commissioning; R. Smith, Interim Assistant Director Adult Social Services; Tracey Smart, Finance Manager; A. Hammond, Deputy Executive for Commissioning and Planning Telford and Wrekin CCG;

**HACSC-07 CO-OPTION OF MEMBERS**

**RESOLVED** – It was resolved that J. Gulliver should be co-opted as a member of the Health and Adult Care Scrutiny Committee and R. Metha should be co-opted as member of the Health and Adult Care Scrutiny Committee and Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin.

**HACSC-08 APOLIGIES FOR ABSENCE**

Apologies were received from Cllr. J. Pinter and also from Cllr. S. Reynolds, Chair of the Finance and Enterprise Scrutiny Committee.

## **HACSC- 09 DECLARATIONS OF INTEREST**

Cllr. M. Boylan declared an interest in Item 5 as a Director of Telford and Wrekin Healthwatch.

Cllr. R. Evans declared an interest as an employee of a provider of adult care services which has a contract with the local authority.

## **HACSC -10 MINUTES**

**RESOLVED - The minutes of the meeting previous meeting of the Health and Adult Care Scrutiny Committee be agreed as an accurate record and signed by the Chair.**

## **HACSC-11 UPDATE ON ADULT CARE BUDGET AND SAVINGS FOR 2015/16**

The Chair opened this discussion setting out that this issue had been considered at the July meeting of the Health and Adult Care Scrutiny Committee at which the Committee had endorsed the new ways of working in adult services but had asked for further information about progress to achieve the savings targets for the service.

R. Smith gave a presentation which provided the context for the approach taken by adult services that home is normal, to provide the right help at the right time and to move away from high cost care. The service is taking an asset based approach looking at what people can do and to maximise assets. The aim is to provide the right level of care in the right location. Joint work is taking place between adult services, public health and the CCG to provide 'something for everyone'. It was recognised that savings have to be made and this can be the starting point for difficult conversations.

When adult services are negotiating the unit costs for services these is a responsibility to maintain the market place. The aim is to increase the use of direct payments. The information on the cost improvement plan (CIP) highlights that costs are starting to reduce and also show a decrease in activity. The CIP chart showed that older people's services had the highest spend of £15.91 million. This does not include block contracts. The service for adults with learning difficulties (300 clients) accounted for nearly £10 million which is over one quarter of the budget.

T. Smart reported that the information in the presentation reflected the October report to Cabinet. The overall overspend was £1.9 million including the full contingency and draw down. She confirmed that there is some improvement in the overspend position but maintaining this depends on Winter pressures and what happens with hospital services.

R. Smith confirmed that there is always a spike in demand for services during the Winter regardless if it is mild or cold. He outlined the principles to reduce demand through supply planning, providing information, advice and guidance through My Life Portal so people can help themselves, to manage transition from children's services, and maximise the voluntary sector offer. The local approach has been to integrate services with the NHS where this is appropriate and this fits with the national approach around devolution. When the use of residential provision for older people in Telford and Wrekin is compared with other authorities older people are being placed in residential care too early. Innovation is a strand of the CIP and this will be driven through increased use of Direct Payments, increasing the number of people supported through Shared Lives, increased use of assistive technology and development of Community Interest Companies. The pilot My Support Broker in Stirchley has shown the 'art of the possible'. There were 183 referrals to this service which included 91 for support planning (18 new clients and 73 reviews). This has resulted in an increase in Direct Payments to 29% compared with a base line of 20%. Within the geographical area 900 assets had been mapped. There was high customer satisfaction and a reduction in costs. This approach was being rolled out and the new operating model was in the second week. There are 15 support planners who have been trained with an accredited award which is quality assured.

The Chair said he was aware of the pressures that officers were working under and that the savings that will have to be made will not decrease. He commented that the savings made in Adult Care have been a great achievement and that this is a credit to the staff involved. However, it is important that Scrutiny also keeps focussed on the financial targets. He recognised that Winter pressures will increase demand on services and also that the introduction of the minimum wage in 2016 will increase cost pressures for providers.

Cllr. T. Nelson thanked the officers for the presentation and commended the work to reduce dependency on services. He requested information on the projected demand and supply of services over a longer term e.g. 5 years.

P. Taylor responded that the presentation covered 2015/16 but that there are plans for 2016/17 which includes a further £10 million savings for the Council and £3million for Adult Care Services. He recognised that Adult Care Services had been protected from savings for a number of years and confirmed that the savings would be achieved by the end of 2016/17. He also recognised that it would be important to work with providers to plan beyond 2016/17 particularly as the demand for adult services will continue to increase as the population ages. The Committee was informed that the care provider market was fragile and some staff in the care sector had moved to other sectors as employers e.g. supermarkets moved to the minimum wage.

Cllr. Nelson recognised that there were some factors that could not be predicted in future plans but that there are known costs e.g. the overall cost per person is around £19,000.

R. Smith responded that the approach to adult services has been taken because it is the right thing to do and also because of finances. Information about the long term plans are in the market position statement, the Joint Strategic Needs Assessment and Cost Improvement Plan.

D. Saunders asked how spend in adult care compared to other authorities, if the Better Care Fund is included and if the increase in Direct Payments is sufficient?

R. Smith responded that Adult Services had been bench marked and this was similar to other areas on the balanced score card.

P. Taylor added that bench marked costs for Adult Care showed that Telford & Wrekin was 'middle of the road' nationally but that compared to the West Midlands Telford and Wrekin was at the lower end with the exception of services for adults with learning disabilities which was at the higher end.

Cllr. T. Nelson asked if the value for money per person was monitored.

P. Taylor said that they are looking at high cost individuals. In some areas adult services receives income, but this is not the case for adults with learning disabilities who do not have personal financial resources and capital. In other areas there are more affluent older people who fund their own care, However, in a high area of deprivation and low home ownership more people are eligible for local authority funded care.

R. Smith said that the previous model of care was crisis driven. 8 months ago work had started to understand barriers and gain a better understanding of the challenges. Some areas have up to 70% of clients using direct payments and the challenge in Telford and Wrekin is to make this more user friendly. One issue that has been identified is that if individuals are purchasing care providers often charge more. The Council had developed a Personal Assistant model and looking at how clients can use the attendance allowance more flexibly. The Managing Director has asked leaders in Adult services to describe what a good service will look like in February 2016.

Cllr. V. Fletcher asked if beds at the Redwood Centre were block purchased.

P. Taylor said that the Council does not purchase NHS acute mental health services.

C. Jones added that most block contracts were used at around 100% capacity.

However, there were some contracts with low usage and these would be re-negotiated but recognising the need to retain some capacity e.g during the Winter period.

Cllr. V. Fletcher asked of the funding available from the Better Care Fund was sufficient to provide additional support in the community to avoid admissions and support discharge from hospital?

C. Jones responded that the Better Care Fund (BCF) was being used to avoid high cost placements including hospital. The BCF was part of the pooled budgets with the CCG which is being used to manage demand.

Cllr. V. Fletcher asked about the implication of the national decision to repatriate adults with learning disabilities.

R. Smith said that Adult Services was working with the CCG. The national issue was that some adults with learning disabilities were being placed in Assessment and Treatment centres for too long. Telford and Wrekin has more people placed in the local authority area (about 60/70 clients) than are placed out of areas (20 clients) Each out of area placement will be reviewed to see if this person was appropriately placed. This process will take into account that some clients will have lived out of area for 20 or 30 years and see this as home.

P Taylor said that all Directors of Adult Services has received a letter saying that adult service should work with CCGs to develop a Learning Disability Plan and that this was already happening in Telford and Wrekin. Only one service user from Telford and Wrekin was currently in an assessment hospital. There will be a joint fund between NHS England, CCGs and Local Authorities.

The Chair closed the discussion asking for an update to a future meeting on the delivery of savings and how close Adult Services are to eliminating the 1.9 million overspend.

P. Taylor said that the service is working on the basis that the overspend will be eliminated, but that spend could go up and it will be difficult to reach a zero overspend by 31<sup>st</sup> March. It is important to recognise that services for someone in a crisis is not driven by funding.

Cllr. A. England said that it was his expectation that Adult Services will meet the savings target, but that there was a risk of overspend. He confirmed that the staff in the service are focussed and the draw down would only be used if necessary.

## **HACSC-12 NHS Continuing Health Care**

The Chair invited A. Hammond to the table and asked R. Smith to update the Committee on NHS CHC.

R. Smith said that the Scrutiny Committee had raised concerns about CHC in 2013. It was agreed that a review would be carried out of 49 cases that would previously have been funded through NHS CHC. The current position was that the cost of funding care for adults with learning disabilities who would previously have received CHC funding transferred costs of £4million to the local authority. It was recognised by the CCG and local authority that the issue of CHC needed to be resolved. The review of the 49 cases was to be carried out by Staffordshire Commissioning Support Unit. While there had been an increase in the number of people receiving CHC funding for a short period, the current level was not where the local authority wanted it to be. Training has taken place to enable social workers to complete the initial assessment. This training will also be carried out with district nurses and residential providers.

