



Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date	Wednesday, 7 September 2016	Time 2pm
Venue	Meeting Room G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT	

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Committee Membership:

Cllr R A Overton (Chair)	Cabinet Member – Housing, Leisure & Health, TWC
Dr J Leahy (Vice Chair)	Chair, Telford & Wrekin CCG
J Chaplin	Healthwatch
Cllr E A Clare	Cabinet Member – Culture, Sports, Parks & Green Spaces
Cllr A R H England	Cabinet Member – Adult Social Care & Older People
D Evans	Chief Operating Officer, Telford & Wrekin CCG
D Harrison	Non-Executive Director, Telford & Wrekin CCG
C Jones	Director for Children’s & Adults Services, TWC
E Noakes	Director of Public Health, TWC
Cllr J M Seymour	Conservative Group, TWC
Cllr K L Tomlinson	Liberal Democrat/Independent Group, TWC
R Woods	Head of Primary Care & Primary Care Team - NHS England North Midlands
Cllr P R Watling	Cabinet Member – Children, Young People & Communities

AGENDA

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6.	Mental Health Strategy and Improving Mental Wellbeing Priority To receive the report from Steph Wain, Francis Sutherland and Dr Mark Tyrer	Appendix C	18
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HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 15 June 2016, at 2pm in the Meeting room G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present:

Cllr R A Overton - Cabinet Member for Housing, Leisure & Health TWC (**Chairman**), Cllr E A Clare - Cabinet Member for Culture, Sports, Parks & Green Spaces TWC, J Chaplin - Healthwatch, Cllr A R H England - Cabinet Member for Adult Social Care & Older People TWC, D Evans - Chief Operating Officer: Telford & Wrekin CCG, Cllr J M Seymour Conservative Group TWC, Cllr P R Watling Cabinet Member – Children, Young People & Communities TWC, C Jones - Director: Children's & Adult Services and Statutory Director of Children's Services TWC, L Noakes - Assistant Director: Health & Wellbeing and Statutory Director of Public Health TWC

Officers:, J Power (Organisational & Delivery Manager TWC), M Cumberbatch (Democratic & Legal Services Manager TWC), R Smith - Assistant Director: Early Help & Support and Statutory Director of Adult Social Services, TWC J Clarke (Democratic Services TWC)

HWB-01 Apologies for Absence

Dr J Leahy – Chair of Telford & Wrekin CCG (**Vice-Chairman**), Cllr K Tomlinson Lib Dem / Independent Group TWC, D Harrison - Non-Executive Director: Telford & Wrekin CCG, J Tozer Community Safety Partnership, R Woods - NHS England (North Midlands – Shropshire & Staffordshire).

HWB-02 Declarations of Interest

None declared

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HWB-03 Minutes

Resolved – that the minutes of the meeting of the Health and Wellbeing Board held on 9 March 2016 be confirmed and signed by the Chairman.

HWB-04 Public Speaking

No members of the public had registered to speak.

HWB- 05 Review of the Terms of Reference of the Health and Wellbeing Board

The Democratic and Legal Services Manager and Deputy Monitoring Officer provided an update on the Terms of Reference of the Health and Wellbeing Board.

The terms of reference had been streamlined to make them more consistent with the terms of reference of other Council committees and to recognise the greater flexibility provided by more general terms of reference. Membership of the Board was discussed as set out in the terms of reference including quorum, disqualification and voting rights, and it was noted that outside bodies were often under-represented at the meetings. A question was raised about allowing outside bodies to have a named representative as a substitute. It was agreed that there were no foreseeable difficulties in allowing outside bodies to have substitutes provided they were named to ensure consistency of representation on the Board.

The Board acknowledged that NHS England had notified all Councils that it would not be attending Health and Wellbeing Board meetings in the future. It was noted that the NHS had a statutory position on the Board and it was agreed that future agenda items of particular relevance to NHS England should be highlighted and notified to NHS England.

RESOLVED – that the proposed Terms of Reference attached to the report at Appendix 1 be approved.

HWB- 06 Delivery of the Health and Wellbeing Strategy

The Board received the report which presented the model for the delivery of the Board's strategic priorities as outlined in the Health and Wellbeing Strategy that had been approved in March 2016. The model had been developed in order to assure that outcomes identified within the strategy would be delivered. The Board noted the structure and reporting arrangements proposed to hold the Commissioning and Transformation Partnerships (CATPS) and Mental Health Strategy to account, and also noted that the work programme would continue to be developed to take account of progress made and new areas of work. The Board acknowledged the cross-cutting value of the priorities and how not one partnership is involved.

Liz Noakes mentioned (at point 1.1 to the report) three key priorities

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

The Board acknowledged that further developments would be needed in order to progress the priority of 'Strengthen Our Communities and Community Based Support'. There was currently no CATP to lead on this and although initiatives/projects were being delivered which contributed to this priority, there was no central point of co-ordination. The local Sustainability Transformation Plan (STP) had key links to this area and therefore further work was needed to agree a consistent and effective way of managing these areas of work.

A performance framework was needed to support and monitor progress of the Board in moving ahead with its priorities and meeting its objectives. Key measures had been highlighted within the 'outcomes' column on the work programme, which would

be used as the basis of a performance framework against which the Board would receive annual updates. A proposed framework would be brought to the September Board meeting.

RESOLVED – that the Model for the delivery of the HWBB priorities, Reporting timetable, Development of a performance framework and ‘Development sessions’ for Board members be approved.

HWB- 07 Sustainability and Transformation Plan Update

The Board received an update on the Sustainability and Transformation Plan (STP) and the steps for moving forward. It was proposed that a strategic document would set out the key priorities for the Shropshire and Telford & Wrekin footprint to 2020/21. It was noted that the health economy was seen nationally as high risk, however this was within the context that 23 out of the 44 systems were considered high risk.

The Committee acknowledged the intention to provide a sufficient level of detail in the strategy to allow tangible discussions to be held on the 2-3 big topics that would be worthy of extra-ordinary effort for extra-ordinary gain, rather than include details on every issue that systems would be dealing with over the 5 year period. The following were proposed and would be covered in the document:

- Closing the health and well-being gap – prevention, self-care, social capital
- Closing the care & equality gap – models of care for acute, community, primary care
- Closing the financial and efficiency – Deficit Reduction Plan

The Board acknowledged that the workstream around ‘Neighbourhoods’ would be of particular note. It was proposed that there would be two workstreams; for Shropshire, and for Telford and Wrekin, which would further develop solutions for place-based services, social capital and prevention and self-care. The workstreams would report into the Board to ensure proposals would be developed that were consistent with the priorities in the Health and Well-Being strategy, the JSNA and the Better Care Fund.

Members discussed the Strategic Outline Case for hospital services and a concern was raised about the lack of agreement and lack of support from Shropshire CCG and what would happen if the position did not change. The Strategic Outline Case needed to be approved by Shropshire CCG in order for it to be viable; it would therefore be re-presented to the Shropshire CCG Governing Body for approval on 30 June.

Resolved – that the contents of the report be noted.

HWB-08 Better Care Fund Update Report

The Board received the report which summarised the performance and progress of the Better Care Fund during its first formal year of implementation. A plan for

2016/17 had also been submitted with the report for approval with support by the Board.

The aim of the BCF national programme, which was jointly led by NHS Telford & Wrekin Clinical Commissioning Group (CCG) and the Borough of Telford & Wrekin, was acknowledged by the Board as transforming the health and social care system through:

- resilient local communities focussing on well-being and prevention
- a wide range of personalised approaches to support people to remain independent
- reduced reliance on social care services
- reduced avoidable admissions

Also, through closer integrated working, in particular on:

- integrated preventative services delivered at a neighbourhood level
- integrated teams to support diagnosing, treating and supporting people at home over 7 days up to 24 hours / day

The Board noted that there was no nationally expected level of performance to reduce admissions but it was necessary to have a plan in place for delayed transfer care and 7 day working.

The report provided details of three key integrated care programmes that had been developed to deliver the BCF aims and objectives; the key performance metrics; the performance against the agreed BCF targets and progress in 2015/16 in terms of improvement and impact. The report outlined the national conditions that the programme needed to meet in 2015/16 and the two additional conditions for 2016/17. As part of national monitoring of all 2016/17 BCF plans, it was highlighted that 73 Key Lines of Enquiry (KLOEs) had been identified by the Department of Health to ensure that plans addressed the national conditions. This included an important change; the assurance through specific KLOEs to ensure that the BCF plan was aligned to other strategic and operational plans including the Sustainability and Transformation Plan, CCG Operational Plans and Council transformation plans.

For BCF performance in 2016/17 the vision for the BCF programme of work had been detailed in the Narrative Plan attached to the report, together with the key metrics for 2016/17. Key actions and outcomes had also been provided in the Action Plan attached to the report which outlined the overall programme of work to meet national KLoEs and local plans. The Board acknowledged the Section 75 Pooled Budget had been increased in 2016/17 and that the development of the s75 Agreement for 2016/17 was in progress and would be agreed by 30th June 2016:

Additionally, it was noted that a number of programmes of work that were not funded through the Pooled Budget but had the potential to contribute to the overall aims and outcomes of BCF.

Members agreed that things were moving in the right direction but there were concerns over the stats, particularly around delayed transfer of care, the use of recovery beds and discharges from hospital, and a query was raised regarding the

timescale for implementation of 7 day working. It was noted that integrated care teams including domiciliary care/ therapists had been staffed to provide 7-day care since April 2016.

RESOLVED – that; subject to final approval by the Chair and Vice-Chair:

- a) the outcomes of the Better Care Fund programme for 2015/16 be noted;
- b) the BCF submission for 2016/17 be approved with Support”;
- c) the progress of the development of the section 75 pooled budget Agreement be noted
- d) respective organisations should support and facilitate approved BCF implementation within the identified timescales.

HWB-09 Transforming Care Partnership for people with a learning disability and/or autism

The Board received the report on the Transforming Care Partnership (TCP) and noted the TCP programme had been endorsed to run from July 2016 - 31st March 2019 by NHS England (NHSE), ADASS and LGA. It was also noted that the aim at a national level was to reduce the number of beds provided across the country and the length of stay of placements, which was consistent with the current thinking that individuals should not live in NHS run provision. NHSE had established ‘footprints’ where CCGs and Councils aligned; for Shropshire this covered:

- Telford and Wrekin council
- Telford and Wrekin CCG
- Shropshire council
- Shropshire CCG

The Report detailed the current provision by NHSE Specialist Commissioning and Shropshire and Telford & Wrekin CCGs; and the target that had been set for the TCP to achieve by 2019. In addition to targeting a reduction of individuals placed in in-patient beds, it was reported that NHS England expected TCP to include an additional four cohorts of people (children, young people or adults) who met detailed descriptors provided in the report.

A TCP template (at Appendix 1 of the report), which would be in the public domain in the summer had been submitted to NHSE on the 11th April and a revised version on the 26th May. It was reported that all parties and stakeholders endorsed the principles and values which underpinned TCP. However, all parties, and especially the two councils, who were autonomous to the NHS England had raised concerns about potential financial risk both verbally and in writing, on several occasions. It was

noted that NHSE was aware that without clarity on how the financial risks would be fully mitigated, full approval would not be granted to this programme.

The Board noted:

- the impact of the TCP as outlined in the report, on the provision of support to individuals with learning disabilities and/or autism, at a community level, the culture, support and funding in schools/ special schools, support for families and access to support services, workforce development, public awareness and overall, provision of a bespoke, flexible and tailored service.
- the expected outcome – achieving efficiencies through the reduction in incidents of challenging behaviour, and the associated need for high levels of staffing to support individuals and placements in NHS funded provision. However, the expectation was noted, that this would take longer than the lifetime of the programme.

Cllr J Seymour raised concerns regarding the discrepancy on the numbers within the report and people being lost in the system, David Evans explained that there were some complex cases which had been in the system for a considerable time and there were difficulties in allocating the patients, Richard Smith commented that the cohort of people continued to change regularly and that these figures were broad figures from across the JSNA. Cllr P Watling commented that the working partnership between the CCG and the Council was extremely positive. He raised concerns with regard to young people with autism and other learning and health issues being taken through the criminal justice system – he would continue to raise this issue with the Youth Offending Service

Resolved – that

- a) The submissions made to NHSE at Appendix 1 of the report be noted;**
- b) The Values and Principles of TCP (at page 73 of Appendix 1) be endorsed with the caveat that that assurance is provided by NHS England that no authority will experience financial risk due to delivery of the TCP;**
- c) The principle of collaboration across the Shropshire footprint be supported;**
- d) The preparation of a statement of Commissioning Intentions for the Shropshire footprint be provided in relation to learning disability, which has the TCP as a main work stream; and**
- e) A further report on progress be brought to the HWBB in six months' time.**

The Board received the report on the on-going development of an evidence base to support policy and service design, including significant updates to the JSNA which were relevant to the priorities of the Board. The Board noted that updates would be received every six months.

The Board acknowledged the updates on projects currently underway which created and used an evidence base to understand demand on public sector services; including recent intelligence about the Borough and JSNA products available.

The Board acknowledged that information and intelligence about health and social care demand was already in use by the Council to create financial modelling and forecasting. Data identified and developed as part of the JSNA work would be helpful in refining the future financial models necessary to identify the impacts of demand and a changing health picture on Care services. It was also noted that it could help to identify the impact on the Council of changes and demands elsewhere in public services. This information would be valuable in producing information to support future budget strategy.

Cllr Liz Clare commented on the information identifying carers and people not recognising that they were carers and the deprived areas of Telford, e.g. Donnington. Liz Noakes said the source of information regarding carers was the ONS census but also highlighted the need for JSNA products to ensure strategy and action plans were evidence based. She was concerned that some JSNA products seen as the mortality profile were not listed and would be useful to the CCG. She also felt that the report “under-sold” the work that had been taking place. Cllr A England spoke about lottery bids and the need to drill down into the deprivation in order to obtain funding from bids. David Evans said that the purpose of the STP was a place- based/ neighbourhood model in order to address the needs in geographical areas and therefore granular level detailed information on neighbourhoods would be valuable.

Resolved – that

- a) the proposal to provide intelligence updates every 6 months be agreed;**
- b) the work that was being undertaken to improve the HWB’s understanding of demand on public services and how this contributes to the priorities of the Board be noted.**

HWB-11 Health and Wellbeing Priority Update: Life Expectancy

The Board received the update on the local picture of life expectancy and the main causes behind the reduced life expectancy position. It was noted that further work would be undertaken to better understand the local pattern and underlying causes.

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It was reported that life expectancy rates remained highly relevant outcome measures for the three new HWB strategy priorities. The relevant prevention work, led by the Council to reduce the impact of smoking, excess weight and the misuse of drugs and alcohol would also be routinely reported to the HWB as part of the regular Living Well and Community Safety Partnership update reports.

Reducing the health and wellbeing gap was one of the key aims of the Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan. This plan was strongly aligned with the HWB strategy and it was noted should contribute significantly to improving life expectancy in Telford & Wrekin.

The update on life expectancy figures including the JSNA Mortality Profile 2015, which showed a picture of the comparative trends for life expectancy, alongside the main causes of reduced life expectancy and premature mortality. The key headline messages for life expectancy were separated into data for male and female life expectancy and the trends that had emerged. Both male and female life expectancy remained significantly worse compared to the national average across the borough but over the last 10 years the gap has narrowed in men but not in women. Detail was also provided on life expectancy against the national average, the effects of health inequalities, life expectancy for +65 years and healthy life expectancy.

The Board noted the detail provided in the report on:

- Overview on early deaths and causes of reduced life expectancy
- Understanding our life expectancy pattern better
- Sustainability and Transformation Plan context
- Tackling cardiovascular disease
- Improving Cancer Outcomes

Resolved – that

- a) life expectancy rates remain highly relevant outcome measures for the three new HWB strategy priorities;**
- b) the main causes of reduced life expectancy and associated inequalities be tackled through delivery of the HWB strategy work programmes and the NHS Sustainability and Transformation Plan process; and**
- c) further intelligence on the causes of reduced life expectancy, as part of the JSNA updates be received when further analyses have been produced.**

HWB- 12 Oversight of Performance

None

HWB-13 CCG Quality Premium 2016/17

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For information only.

The meeting ended at 3.22 pm

Chairman:

Date:

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

7th SEPTEMBER 2016

SUSTAINABILITY AND TRANSFORMATION PLAN – PROGRESS REPORT

REPORT OF: DAVE EVANS, ACCOUNTABLE OFFICER, TELFORD AND WREKIN AND SHROPSHIRE CCGS

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

2. RECOMMENDATIONS

The Board is asked to note progress to date on developing the Sustainability and Transformation Plan (STP).

3. IMPACT OF ACTION

The aim of the STP is develop a transformed system of care that is high quality, financially sustainable, and efficient and delivers on national standards all the time. Central to this will be our ability to build resilience and social capital into people’s environment so they have the knowledge and skills to help themselves to live healthier and happier lives.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Strengthen our communities and community based support.</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes/No	<i>If yes, please list relevant Co-Operative Council objective(s)</i>
	Will the proposals impact on specific groups of people?	
	Yes/No	<i>If yes, briefly summarise any impact(s) – see separate guidance note for groups to consider</i>
TARGET COMPLETION/DELIVERY DATE	The final STP is to be submitted to NHS England on 21 st October	

FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The final version of the STP will include reference to the financial position of local authorities. It will be important that both the NHS and local authorities understand and negotiate the impact of their actions on each other.
LEGAL ISSUES	No	
EQUALITY & DIVERSITY	Yes	The STP will reference on number of specific groups such as the elderly and people with mental health problems or a learning disability.
IMPACT ON SPECIFIC WARDS	No	
PATIENTS & PUBLIC ENGAGEMENT	Yes	There has already been significant public involvement in the development of plans to reconfigure hospital services between Shrewsbury and Telford. A formal consultation will take place on this later in the year.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

1. STP Progress Report – August 2016

1. The latest iteration of the STP was submitted to NHS England on 30th June 2016 and reviewed by a panel chaired by Simon Stevens in early July. The principle points of feedback were:
 - The STP was well received and we were complimented on the progress that has been made since April.
 - There were questions as to how the location of the Emergency Care Centre will be determined, and a discussion about the capital requirements.
 - There is an expectation that we will have made progress on the development of Neighbourhood working before the next submission
 - There needs to be more detail of the impact of the STP on the Quality of services
 - There needs to be more reference to mental health services.
 - Further work is needed with both local authorities to understand the interaction between their financial positions and the STP.
 - More detailed workforce plans are needed to clarify how the workforce gaps will be filled.
2. The next, and final, submission of the STP is now the 21st October, although the revised financial template (and possibly an interim STP) will be required by 16th September. NHS England is expecting clear implementation plans for each of the main elements of the Plan.
3. NHS England has emphasised that STPs are not to be made publicly available until they are formally signed off in October.
4. The Local Digital Roadmap has also been submitted and positively reviewed. A further iteration is due at the same time as the STP and will need to demonstrate the links between the two programmes.
5. The local governance arrangements have been updated (attached at Appendix 1). The Operational Group will comprise the Executive leads from each of the value streams and enabling groups. Agreement has been reached by the Partnership Board that £500k will be made available to support the STP programme, although the precise use of this funding has yet to be determined.
6. To help ensure that progress on implementation can be routinely tracked, the health and care community is proposing to commission additional support to develop a series of outcome measures and monitoring mechanisms that reflect both clinical and financial performance.
7. The 4 priorities for the Shropshire, Telford and Wrekin STP are:

- i. To develop and implement a model for Neighbourhood working based upon:
 - Supporting individual communities to become more resilient.
 - Supporting patients in times of crisis.
 - Developing Neighbourhood Care Teams
- ii. To reconfigure hospital services. Primarily the Future Fit programme
- iii. To make best use of our resources

Financial sustainability. The health and care community faces very significant financial challenges over the next few years. These have to be addressed whilst safeguarding the quality of services.

Reducing duplication. There is potential to reduce costs without affecting service provision by amalgamating organisations, back office functions and estate costs; and by greater exploitation of IM&T.

- iv. Business as usual

While services are transformed and organisations may change, it is essential that existing services continue to function to the highest standards.

8. Good progress has been made in developing the Neighbourhood models of care for Telford and Wrekin and for Shropshire. These programmes are led by the respective local authorities. The two programmes are different (reflecting their different histories and local circumstances) but have the following common elements:
 - A focus on community resilience – which aims to support local people to stay healthy and which is independent of the main statutory agencies
 - Local health promotion initiatives
 - Joint working with the local voluntary sector
 - GP practices increasingly working together and becoming the building blocks for community based teams
 - Care services and community services working with General Practice to provide a consistent level of non-hospital based services.
 - The identification of some services that, for reasons of scale, would need to be available across a number groupings of practices
 - Secondary care clinicians providing support to out of hospital services
9. The Neighbourhood workstreams will assume responsibility for work previously undertaken by the Community Fit and Rural Urgent Care groups. Future Fit will continue to refer to the acute reconfiguration project and become part of the overall STP governance structure.
10. Further work on the Deficit Reduction Plan is being undertaken and will be available shortly.

11. Work is being commissioned to review orthopaedic and musculo-skeletal services to ensure that these are as efficient and well organised as possible.
12. Communication leads are developing a narrative and slide deck to help explain the STP to both internal and external audiences. It is appreciated that there was insufficient time during preparation of the June STP submission for proper oversight by Boards and other stakeholders. A very early draft of the next iteration of the Plan will be made available as soon as possible to maximise transparency and allow for meaningful feedback.
13. The priorities for the next month are to:
 - Circulate early drafts of the Plan
 - Develop clear communications about the Plan
 - Develop implementation plans for the main elements
 - Finalise the governance arrangements
 - Finalise the Deficit Reduction Plan
 - Implement a performance structure for the Plan
 - Ensure, as far as possible, that the STP 'becomes the day job'.

2. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

None.

