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HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health and Adult Care Scrutiny Committee held on 18th 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 were 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 place 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 31st 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 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 <u>CHAIR'S UPDATE</u>

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

Minutes of the meeting of the Health and Adult Care Scrutiny Committee held on 2nd July 2015 in Training Rooms 5 and 6, AFC Telford United Learning Centre, Haybridge Road, Wellington, Telford

PRESENT:

Councillors: M. Boylan, A. Burford (Chair), V. Fletcher, T. Nelson, J. Pinter, R. Sloan, C. Turley

Also Present**:** Cllr. C. Smith, Member of Telford & Wrekin Council's Finance and Enterprise Scrutiny Committee, Cllr. A. England, Cabinet Member, 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; C. Hall-Salter, Service Delivery Manager, Improvement and Efficiency, D. Derham, Project Officer, L. Crawford; Director of Mental Health Services, South Staffordshire and Shropshire Healthcare NHS Foundation Trust; A. Hammond, Deputy Executive for Commissioning and Planning Telford and Wrekin CCG

HACSC-01 ELECTION OF VICE CHAIR

The Chair requested nominations for the position of Vice Chair of the Health and Adult Care Scrutiny Committee. Cllr. J. Pinter proposed Cllr. R. Sloan for the position of Vice Chair. Cllr. C. Turley seconded this proposal. No further proposals were made.

AGREED – Cllr. R. Sloan is appointed Vice Chair of the Health and Adult Care Scrutiny Committee.

HACSC- 02 MINUTES

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

HACSC – 03 APOLOGIES

Councillors: C. Mollett (Health and Adult Care Scrutiny Committee)
Councillors: S. Reynolds, D. Wright, Rae Evans (Finance and Enterprise Scrutiny Committee)

HACSC-04 DECLARATIONS OF INTEREST

Cllr. M. Boylan declared an interest in Item 5 as a Director of Telford and Wrekin Healthwatch. It was noted that he was not involved directly in the consultation on the Future of Castle Lodge in this capacity.

HACSC-05 CONSULTATION ON THE FUTURE OF CASTLE LODGE

The Chair welcomed everyone to the meeting and invited Lesley Crawford, Director of Mental Health at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) and Anna Hammond, Deputy Executive for Commissioning and Planning at Telford and Wrekin CCG to present the report.

The Director of Mental Health Services reminded the Committee that it was important to recognise that the consultation focussed on the future of Castle Lodge – not the wider provision of mental health services. The report presented to the committee at this meeting sets out the consultation process, outcomes and the response agreed by the SSSFT Board. A report had previously been considered by the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee on the review of the modernisation of mental health services.

The Director of Mental Health Services provided some background to the consultation. Castle Lodge unit in Dawley comprised of the following services, a 12 bedded nurse led unit, the Crisis Resolution Team and Home Treatment Team and some criminal justice staff. The nurse led in-patient facility had been set up in 2004 before the crisis resolution team and assertive outreach teams had been established. Further developments in mental health services followed with a large scale consultation on the modernisation of mental health services and further investment into community services in mental health. The Director of Mental Health Services expressed the view that, in her opinion, the inpatient facility at Castle lodge should have been looked at as part of this consultation. Following the consultation and the closure of Shelton hospital and the development of the Redwood Centre most people with mental health problems are now treated at home and there has been much investment in community mental health services. It was explained that it is unusual for there to be acute mental

health beds provided in small units in isolated localities due to the risk that may pose to staff and patients. In 2013 a clinical review of Castle Lodge found that patients with high needs were being placed in the unit which was not appropriate. At that time it was agreed that the beds provision in Castle Lodge would close on a temporary basis and the report sets out the consultation process, responses and outcome on the future of this service. The Committee was informed that the consultation events had been well attended and that the public engagement benchmarked positively. The consultation feedback identified gaps in the pathway of provision of mental health services.

The Director of Mental Health Services said that the report recommended the closure of the beds at Castle Lodge and that the CCG and local authority to review the provision of mental health services and investment to further modernise mental health services.

The Deputy Executive, Planning and Commissioning at Telford and Wrekin CCG said that she was working with the local authority Assistant Director, Family, Commissioning and Cohesion to review current mental health provision, identify gaps and best use resources to meet needs. This is an opportunity to work with the SSSFT to put Telford on the map. She explained that it is important that mental health services have 'parity of esteem.' A couple examples of work that can be done now were the redesign of the IAPT (Improving Access to Psychological Services) service and to make the RAID (Rapid Assessment Interface Discharge) service even better. It will also be important to work with NHS England in specialist services.

The Chair thanked the officers for the report. He explained that the Scrutiny Committee's response will be reported to the CCG Board meeting on the 14th July. He identified 4 themes for the Committees response: Effective Integration, Service Gaps, Engagement with local residents and the voluntary sector and finance e.g. how funding will be used if the service is closed permanently. He asked the Committee for comments.

Cllr. V. Fletcher thanked the officers for the presentation and report. She explained that the Joint HOSC had previously scrutinised the modernisation of mental health services in 2011 and in this review Castle Lodge was seen as an asset for Telford and Wrekin. It was recognised that it was important for people to have respite. The Joint HOSC has supported the reconfiguration of mental health services on the basis that Castle Lodge remained open. She understood that this was a resource for patients from Telford and Wrekin – but that many of the patients had been from outside the local authority area. She questioned the governance of this service if it had been used inappropriately, what evidence there was the patients were now supported more effectively in their own home and what was being done to reduce the number of patients who had high needs who were being sent out of county.

The Director of Mental Health Services responded that the number of acute beds at the Redwood Centre were agreed as part of the modernisation of the service and it was recognised that the number of people who could not be treated at home had reduced. Castle Lodge was not an appropriate facility to admit acutely unwell patients the environment was not conducive to this client group. However patients were being admitted to the unit if there were no beds in the Redwoods centre as opposed to placing patients in Stafford.

It was therefore crucial that SSSFT ensured that there were enough facilities at the Redwood Centre available to ensure that acutely unwell patients were not admitted to Castle Lodge .The consultation has shown that there is a need for a service 'in between' that may not be provided by a specialist mental health Trust but by a voluntary sector organisation or another organisation with input from the Crisis Mental Health Team.

It was confirmed that patients from outside the local authority area had used the inpatient facility at Castle Lodge, but the Director of Mental Health Services at the SSSFT was not able to explain why this had happened as it was before her time.

Cllr. V. Fletcher asked what crisis support was going to be available e.g. 'crash pads' and also respite care for families and carers. It is important that the needs of the carers are considered not just the patients.

The Director of Mental Health Services responded that there are gaps in the service – but it was important to determine what gaps there were in terms of provision. There have been recent discussions about the need for supported housing.

Cllr. C. Turley asked if the RAID service was based at both the Princess Royal and Royal Shrewsbury Hospitals.

The Director of Mental Health Services responded that the service was at both sites.

Cllr. C. Turley asked what would happen if the Princess Royal Hospital lost the A&E service?

The Chair said that this was an important question, but that the focus of the meeting was on the future of Castle Lodge.

Cllr. V. Fletcher asked where people from Telford and Wrekin will go when they need support and what respite will be available for families and carers?

The Director of Mental Health Services replied that the Crisis Resolution Team responds to immediate needs in the community.

Cllr. T. Nelson asked where the 3-5 people who had previously used the provision at Castle Lodge are currently being supported?

The Director of Mental Health Services responded that the Community Mental Health Services – the Crisis Resolution Team, Home Team support people in their home.

Cllr. V. Fletcher commented that many of the parents who care for people with mental health issues are older. She asked what support is available for these parents.

The Chair highlighted that the Committee had identified that there are gaps in service and the Committee was struggling to see how these gaps would be met as a result of this consultation. From the discussion there was recognition that there is a need for a 'step down' service.

The Director of Mental Health Services said that she would not disagree and that there are a lot of different respite models of care. Some patients with mental health issues do not live with their parents, some live independently and some are homeless. It is important that the services are based on the need in Telford and Wrekin. The consultation has identified some gaps, the issue about support for carers was not picked up but young people did highlight the need for a 'crash pad' and the importance of talking to other people. The way to meet these needs is a bigger piece of work than the closure of Castle Lodge. When looking at developing new services, Castle Lodge is not a good location it is difficult to get to e.g. one person reported in having to get 3 buses to get there.

The Chair asked how the voluntary sector organisations would be engaged in the Commissioning Review and what work has taken place to build capacity in this sector?

The Director of Mental Health Services responded that the Trust has made a commitment to work with the voluntary sector e.g. Healthwatch and will also work with individuals.

The Assistant Director Family, Cohesion and Commissioning said that there is an appetite in the voluntary sector to work on this, Maninplace, the KIP project, Bromford Housing and other housing providers have come forward with solutions. There has been a session earlier that morning where the Council, voluntary sector and SSSFT had worked together.

Cllr. M. Boylan asked what the model of service working with housing providers is in South Staffordshire and Shropshire?

The Director of Mental Health Services said that staff do work with housing providers

and voluntary sector but she was sure that further improvements could be made and mentioned a recent event where mental health staff and third sector organisations met to examine what could be undertaken within existing resources to improve services.

Cllr. V. Fletcher said that it is important that there is a follow up after a patient is discharged and that this should be automatic.

The Director of Mental Health Services said that this is crucial, the mental health services are commissioned to provide 7 day follow up for people who have been admitted to inpatient care and discharged, that target is 95% .The services in Telford and Wrekin achieved 95.4% as there will always be some people who are discharged from hospital that cannot be followed up or have not been followed up within seven days.