Adult Services and the CCG have been sharing information on monthly Key Performance Indicators. A Joint Assurance Panel has been established through which the CCG and local authority agree CHC and Joint packages of care.

All carers are entitled to a carers assessment. Advocacy services are in place and there is a particular responsibility for people who lack mental capacity.

It was confirmed that the CHC fast track process does not have to be assessed by the CCG team and this is primarily for palliative care.

The Chair said that the report to the Committee was encouraging but he was concerned that from the information he had received there had been no referrals for CHC assessment made by the Local Authority.

A Hammond responded that the training was not embedded yet and that it would take time to develop the relationships that are needed. It has been agreed that both the CCG and local authority will agree the outcome of the CSU review. She recognised that when a service is an outlier this can be an indication that something needs to be addressed.

The Chair said that there was currently a £2.4 million transfer to the local authority through the BCF in recognition of the additional cost to adult care services. The Scrutiny committee report had recommended that the local authority and CCG should work to find an approach to CHC which would mean that Telford and Wrekin is at the national average level of funding.

Cllr. V. Fletcher referred to further recommendations in the Scrutiny Report regarding the age profile of patients receiving CHC.

F. Bottrill said that as it had been over 2 years since the Scrutiny Review was completed the officers had been asked to update on the key recommendations in the report.

The Chair said that it would be useful to receive a report to the next Committee meeting on the review undertaken by the CSU and any interim updates would also be helpful.

The Chair invited M. Thorne from Shropshire Partners in Care (SPIC) to join the meeting.

M. Thorne said that SPIC was a membership organisation and 93% of adult social care providers in Telford and Wrekin and Shropshire are members. In relation to CHC, SPIC had not had much negative feedback, except with the re-assessment process. A patient who receives CHC funding through the fast track process may be placed in a nursing home where their nursing needs are well met. If the patient is re-assessed and because their needs are well managed the patient may be assessed as not being eligible for CHC and the cost then falls on the local authority or family. The process to get CHC is transparent, but there is a real impact for patients and their families if CHC funding does not continue.

The Chair said he understood that CHC funding should not be stopped unless both the CCG and Local Authority agree.

M. Thorne confirmed that this was made clear in the national guidance on CHC.

D. Saunders said that there are 186 CCG and a wide range of funding levels for CHC.

A Hammond said that if the £2.4million transferred through the BCF were included that Telford and Wrekin was not so much of an outlier.

Cllr. T. Nelson said that it was important that information provided does not use acronyms and that it was necessary to have the background information to understand the data provided.

The Chair thanked the officers for the information provided and asked for a report to come to the March Committee meeting with any interim updates as appropriate.

## **HACSC -13 Telford & Wrekin Mental Health Commissioning Update**

The Chair introduced this item saying that the issue of the future of Castle Lodge had been brought to the Committee at the July meeting. The report to this Committee meeting was to update members on the joint CCG and local authority review of mental health services. He recognised that this was a complex service area and that there are links between mental health and the pressures of austerity. There had been concerns raised about the current provision of community mental health services during the consultation on Castle Lodge. He understood that stage 1 of the review was to identify the current level of funding for mental health services across the local authority and CCG.

A Hammond confirmed that the first stage of the review was to identify current investment and it was recognised that this was not necessarily spent on the right things. The review has sought feedback from a range of people.

(Cllr. C. Mollett left the meeting at 3.41pm)

A Hammond added that some services will change as part of the review, but other services do not need to wait and can be developed, for example the RAID service in A&E is currently for adults only and this could be extended to include young people.

The contracts with the mental health trust do not currently specify outcomes and these need to become more outcome focussed. One of the principles for the new service specification is that there should be a single point of access – there are currently several. The CCG will work with the local authority and the locality working arrangements to identify the asset base and peer support in the community.

(Cllr. R. Evans left the meeting at 3.44pm)

Cllr. A. England informed the Committee that he is a Governor at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT). He confirmed that a series of meetings have been held with stakeholders during the consultation on Castle Lodge and that the feedback from these meetings is in-line with the commissioning review. However he also queried how the funding for the services at Castle Lodge was not being used.

The Chair said that the information provided by the SSSFT following the recommendations made by the Scrutiny Committee at the meeting in July said that the funding had been used at the Redwood Centre and also to cover sickness and maternity absence in the Community Mental Health Teams. The Chair said it is important that the Committee is assured that Telford and Wrekin is getting its fair share of mental health services and understands how service users and carers are

involved.

A Hammond said that previously there had been a lack of bench marking for mental health services and questioned the value for money the services provided. The Committee was also informed that commissioners had been contacted by voluntary and community organisations which had come forward as potential providers.

Cllr. R. Sloan said that issue about Castle Lodge was looking back and the presentation on the Commissioning Review was looking forward. He informed the Committee that he had attended the CCG Board meeting to present the Committee's response to the consultation on Castle Lodge. This has been well received by the CCG Board but the SSSFT had been questioned hard about the low use of Castle Lodge and why it had been closed. Cllr. R. Sloan asked that it was recorded that he questioned the information provided by the SSSFT about the use of funds that had supported Castle Lodge.

D. Saunders asked for clarification about the future level of funding for NHS mental health services commissioned by the CCG.

A Hammond said that the amount of funding will not reduce and that funding had been earmarked for 'parity of esteem.'

D. Saunders added that it is difficult for a small commissioning organisation to negotiate effectively with a large monopoly provider.

A Hammond said that there are other providers.

The Chair asked if there are recognised pressure points in the mental health system.

A Hammond responded that the feedback from service users is that there is not enough choice.

P. Taylor added that it is important to recognise the local authority funding for mental health services. He welcomed the work that A. Hammond had started since she joined the CCG and the new approach to working with the local authority.

R. Smith said that the approach to mental health services will change. It is currently seen as a service that responds to acute episodes rather than managing a long term condition. Mental health must be seen as everyone's business including the role of housing in the discharge process from the Redwood Centre.

The Chair added that in addition to housing the role of employers is important and that this has not been picked up in the review so far. He questions how quickly services

can be turned around from a bed based hospital service to a community based service without additional funding to support this transition. He clarified that the report for stage 3 of the process will be available in February 2016.

A Hammond said that this was correct but the whole process would take about 2 years.

Cllr. V. Fletcher asked if the service gaps identified during the consultation on Castle Lodge are begin addressed.

A Hammond said that work was taking place with providers to look at the bed base for the services and that a workshop would be held with other professionals in December.

The Chair asked for confirmation that these discussions would include the issues identified during the Castle Lodge consultation. He also requested that a report should come back to the Committee on the progress on the Commissioning Review by March 2016. The Committee should be consulted on any proposals that mean there will be a substantial change in service.

### **HACSC – 13 UPDATE ON CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

The Chair said that he has become aware of the proposed changes to the CAMH service and that as this is a service that serves both Telford and Wrekin and Shropshire this would go to the Joint Health Overview and Scrutiny Committee but he had asked A. Hammond to update the Committee at this meeting.

A Hammond said that she was aware that the CAMHS needed to improve and that the CCG had been awarded £300k ring fenced funding. Some of the issues that needed to be addressed within this service were; support for looked after children, removing the cut-off point at 18 years, the high rates of self-harm in Telford and Wrekin, the need to agree a developmental pathway so there is better access to the service. In order to achieve this organisations need to work together with service users and their families to completely re-think the service and develop service specifications.

The Chair asked if there will be sufficient resources to respond immediately to referrals.

A Hammond responded that if demand and capacity are managed properly there should not need to be a waiting time to access the service. Money spent on providing early support will save money later on.

F. Bottrill said that the Council's Children's and Young People's Scrutiny Committee was carrying out a review on child sexual exploitation. This report will be published in May but members of the Committee had agreed that any recommendations relating to CAMHS service would be sent to the CCG to inform the development of the Emotional Health and Wellbeing service.

Cllr. M Boylan said that he had been made aware that the respite care provided at Shawbirch was ending and concerns had been raised with him that families would need to go out of area for respite care.

C. Jones responded that there are other providers of respite care.

Cllr. T. Nelson said he supported the aspirational vision for this service. He asked about the response to the Committee's previous recommendation that dual diagnosis should be included in the commissioning review, if it was known why the rate of self-harm was so high in Telford and Wrekin and if colleges were involved in the review?

A Hammond responded that service users have also said that it is important to understand the links between addiction and mental health and this would be included in the service model. On the issue of self-ham it was not clear why Telford and Wrekin had high rates.

Cllr. V. Fletcher also commended the aims of the new Emotional Health and Wellbeing Service and said that a quick response is important but asked if this would still mean that there would be a longer process for a full diagnosis if on-going support was needed?

A Hammond replied that if an initial assessment found that intervention was needed this would be provided as early intervention is t most effective. Further work would be carried out if a clinical diagnosis were needed.

The Chair said that the Joint HOSC would consider the communications and engagement strategy for this work.

## **HACSC – 14 CHAIR'S UPDATE**

The Chair informed the Committee that in addition to the CAMH report the Joint HOSC would also receive reports on the Future Fit Programme, Delayed Hospital Discharge and Winter Pressures.