3. **PREVIOUS MINUTES**

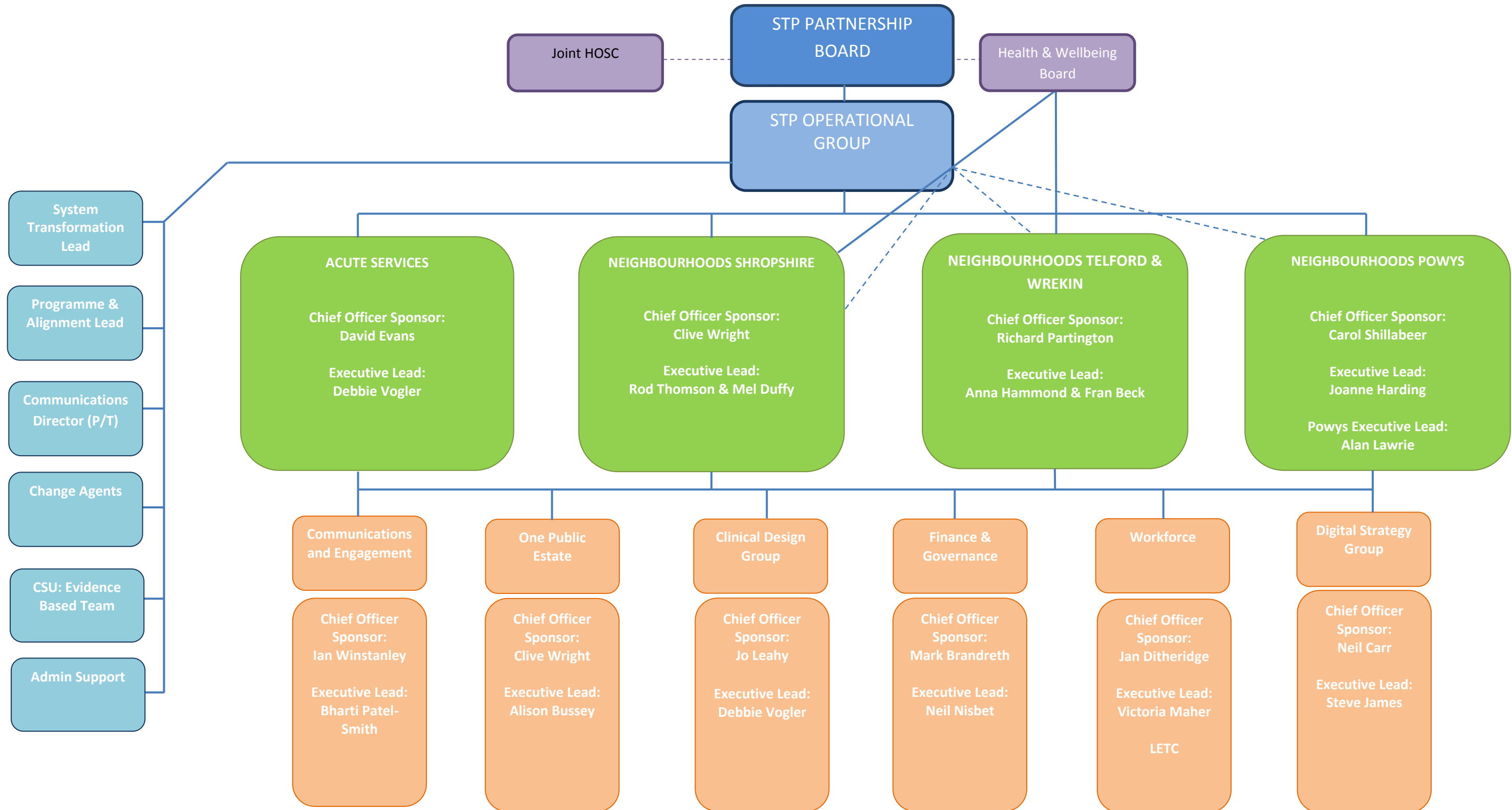
- Sustainability and Transformation Plan update report: HWBB: 15th June 2016

4. **BACKGROUND PAPERS**

None.

Report prepared by Andy Layzell, Programme Director – STP, alayzell@nhs.net

DRAFT - STP Governance Structure



TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**DATE: 7th September 2016****REPORT TITLE: Mental Health Strategy & Improving Mental Wellbeing Priority****REPORT OF :****Steph Wain, Telford & Wrekin Council,
Frances Sutherland, NHS Telford & Wrekin CCG,
Dr Matt Tyrer, Speciality Registrar in Public Health Telford & Wrekin Council****LEAD CABINET MEMBER – CLLR A England****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

This report provides an update of the work being undertaken across Telford and Wrekin to improve and support the mental health of local residents.

The Mental Health Strategy 2016-2019 (approved in early 2016) includes an annual action plan of activity (Appendix 1). The Health and Wellbeing Strategy places “Improving mental wellbeing” as one of its priorities, therefore the 2 are closely linked.

The following report is therefore divided into two sections-:

- Update on Mental Health Strategy
- Update on Improving Mental Wellbeing priority

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY eg CCG, Council)

To note the updates provided on both programmes of work.

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

All actions described within the report are intended to have a positive impact on those who have or who are at risk of having a mental health problem.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Improving Mental Health</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<p>Telford & Wrekin Council's Medium Term Plan for 2013/14 to 2015/16:</p> <ul style="list-style-type: none"> • Protect and support our vulnerable children and adults • Improve the health and wellbeing of our communities and address health inequalities. <p>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</p>
	Will the proposals impact on specific groups of people?	
Yes	<p>The proposals within the strategy will impact on people within the Borough of Telford & Wrekin who have mental health issues or at risk of developing mental health issues.</p> <p>This will include children and adults.</p>	
TARGET COMPLETION/DELIVERY DATE	Various targets / milestones contained within the plans.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<p>For the Council, the actions detailed in this report and in the annexed actions are expected to be achieved from within existing financial resources.</p> <p>The actions having resource implications include the deployment of Social Work resource at Redwoods, this is re-focussing an existing Social Work post and is therefore within existing resources. The Listening Service deployed at the Hub is part of remodelled service funded by the CCG.</p> <p>Ellen Court contract and premises currently costs £223k per annum, this is paid for jointly with £153k contributed by the Council and £70k contributed to the contract by the CCG. The cessation of this service and implementation of Supported Living for these clients will mean financial resources are moving from one form of care delivery to another.</p>

		<p>The housing of the individual clients in their own tenanted accommodation to deliver independent living may deliver savings in the medium term but this has yet to be evaluated. It is anticipated that the £70k contributed by the CCG will be reinvested in services.</p> <p>The tender for services for 0-25's emotional and health and well being is a consolidation of services and the Council contribution to this contract will be from within existing budgets.</p> <p>Where further initiatives under the strategy ensue the expectation is that these will be delivered from within existing resources.</p> <p>RP-17.8.16</p>
LEGAL ISSUES	Yes	<p>The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983).</p> <p>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.</p> <p>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.</p> <p>The Council must have due regard to the Public Sector Equality Duty as imposed by s149 (1) of the Equality Act 2010, which states:-</p> <p>A public authority must, in the exercise of its functions, have due regard to the need to: -</p> <p>(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;</p> <p>(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;</p> <p>(c) foster good relations between persons who</p>

		<p>share a relevant protected characteristic and persons who do not share it.</p> <p>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.</p>
EQUALITY & DIVERSITY	Yes	The strategy will aim to reduce inequalities for those experiencing mental health issues.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	The mental health strategy was developed following significant engagement. A stakeholder group of volunteers, service users and third sector groups now oversee the implementation.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The Mental Health Strategy and Health and Improving Mental Health priority has many interdependencies with other strategies such as: Commissioning Strategies on drugs and alcohol, autism, dementia, Children in Care and Care Leavers. The aim is that CCG and Telford & Wrekin Council will work together to ensure that opportunities are maximised to promote emotional health and wellbeing.

PART B) – ADDITIONAL INFORMATION

The remainder of the report will contain any additional information needed to inform decision-making and is likely to include the following headings:

1. INFORMATION

1.1 The Mental Health Strategy 2016-2019 for Telford & Wrekin (approved in early 2016) includes an annual action plan of activity. The Health and Wellbeing Strategy places “Improving mental wellbeing” as one of its priorities, therefore the 2 are closely linked.

The following report is therefore divided into two sections:-

- Update on mental health Strategy
- Update on Improving mental wellbeing priority

1.3.1.1 Mental Health Strategy

The action plan has now been developed into 5 work streams to ensure the vision is delivered

- i. Reducing stigma of mental health
- ii. Promoting good mental health
- iii. Improving access to secondary mental health services
- iv. Development of an Effective Crisis pathway
- v. Improving the life chances for those with mental illness issues

The following describes some of the key pieces of work that are currently being addressed.

- An event to raise awareness of mental health in the workplace was undertaken on 15 April. The event aimed to provide information and practical tools for employers to use to support their staff. In addition it provided solutions to increase the employment opportunities for people with mental health issues. The event was coordinated and led by the third sector and service users. The role of statutory organisations was to support them. The evaluation was very positive (97% said it was a positive experience) with over 200 people attending and some comments:- *‘Useful and thought-provoking’ ‘You have given me a little hope that things will change for the better eventually’ ; ‘A very powerful & inspiring event. A lot of positivity and hope to offer better, more joined-up help in the future’; ‘Thank you!’*
- We now have a programme established to recruit health champions including mental health champions.
- The council have signed up for the Mental health challenge which is a LA challenge to promote good mental health and consider the impact on mental health and wellbeing on any services the council provide or commission.
- The council and CCG have signed up to the initial stage of ‘Time to change’. This initiative demonstrates the promotion of good mental health in the workplace. Commissioners are developing an action plan to be presented to both organisations prior to approval by Time to change.
- The Wellbeing service (IAPT) has undertaken an action plan to improve outcomes. It is now providing access for 16% of the population who are depressed or anxious; a

58% recovery rate; 90% seen and commence treatment within 6 weeks and 97% seen and commence treatment within 18 weeks.

- A fast track access Listening service is now provided by MIND at Sutton Hill four days a week. This service provides access to drop in and also up to 3 sessions of listening and supportive problem solving for those in mental distress. Further work is undergoing to scope the potential to increase the hours of opening and to provide access more centrally.
- Work has commenced to scope the crisis pathway and develop alternatives to prevent further escalation. This work includes the development of safe places working with the third sector and additional Sec 136 capacity. A project will also be commenced to reduce the number of people placed in 'out of area' mental health beds.
- There is now a dedicated social worker based at Redwoods supporting the discharge process. This has had a notable impact on reducing delayed discharges from the unit. (From 1.4% in December 15 to zero in June 16) It has also improved relationships between nursing staff and local authority.
- Commissioners and providers are working to develop a new rehabilitation pathway. The aim is for service users to be as independent as possible, maximising potential and autonomy. It is for people who have lost or never learned skills to manage in society. One of the outputs is to reduce the number of people being supported in residential care settings. As part of the process Ellen Court (residential care home providing rehab) has been de-commissioned on this basis it will close in February 2017. Colleagues across housing, social care and commissioning are working together to identify and secure alternative accommodation and support for the individuals effected by the closure.
- As part longer term planning the social care commissioner has been working with Bromford Housing Association for some time to develop supported living for people with mental issues. The new purpose built accommodation will be open in April / May 2017. The Council will have nomination rights and will be working with the provider to ensure eligibility criteria is suitable for local need. In addition we will be developing the role of peer support to enhance opportunities for recovery.
- LA and NHS commissioners continue to work together to deliver the strategy. There are strong working relationships between the commissioners and service users, third sector and providers.

1.3.2 Improving Mental Wellbeing priority update

1.3.3 0-25 Emotional Health and Wellbeing

A service specification has been drafted, with comments from relevant parties currently being received. Professionals, children, young people, parents, carers and providers have been engaged in its development.

The scope of the work has now been extended to include Child and Adolescent Mental Health Services (CAMHS), Learning Disability, eating disorders and Neuro Developmental conditions.

The programme is due to out to tender on 8th August, with the aim being to have a new service in place by the beginning of May 2017.

1.3.4 Continued Implementation of the Drug and Alcohol Strategy

The HWB will be aware that good progress is being made in the third year of the Drug and Alcohol Strategy implementation. The newly commissioned substance misuse treatment services are now a year into delivery. Key highlights of these service improvements include:

- An increase in the number of people treated for alcohol problems and an improvement their treatment outcomes through STARS Aquarius
- An improvement in the number of people with opiate addiction moved into GP shared care, with representations back into service reducing
- Strengthening of criminal justice relationships and pathways
- Continued growth of our thriving recovery community
- Delivery of a significant training programme

With the forever moving landscape and the financial context the transformation of our substance misuse treatment services will continue during the remainder of 2015/16 and beyond alongside the on-going expansion of our prevention work.

1.3.5 Improving support and care for people with dual diagnosis

Improving support for people with combined mental health and substance misuse problems is prioritised within both the drug and alcohol strategy and the mental health strategy.

Engagement work has highlighted issues raised by both practitioners operationally and strategic partners that the work between mental health and substance misuse services could be better joined up. A number of cases were cited where individuals were sent back to substance misuse services from mental health services and advised that the addiction issues should be dealt with before the mental health issue was addressed. National policy advises that both issues need to be dealt with simultaneously to get the best outcome for the patient. In recognition of this collaborative work between the services and the public health team has been undertaken to develop a dual diagnosis pathway. The pathway has been agreed and is becoming standard working practice.

In addition the CCG has commissioned TACT to provide a peer-led dual diagnosis support service. The service has a focus on people who have both mental health and substance misuse issues. It is run by 'experts by experience' and promotes stopping addictive behaviours, building on the individuals strengths, the development of new skills with the eventual goal of finding work opportunities.

1.3.6 Preventing Suicides

As a key part of the implementation of the mental health strategy, a suicide prevention strategy and action plan are also being developed. The plan will champion good practice already going on within Telford & Wrekin and also identify any gaps in services that can be addressed to reduce the number of local people taking their own life.

The *Suicide Prevention Strategy for England 2012*¹ has been used to inform the first steps in developing our local plan. The national strategy outlines six key themes that should be considered:

- i. Reduce the risk of suicide in at risk groups
- ii. Tailor approaches to improve mental health in specific groups
- iii. Reduce access to the means of suicide
- iv. Provide better information and support to those bereaved or affected by suicide
- v. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- vi. Support research, data collection and monitoring e.g. hot spots and trends

In order address these key themes a multi-agency suicide network is being established for Telford & Wrekin. Public health leads have already engaged a number of key stakeholders, including: mental health services, emergency services and third sector organisations, SaTH and TACT.

A stakeholder event is due to be held on 6th September, to bring together the key partners to share good practice and identify any current gaps in service provision. Partners expected to attend include representatives from the Police, Shropshire Fire and Rescue Service, WM Ambulance Service, SaTH, SSSFT, Shropshire Community Health Trust, The Samaritans, Touched by Suicide, TACT and key colleagues from within the Council.

The insights gained from this meeting, along with national level data and intelligence provided by the Coroner and partners from the emergency services, will be used to inform the key local priorities for the plan. Agreement to share any relevant data has already been gained from the Coroner, West Mercia Police, Shropshire Fire and Rescue and British Transport Police.

Following on from the stakeholder event a core group will meet quarterly to take forward the action plan and coordinate the network. When gaps in services are identified or if the data collected indicates any trends or hotspots this core group will bring together expertise from the wider network to ensure that the most appropriate action is taken.

¹ <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

Bringing together a broad range of agencies and experience will put Telford & Wrekin in a strong position to tackle the number of local taking their own life, particularly amongst high risk groups such as young single men. Furthermore, we will also be in a position to respond rapidly to any emerging trends in particular groups, locations or causes.

The inclusion of support services and groups such as The Samaritans and Touched by Suicide in the network will ensure we identify how to better support bereaved families and those at risk. In addition using local insight from these can support the way encourage responsible reporting from the media.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

*(Where you have answered ‘yes’ to any part of the impact assessment in Section 4, you can add additional information here if necessary. You should ensure that there is sufficient information for members to fully understand the impacts and risks of proposals before making decisions. **Information on financial and legal impacts must be completed by an officer from Finance or Legal).***

3. PREVIOUS MINUTES

9th March 2016 – Mental Health Strategy Report by Steph Wain & Frances Sutherland.

15th June – Health and Wellbeing Strategy Report by Liz Noakes, Assistant Director for Health and Wellbeing

4. BACKGROUND PAPERS

None

Report prepared by

Steph Wain, Group Specialist Commissioner, Telford & Wrekin Council, Tel: 388883

Frances Sutherland, Commissioner, Telford & Wrekin CCG, Tel: 580300

Appendix 1: HWBB Priority – Mental Health Action Plan

HWBB Priority	Key Task/Objective	Lead Officer/ Organisation	Desired outcome	Lead Partners hip	Update
<p>Improve Mental Wellbeing</p>	<p>To improve the emotional health and wellbeing of children, young people, families and carers through:</p> <ul style="list-style-type: none"> • Development of a new 0-25 years Emotional Health and Wellbeing Service. • Redesigning the existing CAMHs provision • Designing and delivering a programme of training, development and peer support for our Early Help and preventative workforce • Jointly commissioning a community eating disorder service for children and young people • Improving perinatal support through training of professionals and enhancing the existing Public Health activity. • Development of a self harm pathway with supporting guidance and protocols. 	<p>Anna Hammond Louise Mills</p>	<ul style="list-style-type: none"> • 14 Learning Behaviour Mentors to provide training and peer mentoring support across the early help and targeted workforce including schools (multi-agency) • An Emotional Health and Wellbeing lead in each of our primary and secondary schools – our 2016 / 2017 target is 55 practitioners. • Fewer children accessing mental health services as their needs will be met within a universal service or through any early help or targeted support they receive. 	<p>Early Help</p>	<p>0-25 Emotional Health and Wellbeing Service Service specification has been drafted and we are currently receiving comments. Professionals, children, young people, parents, carers and providers have been engaged. Scope extended to include CAMHS LD, eating disorders and ND. Still on track to go out to tender on 8th August. New service will be in place by the beginning of May</p> <p>Perinatal Mental Health Perinatal mental health guidelines have been reviewed and agreed by the multi agency perinatal mental health group. They are already recording increase in referral from maternity to IAPT, as a result. The Mental health first aid training, for 80 midwives, has been booked for October and November and already has received a lot of interest. The perinatal information booklet has been developed and is currently goen to be signed off by PIGS (patient information group at SATH) The Antenatal Solihull training has taken place, training 23 Health Visitors and midwives. The Antenatal Solihull programme is due to start delivery in November in T&W.</p>

HWBB Priority	Key Task/Objective	Lead Officer/ Organisation	Desired outcome	Lead Partners hip	Update
Improve Mental Wellbeing & Encourage Healthier Lifestyles	<p>➤ To work towards the ambition for a Smoke Free Telford & Wrekin – Supporting Professionals:</p> <ul style="list-style-type: none"> • Pilot project with Sutton Hill Medical Practice and MIND to support people with mental health diagnosis to stop smoking, if successful, this model may be extended to other GP practices 	CCG Mental Health Commissioners/ MIND/Stop Smoking Service providers	<ul style="list-style-type: none"> • To promote a specialist stop smoking service to all patients registered with a mental health diagnosis • Ensure routine identification and referral of patients in GP • Produce a menu of smoking cessation support options • Extend the standard 12-week programme to meet the needs of people with mental health issues 	Living Well Network	Proposal for the scheme has been developed between the Stop Smoking Provider and Mind. Funding has not been identified at present by the CCG (Update: 23 rd June 2016).
Improve Mental Wellbeing	To work collaboratively with the CCG and partners to coordinate the prevention element of the Mental Health Strategy (Supportive Communities)	Steph Wain / Clare Harland	<ul style="list-style-type: none"> • We have an evidence-informed approach to reducing suicides • The key messages of the Five Ways to Wellbeing are understood and residents and communities are actively seeking opportunities to Be Active, Connect, Learn, Give and Take Notice • Emerging mental health needs are met within the community by a growing voluntary sector delivering evidenced based programmes and initiatives that are known to improve emotional health and wellbeing 	Living Well Network	<p>Good Mental Health Works event focused on the impact of work on mental health and vice versa. Attendees were given points of contact for help and practical tools and advise to support their staff.</p> <p>A suicide prevention strategy and action plan is being developed. As part of the work a multi-agency suicide network is being established for Telford & Wrekin. With an event being held on the 6th Sept to provide opportunity to share best practice, and identify support available.</p> <p>Working with various partners to develop increased support, to reach otherwise socially excluded groups (such as the South East Asian Womens group who have limited spoken English language), developing mental health champions. Scope includes working towards a 24/7 hub with spokes in the community group to reduce demand on statutory services and increase access to support.</p>

HWBB Priority	Key Task/Objective	Lead Officer/ Organisation	Desired outcome	Lead Partners hip	Update
					Increasing the opportunities for people to live independently through work with landlords to increase housing provision for mental health needs.
Improve Mental Wellbeing	<p>To work towards further implementation of the Telford & Wrekin Drugs & Alcohol Strategy:</p> <ul style="list-style-type: none"> • Improve links between substance misuse/ recovery services and prison to support discharge • Review all relevant policies/procedures ensuring clear pathways are in place e.g. strengthening families, domestic violence, hidden harm agenda • Improve effective joint working for people with complex issues such as dual diagnosis, mental health and substance misuse issues 	<p>Lyn Stepanian TWC/IOM</p> <p>Lyn Stepanian TWC</p> <p>Bhavna Taank/Barbara Jones (DARS)</p>	<ul style="list-style-type: none"> • Increase in the number of referrals into substance misuse services from prisons • Increase in the number of families at risk receiving support for drug and alcohol issues • Decrease in the number of children in care where parental substance misuse is a factor • New pathway for dual diagnosis implemented 	DAAT/C SP	<p>Work is on-going with prisons, The DARS Service has designated workers who ensures individuals are transitioned into the community effectively and signposted to the most appropriate services in addition to substance misuse support. There is now a SPOC where referrals are made directly dependant on complexity and the referral pathway has been developed and finalised to compliment this.</p> <p>Aquarius STARS is the Concerned Others service and have reported an increase in individuals receiving support for loved ones with a substance misuse and mental health combined issue. All services are promoted to involve family members as part of the recovery journey whenever it is deemed appropriate and with the consent of the service user.</p> <p>Larger numbers of individuals are reported as living with children. In terms of whether there has been a decrease or increase, this is a bit more difficult to ascertain as this is not always disclosed by service users and also it is not recorded by YP Services.</p> <p>A group was developed to identify a dual diagnosis pathway. This has been agreed and circulated and is currently being used in practice. I have not received any reports that it is not working. This has also been supplied to the CCG to incorporate as part of the wider mental</p>