Cllr. V. Fletcher said it is important that the onus on making the follow up appointment should not be on the carer. She was aware of cases when a people had been discharged from the Redwood Centre on a Friday afternoon and had to find housing. This increases the risk of someone becoming homeless.

The Director of Mental Health Services said that there had been a useful discussion at a meeting that morning and there is a commitment to involve housing providers on the first day someone is admitted.

The Assistant Director Family, Cohesion and Commissioning added that many homeless presentations can be difficult and it is better to find accommodation with the right support package. He said he was confident that this can be put in place, but some of this is a longer term solution.

Cllr. V. Fletcher said that she was pleased that the Council and SSSFT were working with Maninplace. There is a high demand for the places at Maninplace and more beds are needed.

The Assistant Director Family, Cohesion and Commissioning said that he was working with Maninplace. They do need houses but it is important that there are the right number as they do not want an empty house.

Cllr. R. Sloan said that looking at the responses to the consultation, 2 were in favour of the closure of Castle Lodge with the funds being redeployed,18 responses were strongly opposed. He summarised the view of the Committee as being somewhere in the middle. He said he was convinced that Castle Lodge in its current form cannot carry on, but he is not convinced that the Committee has been informed what will be put in its place. The report does not include information about bed use at the Redwood Centre. He understood that Shropshire commission a lot more at the Redwood

Centre. He asked if he went to the Redwood Centre how many patients from Telford and Wrekin and how many from Shropshire would be there? He said that Telford is not a small town and it is growing. The plans for services need to be future proofed to take this into account.

Cllr. T. Nelson said that Castle Lodge has been an asset for the community in Telford and Wrekin. He added that it is important to look at the services as a whole. He referred to the earlier comment about A&E. Telford and Wrekin has a huge opportunity to become a great city in the future. Telford and Wrekin is a centre of population but services are based in Shropshire. The Redwood Centre is in Shrewsbury – but he understood that this was because Shelton had been there. It is difficult to challenge arguments based on clinical need but it is important to know where the money will go. He asked for information on what savings had been made, what the money had been spent on and also how future savings would be used.

The Director of Mental Health Services responded that Castle Lodge is an old unit and whether future services are bed based or provided in the community, the building is not fit for purpose. One option would be to knock the building down and start again, but that would be very expensive.

The Deputy Executive, Planning and Commissioning said that NHS commissioners would not reduce funding for mental health. One of the discussions has been about the Telford pound, making sure Telford gets the most out of the money spent by organisations. Prevention is essential. It was explained that Telford and Wrekin does not commission a specific number of beds, if a patient needs to be admitted that that service is paid for.

Cllr. V. Fletcher said that during the consultation on the development of the Redwood Centre is was confirmed that 26 beds would be commissioned by Telford and Wrekin.

The Deputy Executive, Planning and Commissioning explained that the service is paid for on the basis of activity. This may have changed since the consultation.

The Chair said that it would help if it is clear what has been saved and how capital proceeds would be spent. He hoped that the funding would not decrease.

The Deputy Executive, Planning and Commissioning said that the first stage of the review will be to identify funding. At the moment the CCG commissions for clusters of care.

The Chair asked about the savings from Castle Lodge.

The Deputy Executive, Planning and Commissioning replied that some of the savings

may be redirected to funds for modernisation.

The Chair said that it would be useful for members to see this information to see that Telford and Wrekin is being compensated for the loss of the provision at Castle Lodge.

Cllr. V. Fletcher said her main concern is that the service is fit for purpose and right for the people of Telford and Wrekin. It has to be a modern service and people must know how to access it day or night.

The Chair drew the discussion to a close. He explained that the response made by the Committee would be considered at the CCG Board meeting. He asked members to confirm that the Committee supported the permanent closure of Castle Lodge on the basis that the Commissioning Review covers some specific issues: that there are clear timescales for the review and staging posts during the process, that the voluntary sector is included in the review and that this is not just tokenistic, the finance issues that have been previously mentioned and how the outcome of the review will be evaluated.

The Deputy Executive, Planning and Commissioning asked if she could come back to talk to the Committee about Child and Adolescent Mental Health Services (CAMHS). She had been talking to Shropshire about innovative services. There are links with the discussion at this meeting e.g. transition from CAMHS to Adult Services.

The Scrutiny Group Specialist confirmed that the Committee's response would be drafted following the discussion at this meeting. This will be circulated to Members for comment and sent to the CCG for consideration at the Board meeting on the 14th July with the report on the Future of Castle Lodge.

The Director of Mental Health Services and Deputy Executive, Planning and Commissioning left the meeting.

Cllr. T. Nelson said that he was not happy that there had been no public consultation prior to the closure of Castle Lodge.

Cllr. R. Sloan said that closure of Castle Lodge would enable the NHS to do things that they would otherwise not be able to do. He added that it is important the services developed recognise the socio-economic differences across Telford and Wrekin.

Cllr. V. Fletcher said that she wanted a response to the issues raised in the letter following the Joint HOSC meeting.

The Chair said that the Committee had not finished its work on the subject. This is the start of a process and the Committee will want to see the staging posts to see how this

work is panning out. There is a need to make inroads into mental health and there is a determination to get to grips with this.

The Director for Health, Care and Wellbeing said that Castle Lodge is an NHS funded service but the review will be carried out jointly led by The Deputy Executive, Planning and Commissioning and the Assistant Director Family, Cohesion and Commissioning.

The Assistant Director Family, Cohesion and Commissioning said that during the review there would be a degree of challenge and an impact assessment.

Cllr. R. Sloan said that the Commissioning Review will have to happen at some pace to report to the Health and Wellbeing Board in September.

The Scrutiny Group Specialist confirmed the process to draft and agree the Committee's response.

The Director for Health, Care and Wellbeing said that he is the local authority's representative on the CCG Board.

Cllr. A. England said that he is a Governor on the SSSFT Board.

RESOLVED: That the Committee's response be drafted, circulated for comment and sent to the CCG for consideration at the Board meeting on the 14th July.

HACSC-06 ADULT CARE BUDGET AND SAVINGS

The Chair said that the Committee would be looking at the Adult Care Budget. There has been a fundamental shift in this service – but the change has to happen at pace and this can be uncomfortable. The changes need to involve service users and the community and voluntary sector and build their capacity. He reminded members that if adult services do not make the savings needed this will have consequences for other council services. He highlighted that one quarter of the year had passed and there was a target for adult services to make £7 million savings.

The Director for Health, Care and Wellbeing said that the report reflects the budget that was agreed at Full Council for 2015/16 and the Committee also had some information that underpins the cost improvement plan to deliver £7 million. The Council has set aside a contingency of £2.5 million but adult services are looking to deliver the £7 million savings.

The Interim Assistant Director, Adult Social Services suggested that before taking

questions it would be helpful for members to receive the presentation on the new ways of working in Adult Social Care. This will provide significant savings - a better service at a reduced cost. He hoped that Members would find the presentation inspiring and asked the Service Delivery Manager, Improvement and Efficiency and Project Officer to make the presentation.

Service Delivery Manager, Improvement and Efficiency said that the Council is facing unprecedented times with increased demand for services and diminishing resources. Status quo is not an option. The presentation provided an insight into the way Adult Services are fundamentally changing services and working with communities. She explained that the Council's Adult Services are organisationally driven and need to put the customer at the centre. The presentation highlighted that there are 'pockets or promise, innovation and capacity'. The locality working prototype had been working for 6 months to improve outcome and experience and to promote independence, choice and control. It was explained that Adult Services need to save 10-20% of the purchasing budget. Health and social care services will be integrated where it makes sense and services will be compliant with the Care Act. Adult Services will change the way needs are assessed and support is planned. The social worker will assess eligibility for local authority services, the support planning will focus on individual strengths and community and neighbourhood support. Work will take place in geographical localities. The pilot Support Broker Model has to be aspirational to achieve savings within the time required. The prototype was in place after Christmas with a small team – Team around the GP Practice. The staff at Stirchley GP practice worked with Adult Services. Support planners access preventative cases direct from Adult Social Care services and Social Workers focus on their professional assessment role. The support planning model is creative and person centred to develop a customer support plan working within the personal budget identified by the social worker. The customer is encouraged to use direct payments so they are in control. My Support Broker has been commissioned to work with Adult Services and train staff using an asset based approach using a technology platform and robust quality assurance process. The plan is signed off by the Social worker. Links are being developed with assets within communities that can help support people at no or little cost. Telford has over 600 assets and this can be used to identify gaps and commissioning colleagues can develop micro markets.

The Project Officer said that she would give the Committee some background to this work, the progress but also challenges and case studies as an example of how this is working. The new way if working has involved building relationships with other professionals e.g. nurses and GPs. They have fedback very positively about the process and how the new way of working tries to avert a crisis. People are supported to build relationships within the community and with different community groups. Some people did not know that this support existed. The feedback from the service users has been very positive. There has been a learning curve for everyone and it has

challenged systems and processes. The case studies provided were based on people who had been referred by the medical practice or who were due a review in Adult Care.

The first case study was of a client who had lost his sight and was becoming increasingly isolated. He has been issued with a magnifying glass and would go shopping with a personal assistant. When he worked with a support planner, it was important to look as the person as part of the family unit. The Care Act says it is important to look at the person's aspirations and family life. The support planner worked with the client and decided to use the personal budget differently to get a tablet computer with a number of apps. This enabled the service user to go shopping by scanning bar codes and order a taxi. He was also able write on the tablet and also read to his daughter. In this example the formal support was reduced, not removed completely. It is important to ensure that the support put in place is sustainable and evaluated.