The Meeting ended at 14.17pm

**Chairman:** .....

**Date:** .....

# HEALTH AND ADULT CARE SCRUTINY COMMITTEE

22 March 2016

## Adult Care Budget and Savings

# PROJECTION 2015/16

EARLY HELP & SUPPORT			
Purchasing	42,989,603	3,585,945	The reported position reflects a further improvement in the projections for the year of purchased care costs. This follows a trend of reductions in expenditure since the early part of the 2015/16 financial year. However, there remains a significant pressure on this budget and overall within Early Help & Support. The Management Team continue to progress the actions within the Cost Improvement Plan(CIP) and the progress made to date results in around £3m of savings projected to be achieved by the end of the year and these are reflected in the forecasts in this monitoring report. However, underlying pressures remain and these continue to offset savings being made i.e. increasing rates for residential placements since the start of the year although again progress has been made in stabilising some of these. The Cost Improvement Plan forms part of a strategic approach to managing costs through a programme of transformation. If the plans are delivered in full in 2015/16 then the contingency funding included below would not be required. For the time being the forecast position suggests that the reported £2.5m of contingency will be required and the requirement for support for the pressures within Early Help & Support is reflected in the draft 2016-18 budget strategy.
Income	(17,070,287)	389,871	The income budget has been adjusted to reflect savings in order to re-present the position on income. The current projection is for a shortfall from the contributions collected towards the cost of care of around £253k, and a shortfall on income expected from the CCG towards joint packages of care of around £242k. The shortfall is partially offset by an over recovery of estimated grant income in year.
Transport	657,593	155,459	The 14/15 EHS transport budget was reduced by £229k as a result of the recommendations made in the Transport Review. A Transport Review Project Group has been set up to look at ways to reduce Early Help & Support expenditure on Transport and identify a more robust transport policy in a bid to reduce the overspend. There has been some improvement since the last report resulting in a reduction of £16k to the pressure
Contingency		(2,500,000)	Specific contingency set aside as part of the budget strategy
Use of one offs	(1,244,000)	(475,000)	Use of one off reserves
Variations under £50k	9,641,840	(156,275)	
<b>Total Early Help &amp; Support</b>	<b>34,974,749</b>	<b>1,000,000</b>	

# BUDGET STRATEGY(1)-SAVINGS

Description of Saving	2016/17	2017/18	Total Ongoing Saving	Rationale
	£	£	£	
<p>The current model of adult social care while demonstrating a level of savings by reducing demand and managing unit cost will not deliver the level of savings required. Over a 2016/17 and 2017/18 we will see a reduction in 5.350 million in the purchasing budget. The savings will be achieved by moving from the council providing a managed service, where we take responsibility for organising care provision to a direct payment and support planning model of service. The RaS will be re-calibrated to provide a personal budget for individuals to directly purchase and commission services. We anticipate clients will then make different decisions regarding transport, day care domiciliary care which will have implications for existing providers, contracts, brokerage and commissioning teams. This will maximise the amount of resources available to maintain people in community settings supported by a direct payment. Targeted actions are in place in relation to discharge to assess to ensure that we maximise efficiencies through integration and the Better Care Fund. We are also building upon the Alder Advice project to continue to work with adults with a learning disability and mental health problems in high cost residential placements, to find better outcomes at reduced cost.</p>	2,970,000	2,380,000	5,350,000	<p>This level of savings require a fundamental change in how services are delivered to vulnerable people in Telford. We no longer have the resources to assess for and commission traditional social care services. We require individuals to take greater responsibility for managing their care and support via personal budgets if eligible. Evidence nationally suggests that this approach can also lead to better outcomes for adult social care clients. The new operating model is based upon findings from our prototype which reinforce national findings. The new operating model is based upon our revised adult social care narrative which has been the subject of some consultation.</p>
<p>As we move to locality working we will see efficiencies in reducing duplication in work between council employees. The work force remodelling will require a reduction of assessment staff ,the remaining workforce will be set individual targets and performance managed. A benchmark of a minimum of one assessment/ review per day. Mobile working and home working will be the norm. The new workforce will see the introduction of support planners and peer brokers.</p>	450,000	450,000	900,000	<p>Expectation is that each Social Worker and reviewing officer carries out one assessment/ review each day and completes electronic record. Given current demand we are able to reduce assessment work force by 17 f.t.e. This includes Better Care Fund related staffing/activity and will require consultation with T&amp;W Clinical Commissioning Group to ensure priorities are achieved and a focus on outcomes rather than number of people . Reduction of group manager and amalgamating DARS and mental health management will generate savings and is in line with Mental Health and Drug's strategies and a focus on community and strengthening families.</p>

# BUDGET STRATEGY(2)-SAVINGS

Description of Saving	2016/17 £	2017/18 £	Total Ongoing Saving £	Rationale
Both T&W Clinical Commissioning Group and the Council are committed to increasing the level of support funded by Continuing Health Care (CHC). An increase of £1m is a reasonable assumption given bench marking data	-	1,000,000	1,000,000	Clients numbers benefiting from continuing health care in Telford are low. In benchmarking terms we are significantly adrift from the average and this increase would bring us close to the national average. This saving assumes that work currently in progress will result over time in the CCG appropriately picking up costs through CHC, resulting in a reduction in costs for the Council
The local authority spend on adults with a learning disability is high compared to both regional and national comparators. Working with T&W Clinical Commissioning group (CCG) it is possible not only to reduce funding but also improve outcomes for people. This will be achieved by working more efficiently with health partners and adopting a support planning approach.	200,000	400,000	600,000	Targeted saving to be achieved from review of spend on learning disability services across CCG & Council
There are a wide range of service models in place in Telford to support people in long term accommodation, each with a different contractual arrangement in place. By introducing a personal budget for individual people accessing services such as extra care and supported housing it will be possible to make savings and also provide greater choice and control for individuals similar, to that of people living in their own accommodation.	116,000		116,000	Project launched August 2015 will lead to an increase in personal budgets used to purchase support. Existing contractual arrangements will end and be replaced by a relationship between client and contractor. This will lead to improved outcomes and a significantly lower cost.
Review of Voluntary Sector Agreements (SLAs)	109,000		109,000	Full year effect of savings from changes made in 2015/16
<b>Total Early Help &amp; Support</b>	<b>3,895,000</b>	<b>4,230,000</b>	<b>8,125,000</b>	

# BUDGET STRATEGY(3)- PRESSURES

Service Area	Description	2016/17	2017/18	Total
		£	£	£
Transitional Clients		700,000	700,000	1,400,000
One offs as per current Cost Improvement Plan		1,293,000		1,293,000
One off funding earmarked for Adult Social Care	To protect and support vulnerable adults and help phase in the savings.	2,500,000		2,500,000
Care Purchasing - All Client Groups	Increase in purchasing costs associated with cost pressures within the provider market	1,000,000	1,120,000	2,120,000
<b>Total Pressures Identified</b>		<b>5,493,000</b>	<b>1,820,000</b>	<b>7,313,000</b>

# SUPPORT PLANNERS

## Activity

- 10.5% of all those receiving a service have been through Support Planning.
- First Support Plans completed in Mid November 2015.

## Feedback

- Staff feel they are making substantial differences to peoples lives.

## Targets

- Team 30 Support Plans per week and 10 Direct Payments per week.
  - Each Support Planner needs to send 2 new completed support plans for QA each week and aim to being approved at a level 3.
  - Each Support Planner should send 1 DP per week to Powher.
-

# KEY MILESTONES

- Activity Levels
  - Unit Cost
  - Direct Payments
  - PA
  - CHC
  - Shared Lives
-

# WORKFORCE DEVELOPMENT PLAN

- Workforce Development Plan
  - Being the Change
  - Leadership Development
  - Support Planners Accreditation
  - Recruitment
-

# BCF

- T&W CCG and LA collaborating to meet the requirements of the 2016/17 BCF plan
  - Initial draft plan submitted to meet deadline of 2<sup>nd</sup> March 2016; submission 2: 21<sup>st</sup> March, Submission 3: 25<sup>th</sup> April (final plan for sign off by NHS)
  - Key requirements:
    - Joint spending plan approved by NHS England
    - Joint narrative plan agreed to meet national conditions
    - Confirmed funding contributions from each partner and funding arrangements
    - Scheme level plan identifying spend
    - Quarterly plan figures to meet national metrics
-

**TELFORD & WREKIN COUNCIL**

**HEALTH & ADULT CARE SCRUTINY COMMITTEE – 22 MARCH 2016**

**TELFORD & WREKIN MENTAL HEALTH COMMISSIONING UPDATE**

**REPORT OF Jonathan Eatough, Assistant Director, Telford & Wrekin Council, and Anna Hammond, Deputy Executive, Telford & Wrekin CCG**

**1.0 PURPOSE**

1.1 This paper intends to:

Provide an update on the three stage Commissioning Review of Mental Health and provide information on actions already undertaken.