HWBB Priority	Key Task/Objective	Lead Officer/ Organisation	Desired outcome	Lead Partners hip	Update
					<p>health contract.</p> <p>Prison release pathway in place:</p> <p>In process of working with Inclusion and Prisons to provide facility of Naloxone on release</p> <p>Numbers referred from prison into DARS captured on CJIT</p> <p>Joint Protocol between Children and Families and DARS</p> <p>DARS is represented at Marac</p> <p>Team Leader attends T and W Domestic Violence Group</p> <p>DARS being trained in Graded Care Profile (September 2016)</p>
<p>Encourage Healthier Lifestyles and Improve Mental Wellbeing</p>	<p>Local delivery of the Work Well Programme including:</p> <ul style="list-style-type: none"> • Development and promotion of the Work Well website • A series of workshops and seminars for employers 	<p>Clare Harland/TWC</p>	<ul style="list-style-type: none"> • A Work Well website accessible for all employers in the borough providing access to information, signposting to support and evidence based practice • Reduced sickness absence levels across the borough • A resilient workforce reporting improved health and wellbeing • A well connected network of local 	<p>Living Well Network</p>	<p>WorkWellTelford website (www.workwelltelford.co.uk) launched June 2016.</p> <p>Promotion being rolled out across business networks and forums.</p> <p>Partner group established and opportunities to collaborate being explored</p>

HWBB Priority	Key Task/Objective	Lead Officer/ Organisation	Desired outcome	Lead Partners hip	Update
			businesses championing health and wellbeing and supporting each other		

HWBB Priority	Key Task/Objective	Lead Officer/Organisation	Desired outcome	Lead Partners hip	Update
Improve Mental Wellbeing	<p>➤ To work towards further implementation of the Telford & Wrekin Drugs & Alcohol Strategy:</p> <ul style="list-style-type: none"> Restricting Supply: closer working and between the criminal justice system and substance misuse services to improve pathways for offenders and strengthening work on the night time economy and test purchasing Further develop and implement the substance misuse training programme Continue to improve and share data and intelligence on substance misuse treatment services Expand delivery of social recovery and mutual aid projects through TACT etc, including links with Job Centre Plus and employees Improve recovery pathway further to embed aftercare and relapse prevention and exit strategies Expand GP shared care provision for substance misuse clients 	<p>Integrated Offender Management/Community Rehabilitation Company/WM Police</p> <p>Public Protection/Emma Trowell/Anita Hunt</p> <p>Lyn Stepanian</p> <p>Bhavna Taank</p> <p>Bhavna Taank</p> <p>Lyn Stepanian/Bhavna Taank</p> <p>DARS/Inclusio</p>	<ul style="list-style-type: none"> Increase in the number of referrals from criminal justice system into treatment and recovery services, sustaining clients in service for 12+ weeks Decrease re-offending rates Decrease rates of alcohol-related crime Maintain the number of test purchasing operations Increase the numbers of professional receiving basic awareness and specialist substance misuse training Intelligence on the substance misuse performance and outcomes framework is comprehensive for all services and well shared with partners Increase in the numbers of people supported by recovery projects, expanding the numbers 	DAAT/Community Safety Partnership	<ul style="list-style-type: none"> There has been a reduction of 15 individuals between 2014/15 and 2015/16. This is primarily due to a large number of clients already involved with treatment services hence not being new referrals. Pathways are in place to ensure offenders are passed on to recovery services and a Criminal Justice worker is allocated to the individual to promote as part of recovery lower offending rates Work on this is continued as is highly reliant on Promotions and early intervention programmes which are delivered through a number of locations, such as Healthy Lifestyle Hubs, etc Targeted test purchases take place throughout the year with effects on premises licenses effected and now working on test purchasing around New Psychoactive Substances A full training Programme has been implemented during 2016/17 on NPS, Drug and

HWBB Priority	Key Task/Objective	Lead Officer/ Organisation	Desired outcome	Lead Partners hip	Update
		n	<p>of peer volunteers. Increase the number of people with planned treatment exits, numbers completing treatment (especially the longer term clients) and reduce representations</p> <ul style="list-style-type: none"> • • Increase the number of GPs trained to deliver shared care (RCGP), expanding the number of practices to offer the service • Increase the number of clients in share care 		<p>Alcohol Awareness, MI and CBT. Each targeted to reach at least 100 per annum.</p> <ul style="list-style-type: none"> • The NDTMS Reports for the whole partnership is distributed and shared with all partners to ensure they are performing and provide reasons for exceptions. A reporting dashboard is being created by Performance Team which will incorporate a wide array of performance data • Approximately 90% of clients attend and receive recovery interventions, peer support and mutual aid. There has been an increase in planned treatment exits averaging an increase of 7% and representations have reduced by an average of 1.3%. • A training programme has been set up and GPs are being recruited as we speak. It is anticipated that more practices will be on board over the next 12

HWBB Priority	Key Task/Objective	Lead Officer/ Organisation	Desired outcome	Lead Partners hip	Update
					<p>months</p> <ul style="list-style-type: none"> An audit showed a number of clients who were suitable for shared care. These clients are now slowly being referred into shared care there an increase will be likely over the next twelve months, however a small increase of approximately 8 clients has been seen. <p>Housing have developed new pathway for under 18's and adults regarding the effective use of the 28 Day West of Midland info sharing protocol. This should improve the timeliness of T & W Housing services receiving information on Prisoners coming back into Telford.</p> <p>This piece of work will provide the starting point and other risk / issues such as Mental Health and substance misuse will be evidenced and actioned accordingly in terms of the right professionals attending pre-release strategy meetings.</p>

HWBB Priority	Key Task/Objective	Lead Officer/ Organisation	Desired outcome	Lead Partners hip	Update
<p>Strengthen Our Communities and Improve Mental Wellbeing</p>	<p>To reduce crime and increase confidence in reporting</p> <p>This CSP priority contributes to the HWBB priorities in the following ways;</p> <ul style="list-style-type: none"> • Overall reduction in crime • Increase public / community confidence to report crime. • To further understand the fear of crime within communities • Address ongoing community tensions • Develop partnership strategies and action plans against specific crime types which significant impact on individuals and communities alike. <p>The CSP is working to tackle and reduce crime, through a partnership approach in effectively managing specific key areas;</p> <ul style="list-style-type: none"> ○ Domestic Abuse ○ Child Sexual exploitation ○ Integrated Offender management ○ Impact of the Night time economy ○ Gypsy and Travellers 	<p>Paul Fenn / CSP</p>	<ul style="list-style-type: none"> • IDVA – 1:1 support for all high risk victims of DA. • No of children exposed 3 / 5 + times to DA within 12 months • Domestic abuse crimes where alcohol / drugs are involved. • No of domestic Abuse Protection notices / Orders. • No of DA incidents involving children and pregnant women • No of MARAC and repeat MARAC cases • No of 16 / 17 year old victims and perpetrators at MARAC. • No of children discussed at MARAC. • To reduce the no of people becoming either victims / perpetrators of crime • To ensure that all young people who are at risk of CE or victims of CE, and their families, have access to appropriate 	<p>Community Safety Partnership</p>	<p>Working with D & P, we are in the process of devoping a strategic intelligence assessment to cover all of the priorities. A new strategy and over arching action plan will support and implement delivery.</p> <p>From a Domestic point of view, work continues on sustaining the current numbers of support groups available.</p> <p>With regards to MARAC, we have recently been through an Ofsted inspection and it was recognised that we are recognised as a ‘Strength’.</p> <p>We are working closely with the police to ensure that MARAC is ‘fit for purpose’. This on the back of the Save Lives recommendations will look at the overall governance and the implementation of MARAC multi agency audits.</p>

HWBB Priority	Key Task/Objective	Lead Officer/ Organisation	Desired outcome	Lead Partners hip	Update
			<p>support services to recover from any trauma and enable them to reach their full potential.</p> <ul style="list-style-type: none"> • To ensure that young people who are identified as potential CE offenders are supported to minimise/eradicate their offending behaviour. • Reduction in un-authorised encampments. 		

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

7TH SEPTEMBER 2016

NHS TELFORD AND WREKIN PRIMARY CARE STRATEGIC PLANS

REPORT OF: MRS NICKY WILDE, DEPUTY DIRECTOR FOR PRIMARY CARE

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The Primary Care delegated commissioning strategic priorities for NHS Telford and Wrekin for 2016 - 2020 build on the original CCG Primary Care Strategy which was used to inform the progression to delegated commissioning status and is also designed to be read alongside the main CCG commissioning strategies www.telfordccg.nhs.uk/strategies.

The priorities are aimed to ensure the sustainability of excellence in the delivery of our Primary Care responsibilities whilst endeavouring to meet the expectations of our stakeholders, within a challenging environment. The priorities remain to be about facilitating, shaping and exploring possibilities, in partnership with our stakeholders. We have a vision of a Primary Care Service, led by GPs who are sufficiently resourced to offer appropriate and prompt access to excellent quality planned and urgent care for our population that is robust against challenge.

Our GPs will lead innovatively staffed multi-disciplinary teams across health and social care as well as those staff historically involved in the delivery of Primary Care such as community nursing teams. Primary Care Services will be designed around the needs of our population, as mandated by Patient Groups.

Telford and Wrekin will strive to continue to be an attractive place for Primary Care Clinicians of all disciplines to work and will be evidenced by the number of applicants for every job advertised and the excellent reputation of our Primary Care regionally and even nationally.

The strategic priorities identified in this paper have been informed by a local Primary Care Needs Assessment (PCNA) which was undertaken during February and March 2016. The purpose of the PCNA was to understand the need in Primary Care from a Patient, Commissioning and Provider perspective. The document was shared with the following stakeholders and comments were welcomed:

- CCG Primary Care Committee
- CCG Governance Board
- CCG Health Roundtable
- Healthwatch
- All GP Practices in Telford and Wrekin
- Local Medical Committee

After the Needs Assessment had been completed two key documents were published which have also been used to identify the Primary Care Strategic Priorities. The General Practice Forward View (Department of Health April 2016) and the NHS England Sustainability and Transformation plans – from Primary Care to integrated Primary Care to integrate out of hospital community based health and social care. The CCG also has a Primary Care Estates plan which details Premises developments, and a Primary Care Digital Roadmap which have informed the priorities and which can be found at www.telfordccg.nhs.uk/primary-care-committee.

Appendix 1 – Telford and Wrekin CCG Primary Care Strategic priorities

Appendix 2 – Telford and Wrekin CCG Primary Care Estates Plan

2. RECOMMENDATIONS

The Health and Wellbeing Board are asked to:-

- Note the Primary Care Strategic Priorities for 2016 – 2020
- Confirm that these priorities are consistent with the wider Health and Wellbeing Priorities.

3. IMPACT OF ACTION

The CCG will know when we have achieved our vision because:-

- Patients will consistently tell us
- Improved outcomes will have been demonstrated and
- We will have an empowered, diverse and self-sustained workforce

Each priority will have identified measurable outcomes which will be monitoring by the Primary Care Committee of the CCG who have received an overarching work-plan to ensure delivery of the priorities.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority?	
	Yes	<i>Encourage healthier lifestyles</i> <i>Strengthen our communities and community based support</i>
	Will the proposals impact on specific groups of people?	
	Yes	<i>The population registered with Telford and Wrekin GP Practices (both temporary and registered patients)</i>
TARGET COMPLETION/DELIVERY DATE	<i>This is a strategy for 2016 – 2020</i>	

FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<i>There is a separate finance report submitted to the CCG Primary Care Committee on a monthly basis.</i>
LEGAL ISSUES	No	<i>None identified</i>
EQUALITY & DIVERSITY	No	<i>One of the priorities is to commission high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and Estate.</i>
IMPACT ON SPECIFIC WARDS	No	<i>Borough-wide impact</i>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p><i>A primary Care Needs assessment was undertaken to support the priorities. Part of this involved a patient engagement survey undertaken by Healthwatch – over 2000 responses were received to inform the final priorities.</i></p> <ul style="list-style-type: none"> ➤ <i>The overriding theme between the patient and professional survey results is identified as the need to improve the use of technology and access to information to manage patient care</i> ➤ <i>Patients indicated that they are happy to travel further to get better access to good quality care and GP Practices are open to exploring how practices can work together</i> ➤ <i>Patients would like more availability of appointments outside current opening hours and would like better access to appointments both bookable in advance and on the day</i> ➤ <i>Patients would like reception staff to improve their customer care and to answer calls promptly</i> ➤ <i>The development and sustainability of the Primary Care workforce is also highlighted as a concern</i>

Primary Care Needs Assessment



April 2016

Version 1

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Executive Summary

Vision and Process

Key Messages

- The CCG has undertaken this Needs Assessment to inform the future Primary Care Strategy and Priorities for 2016/17 and beyond. Whilst the CCG has an initial Strategy, which was agreed upon receiving delegated responsibility for Primary Care from NHS England, it was based on information available at a point in time. This Assessment will inform the future Strategic priorities, based on a more in-depth analysis of need from a Commissioning, Patient and Provider perspective.
- The original CCG vision for a Primary Care Service led by sufficiently resourced GPs, to offer appropriate and prompt access to excellent quality care robust against challenge still remains. GPs together with multi-disciplinary teams will provide services designed around the needs of our population, as mandated by Patient Groups.
- The CCG set up a working group with members from Commissioning, Provider, Local Authority, NHS England and Healthwatch to develop this Needs Assessment. The anticipated outcome was for a document containing up to date information based on evidence and stakeholder engagement being available to inform future Primary Care Priorities.

Strategic Context

Key Messages

A range of national and local Strategic documents were studied and identified the priorities for Primary Care as:

- Prevention, wellness and healthy lifestyle promotion
- Self-care and patient activation especially for patients with complex needs
- Patient engagement and understanding of patient experiences of healthcare
- New models of care – Primary Care at scale delivering integrated out of hospital care with local communities
- Holistic equitable access to services (Physical and Mental)
- Reducing variation to deliver high quality patient care
- Developing and attracting a highly skilled and motivated multi-disciplinary workforce
- Improved technology and sharing of information
- Outcomes Based Commissioning making the most efficient use of resources
- Sustainable General Practice including Primary Care Estate
- National clinical priorities are identified as Stroke, Chronic Obstructive Pulmonary Disease, Ischaemic Heart Disease, Smoking, Alcohol Abuse and Obesity

Population Needs – Key Messages

The Demographic and Socio-economic factors in Telford and Wrekin have been identified as the:

- Population of Telford and Wrekin is about 170,000 and GP Registered Practice Population is nearer 180,000
- Areas of deprivation exist mainly in the central and south-eastern areas of the CCG
- Age profile is similar to that of the national profile
- Approximately 90% of the population is “White British”
- Over 80% of the population is identified to be in “good” health with 18% having a long term health condition
- Local clinical priorities are identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- There is a need to reduce inequalities

Primary Care Services Key Messages

- Contract arrangements are complex and whilst much of this is outside the CCGs control, the CCG should minimise additional administrative pressures on practices
- Health checks should be promoted and GP Practices supported to deliver this important prevention intervention
- Continue to ensure that Primary Care is supported to deliver care to complex patients and to address the clinical priorities - identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- Support practices to provide primary care at scale and deliver new models of care
- Develop a formal plan to deliver 8am – 8pm Primary Care Services 7 days a week
- Continue to support Practices with premises and IT development
- Develop a workforce strategy for Primary Care
- Share best practice to ensure high quality care
- Ensure that equitable access is available and visible for both routine and urgent care in GP Practices
- Continue to undertake patient surveys to determine experiences and needs

Patient, Professional & Public Engagement – Key Messages

- The overriding theme between the patient and professional survey results is identified as the need to improve the use of technology and access to information to manage patient care
- Patients indicated that they are happy to travel further to get better access to good quality care and GP Practices are open to exploring how practices can work together
- Patients would like more availability of appointments outside current opening hours and would like better access to appointments both bookable in advance and on the day
- Patients would like reception staff to improve their customer care and to answer calls promptly
- GPs are feeling the effect of care closer to home and the additional workload being received from secondary care. This, together with increasing numbers of patients with complex conditions, increasing reporting and a reduction in revenue, is causing unwarranted pressures on Practices
- The development and sustainability of the Primary Care workforce is also highlighted as a concern

Recommended Priorities for 2016/17

- Promote patient activation and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own long term conditions safely
- Continue to support Practices to develop their Patient Participation Groups to build on this CCG wide Needs Assessment. This will enable a shared understanding of their local practice population needs and build relationships to ensure the sustainability of Primary Care for the future
- Support and promote the vision of a new model for Primary Care 8am – 8pm 7 days a week
- Plan to commission high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and Estate
- Ensure that Primary Care is resourced to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions
- Develop a long term workforce strategy for Primary Care
- Promote and develop a culture of continuous improvement and shared learning
- Introduce a formal mechanism for the sharing of outstanding practice, enabling all Practices in Telford and Wrekin to gain Excellent CQC ratings and provide patients with assurance of quality of care

Section A: Primary Care Needs Assessment

Vision

The overarching vision for the Telford and Wrekin Clinical Commissioning Group (CCG) is:

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

In May 2014 NHS England announced that they were inviting CCGs to expand their role in Primary Care Commissioning. As a result of this, from 1st April 2015, Telford and Wrekin CCG were awarded delegated commissioning status by NHS England and took on extended responsibilities for Primary Care Commissioning. As part of this extended responsibility the CCG published its first Primary Care Strategy document. The Primary Care Strategy is about facilitating, shaping and exploring possibilities, in partnership with our stakeholders.

The CCG has a vision of a Primary Care Service, led by GPs sufficiently resourced to offer appropriate and prompt access to excellent quality care that is robust against challenge. Our GPs will lead innovatively staffed multi-disciplinary teams, which will include many disciplines of health and social care workers as well as those historically involved, such as community nursing teams. Primary Care Services will be designed around the needs of our population, as mandated by Patient Groups. This will require careful and thoughtful management of patient expectations. We will know when we have achieved our vision, because:

- ✓ **Patients will consistently tell us**
- ✓ **Improved outcomes will have been demonstrated, and**
- ✓ **We will have an empowered, diverse and self-sustained workforce**

In addition to outlining the vision, the Strategy detailed 8 initial key areas of commitment the CCG wanted to address in the first year of delegated authority:

- 1. Engagement and Empowerment**
- 2. Sustainable Multi-disciplinary working**
- 3. Patient-Centred high quality and safe care**
- 4. Care close to home – admission avoidance**
- 5. Improved access for urgent / routine care**
- 6. Reduced bureaucracy**
- 7. Reduction in variation of care inequalities**
- 8. More effective use of resources**

This initial strategy provided the CCG with an opportunity to lay out plans to enable the achievement of excellence in the delivery of Primary Care responsibilities, whilst endeavouring to meet the expectations of our stakeholders, within a challenging environment. However the CCG was aware that the initial Strategy was based on existing levels of available information and therefore made a commitment to undertake a full Primary Care Needs Assessment within the first year of delegated authority. The purpose of this document is to understand the need in Primary Care from a Patient, Commissioning and Provider perspective.

Readers should note that where Primary Care is referred to in this document it makes reference to GP service provision. The CCG jointly with the Local Authority already has a Pharmacy Needs Assessment. Opticians and Dentists are also Primary Care Contractors but they are currently commissioned by NHS England and therefore not a responsibility of the CCG.

Key Elements of a Needs Assessment

- ✓ **Assessment of ill health & inequalities**
- ✓ **Baseline mapping of services – capacity and workforce issues, service supply & demand**
- ✓ **Evidence of effectiveness - models of care**

Process Followed and Timescales

The CCG set up a small working group to develop the Primary Care Needs Assessment. Members of the group consisted of:

- CCG Board GP
- Primary Care GP
- Deputy Executive for Primary Care Commissioning and Planning
- Commissioning Support Manager
- Primary Care representation from NHS England
- Healthwatch representative
- Public Health representatives
- Local Authority representatives

It was very important to the CCG to ensure that the views of patients, local GPs and Practice Managers were sought as well as collating other information to support the project work:

- A questionnaire was developed and sent to all GP Practices in Telford and Wrekin
- Healthwatch was commissioned to undertake patient surveys and visited all practices in Telford and Wrekin, ensuring they also sought views from the 9 Protected Patient Groups

The first draft of the document was then collated and shared with the Primary Care Committee to gain authority to share it with key stakeholders for comment, before submitting a final paper for approval.

Expected Outcomes

The expected outcome is to have a document which contains up to date relevant information, on which the CCG can base future decisions, on how to further improve and support Primary Care in the Telford and Wrekin area.

The Primary Care Needs Assessment will also cross reference with other important documents, such as the CCG Primary Care Estates Plan and the wider Five Year Forward View, and will be used to define priorities and future investment in Primary Care going forward.

Vision and Process - Key Messages

- The CCG has undertaken this Needs Assessment to inform the future Primary Care Strategy and Priorities for 2016/17 and beyond. Whilst the CCG has an initial Strategy, which was agreed upon receiving delegated responsibility for Primary Care from NHS England, it was based on information available at a point in time. This Assessment will inform the future Strategic priorities, based on a more in-depth analysis of need from a Commissioning, Patient and Provider perspective.
- The original CCG vision for a Primary Care Service, led by sufficiently resourced GPs, to offer appropriate and prompt access to excellent quality care robust against challenge still remains. GPs together with multi-disciplinary teams will provide services designed around the needs of our population, as mandated by Patient Groups.
- The CCG set up a working group with members from Commissioning, Provider, Local Authority, NHS England and Healthwatch to develop this Needs Assessment. The anticipated outcome was for a document containing up to date information based on evidence and stakeholder engagement being available to inform future Primary Care Priorities.

Section B: Strategic Context - National and Local

The CCG recognises the importance of understanding the national priorities and ensuring that these are translated to meet our local needs. As this document may be read in isolation to other national and local documents, this section concentrates on enabling an understanding of the current National and Local documentation that have informed the Primary Care Needs Assessment.