The second case study given was of a man who was referred by the medical practice. He was in his twenties and had learning difficulties, he lived with his family who found his behaviour challenging. He had attended college courses on catering and enjoyed football. He felt isolated and spent a lot of time in his room and lacked confidence. He was put in touch with a local volunteer who supported him to join a local football team and volunteer at a local community café. The volunteer also worked with his father and he started to volunteer as well. The traditional service for this person would have been a day centre, but the outcome was much more positive and with potential cost diversion.

The third case study was of a client who was in his eighties. He was diagnosed with dementia and was aggressive towards his wife. Working with the Community Mental Health Team it was found that he was not suffering from dementia but he was depressed. The support planner worked with the client and his family and found he used to be a horticulture judge. He was introduced to Telford Town Park and teamed with a mentor. He enjoyed this activity and his wife was getting carer's relief. The husband and wife had started doing activities together in the local community. The client had not been brought into formal services. This resulted in a cost diversion.

Service Delivery Manager, Improvement and Efficiency said that all service users had been asked how they had found the service, and without exception they were satisfied or very satisfied. The staff are also happy. This work is good for the council's reputation and is developing community assets. Financial officers are working to validate savings, these will start to come through.

The Chair welcomed this approach and said that he had started work in the community sector when this was mainstream working, but this has been lost over the years. He

said that this is the right approach irrespective of financial benefits – but that finances cannot be ignored. He commented that the Interim Assistant Director, Adult Social Services had said that this approach would deliver the savings. However, it has got to be rolled out and the question had to be asked if other GPs and professionals would be as co-operative. He understood that this new way of working in this way is a time consuming process and it will take time to drive the savings out. It is also important the Committee keep an eye on the quality of the service.

The Cabinet Member, Adult Care said that the Adult Services staff are being re-organised. As Cabinet Member he will enable the change and monitor this monthly. He said he had asked for the best officers in the Council to work on this.

Cllr. T. Nelson said he was new to this field and he had many questions. He commented on the different socio-economic need across the Borough and that the need was higher in South Telford. He also asked about the reduction in the number of people who use the service, particularly the number of people who were referred to the service and of those the proportion that became clients.

The Director for Health, Care and Wellbeing said that this is an important point, particularly as Adult Care not only supports older people, but also younger adults who can be in a service for 50 years.

Cllr. T. Nelson asked, if more people are going to be using the service is it certain that this will not result in more people becoming clients? He referred to the Hawthorne effect, when people change their behaviour when they are being observed. He asked if, once the support planning had taken place, whether people would be able to maintain their independence?

The Interim Assistant Director, Adult Social Services replied that the numbers are important, but can be overwhelming. The service has to make savings and this has to be done in a different way. Previously each service had to make a set amount of savings e.g. 10% or 20%. He explained that the new approach is fundamentally different as the service is not waiting for people to come to the service in a crisis. The new way of working looks at how to help keep people independent and supported within the community. He recognised that in some areas there may be a different community asset base.

The Cabinet Member, Adult Care added that one of the GPs at Stirchley medical practice was the Chair of the CCG and will be able to influence others.

Cllr. V. Fletcher said that she had been inspired by the presentation and said she would be interested to find out about more case studies. She said in her view this way of working will change people's lives completely.

The Interim Assistant Director, Adult Social Services said that there are a lot of case studies, and the ones given to day were the harder cases. He said that it is important that the savings are validated. He said thought the savings will come through, but perhaps not quickly enough.

Cllr. C. Smith said it would be helpful to have a further report once the prototype has been rolled out. He suggested the report should come back half way through the financial year.

The Director for Health, Care and Wellbeing said that £1.4 million saving have been delivered in the first quarter. The savings need to be profiled across the year and accountants are doing some work on this. As well as doing things differently Adult Services are also reducing unit costs. This is important as 40% of the budget is purchasing costs. For clients with adult learning disabilities about 50-60% of these are high cost. He added that when looking at benchmarking data there is a significant amount that can be taken out. There has been recognition from the CCG of the demand on adult care and the CCG has made a contribution to joint funding. He said discussions will take place over the next few weeks on care packages that Adult Care services feel should be funded through NHS Continuing Healthcare (CHC).

The Assistant Director Family, Cohesion and Commissioning said that the Deputy Executive, Planning and commissioning at the CCG had a background in CHC and there is a recognition that the assessment process needs to be reviewed.

Cllr. V. Fletcher said she was pleased to hear that there was some progress with CHC.

The Director for Health, Care and Wellbeing said that the Council's budget specifically ear marked £2.5 million contingency for Adult Social Care. He confirmed that the service plans to deliver the £7 million savings, not £5 million, but in reality the service will probably not make all the savings and will require some of the contingency. However he recognised that the service cannot rely on one off money.

The Chair said that it is very important that the Committee gets a grip of this issue. He said the monthly monitoring by the Cabinet Member is important. He requested that the Committee see the outturn for Quarter 2.

The Chair thanked the Cabinet Member and officers for attending the meeting and providing the insight into the new ways of working and that he hoped the committee will see the benefits of this work at the next meeting.

The Meeting ended at 17.17pm

Chairman: .....

Date: .....

Health & Social Care Scrutiny Committee
18 November 2015

Update on Adult Care Budget & Savings 2015/16

a co-operative council

Telford & Wrekin COUNCIL

What's Our Approach to Serving the People of Telford & Wrekin

- We will work in a systemic way to manage demand away from high cost health and social care, promoting independence
- We will adopt the principle that home is normal
- We will promote wellbeing and independence across the continuum of need
- We will empower people to take control of their own health
- We will create a place that enables people to make healthier choices
- We will make good use of resources across the whole system
- We will use outcome based commissioning
- We will use an asset based approach
- To promote health and wellbeing ensuring that there is something for everyone

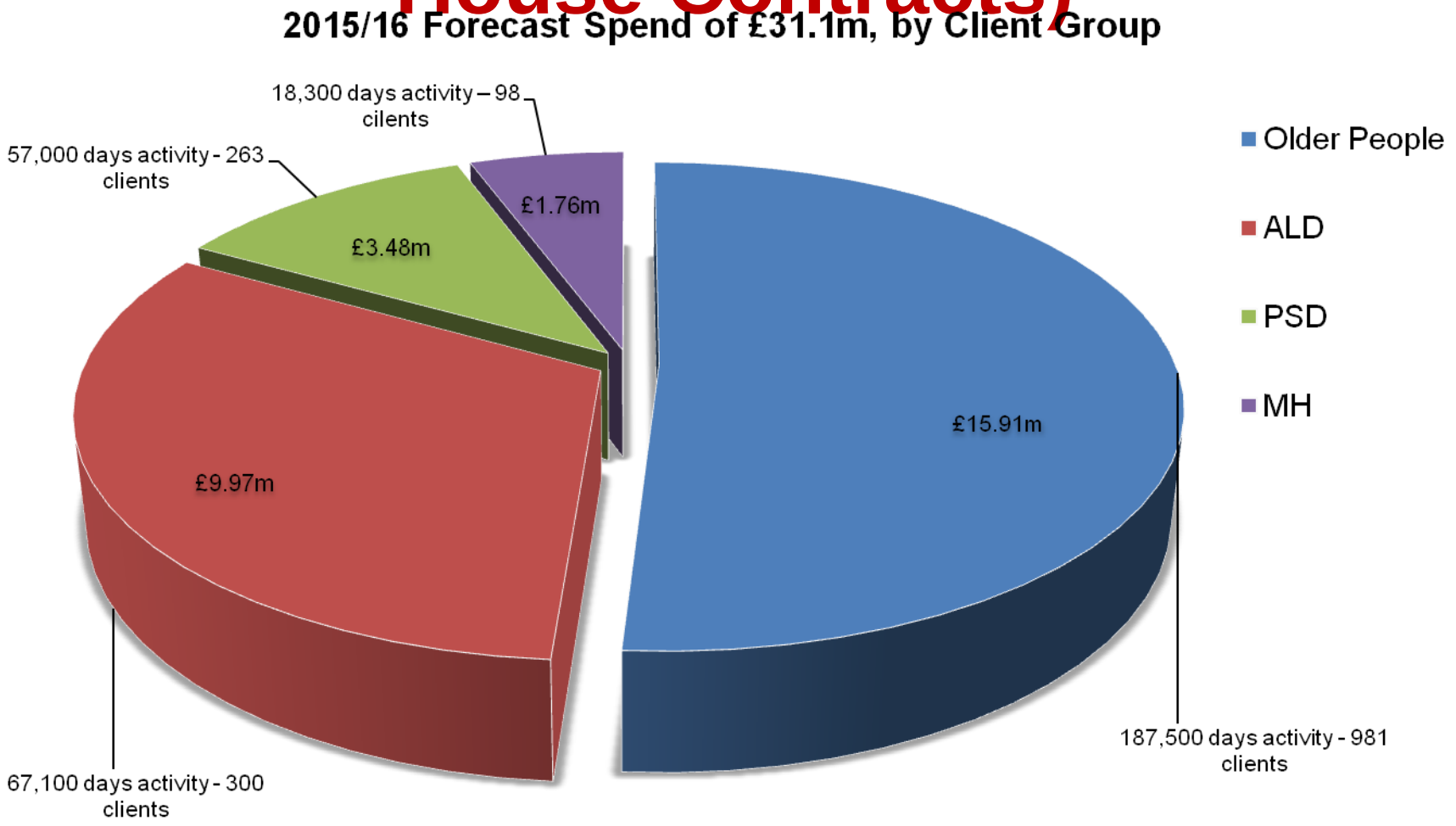
Telford & Wrekin COUNCIL

Current Position 2015/16

Description of Spend Area		Budget £'000s	Variation £'000s
Purchasing		42,039	4,843
Income		(16,117)	(141)
Transport		657	181
Contingency			(2500)
One offs		(1,244)	(400)
Variations under £50k		9,600	(46)
Total Adult Social Services		34,935	1,937