**2.0 RECOMMENDATIONS**

**2.1 To note the update on the three stage Commissioning Review of Mental Health**

**3.0 BACKGROUND INFORMATION**

A three stage review has been undertaken jointly with the Local Authority and CCG. Stage one and two described the background, budgets, demographics, service user and community engagement and evidence base. In addition stage two described the vision for mental health across the Borough via three ambition statements developed by service users:

- To develop Supportive Communities **“a place I am proud to call home”**. We will promote good emotional health and wellbeing by supporting the development of universal services. We will support people to live as independently as possible, with minimal intervention. Promoting independence and resilience will be at the heart of all we do to ensure people have the capacity to cope with the challenges that life, including mental health, can pose.
- To ensure Early Intervention – **“I know where to go for advice”**. Information will be readily available at places, and in formats that are accessible when people need it most. Support and guidance will be provided at the earliest opportunity to prevent further escalation of need.
- To commission Quality Services - **“I need to understand my condition and to have help to live my life to the best of my ability without my condition taking over my life”** We will ensure people better understand how to work

with people with mental health issues in ways that promote their independence, ensure their safety and support their recovery. We will focus mental health support on need rather than age or diagnosis, but will give particular attention to more specialist areas such as Personality Disorder and Dual Diagnosis. We will take a whole system approach to commissioning mental health services.

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

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

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

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

4.0 The highlights of the Action Plan to date are:-

4.1 Mental Health Summit: “**Good Mental Health Works**” – Friday 15<sup>th</sup> April 2016. An event developed and led by the third sector and supported by statutory services. It is an event for employers, service users, and anyone with an interest in mental health. The Summit will provide an opportunity to raise awareness of mental health and the support available, to provide basic tools to use in the workplace or at home to help maintain good mental health.

4.2 **Mental Health Challenge** – Officers of the Council are seeking to sign up to the Local Authority Mental Health Challenge. Councils are asked to sign up to promote Mental Health in communities – a challenge set by seven national charities including The Centre for Mental Health and the Mental Health Foundation. A paper will be prepared for the CCG to consider the principles and to sign up to promote mental health.

4.3 **Mental Health Champions** – We will be seeking to appoint champions for mental health, from strategic leaders (as part of the Mental Health Challenge) to people working in the heart of our communities. Recruitment has commenced. A training programme is being developed.

4.4 **Modelling a 24/7 hour hub.** Working with the voluntary sector commissioners are exploring what this might look like and how it could be funded. The discussions are including consideration to a hub and spoke model – and are engaging groups such as Big Local Brookside in this process. This will then be articulated within the model of mental health provision for Telford and Wrekin

4.5 **Discharge pathways** – reviewing protocols and agreeing pathways for discharge across all wards. A social worker working with the ward staff at Redwoods has improved the process and reduced delayed discharges.

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

4.7 **Referral to treatment times** –The new national targets for psychological therapies ( 75% within 6 weeks and 95% within 18 weeks) have been achieved with Telford now reporting 85% treated within 6 weeks of referral and 100% within 18 weeks. Targets are also being met for early intervention of psychosis (50% within 2 weeks)

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

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

4.10 **Single point of access** – one phone number is now in place for Telford and Wrekin 24/7 365 days a year- **0300 124 0365**

## 5.0 EQUAL OPPORTUNITIES IMPLICATIONS

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

## **6.0 FINANCIAL IMPLICATIONS**

6.1 At this stage in the process, the development of a strategy, the requirement for additional resources is not evident and therefore the planning assumption is that the strategy will be delivered from within existing resources. Once the detailed action plan is clearly established the requirement for resources and the funding streams to deliver the strategy will be considered and brought back to the LA and CCG in line with Governance processes.

The pressure on Local Government funding and the consequent delivery of savings within the Council is being addressed within Social Care through a process of transformation. This will impact the Commissioning and delivery of Care going forward. It is important to consider this context at this stage as this may impact the scope of the action plan going forward.

It is anticipated that by aligning the commissioning portfolios of the Council and the CCG improved value for money can be achieved from a combined expenditure. The current joint expenditure on Mental Health services is £17.9m with £15.1m coming from the CCG. The CCG have committed that the funding in mental health will not be reduced, although need to ensure better 'value for money' is achieved

## **7.0 LEGAL IMPLICATIONS**

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.

## **8.0 ENVIRONMENTAL IMPLICATIONS**

8.1 None

## **9.0 WARD IMPLICATIONS**

9.1 The Strategy will have a Borough wide impact.

### **Report prepared by:**

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

**REPORT OF:**

**Sharon Clennell, Senior Commissioning Manager  
NHS Telford and Wrekin Clinical Commissioning Group**

**1.0 PURPOSE**

This paper sets out plans for communication and engagement work and timescale for the implementation of a consistent approach to assessment for eligibility to access the non-emergency patient transport service. This proposal covers Shropshire and Telford and Wrekin GP registered patients.

It should be noted that patients with a medical condition which prevents them from travelling by any other form of transport will continue to be eligible for free NHS transport if they have been referred for further treatment. The scope of this service covers appointments for referred investigative appointments or treatments only and does not apply to general primary care appointments e.g. GP, Dentist.

**2.0 RECOMMENDATIONS**

The Health and Adult Social Care Scrutiny Committee is asked to review and support the plans for the work and the proposed phased timescale for the implementation of a consistent approach to assessment for access to the non-emergency patient transport service.

**3.0 SUMMARY**

NEPT services are typified by the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers. The service encompasses a wide range of vehicle types and levels of care consistent with the patient's medical need.

NEPT should be seen as part of an integrated programme of care which can enhance the efficiency of the local health economy by providing support to patient flow processes as well as allowing more appropriate use of emergency ambulance services. A non-emergency patient is one who, whilst requiring treatment, which may or may not be of a specialist nature, does not require an immediate or urgent response.

Assessment for eligibility to use this service is based on guidance provided by the Department of Health. It should take effect on all NEPT journeys to provide a standard approach whilst ensuring patients receive a consistent response to requests for assistance with transport needs.

The NHS has limited resources and provision of non-emergency patient transport must be reserved only for those whose medical condition means they are unable to use private or public transport. NEPT is not provided for social or financial reasons and the expectation is that wherever possible patients should make their own transport arrangements. The process should ensure that enquiries have been made to determine whether the patient is able to make their own way or alternative arrangements via friends and family.

#### **4.0 BACKGROUND**

The previous NEPT contract which covered Shropshire and Telford & Wrekin was awarded in 2006 and had rolled forward for a number of years prior to the introduction of Clinical Commissioning Groups. A new provider, Medical Services, was successful in a competitive tender process and a new contract commenced at the end of 2014. Prior to the commencement of the current contract there had been no patient assessment by the previous provider to identify eligibility for this service.

#### **5.0 CURRENT POSITION**

Commissioners have asked Medical Services not to apply criteria at this time to allow for processes to be developed which will provide equity across the service and to enable communication and engagement work to be carried out in a managed way. The contract with the Provider does however already include eligibility criteria as shown below:

- a) The service user requires a stretcher for transportation.
- b) The service user is on continuous intravenous support/infusion pumps.
- c) The service user is an incubated baby.
- d) The service user has been identified as requiring specialist handling.
- e) The service user is unable to walk.
- f) The service user requires oxygen.
- g) The service user has seriously impaired vision.
- h) The service user is medically unfit to travel by any other means.
- i) The service user is being transferred to a community hospital or step down facility- could be nursing or residential home
- j) The service user can only get around in a wheelchair.
- k) The service user has psychiatric or learning difficulties and is unable to use public transport.
- l) The service user has a medical condition that would compromise their dignity or cause a public concern.
- m) The service user is unable to walk without the continual support of another person or walking aid e.g. zimmer frame.
- n) The service user will experience a side effect sufficient to require transport as a result of the treatment they will receive.

## **6.0 REASONS FOR CHANGE**

A consistent assessment for eligibility criteria will ensure NHS resources support patients with a genuine medical need for transport assistance. The impact of the use of an eligibility assessment is expected to reduce inappropriate activity; however, the aim of this work is also to ensure those who are eligible are aware of the scope of this service.

Any reduction in activity will also provide the capacity for the NEPT service to better support emergency transport services e.g. the conveyance of Shropdoc/Care Coordination Centre GP 4 hour urgent referrals. The NEPT service is able to provide a clinically safe conveyance for appropriate patients which not only offers additional capacity for West Midlands Ambulance Service to attend to more urgent calls but is also better value for money without increasing any clinical risk to patients.

## **7.0 POTENTIAL IMPACT**

There are a number of recognised transport categories to ensure the correct level of support is offered to patients. It is believed the C1 transport category will be most affected by the consistent application of eligibility assessment criteria. This category is explained below:

- Patients can walk without assistance and have no problems with getting in and out of low access vehicles
- For walking patients unable to use public transport due to their medical condition
- Patients able to get into a car with the assistance of a voluntary care driver; or
- Patients able to travel by car but who need to take their own folding wheelchair

The C1 category represents 76% of all journeys carried out across Shropshire and Telford & Wrekin. It has been established that in November 2015 there were 5160 individual service users of the C1 category registered to Shropshire GPs and 2901 for Telford and Wrekin GPs. It is estimated that the implementation of criteria could affect approximately 10% (850) of these patients.