National Context

5 Year Forward View



The NHS “**Five Year Forward View**” set out a new shared vision for the future of the NHS. It acknowledged that securing high quality care and financial balance is a vital part of this ambition and that the only sustainable solution is fundamental reform, involving:

- getting serious about prevention
- changing the way in which care is provided, and
- delivering high quality care

There was a commitment that the foundation of NHS care will remain list-based primary care and, given the current pressures, a ‘new deal’ for GPs was also promised. Proactive primary care is also cited as central to the vital role the NHS has, in the radical upgrade in prevention that is needed, alongside local authority primary public health programmes. It was also acknowledged that reducing variations where patients receive care will narrow the gap between the best and the worst, whilst raising the bar higher for everyone.

The Five Year Forward View acknowledged that the traditional divide between primary care, community services and hospitals is increasingly becoming a barrier and that integrated services around the patient, as well as partnerships with patients, are becoming more crucial. Primary Care was also recognised as an essential part of the new models of care needed, for example, within Multispecialty Community Providers and Primary and Acute Care Systems.

Health and Wellbeing Strategy

The NHS ‘**Five Year Forward View**’ identified the need to “get serious about prevention” and for action to be taken to address obesity, smoking, alcohol and other health risks; for supporting people to choose healthier lifestyles and to encourage self-care.

Along with the vision of the ‘NHS as a social movement’ - where power is shifted to patients and citizens, communities are strengthened, health and wellbeing is improved and, as a by-product, the rising demands on the NHS are moderated - the strategy re-frames the relationship between patients, local people, the NHS and other service providers.

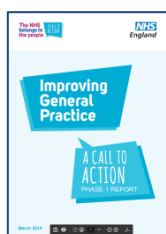
Health and Wellbeing is about being emotionally as well as physically healthy. For years, commentators and practitioners alike have argued that prevention is better than cure. Clearly patients would prefer to avoid getting ill in the first place (primary prevention) or, if they do get ill, ensure that it is diagnosed at an early stage and that arrangements to manage the condition effectively are put in place as soon as possible, to allow them to continue living autonomous and active lives (secondary prevention).

There is a longstanding aspiration for the NHS to focus as much on promoting wellness as managing poor health, and the NHS has a contribution to make to the prevention of disease and the promotion of health across populations, working in partnership with local public health services through Health and Wellbeing Boards.

General Practice and Primary Care more generally, have a strong contribution to make to reducing premature mortality through:

- Promoting lifestyle changes
- Outreaching to communities which are less likely to access services
- Ensuring patients are engaged and make an informed decision about participation in screening, and ensuring appropriate follow through
- Treating patients holistically in terms of mental and physical illness
- Promoting effective self-management for people with long-term conditions
- Improving the management of comorbidities

Improving General Practice – A Call to Action



NHS England's "**Improving General Practice – A Call to Action**" defines the case for change and underlying objectives to enable general practice to: play an even stronger role at the heart of more integrated out-of-hospital services to deliver better outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources.

The key national headlines in terms of context for this call to action include:

- A growing population with more complex needs
- Increasing prevalence of long term conditions, which is often under-recorded
- Increasing demands on General Practice services
- Growing challenges in relation to patient experience of accessing services
- Accelerating growth in General Practice workforce
- Better distribution of workforce to address issues of inequity

The BMA's Vision for General Practice



The BMA's vision for general practice "**Responsive, safe and sustainable - Towards a new future for general practice**" includes a number of recommendations, including:

- Improving recruitment and retention by implementing manageable GP workloads
- A new national campaign to promote patient self-care to reduce the existing burden on GP services

- Improving technological efficiency, information sharing and collaboration between General Practice and the wider NHS
- Reforming the GP curriculum and career path in order to entice greater numbers of medical graduates into general practice

General Practice 2022 – Royal College of General Practitioners



The “*Royal College of General Practitioners 2022 GP: A Vision for General Practice*” outlines the aspiration for the future of general practice and patient care, demonstrating how general practice should be the driving force for transforming the health service over the next decade. The action plan defines six ambitions that general practice, in partnership with stakeholders, must aspire to achieve:

- Promote a greater understanding of generalist care and demonstrate its value to the health service
- Develop new generalist-led integrated services to deliver personalised, cost-effective care
- Expand the capacity of the General Practice workforce to meet population and service needs
- Enhance the skills and flexibility of the General Practice workforce to provide complex care
- Support the organisational development of community-based practices, teams and networks, to support flexible models of care
- Increase community-based academic activity to improve effectiveness, research and quality

NHS England – Regional Priorities

The Regional NHSE team are currently finalising their priorities for GP practices for 2016/17, however these are expected to be to:

- Improve access to high quality primary care services
- Improve health outcomes for patients and NHS workforce with clear focus on prevention
- Reduce unwarranted variation
- Maximise the use of technology to improve access and self-management with action plans for keeping people well
- Ensure Primary Care Estate is aligned to meet the needs of the future planned housing growth and to support new models of care

Local Context

Primary Care Strategy

As indicated earlier in this report, the CCG has already developed an initial Primary Care Strategy – created in the very early days of receiving delegated responsibility. This strategy covered a number of areas and described the CCG’s aspirations.

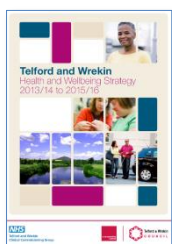
However, to enable the Primary Care Strategy to be developed further, it needs to be underpinned by this Primary Care Needs Assessment, in order that any changes which need to be delivered as part of the Strategy can be identified.

Future Fit

NHS Future Fit is about meeting health needs for everyone living and working in Shropshire, Telford and Wrekin and mid Wales with local patients, doctors, nurses and other health professionals all working together to improve care at local hospitals, using the latest medicines and technologies, to create a local service that will last for many years to come.

There are already some very good health services that have been developed over many years to try to best meet the needs and expectations of the population served and, although the Future Fit programme is primarily about hospital care, it is important that the Primary Care Needs Assessment takes into account this important programme of work when looking at the provision of services from GP Practices in the area.

Local Health & Wellbeing Strategy



The vision of the Telford & Wrekin Health & Wellbeing Board, which brings together key partner organisations to improve the health and wellbeing of the Borough's population, is:

“Together we will work to enable people in Telford & Wrekin to enjoy healthier, happier and longer lives”.

The priorities for the new Health & Wellbeing Strategy for 2016 – 2019, developed by the Board, were consulted on during late 2015 - early 2016:

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

The approach is to focus on supporting and developing community assets and strengths, rather than deficits or needs. Harnessing the skills of local residents, the power of local organisations and groups is a means of turning a vicious cycle into a virtuous cycle and building resilience in individuals and communities.

Telford & Wrekin GP practices also have a crucial role to play in the delivery of the Health and Wellbeing Strategy priorities, in many significant ways, including, for example:

- signposting
- referral to and delivery of healthy lifestyle services
- improving the physical health of people with mental illness
- supporting individuals to live more independently
- reducing the number of people accessing acute hospitals or being admitted to residential care homes

The local priorities focussed on prevention (and wellbeing) are similar to the national targets, but do have a particular emphasis on:

- Stroke
- Chronic Obstructive Pulmonary Disease
- Ischaemic Heart Disease
- Smoking
- Alcohol Abuse
- Obesity

Local Development Plan

The Telford & Wrekin Local Plan is the Council's plan for future development up to 2031. It sets out the Council's priorities and policies for development in Telford and Wrekin on a wide range of topics which include housing, green spaces, shops, businesses, transport and community facilities.

The Local Plan will be used to determine applications for planning permissions for the next 15 years, providing certainty to the market and enabling the delivery of investment and growth.

Amongst the stated aims of the Local Plan, the Council has determined that future planning will help to:

- Enable healthier lifestyles and improve the health and wellbeing of the population
- Address social and economic deprivation

The CCG have been working closely with the local Council to create the Primary Care Estates Plan which will ensure that there is sufficient Primary Care Estate to meet the increasing population and local housing needs. It is important that people have good access to a GP Practice and the CCG needs to ensure adequate provision in the correct geographical areas across Telford and Wrekin.

Primary Care Estates Plan

In June 2015, the Department of Health published a Local Estates Strategic Framework and confirmed the need for strategic estates planning. All CCGs were expected to have plans in place which cover primary and community estate; however estates planning needs to be integrated in order to deliver the best health care services locally.

In February 2016, the CCG – working closely with NHS Property Services and NHS England with input and support from Telford & Wrekin Council – produced the Primary Care Estate Plan identifying new housing developments planned for Telford and Wrekin. The document examined the current estate (18 GP Practices with 9 Branch surgeries spread over 27 locations) and gave a breakdown of the challenges faced at each location, specifically in relation to the amount of housing development in the local area.

Mental Health Strategy

The CCG and the Local Council have jointly agreed the Telford and Wrekin Adult Mental Health Strategy 2016-2019. The aim of this strategy is to improve the mental health and emotional wellbeing of the local population. One of the significant principles which underpin the strategy is that ideas and

solutions should come from those with 'lived experience' of mental health problems and this has led to the top three ambitions for the strategy being declared as follows:

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

Undoubtedly, GP Practices may well be at the heart of some of this work, as they will have access to information to help signpost people for early intervention of mental health problems and encourage mental health wellbeing. Mental Health services will develop key links into general practice to ensure the whole team has support to manage those people with mental illness and to improve the physical health of those with mental health issues. Access to specialist mental health services will be made easier for both clinicians and service users. In addition, General Practice staff will be supported to understand the impact of mental health on those with long term conditions and will be supported to identify and, if appropriate, support people.

Strategic Context - Key Messages

A range of national and local Strategic documents were studied and identified the priorities for Primary Care as:

- Prevention, wellness and healthy lifestyle promotion
- Self-care and patient activation especially for patients with complex needs
- Patient engagement and understanding of patient experiences of healthcare
- New models of care – Primary Care at scale delivering integrated out of hospital care with local communities
- Holistic equitable access to services (Physical and Mental)
- Reducing variation to deliver high quality patient care
- Developing and attracting a highly skilled and motivated multi-disciplinary workforce
- Improved technology and sharing of information
- Outcomes Based Commissioning making the most efficient use of resources
- Sustainable General Practice including Primary Care Estate
- National clinical priorities are identified as Stroke, Chronic Obstructive Pulmonary Disease, Ischaemic Heart Disease, Smoking, Alcohol Abuse and Obesity

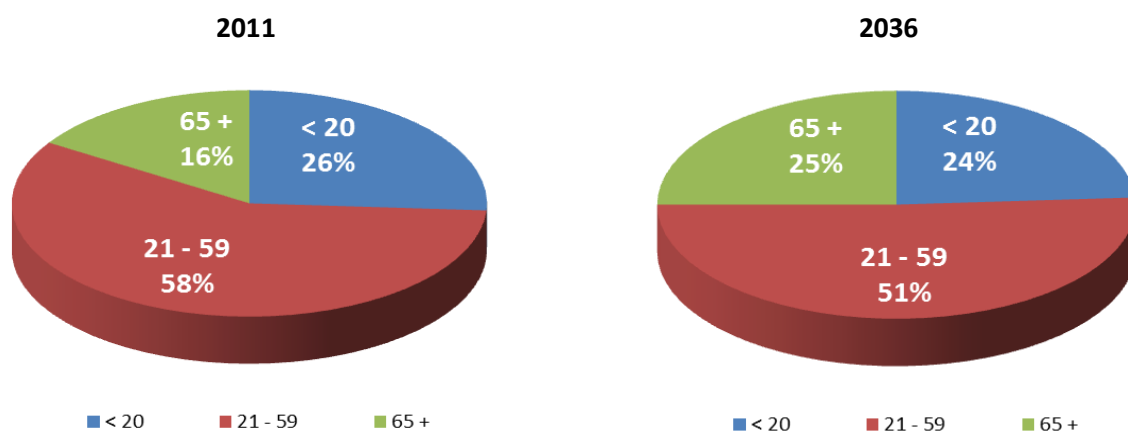
Section C: Population Need

Demographic & Socio-Economic Factors

The Joint Strategic Needs Assessment document “*Key Messages for Telford and Wrekin*” outlines a number of key figures regarding the breakdown of the local population, mainly based on the 2011 Census information, and the impact this will have locally from a healthcare perspective.

Population & Demographics

- The 2011 Census population figure was 166,641, which is lower than both the Council estimate (170,000+) and the current GP Patient Register (~180,000 @ Jan 2016)
- The latest ONS population estimates (2014) put the total population for Telford and Wrekin at around 170,000 people. The current registered GP Practice population is around 180,000 but it is recognised that, currently, around 5% of the population reside just outside the CCG geographical boundary
- The population had increased by 8,300 people (5.3%) since the 2001 Census, this is slower than the national growth (7.9%) and the slowest decade of growth since new town designation
- The fastest growing ward was Horsehay & Lightmoor which showed a 53% increase from 2001 (equating to 1,483 additional residents)
- The age profile is now very close to the national picture with the key highlights being:
 - 65 - 84 years age group increased by 22.2% to 21,409 people
 - 85+ years age group increased by 22.2% to 2,680 people
 - 11% of households are lone pensioner households, which is slightly lower than the national average (12.4%)
 - Woodside now has the youngest age structure, with 36.4% of residents aged 19 or under
 - Ercall Magna has the oldest age structure, with 25.5% of residents aged 65 years or over
- Latest ONS estimates are that approximately 26% of the population (34,500) are aged under 20 and 16% (27,250) aged 65 and over. However, over time, the proportion of the population aged 65 and over is projected to increase significantly and by 2036 is predicted to be greater than the population aged under 20 (25% compared to 24%)



Shift in Population Age Profile – Current Through to 2036 (Source: ONS)

Population Diversity: 2011 Census

- The population has become more diverse since the last census, with the 'White British' proportion of the population decreasing from 93% in 2001 to 89.5% in 2011
- The second largest population group is 'South Asian' (circa 5,480 Indian, Pakistani and Bangladeshi people) who account for 3.3% of the population
- The greatest increase was seen in 'White - non British' group, which increased by 97% to 5,319 people, and is the 3rd largest group (with the majority being from the Polish Community)
- The most stated religions were: Christian (61.7%), Muslim (1.8%) and Sikh (1.3%). The number of Muslims increased by 49% circa 3,020 people
- 3,196 households (4.8%) include adults whose first language is not English and 1,458 households have no residents with English as a first language at all
- 281 people (0.2%) are in same sex civil partnerships

Health and Care: 2011 Census

- The majority of residents (80.2%) reported good health - slightly lower than the national average (81.4%)
- 30,995 people (18.6%) reported a long term health problem or disability which limits their daily activities
- An increasing number of residents provide some level of unpaid care – 17,944 people or 10.8% compared to 9.9% in 2001. More than a quarter (4,978 people) provide 50+ hours a week of unpaid care

Economy and Skills: 2011 Census

- A higher proportion of people are economically active - employed full-time (41.4%) compared to the national average (38.6%), but a lower proportion are self-employed (7% compared to 9.8%)
- 16.9% of people are employed in manufacturing which is twice the national rate of 8.8%
- 8.2% of people employed in public administration – which is far higher than the national rate of 5.9%
- Number of people with no academic or professional qualifications has fallen from 31.8% to 24.6%, lower than the regional rate of 26.6%
- Employment in elementary or process occupations (21.3%) is higher than the national average (18.3%)

MOSAIC Population Segmentation

Almost 4 in 10 (38%) households in the borough belong to Mosaic groups L - Transient Renters (9.1%); M - Family Basics (16%); N - Vintage Value (7.4%); and O - Municipal Challenge (6.1%). These groups are characterised as having above average levels of poor health (Group N has the highest level of all Mosaic groups, followed by Group O) and are also the most frequent visitors to GPs and Emergency Departments at hospitals.

Lower Super Output Areas (LSOAs) with households belonging to these Mosaic groups tend to be concentrated in the centre and south east of the borough (e.g. Brookside, Sutton Hill and Woodside). Therefore it is important that the CCG ensures that this population is supported to manage their healthcare needs.

Socio-Economic Deprivation: Key Messages

Telford and Wrekin is in the top 30% most deprived local authorities in the West Midlands and in the top 40% most deprived nationally, according to the Index of Multiple Deprivation 2010 (IMD 2010). Levels of deprivation across the Borough increased between 2007 and 2010 with 13% of the population living in the 10% most deprived areas nationally in 2010 compared to 5% in 2007. Overall, the changes in the 2010 deprivation profile suggest that socio-economic inequalities have widened since 2007.

The Index of Multiple Deprivation (IMD) 2015 shows that over one quarter (27%) of the population in Telford and Wrekin live in areas that were ranked in the 20% most deprived nationally.

For the Health & Disability Deprivation domain of the IMD, over one third of the borough's population live in areas that were ranked in the 20% most deprived nationally.

There are pockets of nationally significant deprivation with 14 Census Super Output Areas (SOAs) out of a total of 108 ranked within the top 10% most deprived in England (compared to six SOAs in the 10% most deprived in the 2007 IMD).

The most deprived SOAs cover the following electoral wards: Woodside, Malinslee, Cuckoo Oak, Brookside, Hadley, Leegomery, Dawley Magna, College and Donnington.

The most deprived wards are Woodside and Malinslee. All of Woodside's five SOAs rank in the 20% most deprived nationally, as do three of the four SOAs in Malinslee.

At the other end of the scale there are eight SOAs which rank in the 10% least deprived nationally: covering the electoral wards of Priorslee, Shawbirch, Apley Castle, Newport North, Ercall and Newport West (this is a slight increase from seven in the IMD 2007).

Of the seven domains, Education, Skills & Training ranks the greatest number of SOAs in the 20% most deprived nationally (41 - over a third of SOAs), with 22 of these in the 10% most deprived. In total, 38% of the Borough's population live in these 41 SOAs.

The income deprivation affecting children index shows that 10,200 children aged under 15 (almost a third - 31%) live in areas ranked in the 20% most deprived in England.

The income deprivation affecting older people index indicates 6,600 older people (65+ year old males and 60+ years old females) live in areas ranked within the 20% most deprived nationally, this is almost a quarter (24%) of the Borough's pensioners.

Long Term Conditions: Key Messages

- **Coronary Heart Disease:** It is estimated that 5.6% of people aged 16+ years (approximately 7,849 adults) have coronary heart disease. However, at the end of March 2011 only 3.2% of the general practice population (5,472 adults) were recorded as having a diagnosis of CHD in primary care
- **Hypertension:** It is estimated that 30.9% of people aged 16+ years (approximately 39,798 adults) have hypertension. However, at the end of March 2011 only 13.5% of the general practice population (23,059 adults) were recorded as having a diagnosis of hypertension in primary care

- **Chronic Obstructive Pulmonary Disease:** It is estimated that 3.4% of people aged 16+ years (approximately 4,418 adults) suffer from COPD. However, at the end of March 2011 only 1.8% of the general practice population (3,136 adults) were recorded as having a diagnosis of COPD in primary care
- **Stroke and TIA:** It is estimated that 2.5% of people aged 16+ years (approximately 4,418 adults) have suffered a stroke or TIA. However, at the end of March 2011 only 1.5% of the general practice population (2,656 adults) were recorded as having a diagnosis of hypertension in primary care
- **Dementia:** It is estimated that 1,580 people were suffering from dementia in 2010. The numbers of people expected to be suffering from dementia by 2015 is set to increase by 17% to 1,851. At the end of March 2011 only 644 adults were recorded as having dementia in primary care

9 Protected Groups – Equality Act 2010

The nine characteristics protected by the Equality Act 2010 are as follows:

1. Age
2. Disability
3. Gender re-assignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race including nationality and ethnic origin
7. Religion or belief
8. Sex
9. Sexual orientation

Within each characteristic the risk of discrimination is greater for some people than others. These risks must be addressed as part of this Needs Assessment.

Population Needs – Key Messages

The Demographic and Socio-economic factors in Telford and Wrekin have been identified as the:

- Population of Telford and Wrekin is about 170,000 and GP Registered Practice Population is nearer 180,000
- Areas of deprivation exist mainly in the central and south-eastern areas of the CCG
- Age profile is similar to that of the national profile
- Approximately 90% of the population is “White British”
- Over 80% of the population is identified to be in “good” health with 18% having a long term health condition
- Local clinical priorities are identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- There is a need to reduce inequalities

Section D: Primary Care Services

Current Primary Care Service Provision and Utilisation

Overview

As outlined in section B, the future of General Practice in England is in the political and policy spotlight. There is an encouragement to ensure the sustainability of Primary Care by 'scaling up' GP practices into larger organisations or networks capable of delivering a wider range of better coordinated services in the community 8 am – 8 pm, 7 days a week. The Five Year Forward View also provided a clear indication that larger primary care organisations are to be the national direction of travel.

When the CCG received delegated commissioning status, there were 22 GP Practices in the CCG with an average list size of 8,087. In July 2016, it is expected that the CCG will comprise of 17 Practices with an average list size of 9,485 – an increase of just over 17%. However to deliver the 8 am – 8pm, 7 days a week as the norm, there are considerable commissioning challenges ahead.

Types of Contracts in Primary Care

There are 3 types of contract available to commission GP Services:

General Medical Services

The General Medical Services (GMS) contract is the most commonly used contract for general practice. NHS Employers leads negotiations with the General Practitioners Committee (GPC) - which is part of the British Medical Association (BMA) - on changes to the GMS contract.

The latest GMS contract was introduced in 2003 and covers three main areas:

1. **The Global Sum** – covering the costs of running a general practice, including some essential GP services. The GMS [global sum formula](#) (the Carr-Hill formula) distributes the core funding - called the Global Sum - to general practices for essential and some additional services. Payments are made according to the needs of a practice's patients and the cost of providing primary care services. The formula takes into account issues such as age and deprivation
2. **The Quality and Outcomes Framework (QOF)** – covering the two areas of clinical and public health. Practices can choose whether or not they wish to provide these services. All practices in Telford and Wrekin currently provide these services
3. **Enhanced Services (ES)** – covering additional services that practices can choose to provide. ES can be commissioned nationally or locally to meet the healthcare needs of the population

As at March 2016, the CCG has 15 GP Practices working to this contract.