Telford & Wrekin COUNCIL

Cost Improvement Plan 2015/16 Key Facts (Excludes Block & In House Contracts)



Cost Improvement Plan 2015/16 Highlights (Compared to 14/15)

Activity (Days) Changes	Older People	ALD	PSD	Mental Health
Residential %	-12	-1	-13	
Nursing %	-16	-4	-25	
Day Care %	-44			
Direct Payments %		+1	+1	
Home Care %				-24
Supported Accommodation %				-42
All Care %	-15		-2	-4

- Overall Cost Reduction for Year £435k (Older People)
- Overall Cost Reduction for the Year £489K (Mental Health)
- Reductions in Unit Costs - Supported Accommodation 25%, Residential 9%, Nursing 27%, Day Care 21% (Mental Health)
- Reduction of 1% on unit costs for Residential and Home Care (ALD)

Cost Improvement Plan 2015/16 Challenges (Compared to 14/15)

Changes	Older People	ALD	PSD	Mental Health
Unit Costs				
Nursing %	16			
Nursing EMI %	12			
Residential %	7			
Residential EMI %				
Activity				
Home Care (Hrs) %		10	27	
Direct Payments (Clients)%	-14			-9

- Overall Cost Increase £104k for Year (ALD)
- Overall Cost Increase for Year £36k (PSD)

Cost Improvement Plan 2015/16 Narrative

- Overall cost reduction
- Some success in reducing unit costs, in other areas they remain stubbornly high
- Starting to see a reduction in activity - residential, nursing and day care
- Domiciliary care still rising (this is expected as we reduce reliance on residential care)
- Direct Payments stuck at a low level - 20% (top LA hitting 70%)
- In-house provision (ALD) relatively stable

Cost Improvement Plan 15/16
3 Principles

1. Reduce demand

- Support planning
- Information, Advice and Guidance
- MyLife developments
- Managing transition
- Maximising voluntary sector offer
- Public Health agenda
- Integrated services where it makes sense, eg hospitals and mental health services
- Reviewing length of stay in Nursing and Residential provision

Cost Improvement Plan 15/16
3 Principles

2. Managing unit cost

- Target setting for brokerage team
- Open book approach to providers
- Review of block contracts
- Ensure correct funding streams are in place i.e. CHC, joint packages of care

Cost Improvement Plan 2015/16
3 Principles

3. Innovation

- Personal Budgets
- PAs
- Assistive technology
- Shared Lives
- Community Interest Companies
- Locality/ community working
- Whole council approach
- Co-production
- Review of high cost placements
- Long Term Accommodation review

My Support Broker Approach within our new Target Operating Model

- Following on from the Locality Working Prototype, taking forward the ‘My Support Broker’ Approach - Innovative, Aspirational, Inspirational – culture change
- Separate support planning from assessment to refocus the role of social workers and support planners
- Focus on individual strengths and community support rather than focusing on individuals and their deficits
- Work in geographical localities with communities and partners (assets)
- Delivering the required impact and financial savings

Locality Working Prototype Findings

- Total referrals into prototype 183; total clients for Support Planning 91(18 new clients and 73 reviews)
- 61.3% of clients referred into Prototype were assisted and diverted away from Council services by Locality Team working in the community before Support Planning
- 28.6% of clients who received Support Planning service chose Direct Payments (an increase compared to 14/15 baseline of 20% for T&W Adult Social Care)
- 90.5% of clients/carers surveyed were satisfied with the new way of working
- At prototype end 100% of staff involved in the prototype believe in the principles behind the new way of working
- Over 900 community assets logged

Locality Working Prototype Findings

Cost Efficiencies (based on 73 clients) :

- Total saving for existing clients ie reducing the actual cost currently paid - £821.17pw (£42,815.80 per full year)

- Future costs avoided* for new clients not yet in system – £618.40 pw (£32,243.37 per full year)

- Future costs avoided* for review clients with increased needs - £480.12 pw (£25,033.45 per full year)

*future cost avoidance is based on a dummy cost equivalent to a traditional care package cost

My Support Broker Approach

Case Study:

- Rob 46 yrs with an ABI and is classified as an Adult with Learning Disability

- Homeless living in the Council's temp home - moved from his flat for his own safety by the police earlier this year

- He had things stolen from his flat, TV, money, etc, by drug users from the local area

- He was taken to the cash point and made to take money out for his "friends" on many occasions and physically assaulted

My Support Broker Approach

Support planner actions:

- Emptied his old flat, all of Rob's belongings were still there, he hadn't had access to them for over a month

- Found Rob a new flat with the Housing Trust, helped set up tenancy and payment of bills and moving in

- Put in 3 hours per week with community support from My Options to help Rob with shopping, bill paying and tenancy support

- Set Rob up with 1 day a week at the Skills and Enterprise hub for 20 weeks to learn new work based skills

My Support Broker Approach

- Applied for Rob to live in Rose Manor in Ketley which has now been accepted - Rob has viewed flat and was so happy he cried

- Rob will have support there with shopping, reading letters and cooking food, most importantly he will have a safe, clean home with staff present at all times to help him when needed. They can also monitor who visits Rob's flat and offer support as appropriate

- Rob has been offered a voluntary job working in the restaurant at Rose Manor, he will get a free meal for helping out

- Rob has been supported to sign up for a reading and writing class, and will now do this every week

My Support Broker Approach within our new Target Operating Model

Team of 15 trained Support Planners now provide the following:

- Creative, person centred and cost effective support planning service, using asset based approach, following the assessment, within the indicative personal budget

- Moving away from traditional expensive care to creative community solutions

- Promotion & facilitation of direct payments in order for the person to manage their own budget to meet their outcomes – choice and control

- Robust quality assurance

Health & Social Care Scrutiny Committee
18th November 2015

NHS Continuing Healthcare (CHC)

a co-operative council

Telford & Wrekin COUNCIL

NHS Continuing Health Care

NB : See appendix circulated for more detailed data

- 49 cases which were previously funded by CHC to be externally reviewed by CSU
- Process agreed by Local Authority and CCG
- To be completed by March 2016

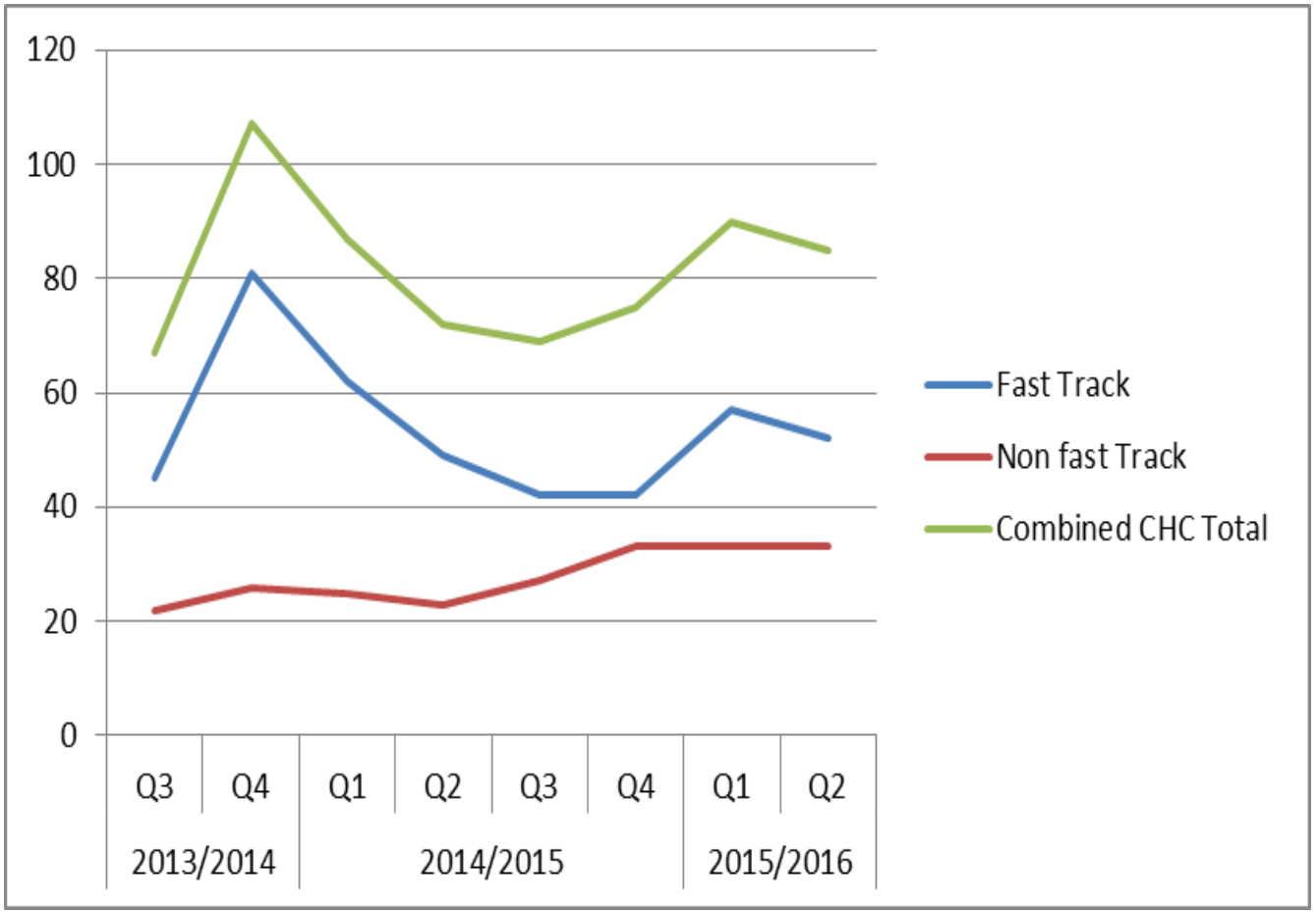
NHS Continuing Health Care

- 32 Social Workers trained to complete CHC checklist
- Enables Social Workers to refer into CHC process directly at point of contact or review
- 28 Social Workers to be trained in second cohort
- District Nurses and Specialist Nurse to be trained March 2016