An Equality Impact Assessment (EIA) has been completed which has established that although some patients will be affected this is not specifically reflected in any of the protected groups. Any patient meeting the eligibility criteria will be provided with appropriate transport for their needs.

## **8.0 THE PROCESS MOVING FORWARD**

Shropshire and Telford and Wrekin Clinical Commissioning Groups (CCGs) will be aligned in this work. Communication and engagement work will embed the message that if a patient has a medical condition which prevents them from using any other form of transport the service will be available to them. The Communications Plan is shown at Appendix 1 this paper.

A phased approach has been identified and agreed across both CCGs and with the service Provider. This has been established to reduce impact on the service and enable the approach to be more embedded as it progresses.

*Table 1*

Patient Group	Timescale	Rationale
New Patients registering with the service	Phase 1 From 1 <sup>st</sup> March 2016	This Group will be least affected by the changes as they will not have accessed the service before. This phase will give call handlers the opportunity to properly embed processes and address any issues which may not have become apparent through the testing stages. It will also allow Commissioners to address any issues which may be raised.
Existing Service Users	Phase 2 From 1 <sup>st</sup> April 2016	The greatest impact will be on this Group of patients. Call handlers are trained to provide signposting options for other services. Following the first assessment should a patient fail and question the outcome, further assessments will be carried out by supervisors and then by a trained clinician as appropriate. The CCGs have agreed that under no circumstances will a patient's request be turned down for transport for appointments which are imminent and the patient has no other way of travelling to the appointment. The opportunity will be taken to advise that the transport request will be granted for that specific journey only and call handlers will provide information of alternatives which may be used in the future. An appeals process will be in place within the CCGs should it be required.
Discharges (inc A&E)	Phase 3 From 1 <sup>st</sup> June 2016	In order to support the Local Health Economy as much as possible during the winter period it has been decided to implement consistent assessment to discharges from 1 <sup>st</sup> June 2016. To implement this beforehand may result in patients who are fit for discharge being delayed. The CCGs are keen to support hospital staff with the discharge process as far as possible.

## **9.0 RISKS AND ASSURANCE ISSUES**

Medical Services (the provider) has recently implemented a similar approach in another area of the country. Lessons from this work have been used to inform local plans. The main issue identified was that a lack of communication work and phasing of implementation

resulted in an overwhelming number of patient queries needing to be managed through the call centres.

Shropshire and Telford & Wrekin CCGs have taken the following actions to mitigate the risks relating to these particular areas. The Provider is in full support of the planned work and is working very closely with both CCGs to ensure a smooth transition.

### **Communication and Engagement:**

The attached Communication Plan (Appendix 1) has been developed which will be used to inform all stakeholders. Communication materials will be provided which include contact details for patients requiring more information as well as signposting options to alternative services which may be able to provide transport. This includes details for the Provider and PALS teams.

Other services which may be impacted have been contacted by the communication team to ensure they are happy for their details to be included. To date there have been no particular concerns raised by those who have been contacted.

Engagement activities have been planned and information flyers and posters developed these are shown in Appendices 2 and 3 for information. A flyer and covering letter will be sent to all registered service users within the C1 category by way of a direct mailing exercise.

### **Phased Approach:**

The information shown in *Table 1* of Item 6 of this paper explains the planned phasing and the rationale which supports this approach. It is expected that this phased approach will provide time for processes to become fully embedded in a more managed way. It also aims to provide continued support to assist with patient flow during the busy winter period preventing delays in discharges which could be caused by any transport issues.

**Appendix 1** – Communications Plan

**Appendix 2** – NEPT Flyer

**Appendix 3** – NEPT Poster

**Appendix 4** – Appeals Process

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
<b>HOSC</b> <b>Shropshire</b> : Amanda Holyoak/Gerald Dakin <b>Telford and Wrekin</b> : Fiona Bottrill/Andy Burford	Julie Davies  T&WCCG	Informal chat/formal briefing (if required)	November 2015	Shropshire – meeting date 8 <sup>th</sup> February 16	
<b>Healthwatch</b> <b>Shropshire</b> : Carole Hall/Jane Randell-Smith <b>Telford and Wrekin</b> : David Bell/ Jane Chaplin/Kate Ballinger	Sarah/Gareth  T&WCCG comms	Written briefing/FAQs  Written briefing/FAQs	December 2015		Electronic copy of flyer and written briefing to be emailed to by w/e 29 January
<b>Key Patient Groups :</b> PPEC/SPG (Shropshire) Health Roundtable (T&W) *All NEPT patients All potential NEPT patients Outpatients Regular users e.g. chemo/renal	Sarah Sharon Smith Sarah via MSL Sarah/provider comms/clinicians	Verbal/meeting Mailshot to current users (C1) – letter and flyer/Drivers give out flyers and verbal Verbal/flyers/posters in GP surgeries and key public places Verbal/flyers/posters in key hospital departments FAQs	January/February 2016		Posters and flyers have been designed and signed off.  Letter to be signed off w/e 22 January (same for FAQs?)  Engagement Comms plan has been produced, with a series of meetings taking place throughout January and February.  Electronic copies of flyers and posters to

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
					be emailed to relevant groups
<b>CCG staff</b> <ul style="list-style-type: none"> <li>• Shropshire</li> <li>• Telford and Wrekin</li> </ul>	J Stevenson T&WCCG comms	Newsflash/Website/Shropshare/Staff Briefing Telnet FAQs	January/February 2016		Shropshire – Information to go in February staff newsletter
<b>GP membership/practice managers</b> <ul style="list-style-type: none"> <li>• Shropshire</li> <li>• Telford and Wrekin</li> </ul>	J Stevenson T&WCCG comms	Newsflash/AO briefing/GP newsletter Practice managers' meetings/GP forum/PLT sessions FAQs Via governing body meetings Attendance at locality meetings	January/February 2016		Shropshire – Written briefing to go in February newsletter.
<b>Shropshire MPs</b> <ul style="list-style-type: none"> <li>• Philip Dunne, Ludlow</li> <li>• Owen Paterson, North Shropshire</li> <li>• Daniel Kawczynski, Shrewsbury &amp; Atcham</li> </ul> <b>Telford and Wrekin MPs</b> <ul style="list-style-type: none"> <li>• Mark Pritchard</li> <li>• Lucy Allen</li> </ul>	Sarah/JP (BS) T&WCCG comms	Written briefing/FAQs Verbal update as part of regular AO briefings with MPs Written briefing/FAQs Verbal update as part of regular AO briefings with MPs	January/February 2016		
<b>Shropcom</b> <ul style="list-style-type: none"> <li>• Jan Ditheridge (CEO)</li> <li>• Clinicians</li> <li>• Discharge co-ordinators</li> </ul>	Sarah/provider comms	Written briefing/FAQs Internal engagement via comms lead	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
<b>SaTH</b> <ul style="list-style-type: none"> <li>• Simon Wright (CEO)</li> <li>• Ian Donnelly</li> <li>• Sarah Biffin</li> <li>• Clinicians</li> <li>• Discharge co-ordinators</li> </ul>	Sarah/provider comms	Written briefing/FAQs Internal engagement via comms lead	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
<b>SSSFT</b>	Sarah/provider	Written briefing/FAQs	January/February		Written briefing

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
<ul style="list-style-type: none"> <li>Neil Carr (CEO)</li> <li>Clinicians</li> <li>Discharge co-ordinators</li> </ul>	comms		2016		drafted and to be issued by w/e Friday 12 Feb
<b>RJAH</b> <ul style="list-style-type: none"> <li>John Grinnell (acting CEO)</li> <li>Clinicians</li> <li>Discharge co-ordinators</li> </ul>	Sarah/provider comms	Written briefing/FAQs Internal engagement via comms lead	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
<b>Care co-ordination Centre</b>	Lynne Breakell	Written briefing/FAQs	January/February 2016		
<b>*MSL (drivers and call handlers)</b>	MSL	Written/verbal briefing/FAQs Internal engagement via comms lead	January/February 2016	<ul style="list-style-type: none"> <li>Priority group Sarah spoken to MSL comms lead</li> </ul>	
<b>WMAS</b>	Sarah/WMAS comms	Written briefing/FAQs	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
<b>Residential/nursing home staff</b> <ul style="list-style-type: none"> <li>Shropshire</li> <li>Telford and Wrekin</li> </ul>	Sarah via Nicky Jacques at SPIC	Written briefing/FAQs  Written briefing/FAQs  Press releases, invitation to attend events	January/February 2016	Nicky Jacques <njacques@spic.co.uk>	Nicky happy to distribute information on our behalf and has emailed list of day centres for Shropshire visits
<b>Health and Wellbeing Board</b>  Karen Calder (Chair Shropshire)  Richard Overton (Chair Telford and Wrekin)	Julie Davies/ Julian Povey T&WCCG	Written briefing/FAQs	January/February 2016		
<b>Councillors</b> <ul style="list-style-type: none"> <li>Telford and Wrekin Council</li> <li>Shropshire Council</li> </ul>	T&WCCG via Nigel	Written briefing/FAQs	January/February 2016		