Alternative Provider of Medical Services

Alternative Provider Medical Services (APMS) is another contracting route available for CCGs to commission primary medical services to the extent that they consider it necessary to meet all reasonable requirements. The APMS contract also offers the 3 main items of the GMS contract. As at March 2016, the CCG has 2 Practices working to this contract, however this will reduce to 1 from August 2016.

In Telford and Wrekin this contract has been specifically used to secure additional capacity for patients across the geography of the CCG to access Walk in appointments for urgent Primary Care Services. A formal review has commenced on the future need of walk-in services across Telford and Wrekin to ensure that this meets patient need.

Personal Medical Services

The personal medical services (PMS) contract was conceived in 1997 as an innovative way to solve recruitment problems and give practices more flexibility to meet the specific needs for their patients.

These agreements are locally negotiated contracts between the Commissioner and a GP Practice and offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts. The PMS contract also offers the 3 main elements of the GMS contract.

As at March 2016, the CCG has 1 GP Practice with a PMS contract, which is under review.

Types of Services Offered in Primary Care

All Three Types of contracts - GMS, PMS and APMS - can be used to provide the following:

- Essential Services
- Enhanced Services
- Additional Services (GMS/PMS practices can opt-out)

Type of services	What they cover
Essential Services - must be provided by all contractors (All GP Practices currently provide these)	This includes the management of patients who are ill or who believe them-selves to be ill with acute, chronic or terminal conditions.
Enhanced Services - practices can choose whether or not to provide these services	Enhanced services that are nationally commissioned through the GP contract by NHS England and legally directed by the Secretary of State are known as Directed Enhanced Services (DESs).
Additional Services - normally provided by all contractors but practices can opt out of providing the services	These include cervical screening, contraceptive services, childhood vaccinations and immunisations, child health surveillance and maternity services.

Enhanced Services

The CCG currently commissions some Local Enhanced Services (LES): <i>* The Local Enhanced Services marked are currently under review</i>	Long Term Conditions * Provision of Services to Manage Minor Injuries * Telford Referral and Quality Service (TRAQS) * Near Patient Testing Atrial Fibrillation Anti-Coagulation Monitoring CCG Practice Incentive Scheme *
From 1st April 2016, there are 5 Direct Enhanced Services (DES) which are offered through NHS England:	Avoiding Unplanned Admissions Extended Hours Learning Disabilities Health Check Scheme Minor Surgery Out of Area

10 Public Health Directed Enhanced Services (DES) that are commissioned by NHS England:	Hep B (new born babies) HPV Booster MMR Catch Up Menigococcal (men c) Freshers Pertusis Rotavirus Seasonal Flu and Pneumacoccal Childhood Seasonal Flu Shingles (Routine aged 70) Shingles Catch Up
Public Health Services that are commissioned by the Local Authority <i>The figures in brackets represent the percentage of practices in the Telford and Wrekin area that currently offer these services.</i>	Sexual Health (72%) STI (33%) Health Check (100%) Supervised Consumption (0%) Shared Care (39%) Needle Exchange (0%)

Reviewing the Enhanced Services commissioned by the Local Authority to support Public Health outlined some key messages. Of particular note is the uptake of the NHS Health Check. This programme aims to prevent and detect conditions such as heart disease, type 2 diabetes, kidney disease, stroke and dementia. In recent years the uptake of these checks has slowed. Taking into consideration the health needs of the population as outlined earlier in this paper, the CCG may wish to promote Health checks further.

Another interesting observation from the Enhanced Services is the vast range of services commissioned in addition to the basic Contracts. These are currently commissioned from 3 different organisations and can be complex for GP Practices to manage especially from an administrative perspective. Consideration should be given to identifying ways of reducing this additional administrative workload on the Practices if possible.

Quality and Outcomes Framework (QOF) Indicators

QOF was set up nationally as part of the GMS Contract in 2004 as a voluntary quality incentive scheme for General Practices that could benefit all patients. It contains a range of national indicators, based on the best available research evidence, and is organised into Domains of clinical and additional services with points available for each Indicator (Sub Domain).

QOF is used to reward general practice for the provision of high quality care and helps to standardise improvements in the delivery of primary care medical services - incentivising general practice by giving each point a value which is then paid to the GP Practice.

Access to QOF data is not timely, although data is collected through April – March via a national IT system, it is only available to the CCG to review around September each year and therefore is constantly out of date. However the data can still be used as a benchmark.

QOF Clinical Areas for 2016/2017		
Asthma	Atrial Fibrillation	Cancer
Chronic Kidney Disease	Chronic Obstructive Pulmonary Disease (COPD)	Dementia
Depression	Diabetes Mellitus	Epilepsy
Heart Failure	Hypertension	Learning Disability
Mental Health	Osteoporosis	Palliative Care
Peripheral Arterial Disease	Rheumatoid Arthritis	Secondary Prevention of Coronary Heart Disease
Stroke & Transient Ischaemic Attack	Cardiovascular Disease: Primary Prevention	Blood Pressure
Obesity	Smoking	Cervical Screening
Contraception		

Looking at the clinical areas identified in Section C and the national clinical priorities defined in Section A, the CCG's overall results from QOF are:

Domain	Indicators	Points Achievable	CCG Actual Performance	National Benchmark
Stroke & Transient Ischaemic Attack	5	15	97.0%	96.6%
Dementia	3	26	95.6%	94.5%
COPD	6	35	99.6%	96.0%
Hypertension	2	26	97.6%	97.8%
Cardiovascular Disease: Primary Prevention	1	10	86.4%	87.9%
Secondary Prevention of Coronary Heart Disease	5	45	97.7%	95.0%
Obesity	1	8	100%	100%
Exception Rates	1	-	10.0%	9.2%

The CCG recently carried out a review of the 2014/15 QOF data and found that overall Telford and Wrekin Practices performed above the national average.

However, QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The 2014/15 data showed quite high Exception Rate levels which the CCG needs to understand further.

GP Walk-In Services

Telford and Wrekin has a GP Walk-in Service which is available for all patients to access. It is currently sited alongside the Princess Royal Hospital in Telford. During 2016, the CCG is undertaking a consultation to define what future walk-in services could look like for patients in Telford and Wrekin. The current services are open 8.00am – 10.00pm, 7 days a week, 365 days a year.

Out of Hours Provision

111 Out of Hours Service

NHS 111 is available across the whole of England and is the free number to call when Patients have an urgent healthcare need. The service was designed to direct Patients to the right local service, first time and is available 24 hours a day, 365 days a year.

Patients should use the 111 service when:

- They need medical help fast, but it's not a 999 emergency
- They don't know who to call for medical help or don't have a GP to call
- They think they need to go to A&E or another NHS urgent care service but are not sure which one is most appropriate
- They require health advice or reassurance about what to do next

How does it work?

- When Patients call 111 they will be assessed by fully trained advisers who are supported by experienced nurses and paramedics.
- Patients are asked questions in order to assess symptoms and get the healthcare advice needed or they are directed to the most appropriate local service.
- If the NHS 111 team think Patients need an ambulance, they will send one immediately.

Shropdoc

Shropshire Doctors Co-operative Ltd (Shropdoc) is a GP-led organisation which provides urgent medical services, outside of GP Practice contracted opening times, i.e. evenings, weekends and bank holidays. The Shropdoc Service answers calls for patients when their own surgery is closed to ensure that their needs are safely met until their surgery is next open.

GP Federation and the Prime Ministers Challenge Fund

STW Provider Services Ltd was established in 2013 offering opportunity for member GP practices across Shropshire and Telford & Wrekin to deliver healthcare services collaboratively. STW Provider Services enables Practices to provide efficient, effective, quality Primary Care to local Communities using an integrated, whole system approach.

The STW Federation together with Shropdoc and GP First (the federation covering Stafford and the surrounding area), was successful in securing £4.2million from the Prime Minister's Challenge Fund (a national fund set up to help improve access to General Practice). The funds are being used for a wide range of pilot developments in the region's primary care workforce and technology – including working towards seven day a week access to GPs, patient accessible apps and electronic consultations. The funding is also being used to work with universities and deaneries to encourage new GPs to come and work in the area; to develop the infrastructure and workforce to manage the increase in services being delivered outside hospital. Other projects include an Acute Visiting Service.

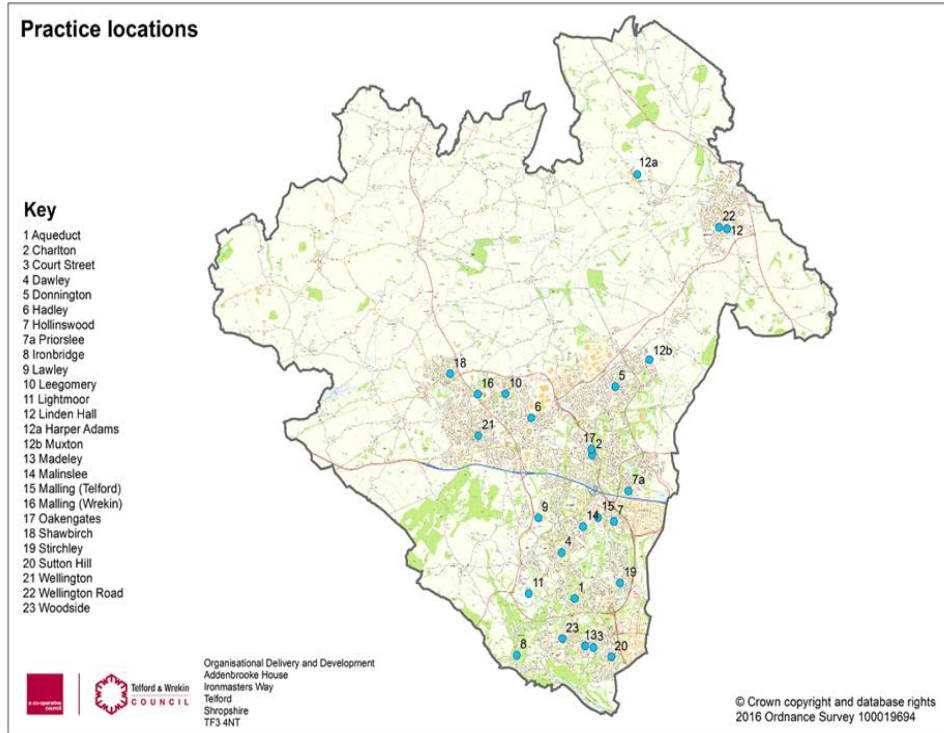
The CCG will monitor these pilot schemes and consider the continuation of successful elements to be commissioned on a longer term basis.

Primary Care Estate

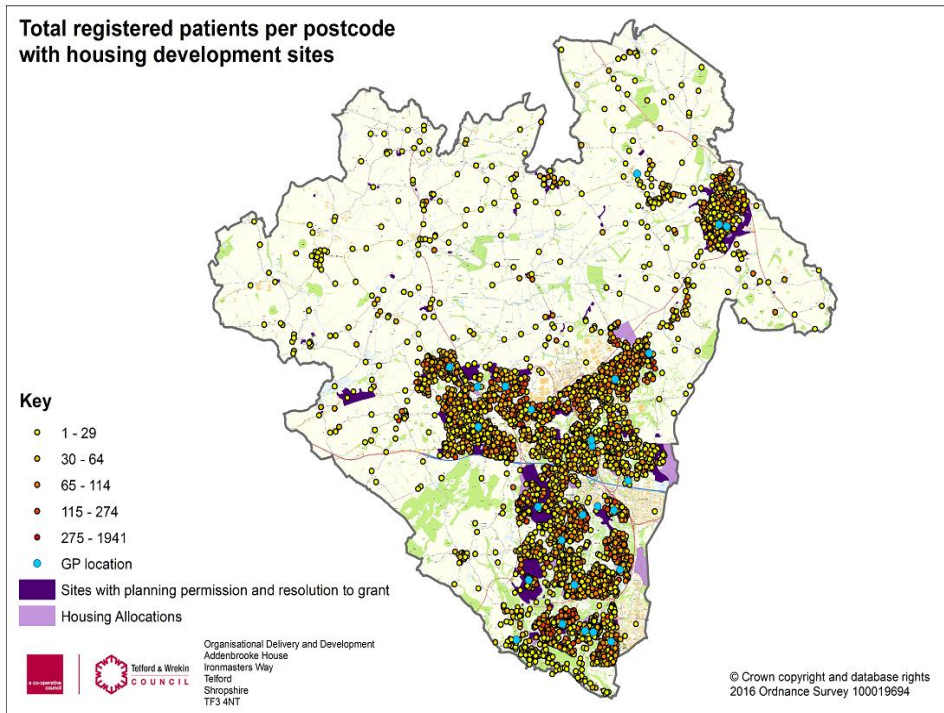
The following map shows where all the GP Practices (and branches) are spread across the geography of the CCG. In February 2016, the CCG working closely with NHS Property Services, NHS England and

Telford & Wrekin Council produced a Primary Care Estate Plan. This plan looked at the Local Authority Plan and identified where new housing developments were being planned for Telford and Wrekin.

It is important for the CCG to work with local planners to ensure that there is sufficient Primary Care capacity to meet the increase in patient population across the geography of the CCG. To enable this work further, the new housing allocations were overlaid to the practice locations map.



The second map highlights where the new housing developments have been allocated:



Examining the current estate (18 GP Practices with 9 Branch surgeries spread over 27 locations) and taking into account the additional housing allocation, the CCG was able to identify any estates challenges across the CCG.

It was identified that the priorities for the development of Primary Care Estate in Telford and Wrekin were 2 GP Practice extensions and 1 new Practice premises. The CCG is in the process of supporting these practices to submit applications to the national Primary Care Transformation Fund.

Primary Care Information Technology

The CCG IT Strategy (including a section specifically focussed around future provision of IT for Primary Care) is still in development and will set a five-year vision across the whole of the Shropshire and Telford & Wrekin area, whilst at the same time reflecting local requirements.

The CCG recognises the national requirement to improve IT infrastructure and the sharing of data. All the GP practices across Telford & Wrekin currently use the EMIS Web Primary Care Clinical System for recording patient information and any referrals for care into the Acute or Community setting are generated at a practice level and sent via the Telford Referral and Quality Service (TRAQS) using a referral management system (Integrated Care Gateway).

The CCG has however identified that in order to make a significant impact on the use of IT in our General Practices, further infrastructure and innovation is required. The CCG has prepared a case to apply for funding through the National Primary Care Transformation Fund and Local Digital Roadmap for the following projects:

- Use of collaboration or joint healthcare portals
- VoIP and conference call systems (e.g. WebEx, electronic face to face consultations and practice phone systems)
- Online consultations
- Shared Patient Records
- Mobile working for GPs
- WiFi Access
- Telehealth

GP Workforce Capacity

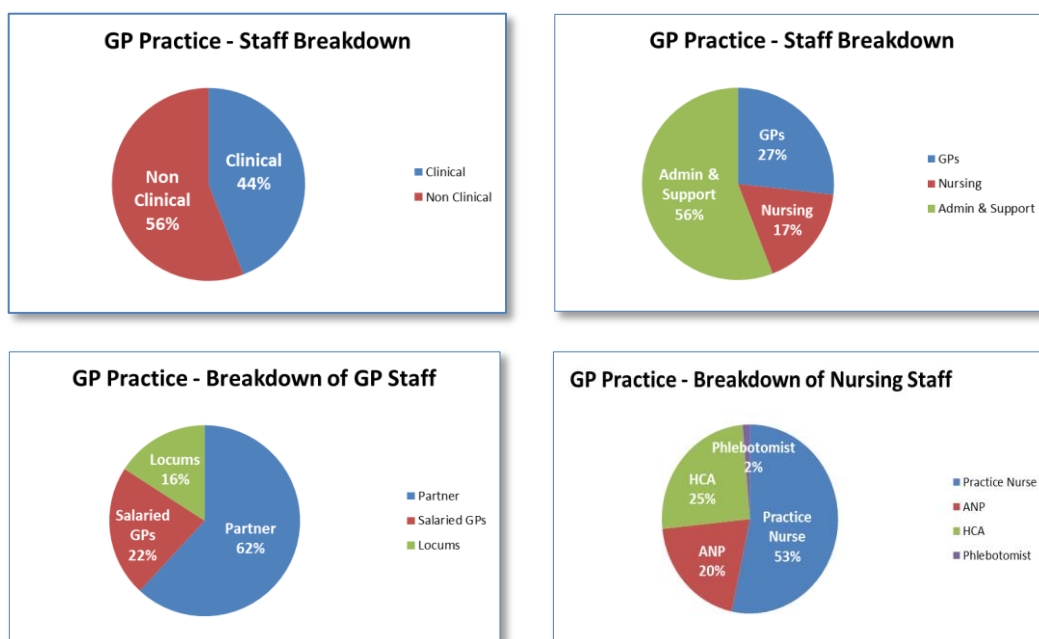
[GP & Workforce Breakdown](#)

The CCG carried out a short survey with all Practices in the CCG to determine the current structure of the workforce across Telford and Wrekin.

This data was compared with other sources of data – such as Health and Social Care Information Centre (HSCIC) [the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care] and the Primary Care Web Tool [a web based portal that makes Primary Care data accessible to GP practice staff, CCGs, area and regional teams of NHS England and other approved stakeholder organisations] – to determine the number of staff across all the Practices as well as some key ratios for benchmarking against the suggested National averages.

The breakdown of the workforce, in terms of actual head count (at the time of the latest CCG survey - February 2016) was as follows:

GPs 116 Nursing Staff 75 Admin & Support 235



In terms of whole time equivalent, the current equivalent figure is **91.33**, giving a ratio to the current patient population of around **1973** which compares favourably with the accepted national average of around 2000. However workforce capacity is highlighted as a significant risk to Primary Care and as such the CCG needs to ensure that Telford is seen as an attractive place to work.

GP and Workforce – Training and Support

One of the desired outcomes from the original CCG Strategy was to have an empowered, diverse and self-sustained workforce, which is an outcome the CCG still aspires to. There is an increasing population with a nationally decreasing workforce and there is a risk of a reduction in the quality of care provided and therefore patient safety due to an exhausted workforce.

Whilst the CCG has a reasonable whole time equivalent GP workforce ratio, there is a need to fully identify the overarching clinical workforce ratio to assess overall need.

The charts in the previous section showed the different clinical specialities currently working in General Practice; however a strategy to widen this workforce to include full multidisciplinary working e.g. Pharmacists, Emergency Care Practitioners is needed to secure the sustainability of our Primary Care Services.

The CCG does not currently have a formal workforce strategy for Primary Care with detailed plans to broaden skills across disciplines. This is needed to ensure people receive a holistic service without fragmentation and should be a priority for 2016/17.

The CCG supports GP Education, Mentoring, Clinical Leadership Development and Protected Learning Events and these continue to develop in a positive direction. To further support Practices NHS England also offers the services of the Practice Support Team.

The CCG has also recognised that further support is needed for Practice Nurses and this will be included as part of the Primary Care Workforce Strategy.

Care Quality Commission (CQC)

The Care Quality Committee is the independent supervisory body of health and adult social care in England. They ensure that services provided are safe, effective, compassionate, high-quality and encourage care services to improve. The CQC has already visited a number of Practices in Telford and Wrekin and these visits will continue through 2016.

The CCG has an aspiration to ensure that all Practices in Telford and Wrekin are rated as “excellent” in the future. This will provide our patients with additional assurance of the high quality care our GP Practices provide. The CCG shares examples of excellence with our GP Practices to ensure best practice is adopted.

New Models of Care

In October 2014, the Department of Health published their Five Year Forward View, where they outlined new models of care. Four prototype care models were defined which encouraged organisations to work together to deliver patient care.

In Section B of this Needs Assessment, the BMA outlined their vision of ensuring a responsive, safe and sustainable General Practice and part of this included increased collaboration between GP Practices. The GP Practices in Telford and Wrekin are becoming less in number, but larger in population and this will help secure the sustainable future of our GP services. The CCG is supportive of this approach and has started to have high level discussions with a number of GP Practices in Telford and Wrekin who are interested in working in a more collaborative way towards the Primary Care at Scale service model.

Telford and Wrekin PCT commissioned a number of services from GP Practices which had traditionally been commissioned from hospitals. The new models of care outlined in the Five Year Forward View outline integrated out of hospital care with local communities and whilst considering the delivery of new service models, the CCG should work with practices to not only encourage them to work collaboratively, but also on a wider scale with hospital and community colleagues.

Access

Primary Care is the first point of entry for most patients in diagnosing and treating health problems. GPs and other staff play a crucial role in treating minor medical conditions, managing patients’ long term conditions in the community and referring them for hospital treatment or social care, as appropriate.

Good access to a GP is important to patients. Poor access can cause stress and frustration for patients at a time when they may already be worried, and may prolong discomfort or pain. Prompt diagnosis and treatment are important in achieving the best health outcomes for those patients whose conditions will not get better on their own. Good access to general practice also reduces pressure on

other parts of the NHS, particularly hospital Accident and Emergency departments which, in turn, helps the health system to make the best use of its resources.

Ensuring good access to general practice is a priority for the CCG. Nationally the Government has committed to recruiting 5,000 extra doctors to work in general practice, to enable an 8 am to 8 pm service, 7 days per week, by 2020. The CCG needs to ensure that plans are in place to deliver this aspirational target. The main aspects to ensure improved access to General Practice can be summarised into the following groups:

- ***Distribution of GP practices*** - The GP Practices in Telford and Wrekin are distributed across the geography and in all cases patients have a choice of practice to register with
- ***Availability of Appointments*** – 44% of the GP Practices in Telford and Wrekin currently offer extended hours appointments to their registered patients for planned care. For urgent care, the CCG has a GP Walk-in Centre which is open to all patients 8.00am – 10.00pm 7 days a week, 365 days a year.
- ***Convenience of Services*** – The CCG needs to ensure that all patients in the CCG are able to access appointments at a more convenient time to ensure that overall patient satisfaction rates are high.
- ***Continuity of Care*** – Patients need to build a connection with their healthcare professional in order to create a relationship of trust. It is not always possible for patients to see the same GP all of the time, however the CCG needs to ensure the processes are in place for this trust relationship to remain in place, even if the patient’s “usual” GP is not available. This, as a minimum, is the sharing of patient records, as appropriate, and with the patient’s permission.