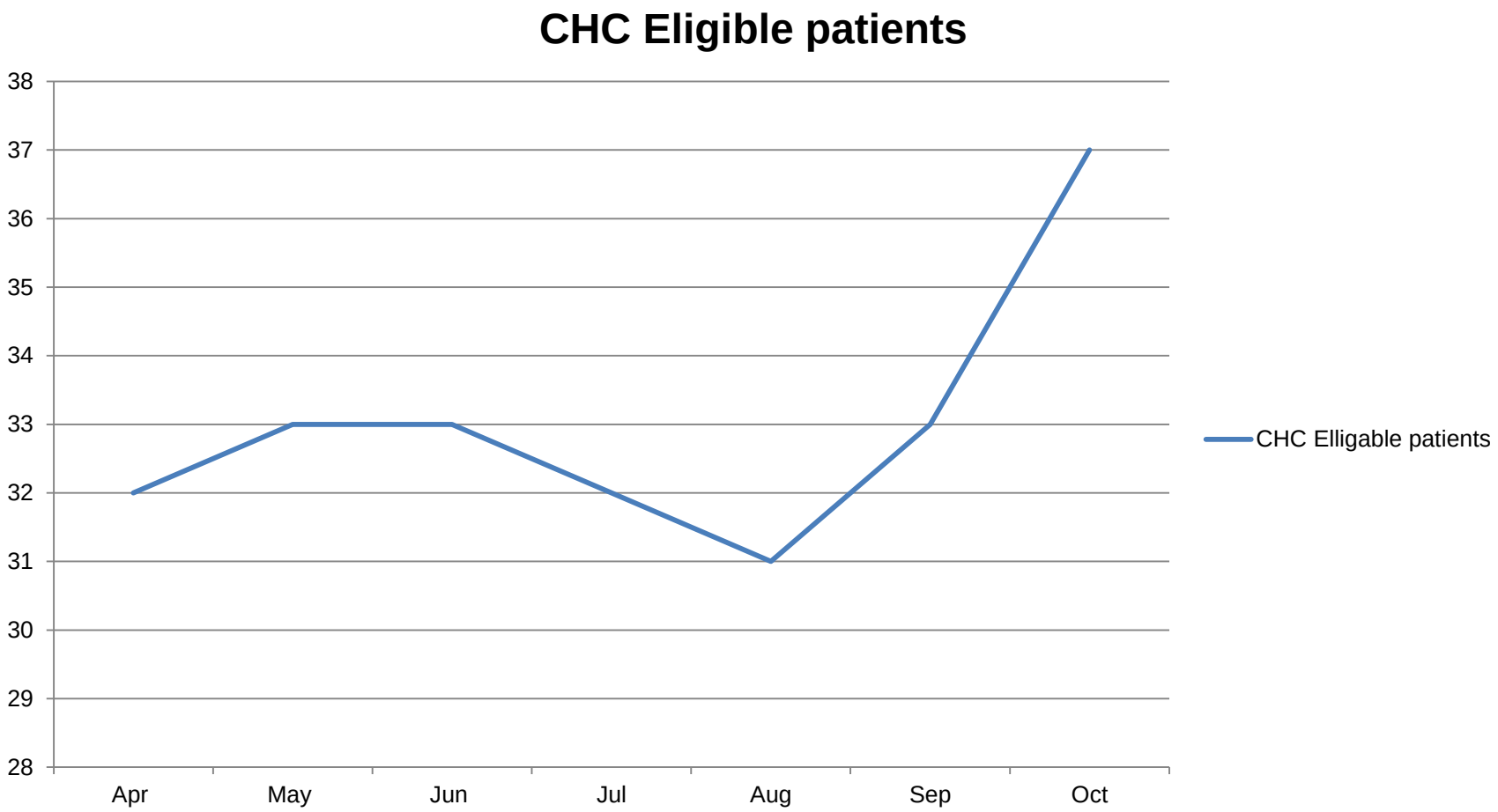
NHS Continuing Health Care

- Monthly Key Performance Indicators (KPIs) shared with Local Authority
- Joint Assurance Panel has been established
- Established joint package of care process
- Carers' assessment available from the Carers' Contact Centre from Social Workers; supported self assessment to be introduced
- Specialist advocacy services for people who lack capacity (IMCA) is provided by PoHwer
- To be Care Act compliant we have to ensure general advocacy is available - a range of commissioned services provide this service

NHS Continuing Health Care



NHS Continuing Healthcare



Health and Adult Care Scrutiny Committee NHS Continuing Healthcare (CHC)

As requested the following report considers CHC activity and data for the most recent 24 month period and is broken down by quarter.

1. **The Number of patients referred for fast track**

2013/2014		2014/2015				2015/2016	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
69	86	70	57	66	70	70	69

2. **Break down of referrals by referring organisation**

This data has not historically been recorded by the CCG, in order to answer the question posed by HOSC, a review of the available information has been undertaken by the Complex care team this has allowed the last 6 months data to be analysed. The referral source will be captured moving forward

	2013/2014		2014/2015				2015/2016	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
PRH							24	24
Hospice							27	25
Community Nurse Service							9	13
RSH							8	5
Other Hospital(s)							1	1
Local Authority							0	0
Other							1	1

3. **Number of patients accepted as fast track**

Within Q1 of this year one patient passed away prior to the fast track being accepted (died within 48 hours of referral), other wise 100 % of Fast track patients have been accepted by the CCG.

2013/2014		2014/2015				2015/2016	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
69	86	70	57	66	70	69	69

4. **Number of appeals/disputes/reviews for CHC fast track decisions**

There have been no disputes appeals or reviews requested for people referred for Fast track

Breakdown of CHC full assessment

5. Number of initial check lists received by CCG

2013/2014		2014/2015				2015/2016	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
114	118	92	84	115	96	72	61

6. Break down of referrals by referring organisation

This data has not historically been recorded by the CCG, in order to answer the question posed by HOSC, a review of the available has been undertaken by the Complex care team this has allowed the last 6 months data to be analysed.

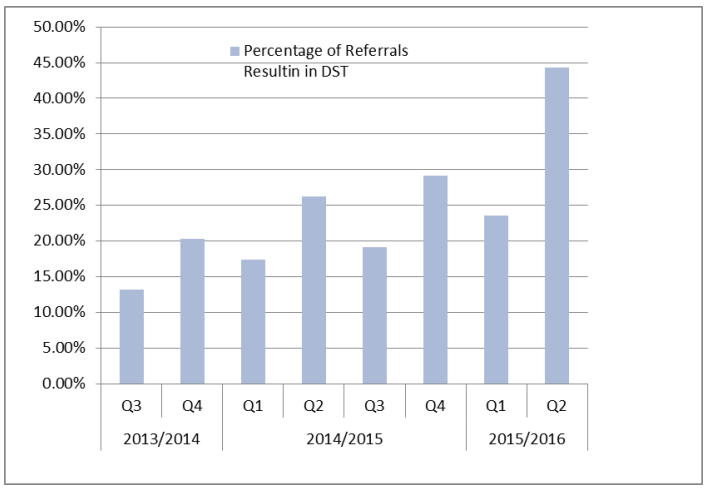
	2013/2014		2014/2015				2015/2016	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
PRH							39	31
Community services							23	16
RSH							7	1
Other Hospital(s)							2	5
Local Authority							0	0
Other (N.H?)							4	2

7. Number of check list referrals that go forward for Full DST assessment

Not all referrals result in a DST, in a small number of cases the patient will become eligible for CHC due to becoming fast track, pass away or in a number of cases the patient is moved to another NHS service for further treatment.

	2013/2014		2014/2015				2015/2016	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	15	24	16	22	22	28	17	27
RIP's Before DST	3	1	2		5	5		
Tfr TO Fast TRACK		3		3	3	22		
Other eg Interim/ pending surgery				1		2		

Over the last 2 years the percentage of referrals that go on to have a full assessment has changed.