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
<ul style="list-style-type: none"> <li>SALC</li> </ul>	Newman/Jon King Sarah via Maria Jones Sarah				
<b>Shropdoc</b>	Sarah	Written briefing/FAQs	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
<b>LMC</b>	Sarah	Written briefing/FAQs Attendance at meeting (if required)	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
<b>LPC</b>	Sarah	Written briefing/FAQs	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
<b>LOC</b>	Sarah	Written briefing/FAQs	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
<b>Voluntary sector:</b> <ul style="list-style-type: none"> <li>VCSA</li> <li>Community transport</li> <li>Age UK</li> <li>Shropshire Disability Forum</li> </ul>	Sarah via Rachel Wintle Sarah Sarah Sarah	Written briefing and invitation to attend events/FAQs	January/February 2016		VCSA – Information circulated in newsletter on 18/01  Age UK – Information sent for inclusion in newsletter.
<b>Comms and Engagement leads for</b>	Sarah Makin	Email/Weekly comms conference	November 2015	Discussion and updates provided	Ongoing

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
Shropshire Telford and Wrekin (AO/AR/TP/ME/Siobhan Price) T&W Council??		calls and monthly face-to-face meetings	onwards	weekly at Local Health Economy communications conference calls.	
<b>Media</b> – all local media across Shropshire, Telford and Wrekin	Richard Caddy	Press releases to advertise survey and events and a reminder	January 2015 February 2015		

If you are not eligible for NEPT service, there are a number of other travel options for patients. These could include friends and family, public transport and community transport.

If you live in Shropshire, for more information about local transport options, please see the Shropshire Council website: [www.shropshire.gov.uk/public-and-passenger-transport](http://www.shropshire.gov.uk/public-and-passenger-transport) or call: 0345 678 9000.

You can also call this number for more information about bus passes; and about blue badges if you have difficulty in walking or seeing.

If you live in Telford and Wrekin, travel and transport information can be found on your local council's website at: [www.telford.gov.uk/info/1019/transport\\_and\\_travel](http://www.telford.gov.uk/info/1019/transport_and_travel) or by calling: 01952 380000.

There are also some local charity and voluntary organisations that might be able to help you with transport to and from healthcare appointments. Some of these services are only available to certain groups of people living in certain areas. You can find information about this by calling

your local councils on the numbers above or on your local council websites, depending on where you live:

[www.shropshire.gov.uk/public-and-passenger-transport/community-and-voluntary-transport/](http://www.shropshire.gov.uk/public-and-passenger-transport/community-and-voluntary-transport/)

[www.telford.gov.uk/info/1019/transport\\_and\\_travel/136/community\\_transport](http://www.telford.gov.uk/info/1019/transport_and_travel/136/community_transport)

If you are a patient and need help with the costs of travelling to hospital, you may be able to claim a refund under the Healthcare Travel Costs Scheme. For more information, please go to: [www.nhs.uk/nhsengland/Healthcosts/pages/Travelcosts.aspx](http://www.nhs.uk/nhsengland/Healthcosts/pages/Travelcosts.aspx) or call: 0300 330 1343 (NHS – Help with Medical Costs)

To find out if you are eligible for Non-Emergency Patient Transport Services, please contact Medical Services on: 01743 762650

If you require any additional information about these services or have any concerns about them, please call:

Telford and Wrekin - [enquiries@telfordccg.nhs.uk](mailto:enquiries@telfordccg.nhs.uk) or 01952 580407  
Shropshire - [customer.care@shropshireccg.nhs.uk](mailto:customer.care@shropshireccg.nhs.uk) or Freephone 0800 032 0897



**Non-Emergency Patient  
Transport Services in  
Shropshire, Telford and Wrekin**

A Non-Emergency Patient Transport (NEPT) Service is provided for **patients who have a medical condition which prevents them from using other forms of transport** to travel to and from healthcare appointments. The service is not provided to people who want transport for social or financial reasons, or for those who are able to travel on public transport or by other means to get to their healthcare provider. This service is totally separate to emergency ambulance services.

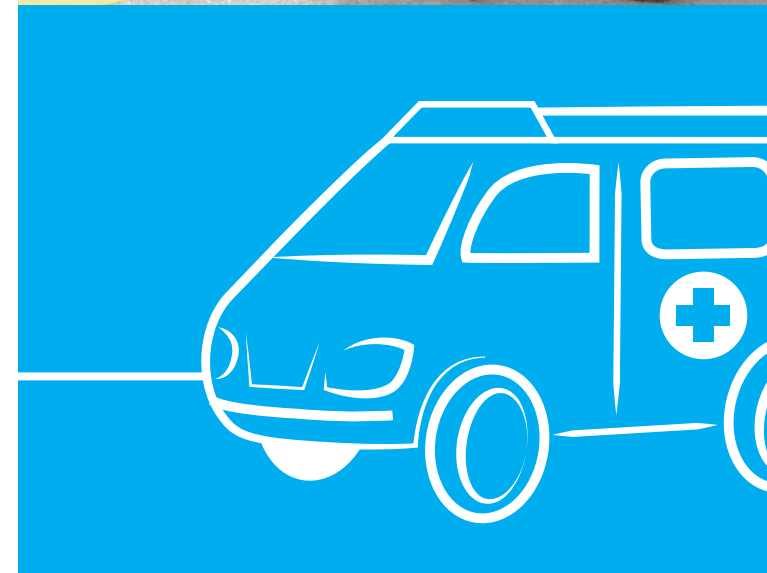
You could be entitled to use the service if **you are registered with a GP in Shropshire or Telford and Wrekin** and have been referred for a hospital or another medical appointment. Patients will be assessed on their suitability using a short and simple series of questions to ensure fair and consistent access to the service.

## The questions will be based on the following:

- Is the patient able to travel with friends/family or on public transport?
- Does the patient need skilled assistance to transfer them to and from a vehicle?
- Does the patient have a condition where there could be the need for skilled assistance when travelling?
- Does the patient have a disability or condition that could cause a risk to themselves or others if travelling by alternative transport?

If following this assessment you are eligible for the NEPT service, transport will be arranged for you.

The provider of NEPT services in Shropshire is Medical Services. If you want to contact Medical Services direct, please call: **01743 762 650**.





## Transport options for patients in Shropshire, Telford and Wrekin

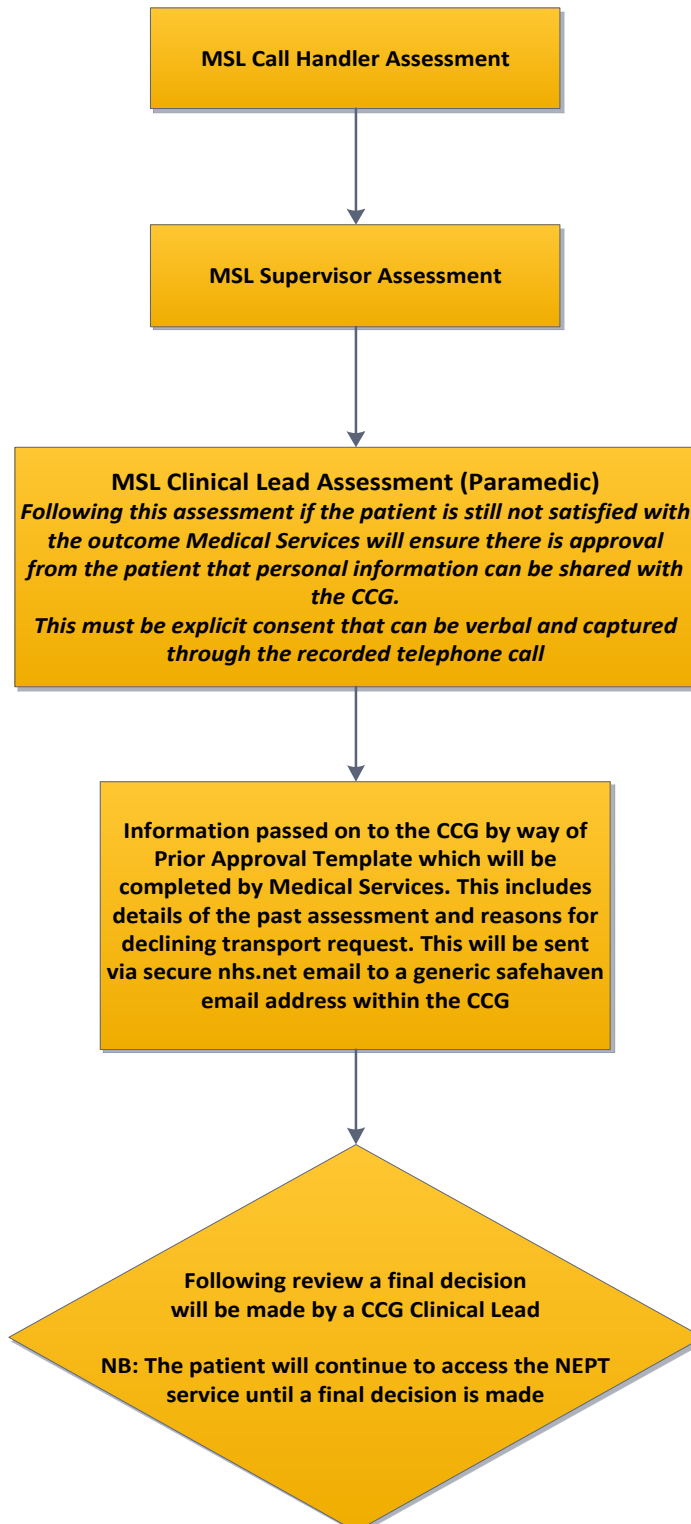
Do you have a medical condition which prevents you from using other forms of transport?