There are a number of sources the CCG has looked at to ascertain the level of patient access to GP Services.

During the second half of 2015, surveys and other activities were carried out in the Telford and Wrekin area in order to capture the views of both patients and external organisations with regard to the levels of access to GP Practices.

The following section captures the findings of these surveys:

[*The Care Quality Commission \(CQC\) – View on Access*](#)

During 2015, the CQC visited several Telford and Wrekin practices to assess the quality of services delivered.

Part of the inspection process looked at responsiveness and included access, opening times, extended opening hours, appointment booking methods, triage systems and consultation types.

During these inspections, the CQC rated practices they visited as “Good” or better in the Responsiveness domain. This meant that patients were able to get same day appointments if their problem was urgent. Indeed, one practice was rated as “Outstanding” in this Domain and highlighted as being particularly flexible in their appointment system, with account taken of individual patients’ circumstances and staff skill mix.

The CQC noted that in 2 practices they inspected, patients were offered longer appointments according to individual need, for example for older people or those with mental health problems. Where some patients’ first language is not English, the CQC also noted that all the practices visited had translation services available.

The GP Patient Survey (GPPS)



The GPPS is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.

The latest results from the GP Patient Survey were released in January 2016.

The survey asked the following questions with specific reference to access:

- *How easy is it to get through to your GP surgery on the phone?*
- *Were you able to get an appointment with or speak to a nurse or doctor the last time you wanted to?*
- *How convenient was the appointment you were able to get?*
- *Overall would you describe your experience of making an appointment as "good"?*
- *How satisfied are you with the hours your GP practice is open?*

The most recent data is based on the January 2016 GPPS publication. 7,080 questionnaires were sent out, and 2,441 were returned completed for the Telford and Wrekin area. This represents a response rate of around 34% (compared to the National average of 35.7%).

All patients have access to a practice during core opening hours of 08:00 till 18:30 Monday to Friday, though actual opening hours vary, with one practice closing at 17:20 and two practices closing for an hour over lunchtime. 44% of patients have access to extended hours appointments with more being included as part of the Prime Minister's Challenge Fund (PMCF).

The survey also showed that 71% of Telford and Wrekin patients report their overall experience of getting an appointment as "Good" or "Very Good". However there is wide disparity between practice scores, with the one practice scoring 45%, and the highest 93%.

The GPPS reports 92% of Telford and Wrekin respondents found their appointment convenient, which is comparable to the national average. However there was wide variation locally between Telford and Wrekin GP practices, with results ranging between 79% and 100%. In addition, 75% of patients were satisfied with the opening times of their GP practice, again matching the National average.

70% of Telford and Wrekin patients found it easy to get through to their practice by phone, the same as the national average, with one practice scoring 98% and the lowest scoring practice at only 30%.

81% of patients were able to get an appointment when they wanted one compared to the national average of 85%. One practice scored 68% and one 96%.

100% of patients have access to online appointment booking, online repeat prescription requests and same day urgent appointments – although only around 30% of patients are aware of the services.

The GPPS showed that, of the people who could not get a convenient appointment at their GP practice, 25% of patients either used another service or did not see anyone at all and 3% went on to A&E or to see a pharmacist (4%).

[Healthwatch Telford and Wrekin Access Survey](#)

Also in 2015, Healthwatch undertook a patient survey across a selection of GP practices in the Telford and Wrekin area, with a specific focus on access and the need to:

- Develop a greater understanding of inequality in access to GP provision in the area
- Identify models of best practice in terms of GP appointment systems
- Identify where there is avoidable duplication or inefficiencies in primary care provision
- Develop a greater understanding of Primary Care services by comparing the experience of consumers in their local areas

The Healthwatch survey found that most participants appeared to be largely satisfied with the convenience of the time of day of their appointment with most respondents saying it was either very convenient (45.5%) or fairly convenient (40.1%). Only 5.4% of responses indicated that the time of their appointment was very inconvenient.

The survey also highlighted that, whilst all practices offered some form of online appointment booking system, only 1 patient out of the 231 respondents had actually booked their appointment online.

Healthwatch found that all surgeries included in their survey showed similar levels of disparity between how patients thought the systems worked and how they actually worked. The system may seem clear to those who work within it but to patients it can seem extremely complex and difficult to navigate.

When asked about what clinicians patients would prefer to see, over 70% would be happy to be seen by a Practice Nurse or Advanced Nurse Practitioner if their GP was not available.

Healthwatch also found that one role taken on by Practice Nurses and Advanced Nurse Practitioners is telephone triage - with some practices in Telford and Wrekin using nurses to triage all patient requests for urgent GP appointment and visits.

When patients asked if they could see a particular GP, how often this was available varied, with 33.6% saying 'yes' and 35% saying 'no'. The remaining 31.4% said that they didn't ask.

Healthwatch also asked participants if not seeing their preferred practitioner had an impact on their care. 30% of the responses indicated that it either could, or did, have an impact. Reasons given for this included:

- Different doctors not being up-to-speed with long-term conditions, forcing patients to spend time rehashing old problems
- A perception that different doctors are less helpful or not as interested in patients as they do not know them
- An inability to see a doctor of a particular gender, which can cause distress to patients
- Of those who indicated that it could have an impact on their care, 46% also said that they had long-term conditions or disabilities

Primary Care Services - Key Messages

- Contract arrangements are complex and whilst much of this is outside the CCGs control, the CCG should minimise additional administrative pressures on practices
- Health checks should be promoted and GP Practices supported to deliver this important prevention intervention
- Continue to ensure that Primary Care is supported to deliver care to complex patients and to address the clinical priorities - identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- Support practices to provide primary care at scale and deliver new models of care
- Develop a formal plan to deliver 8am – 8pm Primary Care Services 7 days a week
- Continue to support Practices with premises and IT development
- Develop a workforce strategy for Primary Care
- Share best practice to ensure high quality care
- Ensure that equitable access is available and visible for both routine and urgent care in GP Practices
- Continue to undertake patient surveys to determine their experiences and needs

Section E: Primary Care Needs Assessment Patient, Professional & Public Engagement

Community Viewpoint - Healthwatch Patient Survey



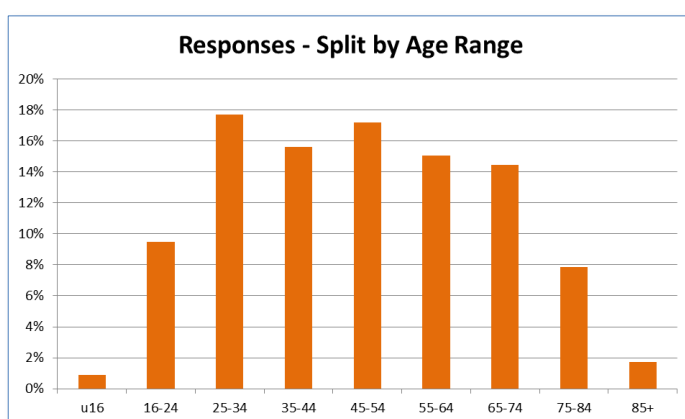
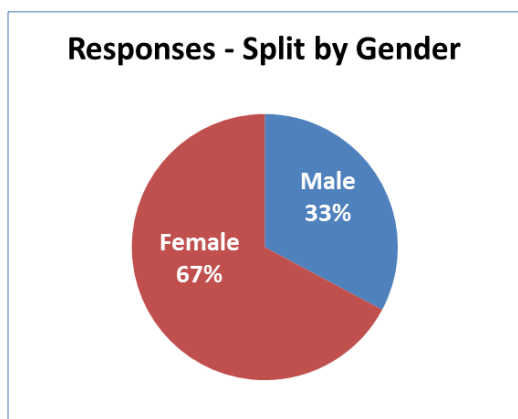
To inform this Primary Care Needs Assessment, Healthwatch were commissioned to carry out a patient engagement exercise with the population of Telford and Wrekin, ensuring that all patient groups had a voice in helping to shape the provision of Primary Care services across the region.

The project used various methods in order to raise awareness, including an online survey, links on various websites (including GP practices, Local Council, CCG), patient engagement events in the local community (including libraries and supermarkets), events at GP Practices, involvement of Patient Participation Groups, local press announcements and posters in all GP practice waiting rooms.

Patients were encouraged to fill out a short survey, either paper based or online, and the results were collated and analysed on a weekly basis to ensure a representative section of the patient population. Healthwatch were specifically asked to ensure that “hard to reach” patient group views were specifically sought.

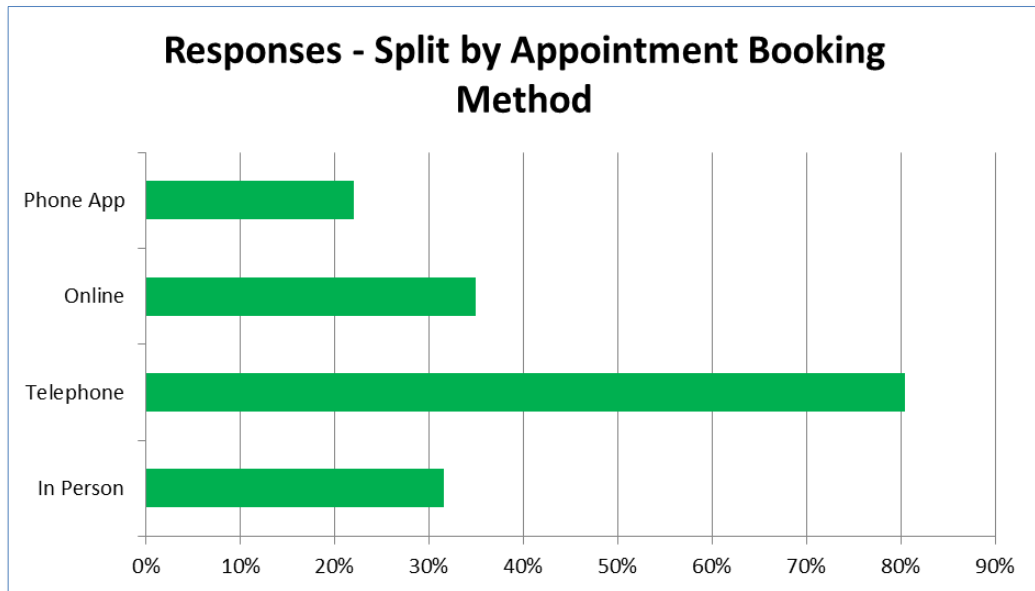
Healthwatch Survey Results:

Over 2,200 patients responded over a period of 8 weeks with patients from across all GP Practices represented. Most respondents (nearly 67%) were female and around half were aged between 25-54.

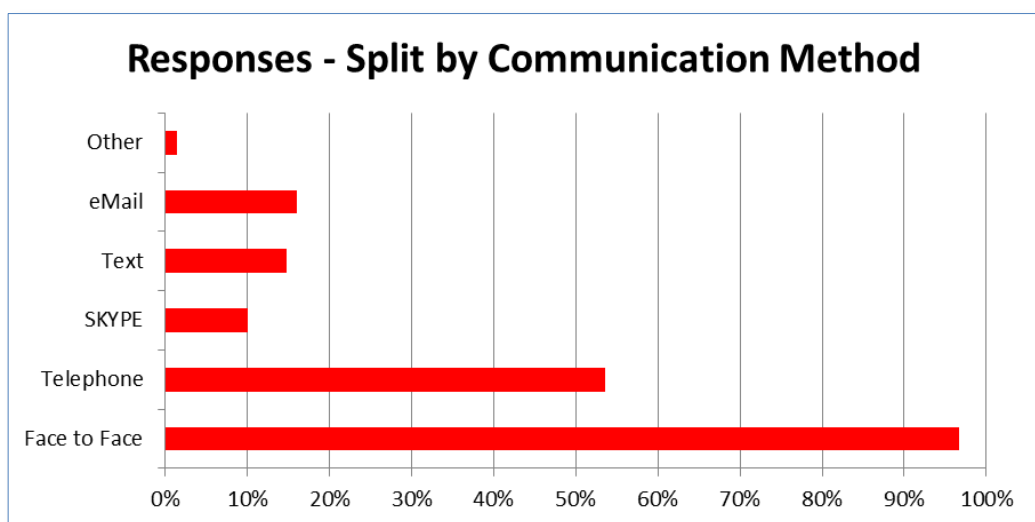


- 14% visit a GP less than once a year but over 5% visit their GP up to 3 times a year - with a growing number (nearly 26%) visiting the GP between 1 & 3 times a month. However, this figure could be distorted due to the fact that most of the patients contacted were in their Practice when completing the survey.
- Nearly 96% of patients are happy to see a GP and over 65% happy to see a Practice Nurse. As far as seeing other types of healthcare professionals is concerned, there seems to be a growing acceptance from patients, with 51% saying they would be happy to see an Advanced Nurse Practitioner (ANP), 37% indicating they would be happy to discuss their requirements with a Pharmacist and 29% would be happy to see a Physiotherapist, where appropriate.

- The majority (nearly 91%) of patients who were asked what types of information would help them to self-manage minor illnesses better, stated that online information as well as printed leaflets on common conditions would be more useful. However, just over 20% of patients would still seek to visit their GP Practice without trying to self-manage a mild condition. It is important that the CCG makes this information available to patients.
- Whilst the majority (81%) of patients indicated that they prefer to **book** their appointments by telephoning their surgery, a large number (35%) would also book online, whilst a growing number (22%) would be happy to book their appointments using a mobile phone App.



- Whilst almost 97% of patients still prefer to **see** their GP face to face, there are growing numbers who appear to want to communicate through other media such as telephone (over 53%), visually over the internet (10%), email (16%) and text (nearly 15%). This supports the need to ensure that our GP Practices have an ability and infrastructure to deliver these new ways of working.



- 84% of respondents stated they would be prepared to travel up to 5 miles to see a GP at another Practice for a quicker appointment and over 75% of respondents were happy for their medical record to be made available at another GP Practice. Over 68% said that they would

travel to their appointment by car (including by taxi) with 26% saying they regularly walk to the GP Practice

- The other main areas of feedback for improving access to GPs are:
 - Increased number of appointments – especially out of hours - to improve GP access
 - More people to answer phones at peak times - especially early morning to book same day appointments
 - Ability to book appointments several days in advance
 - Better customer service training for Reception staff
 - Better parking

Professional Viewpoint – GP and Practice Managers Survey

As well as gaining the views of patients and the public, the CCG also sought the views of local GPs and Practice Managers.

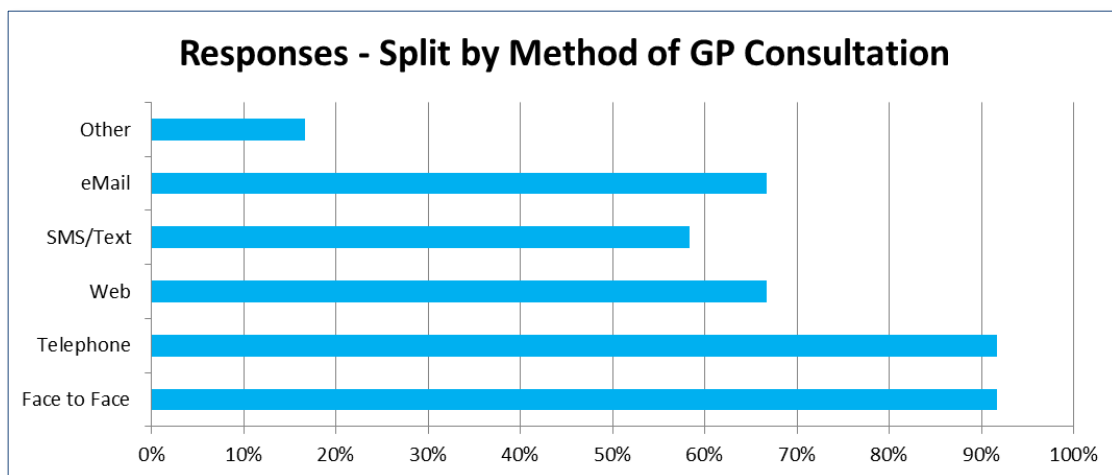
GP and Practice Managers Survey Results - Key Challenges Faced in Primary Care

The results of the survey highlighted some consistent responses with the following being the most frequently raised challenges facing local General Practice:

- Managing patient expectations and lack of time to spend with individual patients
- Managing additional work being moved from Secondary Care into Primary Care especially for the more complex care patients
- Liaison with secondary care and community services
- Recruitment and retention is becoming more challenging
- Too much bureaucracy and reporting in the system
- Reduction in revenue streams
- Increasing patient numbers with complex needs

The Survey also covered areas such as methods of contact with patients, flexibility of services in the area and use of technology for improving patient access:

- Many GPs indicated they were willing to use Face to Face or Telephone to have a consultation with their patients, however 67% of respondents said they would be happy to use face to face electronic methods (such as SKYPE or WebGP or eConsult type services) and others indicated the use of SMS/Text (58%) and eMail (67%). Interactive 'My Health' webpage to communicate with patients was also suggested



- Just over half of the GPs indicated they would be happy for patients to travel to other locations for Primary Care services and (92%) indicated they would be happy for their patients to be seen elsewhere for other appropriate services
- With direct reference to patient access, Practices offered a range of same day urgent care appointments as well as pre-bookable appointments, however the delivery is not consistent across Practices
- Where patients are able to book same day Urgent care appointments, most surgeries (67%) offered GP Triage, with half also offering Nurse Triage
- More than half the surgeries indicated that they did not offer walk in appointments as it was difficult to manage the unplanned demand
- Most surgeries (92%) still offer Face to Face advice for minor illness. However, there is an indication of a willingness to move to offering advice online (75%). Just over half of respondents indicated that they already use the Voluntary/Charitable Sector to help signpost patients to appropriate services
- GPs have indicated that they would be happy to strengthen their workforce with other professionals including Pharmacists, Social Workers, Voluntary Sector, Physiotherapists, Advanced MSK Practitioners and a range of more specialist nurses
- It was universally indicated that all Practices that responded would be open to working with other practices in various ways, with the majority suggesting sharing of back office functions

Patient, Professional & Public Engagement – Key Messages

- The overriding theme between the patient and professional survey results is identified as the need to improve the use of technology and access to information to manage patient care
- Patients indicated that they are happy to travel further to get better access to good quality care and GP Practices are open to exploring how practices can work together
- Patients would like more availability of appointments outside current opening hours and would like better access to appointments both bookable in advance and on the day
- Patients would like reception staff to improve their customer care and to answer calls promptly
- GPs are feeling the effect of care closer to home and the additional workload being received from secondary care. This, together with increasing numbers of patients with complex conditions, increasing reporting and a reduction in revenue, is causing unwarranted pressures on Practices
- The development and sustainability of the Primary Care workforce is also highlighted as a concern

Section F: Summary of Priorities

The purpose of this document was to understand the need in Primary Care from a Patient, Commissioning and Provider perspective. The CCG has followed a process which has helped deliver a better understanding of Primary Care and what the priorities should be for the Primary Care Strategy 2016/17 and beyond.

Taking into consideration the Primary Care Needs Assessment key messages identified from the vision, strategic context, population needs, existing primary care services and the views of patients and GP practices, **the priorities for 2016/17 should be:-**

Recommended Priorities for 2016/17

- Promote patient activation and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own long term conditions safely
- Continue to support Practices to develop their Patient Participation Groups to build on this CCG wide Needs Assessment. This will enable a shared understanding of their local practice population needs and build relationships to ensure the sustainability of Primary Care for the future
- Support and promote the vision of a new model for Primary Care 8am – 8pm 7 days a week
- Plan to commission high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and Estate
- Ensure that Primary Care is resourced to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions
- Develop a long term workforce strategy for Primary Care
- Promote and develop a culture of continuous improvement and shared learning
- Introduce a formal mechanism for the sharing of outstanding practice, enabling all Practices in Telford and Wrekin to gain Excellent CQC ratings and provide patients with assurance of quality of care

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Executive Summary

The Primary Care delegated commissioning strategic priorities for NHS Telford and Wrekin for 2016 - 2020 build on the original CCG Primary Care Strategy which was used to inform the progression to delegated commissioning status and is also designed to be read alongside the main CCG commissioning strategies www.telfordccg.nhs.uk/strategies.

The priorities are aimed to ensure the sustainability of excellence in the delivery of our Primary Care responsibilities whilst endeavouring to meet the expectations of our stakeholders, within a challenging environment. The priorities remain to be about facilitating, shaping and exploring possibilities, in partnership with our stakeholders. We have a vision of a Primary Care Service, led by GPs who are sufficiently resourced to offer appropriate and prompt access to excellent quality planned and urgent care for our population that is robust against challenge.

Our GPs will lead innovatively staffed multi-disciplinary teams across health and social care as well as those staff historically involved in the delivery of Primary Care such as community nursing teams. Primary Care Services will be designed around the needs of our population, as mandated by Patient Groups.

Telford and Wrekin will strive to continue to be an attractive place for Primary Care Clinicians of all disciplines to work and will be evidenced by the number of applicants for every job advertised and the excellent reputation of our Primary Care regionally and even nationally.

The strategic priorities identified in this paper have been informed by a local Primary Care Needs Assessment (PCNA) which was undertaken during February and March 2016. The purpose of the PCNA was to understand the need in Primary Care from a Patient, Commissioning and Provider perspective. The document was shared with the following stakeholders and comments were welcomed:

- CCG Primary Care Committee
- CCG Governance Board
- CCG Health Roundtable
- Healthwatch
- All GP Practices in Telford and Wrekin
- Local Medical Committee

After the Needs Assessment had been completed two key documents were published which have also been used to identify the Primary Care Strategic Priorities. The General Practice Forward View (Department of Health April 2016) and the NHS England Sustainability and Transformation plans – from Primary Care to integrated Primary Care to integrate out of hospital community based health and social care. The CCG also has a Primary Care Estates plan which details Premises developments, and a Primary Care Digital Roadmap which have informed the priorities and which can be found at www.telfordccg.nhs.uk/primary-care-committee.