8. Number of patients eligible for CHC following full assessment

2013/2014		2014/2015				2015/2016	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
2	7	3	0	1	6	5	3

9. Number of appeals / disputes / reviews for CHC full assessments

10. Outcome of any appeals / disputes/ reviews

The table below answers both questions 9 and 10

sessments	2013/2014		2014/2015				2015/2016		Total
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Number of appeals in quarter	**2**	**2**	**1**	**2**	**2**	**0**	**1**	**0**	**10**
	appeals are not usually held within the quarter but once considered these are the outcomes								
Appeal not upheld	2	1	1	1	2*				7
Partially upheld (towards the end of the period of		1		1					2
Appeal upheld	0	0	0	0	0	0	0	0	
					* Pending ratification				1 outstanding

11. Average length of time of CHC funding for patients

The following table shows the duration of CHC for all patients who has ceased being CHC within the given quarter, and are recorded as a mean. The table in appendix one shows the actual data for each CHC (other) patient. Although the figure below shows the average, the variation is significant, with a range from 3 weeks to seven years.

	2013/2014		2014/2015				2015/2016	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
No longer eligible Fast Track	64	49	100	60	70	68	50	77
No longer eligible Non Fast Track	4	5	5	2	2	4	5	1
LOS of non Fast Track (Weeks)	*191.89*	65.6	91.14	255.71	27.33	160.24	116.89	13
LOS of Fast Track (Weeks)	16.5	38.2	21.03	31.87	41.47	37.33	45.22	50.72

12. Total CHC funding per quarter, and per year

	2012/2013				2013/2014				2014/2015				2015/2016	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
QTR	616,685	662,111	576,505	412,482	525,151	603,404	595,461	724,472	781,712	517,238	513,903	690,330	688,429	779,399
Total				2,267,783				2,448,488				2,503,183		

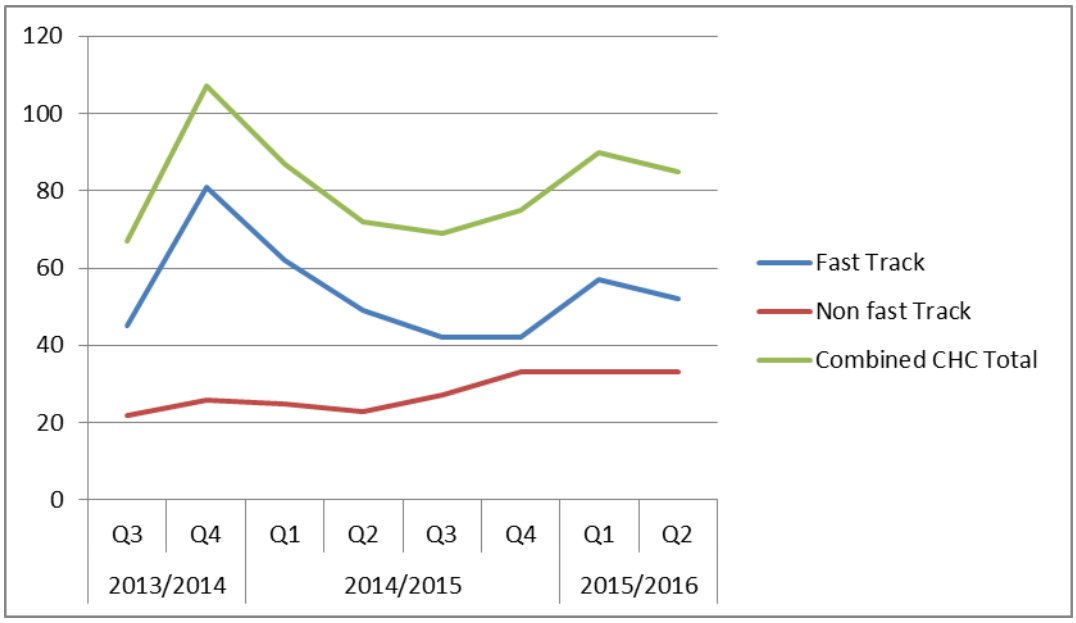
13. Outcome of joint training for Adult Care and NHS staff

On 29th October and 2nd November 32 Social Care staff undertook training on CHC and the Checklist process. Over the last month there has been an increase in rate of referrals from Social Services and at the point of writing 8 referrals have been received by the complex Care team. Evaluation of the training showed all participants agreed (or strongly agreed) that the overall experience of the training was 'good' and they would recommend it to a

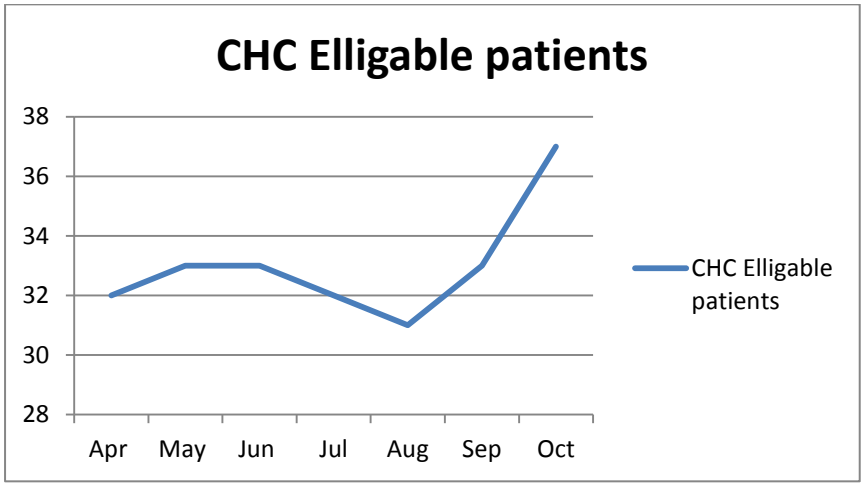
colleague. A further 28 Social Care staff will be trained in a second cohort of training events. In November 2015 13 senior district and specialist nurses undertook training on CHC and the fast track and Checklist processes. Once again, all participants agreed that the overall experience of the training was good and they would recommend it to a colleague. A further 30 specialist community nurses are planning to undertake the training by March 2016.

Supplementary information

Over the last 2 years the numbers of people subject to CHC has fluctuated the table below indicates the total number of people on CHC on the last day of each quarter. Currently based upon the combined CHC data Telford CHC is 187 out of 209 CCG's in the country, provisional figures for the month of October



Indications would however show that looking at the most recent monthly basis the trend is changing and the number of people on CHC is increasing



Details of all Lengths of stay for people who no longer meet CHC (in Weeks)

Quarter	2013/2014	Eligibility from	Eligibility to	LOS Weeks	Ave LOS in QTR (Weeks)
Q3		15/02/2010	13/10/2013	*190.86*	
		01/04/2009	17/11/2013	*241.57*	
		27/06/2007	04/11/2013	*331.71*	*191.89*
		09/09/2013	03/10/2013	*3.43*	
Q4		14/11/2012	12/02/2014	*65.00*	
		01/04/2009	03/01/2014	*248.29*	
		22/01/2014	24/02/2014	*4.71*	*65.60*
		03/12/2013	13/01/2014	*5.86*	
		16/01/2014	14/02/2014	*4.14*	
	2014/2015				
Q1		05/10/2012	17/04/2014	*79.86*	
		27/02/2014	19/06/2014	*16.00*	
		19/02/2014	06/04/2014	*6.57*	*91.14*
		01/04/2009	10/04/2014	*262.14*	
Q2		02/02/2010	22/07/2014	*233.00*	*255.71*
		15/04/2009	16/08/2014	*278.43*	
Q3		27/06/2014	03/12/2014	*22.71*	
		01/05/2014	23/10/2014	*25.00*	*27.33*
		03/04/2014	29/11/2014	*34.29*	
Q4		01/04/2009	30/01/2015	*304.29*	
		23/11/2011	13/03/2015	*172.29*	*160.24*
		07/01/2015	05/02/2015	*4.14*	
	2015/2016				
Q1		03/03/2009	11/04/2015	*318.57*	
		23/01/2015	22/04/2015	*12.71*	
		14/08/2014	02/04/2015	*33.00*	*116.89*
		28/05/2013	21/05/2015	*103.29*	
Q2		15/04/2015	15/07/2015	*13.00*	*13.00*

PPQ reported figures by month for 2015 / 2016 (currently draft)

	Apr	*May*	*Jun*	*Jul*	*Aug*	*Sep*	*Oct*
Number of referrals *(Checklist received)*	22	17	33	23	16	22	35
Number of referrals "screened out"	17	13	25	15	7	12	21
Number of referrals "screened out" but met FNC	8	5	10	7	2	5	9
Number of referrals "screened out, requiring no NHS input"	9	8	15	8	5	7	11
Number of referrals that require DSTs	5	4	8	8	9	10	14
DST completed	11	10	10	7	1	7	4
DST outcome : No Health Input	3	2	1	0	1	0	0
DST outcome : FNC	7	7	7	2	0	6	3
DST outcome : CHC/Joint Funded	1	1	2	5	0	1	1
Conversion rate, i.e. Health Input (%)	8 (73%)	8 (80%)	10(90%)	7 (100%)	0%	7(100%)	4(100%)
DST completed within 28 days	5	5	6	5	0	0	2
DST exceeding 28 days	6	5	4	2	1	7	2
Number of fast track referrals	16	26	25	28	17	23	27
Number of Fast Tracks accepted	15	26	25	28	17	23	27
Number of appeals	0	0	0	1	0	1	0
Number of PHBs	3	3	3	3	4	4	4
Number of PHB requests	0	0	1	0	3	0	0
CHC eligible patients	32	33	33	32	31	33	37
FNC eligible Residents	233	228	229	217	218	207	217
Fast track eligible patients	38	43	58	51	48	52	65
Joint Funded eligible residents	4	6	8	14	14	14	14
IRP decisions	1	0	0	0	0	0	0
Ombudsman	0	0	1	0	1	0	0
Outstanding reviews for FNC (Inc. sec117)	153	130 est	106	114	107	104	57
Outstanding reviews for CHC: Fast track	18	19	16	17	21	20	24
Outstanding reviews for CHC: Other	5	3	1	2	0	2	7
Outstanding retrospectives:							
PUPOCs	6	4 (+1?)	2 (1)	1	0	0	0
Previously Assessed	8	7	6	4	4	0	0

TELFORD & WREKIN COUNCIL

HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 18 NOVEMBER 2015

TELFORD & WREKIN MENTAL HEALTH COMMISSIONING UPDATE

REPORT OF: CLIVE JONES, 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
- Introduce the first draft of the Mental Health Commissioning Strategy (a description of the model of care)

2.0 RECOMMENDATIONS

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

3.0 BACKGROUND INFORMATION

3.1 Since the last Scrutiny Committee there has been a range of activities across the health economy relating to mental health. The CCG and Local Authority have been progressing a three stage review to improve mental health services in the area, taking a much more robust commissioning approach to mental health. The Health and Wellbeing Board received a proposal around this review in March 2015. The three stage review includes:-

- Stage One: Review of current investment
- Stage Two: Defining a model of care
- Stage three: Action planning

The sections below provide an update on each stage.