If you are registered with a GP in Shropshire or Telford and Wrekin and have been referred for a hospital or another medical appointment, you might be eligible for help with non-emergency patient transport (NEPT.)

**To find out if you are eligible, please call: 01743 762650.**

The NEPT service in Shropshire, Telford and Wrekin is provided by Medical Services.

**NHS Telford and Wrekin CCG Appeal Process for Failed Eligibility Assessments for Non-Emergency Patient Transport**



**TELFORD & WREKIN COUNCIL HEALTH OVERVIEW AND SCRUTINY  
COMMITTEE**

**DATE:** 22<sup>nd</sup> March 2016

**REPORT TITLE:**

Proposed Changes to the Malling Telford and Malling Wrekin Alternative Provider Medical Services Contracts

**REPORT OF:**

Nicky Wilde – Deputy Executive Primary Care Commissioning and Planning, Telford and Wrekin Clinical Commissioning Group

Tracey Jones – Deputy Executive Quality and Engagement, Telford and Wrekin Clinical Commissioning Group

**1.0 PURPOSE**

In April 2015, NHS England awarded Telford and Wrekin Clinical Commissioning Group (CCG) delegated commissioning for some Primary Care Services. This delegation included the responsibility for commissioning services from GP Practices in Telford and Wrekin. Included within this responsibility were the Commissioning of 2 Alternative Provider Medical Services (APMS) Contracts. At the time these contracts were transferred to the CCG, they were due for renewal. To allow appropriate consideration to inform a decision around contract renewal, the CCG agreed to extend the Telford contract for one year to 22<sup>nd</sup> July 2016 and the Wrekin Contract for 2 years to 22<sup>nd</sup> July 2017.

The purpose of this paper is to advise the Telford and Wrekin Health Overview and Scrutiny Committee of proposals to make amendments to the Malling Telford and Malling Wrekin Alternative Provider Medical Services (APMS) Contracts.

**2.0 RECOMMENDATIONS**

Telford and Wrekin Health Overview and Scrutiny Committee are asked to consider the proposed changes and to support the:-

- Movement of all walk in activity from the Malling Telford Contract to the Malling Wrekin Contract with immediate effect
- Closure of the Malling Health Telford Contract on 31<sup>st</sup> July 2016 by mutually agreed contract termination
- Dispersal of the registered patient list at Malling Health Telford to other practices within the CCG
- Extend the Malling Wrekin Contract to July 2017, whilst consultation with the public on the future of the Registered Patient List and Walk In elements of the Contract takes place.
- Note the extended opening hours of Malling Wrekin from 8.00am – 8.00pm Monday to Friday to 8.00am – 10.00pm Monday to Friday

### **3.0 BACKGROUND**

In 2009 Malling Health were awarded two contracts by the Telford and Wrekin Primary Care Trust under the Equitable Access in Primary Care (EAPC) programme. Each of these contracts was commissioned to provide GP services to both registered and walk-in patients across Telford and Wrekin. Nationally the walk-in centres were developed to allow patients to access urgent care from a GP or a nurse with no need to register or to pre-book an appointment. The centres were to be open for longer hours than the typical GP practice including later into the evening and at weekends. The walk in element of the contracts was aimed at:

- Improving patient access to Primary Care
- Modernising the NHS to be more responsive to patients' busy lifestyles and
- Offering more patient choice.

The contracts were awarded as Alternative Provider Medical Services (APMS) Contracts, which are slightly different to the standard General Medical Services contract which the majority of GP Practices work to.

Telford and Wrekin CCG has 2 APMS contracts: Malling Health Telford, which is delivered from a site at the Town Centre and Malling Health Wrekin which is delivered from a site at the Princess Royal Hospital. Both of these contracts provide walk in capacity for all patients across the CCG to receive primary care treatment. The CCG is not able to split the 2 separate elements within the contracts i.e. registered list and walk in.

### **4.0 CASE FOR CHANGE**

The CCG has now had an opportunity to review the Malling Telford contract and the main findings of concern are:

- The registered patient list at Malling Telford is just under 3,000 patients and has remained consistent with limited availability to increase, therefore the future sustainability of this practice is uncertain
- The Walk in capacity at Malling Telford is under-utilised. The capacity that is utilised has a high percentage of Malling's own registered patients; a capacity that should be delivered as part of the registered list element of the contract.
- The number of referrals from the Malling Telford Practice into the Acute Trust is above the CCG average
- The Telford practice is located in a retail unit above shops in the town shopping centre. The conditions are cramped and there is limited consulting space with only 2 rooms available for GP consultations, 1 nurse treatment room and 1 Health Care Assistant room. This is not deemed to be fit for purpose to provide Primary Care at Scale in line with the Five Year Forward View.

The CCG has now had an opportunity to review the Malling Wrekin Contract and the main findings of concern are:

- The registered list at Malling Wrekin is circa 7,500 patients and has opportunities to increase this list size

- The Walk in capacity at Malling Wrekin is under-utilised, and similar to that of Malling Telford is currently utilised mainly by their registered patients.
- The number of referrals from the Malling Wrekin Practice into the Acute Trust is above the CCG average and is the highest user of acute services in the CCG.
- The Wrekin contract is delivered from a temporary, modular building and consists of 4 consulting rooms and 2 nurse treatment rooms. It is housed on the Princess Royal Hospital site on a temporary planning permission arrangement. The premises are not deemed to be fit for purpose to provide Primary Care at Scale in line with the Five Year Forward View.
- The CCG has identified that instead of diverting patients away from A&E, the reverse has happened and if patients are not able to have immediate access to an appointment, they go across to A&E. Therefore consideration is needed to the future position of any future registered practice list.

Other considerations:

- Whilst the CCG welcomes the extended opening hours, across the weekend, into the evenings and on bank holidays, it is important that this accessibility is available for all patients in Telford and Wrekin. The CCG is concerned that there may be a wider gap opening in inequality of access for patients in Telford and Wrekin. This is due to the high percentage of the walk-in appointments being used for the registered patients of Malling Health and not for the wider population.
- The second highest users of the walk in service (after Malling registered patients) are patients who are “out of area”. The CCG will need to do some further research to understand this patient group i.e. if they are visitors to the area or live in the area with no registered GP. However it is important that this patient group (those without a registered GP or visiting from out of the area) are able to access primary care treatment when needed and this will be further considered by the CCG during an engagement process.
- It has also been found that approximately 40% of the walk-in activity is delivered at weekends, when the majority of other GP practices in Telford and Wrekin are closed. Again this needs to be considered by engaging with patient groups.

## **5.0 ASSESSMENT OF PATIENT NEED**

As outline above, consideration needs to be given to ensure that the CCG assesses the need of patients.

- The data for the walk-in patients has identified that over 30% of the walk in activity is being delivered for the registered patients of Malling Health. It has been established that the registered list size for Malling is about 5.5% of the total CCG population; therefore the ‘home’ walk in activity is considered to be a very high percentage, which needs to be investigated and understood.
- The CCG should consider the “out of area” users in any decision making and consultation process to identify if these patients live in the area and are not registered with a local GP or if they are visitors to the area. The CCG will need to ensure that the “out of area” patients still have access to services.

- The registered population at the Telford site is very small and although the CCG will need to fully understand where these patients live, it is anticipated that there is capacity in other local CCG practices to allow for these patients a choice of alternative practices to register.

## **6.0 WHAT SERVICES ARE REQUIRED?**

- There is a need to ensure that the CCG commissions enough GMS capacity in Primary Care for its registered population.
- Further consideration is needed to identify the future walk-in demand over and above that which is currently available in Primary Care by the other GP Practices in Telford and Wrekin. Engagement with Out of Area patients would also be required to identify this need.
- Approximately 40% of the activity is currently being delivered at weekends and the CCG needs to engage with patients to identify if a service which specifically covers weekend and bank holiday is required which may result in a more effective service being delivered.

## **7.0 CAN BETTER INTEGRATION BE DELIVERED?**

- The CCG has identified that further work is required across all practices to ensure that there is enough capacity to meet the demand of registered patients. As described above, the CCG should give further consideration to how any walk-in activity is commissioned as part of wider work programmes.