The CCG will know when we have achieved our vision because:-

- patients will consistently tell us
- improved outcomes will have been demonstrated and
- we will have an empowered, diverse and self-sustained workforce

Primary Care Delegated Commissioning Responsibilities

The CCG was awarded delegating commissioning status in April 2015. This means that the CCG is responsible for decision making in the following areas:

Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:	
Decisions in relation to Enhanced Services	Planning primary medical care services in the Area, including carrying out needs assessments
Decisions in relation to Local Incentive Schemes (including the design of such schemes)	Undertaking reviews of primary medical care services in the Area
Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices	Management of the Delegated Funds in the Area;
Decisions about commissioning urgent care (including home visits as required) for out of area registered patients;	Premises Costs Directions Functions
Decisions about 'discretionary' payments	Approval of Practice mergers
Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);	Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate and such other ancillary activities that are necessary in order to exercise the Delegated Functions

8 Areas of commitment 2015 - 16

In the Primary Care Commissioning Strategy for 2015 – 16 8 areas were prioritised to improve. These were based on knowledge at that time and were not underpinned by a formal needs assessment process. The initial areas the CCG committed to deliver for Primary Care were:

1. Engagement, Empowerment and Involvement – No decision about me without me
2. Sustainable Multi-disciplinary and seamless care pathways – social prescribing
3. Patient Centred high quality and safe care
4. Care closer to home – admission avoidance
5. Improved Access for urgent and routine care
6. Reduced bureaucracy – time to improve outcomes
7. Reduction in variation – care and inequalities
8. Effective use of resources

The main areas of delivery during the year can be summarised as:-

- ✓ Patients and practices were supported to work together to further develop Patient Participation Groups. Whilst developments have been seen more support is required in this area
- ✓ GP walk-in arrangements at IMH Malling Health were modified and streaming of patients introduced in the Emergency Department at Princess Royal Hospital, ensuring patients are seen by the most appropriate service with minimum waiting times.
- ✓ Patients were also consulted with to determine the longer term future of the GP walk in centre in Telford – the outcome will be known later in 2016.
- ✓ Workforce development was supported with the local GP Federation to improve sustainability in Primary Care e.g. Urgent care practitioners
- ✓ The outcomes of Care Quality Visits were reported on CQC visits and improvements monitored. An “inadequate” practice was merged with another practice to ensure patient care was improved – monitoring of this is on-going
- ✓ Practices were supported during the winter months with additional funding to secure additional workforce and improve access across this busy time
- ✓ An assessment of patient Access to GP services was undertaken and further work will continue in this area
- ✓ A programme of work to address inequalities in referral rates was commenced and continues
- ✓ Financial flexibility was secured within the Primary Care Budgets with a small end of year surplus recorded
- ✓ A draft Primary Care Estates Plan was developed which will be published in June 2016.
- ✓ The Primary Care Needs Assessment was completed to inform future Primary Care Strategic Priorities
- ✓ Transformational fund bids for 3 local Practice premises developments and a CCG wide IT infrastructure bid have been submitted to NHS England for approval
- ✓ Some of the Enhanced Services commissioned from Primary Care have been merged to reduce unnecessary bureaucracy and reporting
- ✓ Opportunities for Practices to take “time-out” to plan their transformation vision and consider future models of care were made available.

Changes to be considered for 2016 - 20

Whilst it is important that the focus of the overarching Primary Care Strategy is maintained, the Primary Care Needs Assessment highlighted that changes were needed to the original 8 areas of Commitment and that the Primary Care Strategic Priorities for 2016 -20 should be firmly based on:

- ✓ Re-alignment of Primary Care priorities
- ✓ Evidenced population health needs and local clinical priorities
- ✓ Informed by local patients and Primary Care Professionals
- ✓ Informed by local and national strategic priorities
- ✓ Sustainable and transformational Primary Care with investment in infrastructure (workforce, premises and technology) and continual engagement with General Practice
- ✓ Clearly defined measurable outcomes
- ✓ Improved access for patients to receive planned and urgent Primary Care Services
- ✓ Shared and active promotion of best practice

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Key Messages from Primary Care Needs Assessment

The PCNA looked at some significant areas in order to set priorities. The key messages were:

Strategic Context - Key Messages

A range of national and local Strategic documents were studied and identified the priorities for Primary Care as:

- Prevention, wellness and healthy lifestyle promotion
- Self-care and patient activation especially for patients with complex needs
- Patient engagement and understanding of patient experiences of healthcare
- New models of care – Primary Care at scale delivering integrated out of hospital care with local communities
- Holistic equitable access to services (Physical and Mental)
- Reducing variation to deliver high quality patient care
- Developing and attracting a highly skilled and motivated multi-disciplinary workforce
- Improved technology and sharing of information
- Outcomes Based Commissioning making the most efficient use of resources
- Sustainable General Practice including Primary Care Estate
- National clinical priorities are identified as Stroke, Chronic Obstructive Pulmonary Disease, Ischaemic Heart Disease, Smoking, Alcohol Abuse and Obesity

Population Needs – Key Messages

The Demographic and Socio-economic factors in Telford and Wrekin have been identified as the:

- Population of Telford and Wrekin is about 170,000 and GP Registered Practice Population is nearer 180,000
- Areas of deprivation exist mainly in the central and south-eastern areas of the CCG
- Age profile is similar to that of the national profile
- Approximately 90% of the population is “White British”
- Over 80% of the population is identified to be in “good” health with 18% having a long term health condition
- Local clinical priorities are identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- There is a need to reduce inequalities

Primary Care Services - Key Messages

- Contract arrangements are complex and whilst much of this is outside the CCGs control, the CCG should minimise additional administrative pressures on practices
- Health checks should be promoted and GP Practices supported to deliver this important prevention intervention
- Continue to ensure that Primary Care is supported to deliver care to complex patients and to address the clinical priorities - identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- Support practices to provide primary care at scale and deliver new models of care
- Develop a formal plan to deliver 8am – 8pm Primary Care Services 7 days a week
- Continue to support Practices with premises and IT development
- Develop a workforce strategy for Primary Care
- Share best practice to ensure high quality care
- Ensure that equitable access is available and visible for both routine and urgent care in GP Practices
- Continue to undertake patient surveys to determine their experiences and needs

Patient, Professional & Public Engagement – Key Messages

- The overriding theme between the patient and professional survey results is identified as the need to improve the use of technology and access to information to manage patient care
- Patients indicated that they are happy to travel further to get better access to good quality care and GP Practices are open to exploring how practices can work together
- Patients would like more availability of appointments outside current opening hours and would like better access to appointments both bookable in advance and on the day
- Patients would like reception staff to improve their customer care and to answer calls promptly
- GPs are feeling the effect of care closer to home and the additional workload being received from secondary care. This, together with increasing numbers of patients with complex conditions, increasing reporting and a reduction in revenue, is causing unwarranted pressures on Practices
- The development and sustainability of the Primary Care workforce is also highlighted as a concern

Recommended Priorities from the Primary Care Needs Assessment

Recommended Priorities for 2016/17

- Promote patient activation (the knowledge, skills and confidence a person has in managing their own health and health care) and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own long term conditions safely
- Continue to support Practices to develop their Patient Participation Groups to build on this CCG wide Needs Assessment. This will enable a shared understanding of their local practice population needs, build relationships and measure patient experience to ensure the sustainability of Primary Care for the future
- Support and promote the vision of a new model for Primary Care 8am – 8pm 7 days a week to improve patient access - New voluntary contract for Multi-speciality community provider as well as for practices who wish to remain as single partnerships, GP Federations and Super Practices
- Plan to commission high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and Estate
- Ensure that Primary Care is resourced to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions
- Develop a long term workforce strategy for Primary Care
- Promote and develop a culture of continuous improvement and shared learning
- Introduce a formal mechanism for the sharing of outstanding practice, enabling all Practices in Telford and Wrekin to gain Excellent CQC ratings and provide patients with assurance of quality of care

General Practice Forward View

There are a number of priorities identified in the General Practice Forward View which the CCG should take into account when setting the strategic priorities for 2016/17.

Workload

- Practice resilience programme
- Streamlining of CQC inspections
- Support for GPs suffering burn-out and stress
- Cuts in red-tape
- Legal limits on administrative burden at the hospital / GP interface
- Cut inappropriate demand on General Practice – for a non-urgent condition related to the original referral onward referral to another professional within the same hospital is permitted. Re-referral is still required for unrelated conditions
- Discharge summaries will be required to be send electronically with 24 hrs (in-patient, day-case and A&E and with local agreement for care in other settings) and these must be to a Royal College standard
- Discharge summaries for out-patient clinics no more than 14 days – this is to move to electronic transmission in 2017/18.
- Hospitals will not be able to adopt blanket policies to automatically discharge patients who do not attend their appointments back to GP for re-referral
- Improvement on requirement for hospitals to notify patients of results of clinical investigations promptly
- Minimum 7 day supply of medication (as appropriate) upon discharge from acute or community hospital.
- Improvements to rapid consultant advice to avoid referral by 2016 together with improved function of Advice and Guidance
- More effective demand management
- National programme to help practices support people living with long term conditions to self-care
- Review of Quality and Outcomes Framework (QoF) and multi-speciality community providers will have QoF replaced by holistic team-based funding.
- CCGs should be creating time and resource for Practices to meet to discuss development

Infrastructure

- Upgrades to Practice premises
- Direct practice investment technology to support better online tools and appointments, consultation, mobile and workload management systems.
- Paper-free practice by 2020
- Wi-Fi in General Practice from 2017
- Summary Care Record in Community Pharmacy
- Improved record sharing across practices
- 100% reimbursement for premises developments from September 2016
- Commitment to fund stamp duty and land tax costs for leases with NHS Priority Services

Care Redesign, access for patients (including self-care) and workforce

- New voluntary contract for integrated primary and community health services - Multispecialty Community provider (MCP) – the creation of a new clinical model and a new business model for the integrated provision of primary and community services based on the GP registered list but fully integrating a wider range of services – framework to be published shortly – commencement date April 2017
- No requirement for practices to move from current GMS contract however MCP will have the right to return to GMS
- Practical support for individual practices , federations and super-partnerships
- Direct funding for improved in and out of hours access
- Health and Wellbeing Boards to take a role in effective relationships with General Practice
- Sufficient access to routine evening and weekend appointments to meet determined demand (assessment of demand will be required) – not all practices will be asked to provide these services, however funding is be available for collaborative working to improve access across these times – it could be provided by a Federation for example
- Additional support for CCGs to commission out of hours “hubs”, however minimum requirements will need to be met before funding is available to a CCG

Investment highlights

- Increase in funding £2.4bn by 2020/2021 so that General Practice has 11% of the NHS budget
- £500m on-off sustainability and transformation package including £56m for practice resilience and £206m for workforce
- Pharmacy integration fund - £20m in 2016/17
- £246m to support practices in redesigning services including a requirement on CCGs to provide around £171m of practice transformational support and a national £30m development programme.
- Commitment to look at practice indemnity costs
- New Carr-Hill funding formula to better reflect practice workload
- 18% increase to CCG allocation for Primary care IT

Additional recommendations to be added to the suggested PCNA Primary Care Strategic Priorities

Additional recommendations

- Access to individual GP and Practice support to support resilience, stress and burnout
- Ensure that Telford and Wrekin GP Practices attract their “share” of national funding.

NHS England Sustainability and Transformation

plans - from Primary Care to integrated Primary Care to integrated out of hospital community based health and social care

There are a number of areas in the NHS England Sustainability and Transformation plans which require CCG level planning. A clear narrative of the vision and proposed delivery for primary care in Telford and Wrekin is clear both in the overarching CCG Primary Care Strategy and also in the Executive Summary of this strategic priorities document. The Primary Care Needs Assessment has highlighted the population lead and current service provision. It also highlighted the sustainability of practices as a priority, as well as required quality improvements through the use of technology, workforce innovations, service redesign to release capacity and new models of care. These are also priorities contained in the NHS England Sustainability and Transformation Plans.

The key messages from the NHS England Sustainability and Transformation plans for Primary Care advise CCGs of the areas that NHS England are expecting CCGs to consider for Primary Care. These are therefore relevant to priority setting.

Diagnostic / baseline assessment

- ❖ A clear assessment and analysis of current landscape including workforce, estates, I.T. and existing at-scale provider collaborations
- ❖ A clear assessment and analysis of current outcomes vs peers and existing inequalities that need to be addressed
- ❖ A clear assessment of current risk including vulnerable practices, CQC status, financial status, infrastructure plans as a clear basis for priorities for planning.

Workforce

- ❖ A clear reference to the future of the primary care workforce (clinical, nursing, professions allied to medicine and support staff)
- ❖ Analysis of new skills /roles that will be required to deliver future models and will increase capacity and improve resilience of primary care.
- ❖ Assessment of impact of increased provision in the community on the workforce such as diagnostics
- ❖ Identification of where future staff will come from to deliver new service models
- ❖ Identification of practical changes to ways of working to support the workforce and delivery eg working at scale
- ❖ Local ownership of the 10 point plan and joint work with LMCs and HEE

Access

- ❖ A clear approach to enabling improved patient access to routine and urgent care over 7 days including model of provision.
- ❖ A clear articulation of how this will alter pathways of care, including which pathways will reduce the use of hospital services transferring work to out of hospital
- ❖ A clear articulation of how improved access will reduce inequalities
- ❖ A clear articulation of the estates implications of improved access plans
- ❖ A clear articulation of the ways in which technology will be used to improve access
- ❖ A Clear articulation of the intended provision for access to diagnostic services within the community – types of and location to diagnostic services

Technology

- ❖ A clear narrative on the use of technology to enable the overarching vision and the elements within it
- ❖ Identification of the supporting IM&T requirements to deliver the vision, how will this interface with other systems – e.g. out of hours, 111 interoperability, plans for data sharing across systems to underpin integration.
- ❖ Identification of the biggest technology enablers for population segments and how plans will be progressed these plans (e.g. virtual consultations, tele-health, remote monitoring).
- ❖ Proposals for developing and better utilising diagnostics provision within the community and the use of assistive technology to better support patient self-care and enable patients to remain at home.
- ❖ Plans that consolidate on existing capability and increase 'Patients Online' utilisation via Digitisation and Interoperability strategies. Investment plans linked to Estates Strategy

Enabling self- care

- ❖ Clear approach for encouraging and embedding self care including: Health promotion and disease prevention - access to minor ailments services in community pharmacy
- ❖ Recognition of the different levels of capacity and capability of how "activated" people are - supported self-management for people with LTCs and their carers, including expanding the use of conditions management training and social prescribing

Engagement

- ❖ Clear articulation of how CCGs will engage locally (professions, other NHS/LA stakeholders) to secure delivery of their plans.
- ❖ Clear articulation of how the local population and patients will be involved in creating the vision and new models of care
- ❖ Clear approach to how the local population will be engaged with a view to creating patient advocates and incorporating community and individual assets in delivery of the envisaged model.
- ❖ Assessment of likely service change and any associated consultation requirements.

Improving quality

- ❖ Identification of the opportunities for improvement in quality that the vision will bring, how this will be achieved and how this will be measured.
- ❖ A clear approach to improving patient experience with measurable trajectories e.g. FFT, NHS choices, national patient survey etc
- ❖ A clear identification of how improving quality will reduce inequalities
- ❖ Improved reporting of significant events from primary care
- ❖ A clear approach to improving outcomes for patients with particular focus on:
- ❖ NHS constitution where GPs can have a major influence e.g. cancer survival, early diagnosis, diabetes prevention, national diabetes audit indicators, smoking, alcohol or more specific "Right care" indicators for each CCG.
- ❖ Primary care mental health
- ❖ Description of the intended population/patient outcomes to be secured from the service model – both in short and medium term with some proposed measurable indicators to show progress – i.e. benefits realisation plan
- ❖ Description of the arrangements that are in place for safeguarding children and vulnerable adults
- ❖ Description of the arrangements in place to support vulnerable practices to make necessary improvements

New models of care

- ❖ Clarity on the Service Offer (Model of Care) to be provided from primary and community setting including:
 - clinical services to be provided, from where and with what intended objective
 - the key health needs/priorities that CCGs are seeking to improve through their primary care plan and over what timescale – 16/17, 17/18, 18/19 and beyond
 - how the service offer will improve patient access to and within primary/community setting addressing any identified inequalities in access as well as moving towards a 7-day offer tailored to local needs
 - what positive benefit the service model will have on the wider healthcare system (eg reducing hospital admissions)
 - what this will mean for patients (eg patient scenario)
 - appropriate connection to other parts of the health and social care system (eg acute care collaborative)

Finance

- ❖ High level modelling that provides evidence in the plans of: the shift of activity from hospital to out of hospital care and spending total trajectories for the shift to primary care
- ❖ Clarity on the CCG's proposed on-going investment plans and timescales for making this investment in-line with deliver of the service offer above (including where CCGs require access to supporting additional non-recurrent transformation resources e.g. PCTF).

Estates / premises

- ❖ Outline of development plans, prioritised through Local Estates Strategy, making effective use of whole system assets and planned use of Primary Care Transformation fund (PCTF) to improve primary care and delivery strategic vision
- ❖ Clear articulation of the estates and premises implications of improved access , including enhancing access via technology – telephone consultation, booking appointments etc.,

Additional recommendations to be added to the suggested PCNA Primary Care Strategic Priorities

- ❖ Ensure the recommendations included in the PCNA provide the level of detail to support the detailed planning requirements of NHS England
- ❖ Ensure that a detailed work-plan and timeline for delivery is in place and monitored at Primary Care Committee
- ❖ Develop a formal stakeholder communication and engagement plan to support the delivery of the Primary Care Strategic priorities
- ❖ Develop a long term financial plan to support the delivery of the Primary Care Strategic priorities

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Final Primary Care Strategic Priorities for 2016 – 2020

The final Primary Care Strategic Priorities for 2016 – 2020 have been determined by a number of strategic documents, a needs assessment and are in addition to the overarching Telford and Wrekin CCG Primary Care Strategy.

The Priorities are:

1. Promote patient activation (the knowledge, skills and confidence a person has in managing their own health and health care) and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own long term conditions safely
2. Continue to support Practices to develop their Patient Participation Groups to build on this CCG wide Needs Assessment. This will enable a shared understanding of their local practice population needs, build relationships and measure patient experience to ensure the sustainability of Primary Care for the future
3. Support and promote the vision of a new model for Primary Care 8am – 8pm 7 days a week to improve patient access - New voluntary contract for Multi-speciality community provider as well as for practices who wish to remain as single partnerships, GP Federations and Super Practices
4. Plan to commission high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and Estate
5. Ensure that Primary Care is resourced to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions
6. Develop a long term workforce strategy for Primary Care
7. Promote and develop a culture of continuous improvement and shared learning
8. Introduce a formal mechanism for the sharing of outstanding practice, enabling all Practices in Telford and Wrekin to gain Excellent CQC ratings and provide patients with assurance of quality of care
9. Access to individual GP and Practice support to support resilience, stress and burnout
10. Ensure that Telford and Wrekin GP Practices attract their “share” of national funding
11. Ensure the recommendations included in the PCNA provide the level of detail to support the detailed planning requirements of NHS England
12. Ensure that a detailed work-plan and timeline for delivery is in place and monitored at Primary Care Committee
13. Develop a formal stakeholder communication and engagement plan to support the delivery of the Primary Care Strategic priorities
14. Develop a long term financial plan to support the delivery of the Primary Care Strategic priorities

Monitoring the Strategic Priorities

It is important that the CCG delivers the strategic priorities once agreed and upon formal approval of the 14 priority areas, a work plan and timeline will be developed to enable the CCG Primary Care Committee to be provided with the assurance of progress together with any associated risk.

An example of the measures which could be used to determine outcomes are:

- ✓ General Practice Patient Survey results
- ✓ Delivery of the 2 Quality Premiums related to Primary Care (access and e-referrals)
- ✓ Increase use of electronic communication
- ✓ Decrease in face – to – face consultations
- ✓ Increase ownership of self-care – meaningful care plans
- ✓ Active and involved patient participation groups
- ✓ Increase in wider multidisciplinary workforce
- ✓ Practices with larger patient lists
- ✓ Practices delivering care outside normal contracted hours
- ✓ Financial investment in Primary Care to support disease prevention and management of complex health conditions
- ✓ Number of Practices with good or excellent CQC ratings

Telford and Wrekin CCG Primary Care Strategic Estates Plan June 2016



Stronger GP services are the cornerstone of delivering a new deal for primary care, to support this, the CCG needs to support investment in infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients.

“Despite the strong reputation of UK primary care, it is increasingly recognised that the traditional small, independent ‘corner shop’ model of general practice and community pharmacy can no longer fully meet the needs of patients.

Practices will need to be linked in networks, federations or large practices (‘super-practices’) or as part of multi-speciality community providers. This will enable them to provide a wider range of services, to offer better opportunities for staff development and training, and to work more effectively with commissioners, specialists, hospitals and social services.”