3.2 Update on the Commissioning Review

3.2.1 **Stage one** - Review of current investment:
The first stage of the review is now complete. The current levels of investment have been established and the key messages are as follows: - :

- There is a total dedicated spend of £17.9m on mental health services
- (£15.1 from the CCG)
- There are other additional costs attributable to care delivered in general practices (in prescribing £2.1m and 33% of consultations relates to mental health)
- There are a range of contracts from care for individuals, to multi million pound investment in a single NHS provider (c £12m)
- There is no joint funding but clearly the opportunity for greater efficiencies by working together
- There is a spend on preventative services in the region of £3m. Whilst these are not dedicated to mental health they contribute to the overall aspiration to improve wellbeing

In addition there were some conclusions of the review that will be taken forward to the next stage and will be reflected in the strategy and subsequent action plan:-

- There is significant investment in dedicated mental health services across the area which is largely attributed to 'treatment' services.
- There is an opportunity to commission services jointly between the Local Authority and CCG moving forward.
- There are key areas for each organisation to review its spending. The LA needs to review its accommodation costs and CCG prescribing costs and high cost services (eg bed base).
- There is a need to move money to support more preventative measures if we are to save money in higher level care and improve service users outcomes.

N.B. The full report will be included as an appendix in the strategy document

3.2.2 Stage Two: The model of care (described in the Mental Health Commissioning Strategy)

There are a number of principles on which the model of will be based which are as follows:-

- The model of care will consider the promotion of wellbeing through to acute provision (including a consideration of the required 'bed base')
- The work will include needs analysis and projected demographic changes
- Best practice will be considered to ensure the newly commissioned model is cutting edge
- The model of care will be defined following engagement activities and co –produced with people with lived experience

During the past few months commissioners from Health and Social Care have engaged with service users, carers, volunteers and professionals to develop a high level commissioning strategy. The feedback was obtained via group / one to one meetings, as well as written responses. Commissioners have also used the findings of other consultations, such as the Castle Lodge consultation. During the period there was also a national documentation produced following consultation with 20,000 people. This had a number of themes which have been very helpful in considering options.

With this in mind the draft strategy has been developed, and is based on the following vision: -

- 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.

Health and Wellbeing Board are considering the Strategy at their December meeting.

3.2.3 Stage Three: Action planning

The action plan will be produced by February 2016. It will include immediate actions through to longer term plans. The action plans will be co-produced with service users, carers, professionals, voluntary sector and commissioners following ratification of this strategy by the two organisations. Whilst it has been described as a third stage, necessary actions have already emerged. Initial thoughts cover: -

- Clinical 'bed base' workshop set for December 1st 2015
- Consideration of joint commissioning arrangements
- Development service specifications for inclusion in the main NHS contract from March 2016
- Improved access to psychological therapies (redesign of a holistic service)

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 It is anticipated that by aligning the commissioning portfolios of the Council and the CCG that together we can improve value against our combined expenditure. 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

7.1 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.

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

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

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

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

(1) A public authority must, in the exercise of its functions, have due regard to the need to—

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

NHS
Telford and Wrekin
Clinical Commissioning Group

Telford & Wrekin Council

Telford & Wrekin Mental Health Strategy 2016-2019

1. Introduction

Telford and Wrekin Council and Clinical Commissioning Group are working together to improve the mental health and emotional wellbeing of the local population. As part of this work the two organisations are conducting a three stage review. The first stage is to describe clearly where they spend their money on mental health services, the second stage is to define a 'model of care' (described through a strategy) and finally to create an action plan to make the necessary changes over the next three years. The strategy does not include people living with dementia or children who are subject to other strategies.

This document forms the basis of stage two and outlines a strategy to inform our priorities moving forward. It is summary document supported by appendices providing more detail. The report will describe how we formulated the strategy, highlighted the problems we need to solve and outline the vision and principles we will use when commissioning services in the future. It will finish by highlighting some of the main actions that will be needed to make the changes happen.

One of the most significant principles underpinning the development, and on-going implementation, of the strategy is that the ideas and solutions come from those with lived experience of mental health problems.

There are many other strategies, supporting documents and approaches within Telford & Wrekin that compliment this strategy by promoting positive emotional health and wellbeing such as: Prevention and Wellbeing; Autistic Spectrum Conditions; Drugs and Alcohol; Dementia; Adults with Learning Disability; Housing; Adult Social Care Commitment Statement and 5 Ways to Wellbeing.

2. How has the strategy been developed?

The strategy draws on a range of different information and in producing it we have asked the following questions:

> *What have service users, professionals, carers, and volunteers told us about the current services, aspirations about services and what outcomes they would hope to achieve?*
>
> *What does the demographic information show us about our population needs now and how they will change in the future?*
>
> *What does the most recent evidence and research tell us about best practice?*

The detail around each of these areas can be found in the appendices and the key messages received in answer to the questions have been considered below.

3. Why do we need to change?

3.1 What you have told us – key messages from local people:

> ***Isolation**: Having a mental health problem is stigmatising, people can feel socially isolated and often don't feel part of the local community.*

***Support**: Families and carers are not always supported well enough. There is a lack of information about how people can help themselves or find out what is available to them for support.*

***Access**: Services can be difficult to access and there are often long waits for treatment. The services are confusing and complex. There are no services to support people in the evening and weekends when they feel at their lowest. In many cases people said that if they had been treated earlier, maybe their distress wouldn't have been so bad. Many service users also felt there was not enough support for them in a crisis.*

***Options:** Many service users wanted more choice and control of treatment options which included alternatives to hospital admission and support to feel safe in times of crisis.*

***Being treated as person**: People don't feel they are treated as a 'person', instead professionals just see their diagnosis.*

***Consistency of care**: We were told that there is no consistent care and key workers often change. People said that they were often left to their own devices following discharge from hospital.*

***Communication**: Service users told us of many examples where workers involved in their care didn't talk to each other, this was particularly where service users had drug or alcohol problems. Many issues were also raised about the transition between children's and adults services. Professionals raised their concerns about the lack of sharing of information which increased their workload and raised risks in care. The lack of one IT system was highlighted as a major issue.*

***Empathy**: A range of people said there was a lack of empathy shown in services. This seemed to be a particular problem for those who attended local hospitals after self harming.*

***Workforce:** Concerns were also raised about the low morale in the teams and high absenteeism.*

3.2 What population data tells us:

Overall, Telford & Wrekin is an urban borough with an adult population in the region of 130,000. It has areas of significant deprivation (with many living in income deprived households). We currently provide services which support over 4000 people per year.

More specifically, the borough has an ageing population and the percentage of people over the age of 80 is projected to increase by 32% from 2014 to 2026. The mental health needs of this group, particularly regarding depression, need to be considered.

Approximately 7000 people over the age of 65 live alone in Telford, and many of these are income deprived and may be socially isolated, which raises their risk of a mental health disorder. With the increasing diversity of the population we need to consider preventative measures to support this group as well as access and suitability of services for all if needed.

Our public health profiles advise of the prevalence of mental health conditions but there is no local benchmarking data to indicate if we are supporting the actual level of need. Our stakeholders are telling us that there are increasing numbers of people who require additional support particularly for associated drug and alcohol problems.

3.3 What does the research tell us that we can learn from?

Commissioners need to clearly define services then monitor the quality and impact of the interventions they deliver. This can improve the standard of care. Not all our commissioned services reflect the current evidence base and we need to have a greater focus on self-management, promoting recovery, prevention and developing independence.

Services need to be joined up. There are excellent examples across the country where services are joined up between NHS providers and between the local authority and health.

The commissioning and provider landscape for mental health is very complex. The decision of one organisation can have a significant impact on another. Networks to discuss quality, strategy, innovation and problems can lead to much better solutions for the population. A multi agency approach needs to include NHS England, the Police and Department of Work and Pensions as well as the NHS and local authority.

Overall cuts in funding mean there is less funding in the public sector. Both commissioning organisations need to assure themselves and the public of best value when using public funds.