## **8.0 PROPOSAL**

### 8.1 Malling Health Telford

The above issues have been discussed with Malling Health and it has been mutually agreed to terminate the Malling Telford contract as per section 52 of the APMS contract with effect from 31<sup>st</sup> July 2016:

- Malling would be required to work with the CCG in engaging with the registered patient list regarding the closure.
- Registered patients would be given the opportunity to register at any of the other 17 Practices in Telford and Wrekin.
- Patients, who have not re-registered with another practice by the end of July, will be allocated to their nearest GP Practice.
- With immediate effect, the opening hours of the Telford site would reduce to core GMS plus Saturday morning opening. Walk in activity would move to the Malling Wrekin site and this will be communicated to Patients immediately
- The practice list would close to new registrations

### 8.2 Malling Health Wrekin

The proposal for Malling Health Wrekin is to:-

- Extend the contract to allow for a period of engagement on the future of the walk in services in Telford and Wrekin.
- Extend the current opening hours from:
  - 08:00-20:00 7 days a week, 365 days a year to
  - 08:00-22:00 7 days a week, 365 days a year.
- Ensure that the practice manages their registered patient appointments to enable more equitable access to walk-in appointments for use patients across Telford and Wrekin by:
  - Working with the CCG and the A&E Department at the Princess Royal Hospital to enable the streaming of suitable patients to be diverted away from A&E
  - Ensuring that staffing levels are appropriate to meet the demand of both registered and walk-in patients throughout 7 days avoiding unnecessary delay in patient waiting times.
- Reduce the availability of registered patient appointments at peak times, i.e. after 8pm Monday to Friday, Saturday mornings after 12pm and Sundays to allow these appointments to be utilised for walk in patients.

## **9.0 Consultation plan**

Malling have by mutual agreement terminated the contract for Telford town centre Site. The CCG will work in partnership with Malling on an information campaign that informs the registered patient list and wider public that this is to happen by 31<sup>st</sup> July. This work will include the dispersal of the current patient list at this site

In regard to the future of services delivered at the Wrekin Site (located in grounds of Princess Royal Hospital), a period of initial engagement with patients attending this and the town centre is taking place. A verbal update and paper will be shared with HOSC at the meeting due to the timings of this work which completes on the 18<sup>th</sup> March.

The results of this direct patient engagement will be considered and used to inform, alongside the case change analysis shared in this document, the options that the CCG will then consult with the public on from 4<sup>th</sup> April to 10<sup>th</sup> June. The consultation document will be widely shared and promoted through press, social media, CCG membership schemes and Healthwatch. Appendix A provides the details of with whom and how the consultation document including options will be shared. The CCG are happy to arrange a face to face briefing for councilors whose wards host these services if they feel this would be beneficial in addition to the consultation briefing document that will be shared.

HOSC are asked to note there will be face to face discussions with those more likely to be impacted upon by any changes, i.e. current service users and members of the community who are known to be disadvantaged in accessing healthcare. The outcome of the consultation options and feedback received will be analysed and shared with Commissioners for formal consideration and response. Approval of the preferred option to be procured will be undertaken at the CCG Governance Board to be held July 12th.

**Report prepared by:**

**Nicky Wilde – Deputy Executive Primary Care Commissioning and Planning,  
Telford and Wrekin Clinical Commissioning Group**

**Tracey Jones – Deputy Executive Quality and Engagement, Telford and Wrekin  
Clinical Commissioning Group**

## Appendix A

### Malling GP and Walk In Future Proposals Tactical Communications and Consultation Plan V1 11/03/2016

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
<b>HOSC</b> <b>Telford and Wrekin:</b> Contacts Fiona Bottrill /Andy Burford	Nicky Wilde/Tracey Jones	Initial and follow up discussion  Verbal update/Paper March	Nov 2015 Feb 2016  22 <sup>nd</sup> March 2016		
<b>Healthwatch</b> <b>Telford and Wrekin:</b> David Bell/ Jane Chaplin/Kate Ballinger	Tracey Jones/Mike Innes	Initial Discussions Verbal update at Chair to Chair Info for newsletter in Engagement period and signposting to CCG Engagement document	Nov2015 Jan 2016 March 2016 April	Distribution of information through networks/ at events/in newsletters etc.	
<b>Key Patient Groups :</b> Health Roundtable (T&W) Carers Patients who have used the services recently Equalities groups: <ul style="list-style-type: none"> <li>• BME</li> <li>• Disability (incl. mental health and learning)</li> <li>• Age (young people and older people)</li> <li>• Parents of children 0-3 years</li> <li>• Homeless</li> </ul>	Tracey Jones  Engagement and Comms Team supported by Primary care Commissioning team  Including use of voluntary	<b>Pre Consultation work</b> Patients currently using the services at town centre and Wrekin sites  <b>For all groups:</b> Attendance by team at protected characteristic group meetings Face to face consultation at Malling Sites Press releases in local media to signpost consultation document and survey Survey will contain consultation options Info for newsletters	7 <sup>th</sup> to 18 <sup>th</sup> March  4 <sup>th</sup> April to 10 <sup>st</sup> June  10 weeks  Malling to confirm commencement date	Seek patient view to compliment case for change analysis  Patients who will be impacted upon by the GP elements of the contract with Malling will be communicated to directly and there will be	

<ul style="list-style-type: none"> <li>Hearing impairment</li> <li>Rural isolation</li> <li>Transgender</li> <li>LGBT</li> <li>Travellers</li> </ul>	organisations to reach into communities		of this information giving exercise	posters in Town centre advising of closure and relocation of walk in element )	
<b>CCG staff</b> <ul style="list-style-type: none"> <li><b>Telford and Wrekin</b></li> </ul>	Tamsin Parker	Staff Briefing Telnet/Newsflash/Website	4 <sup>th</sup> April to 10 <sup>th</sup> June		
<b>GP membership/practice managers</b> <ul style="list-style-type: none"> <li><b>Telford and Wrekin</b></li> </ul>	Tamsin Parker/Tracey Jones  Nicky Wilde	Newsflash/AO briefing/GP newsletter/ via governing body meetings  Verbal/Attendance at meetings  Practice managers' meetings/GP forum/PLT sessions/ Via governing body meetings	4 <sup>th</sup> April to 10 <sup>th</sup> June  4 <sup>th</sup> April to 10 <sup>th</sup> June (T&W CCG Practice Forum meeting 19 <sup>th</sup> April )		
<b>MPs</b>  <b>Telford and Wrekin MPs</b> <ul style="list-style-type: none"> <li>Mark Pritchard</li> <li>Lucy Allen</li> </ul>	David Evans	<b>For all:</b>  Verbal update as part of regular AO briefings with MPs	April TBC		
<b>Malling Health</b>	Nicky Wilde/Amanda Alamnanos	Malling Health has been engaged and has participated in the discussions that have informed this work.	Commenced in September 2015 and Ongoing		
<b>Shropdoc</b> <ul style="list-style-type: none"> <li>Ian Winstanley ( CEO )</li> <li>Clinicians</li> <li>Staff</li> </ul>	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4 <sup>th</sup> April		

<b>Care co-ordination Centre</b>	Comms and Engagement team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April		
<b>SaTH</b> <ul style="list-style-type: none"> <li>• Simon Wright (CEO)</li> <li>• Clinicians</li> <li>• Staff</li> </ul>	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April	CCG currently working with SaTH to develop streaming between Malling and ED to assist pressures	
<b>Vocare 111 provider</b>	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April	CCG Commissioners to ensure update of Directory of Services to reflect changes re town centre	
<b>Shropcom</b> <ul style="list-style-type: none"> <li>• Jan Ditheridge (CEO)</li> <li>• Clinicians</li> <li>• Staff</li> </ul>	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April		
<b>SSSFT</b> <ul style="list-style-type: none"> <li>• Neil Carr (CEO)</li> <li>• Clinicians</li> <li>• Staff</li> </ul>	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April		
<b>Wider Provider stakeholders MSL / WMAS</b>	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April		
<b>SPIC/Residential/nursing home staff</b> Via Nicky Jacques at SPIC	Via Nicky Jacques at SPIC	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April	Nicky Jacques <njacques@spic.co.uk>	
<b>Health and Wellbeing Board</b> Richard Overton (Chair Telford and Wrekin)	David Evans	Verbal briefing – same as MPs.	As required.		

<b>Social Care Commissioners Social Care Providers</b>	Comms and Engagement Team	Written briefing to individuals detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4 <sup>th</sup> April		
<b>Local Parish and Town Councillors</b>	Comms and Engagement Team	Written briefing to individuals detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4 <sup>th</sup> April	The CCG Commissioner lead Nicky Wilde will meet to verbally brief councillors on case for change in areas where Malling currently is situated if requested.	
<b>LMC/ LPC/LOC/LDC</b>	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4 <sup>th</sup> April		
<b>Voluntary sector:</b>  <ul style="list-style-type: none"> <li>• CVS</li> <li>• TACT</li> <li>• STAY and KIP</li> </ul>	Sharon Smith	Written briefing detailing case for change , opportunity to feedback and link to consultation documents  Face to face Consultation meetings	<b>For all:</b> April 4 <sup>th</sup> to 10 <sup>th</sup> June	TACT, Stay and KIP are groups that the CCG will target as members of these groups use the drop in element of the contract as a means of accessing healthcare, therefore their views will be proactively sought.	
<b>Media</b> – all local media across Shropshire, Telford and Wrekin	Richard Caddy	Press releases Paid advertisement highlighting changes to town centre and consultation document			