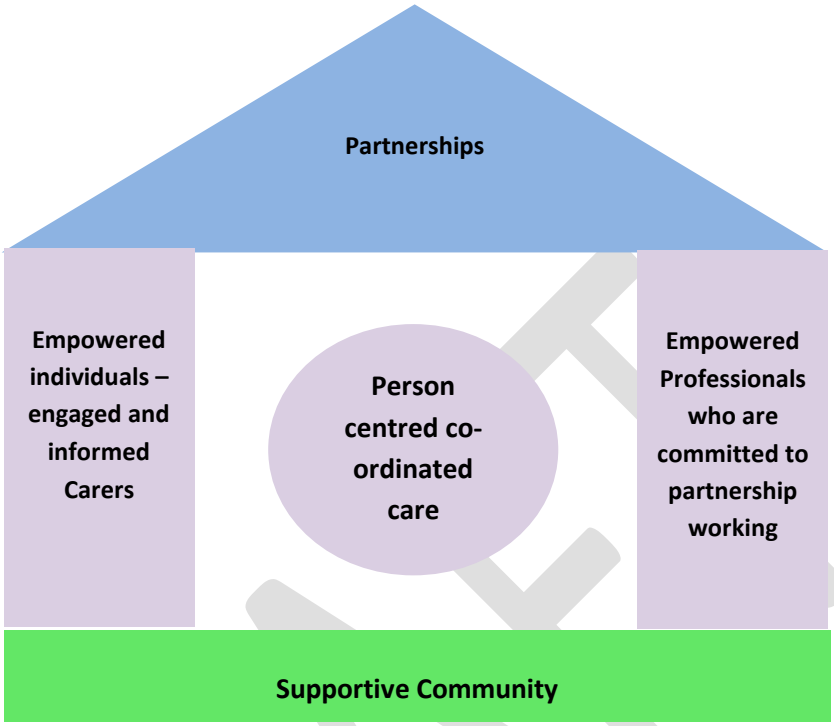
4. What is our vision for mental health?

Using some of these key messages a vision has been created around **three key ambitions**. These have led to 'I statements' which have been developed by service users, to guide the work moving forward.

The three ambitions
1. 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.
2. 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.
3. 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 take a whole system approach to commissioning mental health services where recovery is the expected outcome and service users are empowered to contribute to their community. 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.

5. Principles to support our strategy.

The King's Fund developed a 'House of Care' model to support commissioning. The ethos and principles that underpin this model can help to address many of the issues addressed and mirrors back what service users and professionals have told us. We have adapted this to create the Telford & Wrekin House of Care which describes a whole system approach. It demonstrated the interdependencies of each part and the various components that need to be in place to hold it together.



5.1 Supportive communities-"a place I am proud to call home"

Supportive Communities ('The Foundations'). The model will support:

- Engaged and informed communities.
- The development of resilient communities which support themselves (happy and strong).
- Places that welcome people in each locality and that welcome new ideas.
- The role and value of the 3rd Sector to promote and develop assets in the community.
- The prevention agenda and promotion of 'wellbeing'.
- Embedded mental health services in localities.
- Clinicians having a good understanding of local services.

5.2 Early Intervention & Quality Services -"I know where to go for advice" & "I need to understand my condition and to have help to live my life to the best of my ability without my condition taking

Person-centred co-ordinated care is at the centre of the house and represents the following:

- The recognition of what is both 'important to me' and what is 'important for me'.
- Support for service users in and by their own community.
- Support for service users to become more resilient.
- Support for the service users to take control of their condition and develop self-management skills.
- The inclusion of the needs of Carers.
- A relevant key worker for each service user.
- Provision of tailored information (including any risks and benefits) to assist the individual to make informed health and social care decisions.
- Support will be provided in the least restrictive environment.

Empowered individuals – engaged and informed Carers ('Left Wall'). The model of care will:

- Recognise individuals with care and support needs as 'Expert Care Partners'.
- Encourage self care and personal responsibility where safe and appropriate to do so, along with the information and education to enable this to happen.
- Ensure shared decision making becomes the 'norm'.
- Ensure individuals receive support from peer, voluntary and community groups where appropriate.
- Consider the use of digital and assistive technologies to empower service users where possible.
- Provide Personal budgets where appropriate to support service users to have more control over their life.

Empowered Professionals who are committed to partnership working ('Right Wall'). The model will ensure that:

- There will be a culture embedded across the workforce which promotes shared decision making, self-management, recovery and wellbeing of individuals.
- Services will be integrated through multidisciplinary working which includes the voluntary and charitable sector.
- Professionals at all levels will have the right competencies, capability and capacity to do their jobs to the highest standards.
- Clinicians discuss the relevant risks of treatment/care with service users and support them with the decisions they make.
- It is the professional teams responsibility to share information.

We will use partnerships as an enable to achieve these three aspirations:-

Partnerships including Joint Commissioning ('The Roof ')

- We will work across local authority, NHS other statutory organisations, voluntary sector, private sector and employers to ensure joined up approach.
- We will include service users and carers in every stage of the commissioning cycle.
- We will explore opportunities for joint commissioning.
- We will focus on Social Value when undertaking commissioning.
- We will commission services on outcomes, including those identified by service users.
- We will ensure a robust voluntary sector in the borough.
- We will ensure that where possible there are IT systems that talk to each other to reduce bureaucracy and duplication and assist with record sharing.
- We will ensure service specifications include the delivery of shared decision making with service users.
- We will ensure soft intelligence, compliments and complaints inform commissioning decisions.

6. What are the key areas of work to support implementation of the strategy?

Whilst stage three of the review will form the detailed action planning stage, it is helpful to outline the main areas of work and identify at an early stage how we will begin to measures success. The table shows the current thinking. These areas need to be developed and tested with the service users, carers and professionals in their development and through to implementation. They will also form the basis for outcomes which will be translated into service specifications.

Vision	How	How will we measure success?
Supportive Communities	• Influence wider Council priorities to ensure mental wellbeing and the prevention of social isolation is a central consideration. • Reduce stigma by working with employers to better support people with mental health issues. The Council and NHS to become model employers. • Establish champions for mental health in Telford. • Support the development of local peer support groups. • Increase volunteering opportunities. • NHS to adopt 5 Ways to Wellbeing. • Base mental health services, where practical, in communities.	• Council and NHS policies agreed and in use for Model Employer. • Number of local champions in place. • Number of volunteers. • Increase the number of peer support groups. • NHS adopted 5 Ways to Wellbeing. • Map where mental health services are being delivered.
Early Intervention	• Information, advice and guidance to be readily available in communities, and well advertised and promoted. • Enhance the range of voluntary sector support services. • Ensure grant process is linked to the strategy.	• An increase in people accessing local services. • An increase in people accessing local support groups. • Greater range of voluntary sector support. • Number and value of grants per year supporting the delivery of the strategy.
Quality Services	• Ensure the integration of health and social care services at the point of delivery. • Single Point of Access for mental health referrals. • Improve the response times for services. • All service users will have a key worker who will ensure there are no gaps in their care pathway, and offer continuity. • Develop clear pathways so service users know what to expect from their care. • Develop the evidence base to inform future bed requirements for mental health in Telford. • Develop targeted support for high risk groups. • Work with partners to develop a physical health improvement plan.	• One number to access mental health services. • Achievement of national waiting times for Psychological therapies and Early Interventions in Psychosis. • Key worker system in place. • Agreed clinical pathways and patient information in place. • Reduction in admissions to acute and PICU beds and Length of Stay. Reduction in Section 136 (Place of Safety) • Adequate beds commissioned for Telford & Wrekin with out of area placements as an exception. • Alternatives in place to reduce admissions to Emergency Department and mental health beds.

	• Mental health workforce
	  ○ Increase the number of mental health workers who have training in psychological therapies.
	  ○ Ensure the mental health workforce is well supported and motivated.
	• Other workforce
	  ○ Increase the number of workers who have Mental Health First Aid training.
	  ○ Increase the number of workers who have undertaken mental health awareness training.
	  ○ Increase awareness of the Mental Health Act and Mental Capacity Act.
		• Services will be in place for targeted high risk groups.
		• Reduce the health inequalities for people with a mental health issue.
		• Dashboard in place for measuring service outcomes, functional outcomes, personal goals, and clinical outcomes for service users within mental health.
		• Reduction of the use of residential and nursing care.
		• Increase in the use of Direct Payments.
		• Increase in the number of people in settled accommodation.
		• Increase in those in secondary mental health services who are in employment.
		• An increase in the uptake of mental health training.

Partnership Working	• Establish a multi agency forum to discuss mental health issues. • Develop a model for Joint Commissioning.	• Forum established and effective. • Joint commissioning model agreed.

7. The next steps

We have three overarching ambitions on which the action plan for the next three years will be developed. The action plans will be co-produced with service users, carers, professionals, voluntary sector and commissioners following ratification of this strategy by the two organisations. Action plans will focus on outcomes for service users and carers. We will use Partnerships, including Joint Commissioning, as an enabler to achieve the three ambitions.

This strategy will be reviewed and refreshed annually to ensure it is a live document that really has an impact on the mental health and wellbeing of the population of Telford and Wrekin.

List of Appendices to be included: (To be completed)

No	Appendices
1.	Stage one report- Commissioning, contracting and Investment - Spend by Commissioning bodies
2.	National Context and Evidence base - National Strategic Direction - Best Practice, including NICE Guidelines
3.	Engagement Feedback - Summary of information provided - Confirmation of the number of people involved, and mechanisms for engagements - National feedback
4.	Demographics - Population wide data - Mental Health Prevalence Data
5.	References and supporting documents