Source: The future of primary care: Creating teams for tomorrow
Report by the Primary Care Workforce Commission

Background and Scope

- In June 2015, the Department of Health published a Local Estates Strategic Framework for Commissioners in which it set out the expectations of the NHS to achieve the efficiencies required in the Five Year Forward View and confirmed that this needed to include strategic estates planning
- Planning and managing estate is clearly an essential component of delivering transformational change and it is especially important that this is considered strategically across the local health system in order to ensure that maximum benefits are seen by both commissioners and providers alike. All CCG's are expected to have plans in place which cover primary and community estate; however estates planning needs to be integrated in order to deliver the best health care services locally
- This Primary Care Estates Plan (PDEP) has been produced by Telford and Wrekin CCG Primary Care Commissioning team in conjunction with NHS Property Services(NHSPS) and NHS England with input from Telford & Wrekin Council. A number of the property opportunities contained within this document are at outline proposal stage only and are subject to further development e.g. public engagement, formal business planning and therefore any costs and benefits set out in this document are indicative only, and subject to further planning and viability testing
- This document is currently restricted to the Telford & Wrekin CCG NHS Primary Care Estate. A more detailed review by the CCG of the wider NHS Estates is due for completion during 2016
- The Primary Care Estate is owned by a number of stakeholders, including third party developers, NHS Property Services, private landlords and GPs

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1. Executive Summary

Executive Summary

Telford & Wrekin CCG

GP Primary Care Estates Plan 2016

This paper provides a summary of the local CCG Primary Care Estate Plan and proposals to support the NHS 5 year forward view:

CCG Drivers and Challenges

- The population of Telford & Wrekin is projected to grow from 167,000 (2011 census) to 198,000 by 2031, an increase of 31,000
- Currently at 180,000 the CCG is already under pressure to provide services to cater for the population growth
- The CCG needs to provide support for the delivery of the Primary Care Delegated Commissioning Strategy, Primary Care Needs Assessment, Five Year Forward View, Future Fit, Community Fit and GP Forward View.
- There is a requirement to improve primary care estate to accommodate future housing growth and future provision of care

Overview of the current Estate

- 18 GP practices in 27 buildings (including 9 branch surgeries)
- Key areas of housing development have been identified in the emerging Local Development Plan, new areas of housing have been considered as part of the Estate Plan to ensure GP services can accommodate future population growth
- The review of Primary Care Estate was undertaken during the period from October 2015 to February 2016 and was completed in collaboration with representatives from NHS Property Services, NHS England and Telford & Wrekin Council Planning Department

- The condition, location and utilisation of the Estate is very mixed
- A series of Facet Surveys was undertaken across all properties to further clarify opportunities and challenges associated with the current Estate. The Facet Survey looked at 6 areas – physical condition, statutory compliance, space utilisation, functional suitability, quality and environmental management
- The CCG are working with existing practices to ensure there are appropriate premises in the community to ensure they have the ability to continue to deliver additional community based services

Local Development Plan and Opportunities

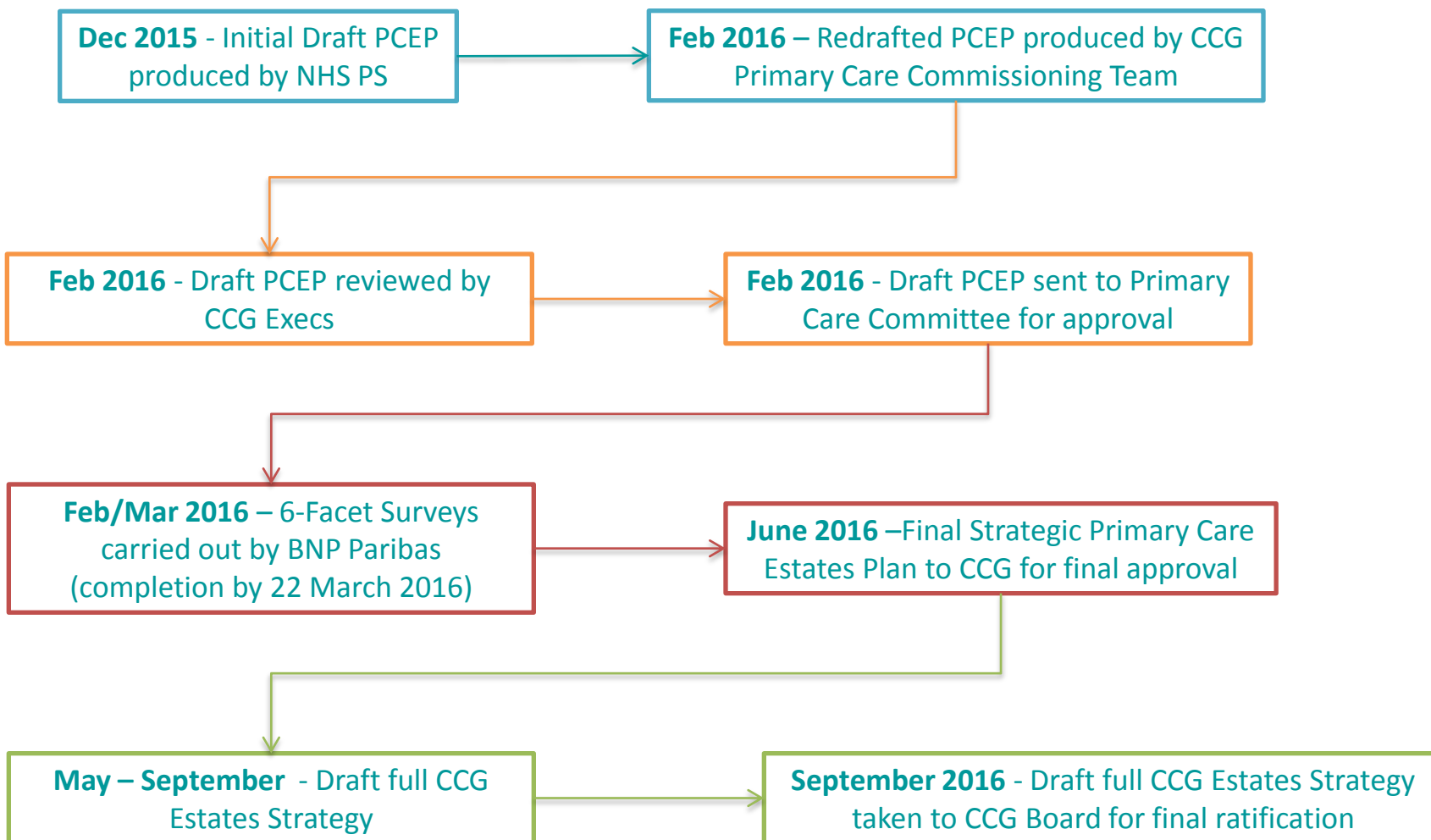
- Primary Care Commissioning team are working closely with the Telford Council Planning department as well as NHS England and NHS Property Services (NHS PS) to explore viable options to meet planned housing growth
- A piece of work needs to be completed by NHS PS during 2016 in order to determine any disposal opportunities and financial efficiencies to be gained from this

Next Steps:

- A full review of the wider NHS Estate and opportunities will form a key piece of work by June 2016
- The overall plan and opportunities should be endorsed by the CCG and NHS PS
- NHS PS, the Local Authority and Telford & Wrekin CCG to work together to develop action plans to bring forward the property opportunities outlined in the full report
- If approved the recommendations contained in the Estates Plan will form the work programme for future delivery

2. Proposed Timeline for Final Strategy

Proposed Timeline for Final Strategy



3. CCG Drivers and Challenges

Changes in Population, Profile, Growth and Future Planned Developments

- Telford and Wrekin CCG currently serves a GP registered population of just over 180,000. The main population is centred around the new town of Telford but extends into the surrounding rural areas and towns, including Newport on the Shropshire/Staffordshire border. Approximately 3.4% of the GP registered population reside outside the CCG boundary
- The draft Telford & Wrekin Local Plan 2011- 2031 states that the population of Telford is projected to grow from 167,000 in the 2011 census to 198,000 by 2031. An increase of 31,000
- The area has an increasingly ageing population - with an increase in the over 65s (in excess of 25%) in just 10 years. The demand for continued care closer to home for this cohort of patients is rapidly moving up the agenda locally
- The urban area of Telford will continue to take the majority of the borough's population growth, amounting to 13,400 homes (committed and allocated development)
- There is major development already taking place to the west of Telford in the Lawley and Lightmoor areas and the Local Plan proposes two further sustainable urban extensions to the east of Telford at Priorslee (1,100 homes) and Muxton (750 homes)

CCG Key Priorities – Primary Care

- The CCG has an initial Primary Care Delegated Commissioning Strategy and has now undertaken a Primary Care Needs Assessment to provide direction going forwards into 2016 and beyond. This Estates Plan is an important document which will provide information to support the Primary Care Needs Assessment and other on-going programmes of work
- The Primary Care Strategy states that GPs will lead innovatively staffed, multi-disciplinary teams, alongside traditional Primary Care Teams - with other health and social care professionals, including community nursing teams
- The Primary Care Strategy also details the CCG's plans to achieve excellence in the delivery of its primary care responsibilities. Currently the CCG areas of commitment for primary care are:
 - Engagement, Empowerment and Involvement – No decision about me
 - Sustainable Multi-disciplinary and seamless care pathways - Social prescribing
 - Patient Centred high quality and safe care
 - Care closer to home – admission avoidance
 - Improved Access for urgent and routine care
 - Reduced bureaucracy - Time to improve outcomes
 - Reduction in variation care and inequalities
 - Effective use of resources

CCG Drivers and Challenges

CCG Commissioning Priorities

- Develop a joint strategy for 'Building Resilient Communities'
- Implement Joint Grant framework for voluntary organisations with T&W Council
- Redesign model of care for people with Learning Disabilities
- Produce & deliver a joint Care/ Nursing Home Strategy
- Develop and implement an End of Life strategy – 'A Good Death'



- Improve MH crisis management as part of the MH project
- Procure new model for 111 & OOH to 'fit' our emerging model of 'Urgent Care'
- Design and implement Ambulatory Care model
- Redesign Intermediate Care

- Design a new sustainable model with, and for, Primary Care
- Design and implement effective multidisciplinary 'Case Management' for our most complex patients
- Design and implement a model for 'Locality Working structures' (TAP)
- Complete and implement the MSK model

- Complete programme of pathway redesign, including improvement of referral management and ensure we commission sufficient capacity to meet demand
- Deliver a Cancer project - 'One Stop Shop'/Fit for 2020' - by 2017 (better, quicker access to diagnostics etc)
- Redesign the IAPT model
- Redesign the MH model (inc CAMHS & Dementia)

CCG Key Priorities – Other

NHS Shropshire and Telford and Wrekin CCG Strategic Plan 2014/15 – 2018/19

The strategic plan provides a five year vision for both CCGs and the key priorities for Telford and Wrekin are listed below:

Access to Services

- Improved and timely access to services is a very real issue and one which the public sees as a high priority

Supporting vulnerable people

- Due to the increase in population of over 65s, the pattern of demand for services has shifted with a greater need for services that can support more complex health conditions and people with multiple long-term conditions to continue to live with dignity and independence at home and in the community; including the promotion of self-care, the development of e-solutions with patients and expansion of community rehabilitation and re-ablement

Increasing life expectancy & reducing health inequalities

- Improved health and life expectancy for all - narrowing the gaps between the best and worst health outcomes
- Renewed focus on reducing and managing CVD and cancer, supporting more people to live independently and self care

Encouraging healthier lifestyles

- Reducing levels of obesity, alcohol abuse and smoking related admissions

CCG Key Priorities – Other

Future Fit

- In order to address some key challenges, Telford & Wrekin CCG, Shropshire CCG, Shrewsbury and Telford Hospital Trust, Shropshire Health and Community Trust and Powys LHB are undertaking a clinical service review, engaging with patient populations. The review will focus on acute and community health services in Shropshire and Telford & Wrekin

Goals of Future Fit

- A service pattern that will attract the best staff and be sustainable clinically and economically for the foreseeable future
- A coherent service pattern coordinated across all care provision that delivers the right care in the right place at the right time, first time
- A service which supports care closer to home and minimises the need to go to hospital
- A service that meets the distinct needs of both rural and urban populations across Shropshire, Telford, and Wrekin and in Wales, and which anticipates changing needs over time

Health and Wellbeing (Better Care Fund)

- The Better Care Fund represents an opportunity to transform the local and social care landscape with a commitment to focus on:
 - Prevention
 - Early Intervention
 - Building Community resilience
 - Independent living

4. Overview of the Current Primary Care Estate

Current Primary Care Estate

- The current Primary Care Estate in Telford & Wrekin is made up of **18 GP practices**, with an additional **9 branch surgeries** and is located throughout the CCG area **within 27 buildings**
- The current Estate is owned by a number of stakeholders, including third party developers, NHS Property Services, private landlords and GPs themselves
- In November 2015, the CCG and NHS England undertook a GP Premises Audit in order to establish the existing, current and future capacity of the current GP Estate. As a result of this, further work was identified and a series of 6-Facet Surveys was commissioned by NHS Property Services which were completed during March 2016
- The Facet Surveys covered 6 areas and revealed a range of issues across the current Primary Care Estate, together with a summary of remedial costs to rectify any issues identified:
 - physical condition
 - statutory compliance
 - space utilisation
 - functional suitability
 - quality
 - environmental management

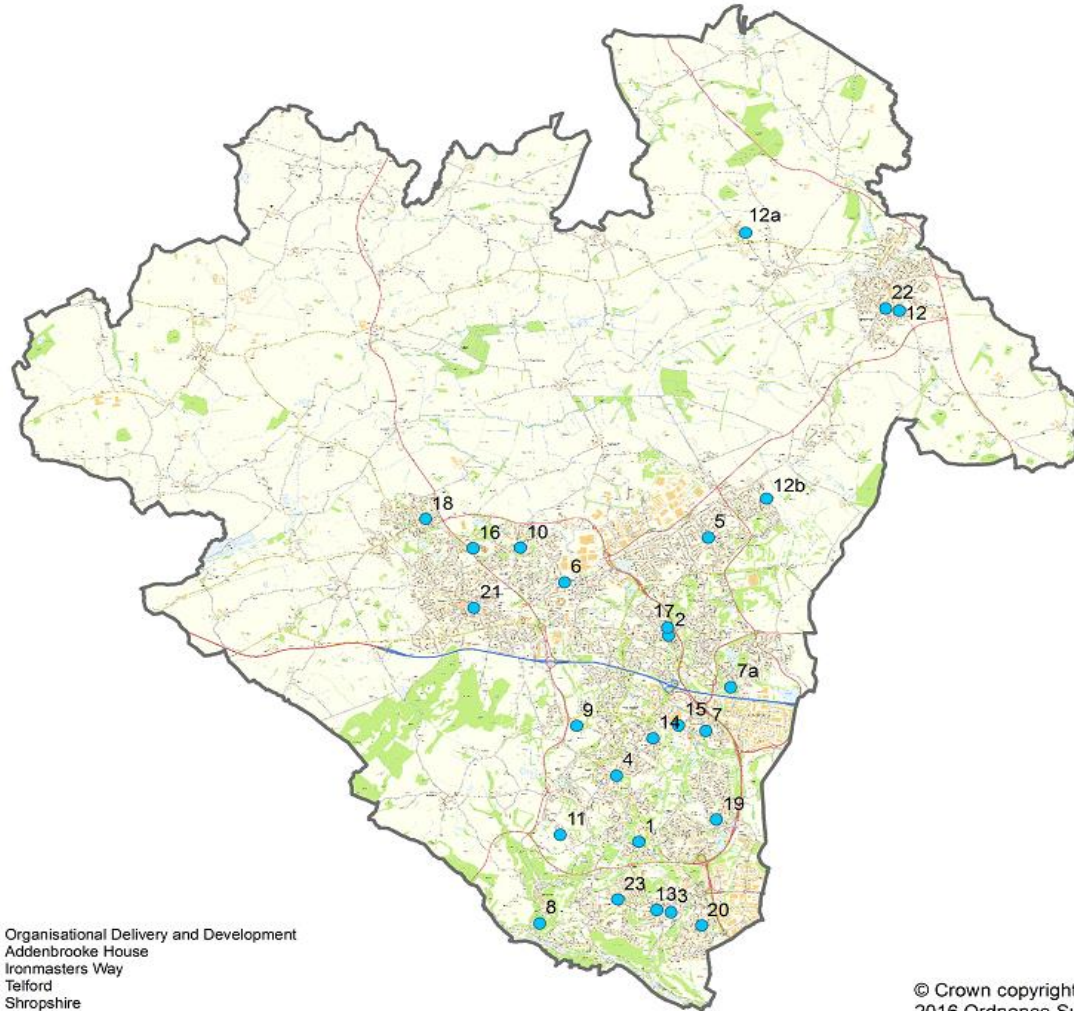
Population and GP Practice Provision

- The map on the following page provides a pictorial summary of the population of Telford and Wrekin and where the GP Practices are. The GP practices are defined by the blue spots
- The next map shows the GP registered population density, identified by the yellow and red spots. This information is also available at individual Practice level and has been shared with the relevant GP Practices
- It can be seen from the density map that the majority of the population reside to the Central and South of the CCG area, with a cluster around Newport in the North East. The remainder of the population who reside within the geography of the CCG are equally spread across the more rural areas
- The CCG has also defined that 3.4% of the population does not reside within the geography of the CCG but in neighbouring CCG areas e.g. Shropshire CCG, Staffordshire and Surrounds CCG as well as South East Staffordshire and Seisdon Peninsula CCG
- Section 5 of this document, develops this map further and identifies the areas of new housing development which are either approved or proposed

Practice locations

Key

- 1 Aqueduct
- 2 Charlton
- 3 Court Street
- 4 Dawley
- 5 Donnington
- 6 Hadley
- 7 Hollinswood
- 7a Priorslee
- 8 Ironbridge
- 9 Lawley
- 10 Leegomery
- 11 Lightmoor
- 12 Linden Hall
- 12a Harper Adams
- 12b Muxton
- 13 Madeley
- 14 Malinslee
- 15 Malling (Telford)
- 16 Malling (Wrekin)
- 17 Oakengates
- 18 Shawbirch
- 19 Stirchley
- 20 Sutton Hill
- 21 Wellington
- 22 Wellington Road
- 23 Woodside

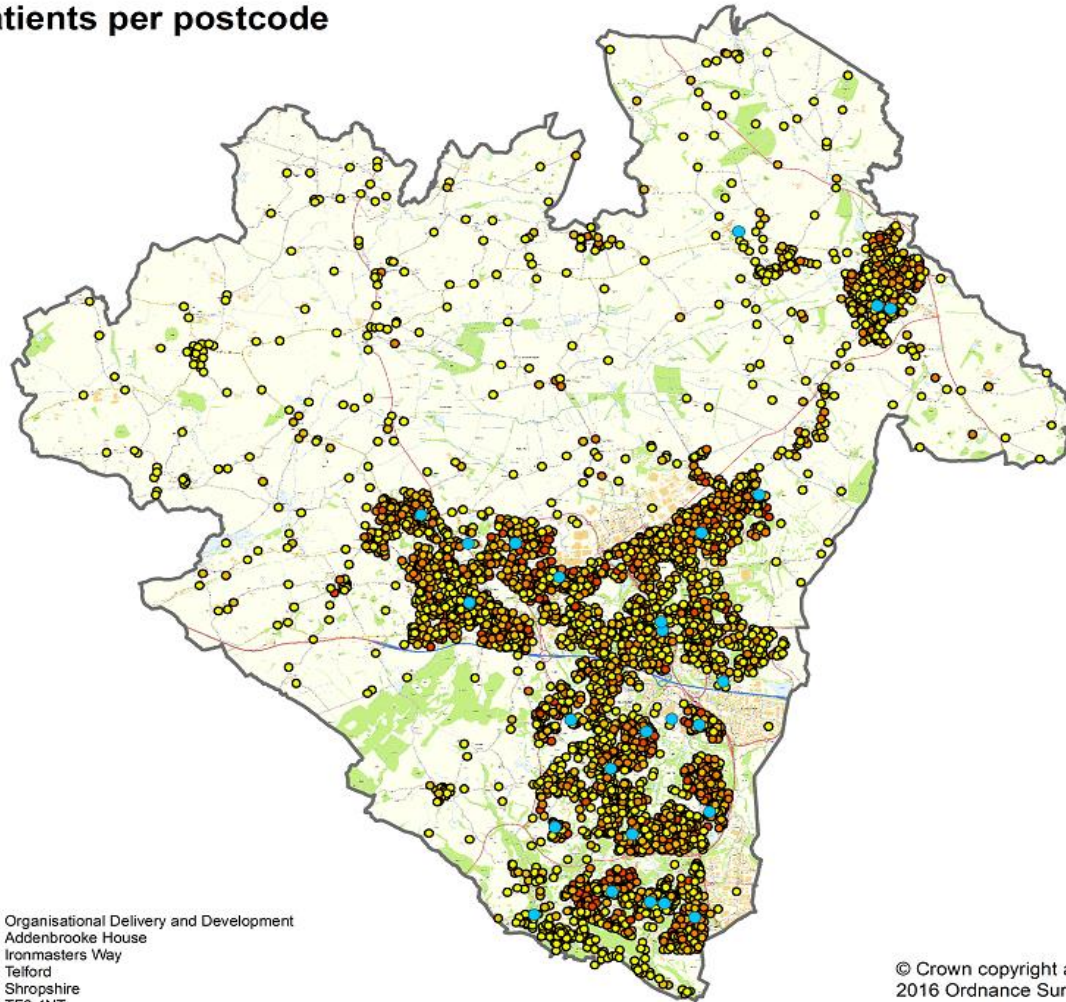


Telford & Wrekin
COUNCIL

Organisational Delivery and Development
Addenbrooke House
Ironmasters Way
Telford
Shropshire
TF3 4NT

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2016 Ordnance Survey 100019694

Total registered patients per postcode



Key

- 1 - 29
- 30 - 64
- 65 - 114
- 115 - 274
- 275 - 1941
- GP location



Organisational Delivery and Development
Addenbrooke House
Ironmasters Way
Telford
Shropshire
TF3 4NT

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5. Local Development Plan and Opportunities

- The emerging Telford & Wrekin Local Plan contains site allocations for new housing and employment development as well as data relating to existing levels of committed development. Over the period of the Local Plan the Council expect to deliver around 15,555 new homes (committed and allocated developments) and 76 hectares of new employment land
- The CCG will work closely with Telford & Wrekin Council where key areas for consideration have been identified, including:
 - where there is significant development planned and the local GP practice(s) are deemed to have reached their current capacity in their existing premises
 - where there is a need to re-distribute existing provision or develop new provision to meet the growth in population
- The current Estate will need to change over the next five years to accommodate population increases and provide future proofing for the duration of the Local Plan up to 2031. The following are options that will need to be considered:
 - closing a site and moving activity elsewhere where there is spare capacity to reduce operating costs and free up capital for reinvestment
 - substantially consolidating activity on a site to reduce operating costs and release land for disposal and capital for reinvestment
 - replacing a number of poor quality buildings that are no longer fit for purpose with a new facility that can support a wider range of services
 - providing a new facility in a particular locality to meet changed models of care and service delivery
 - increasing the number of larger premises to accommodate Primary Care at Scale and giving consideration to the future of the current smaller estate
 - ensuring that all costs are recovered from 3rd Party users who are occupying space within Primary Care Estate properties
- The following map shows the layout of the current Estate, patient population densities and the planned housing developments across the CCG area

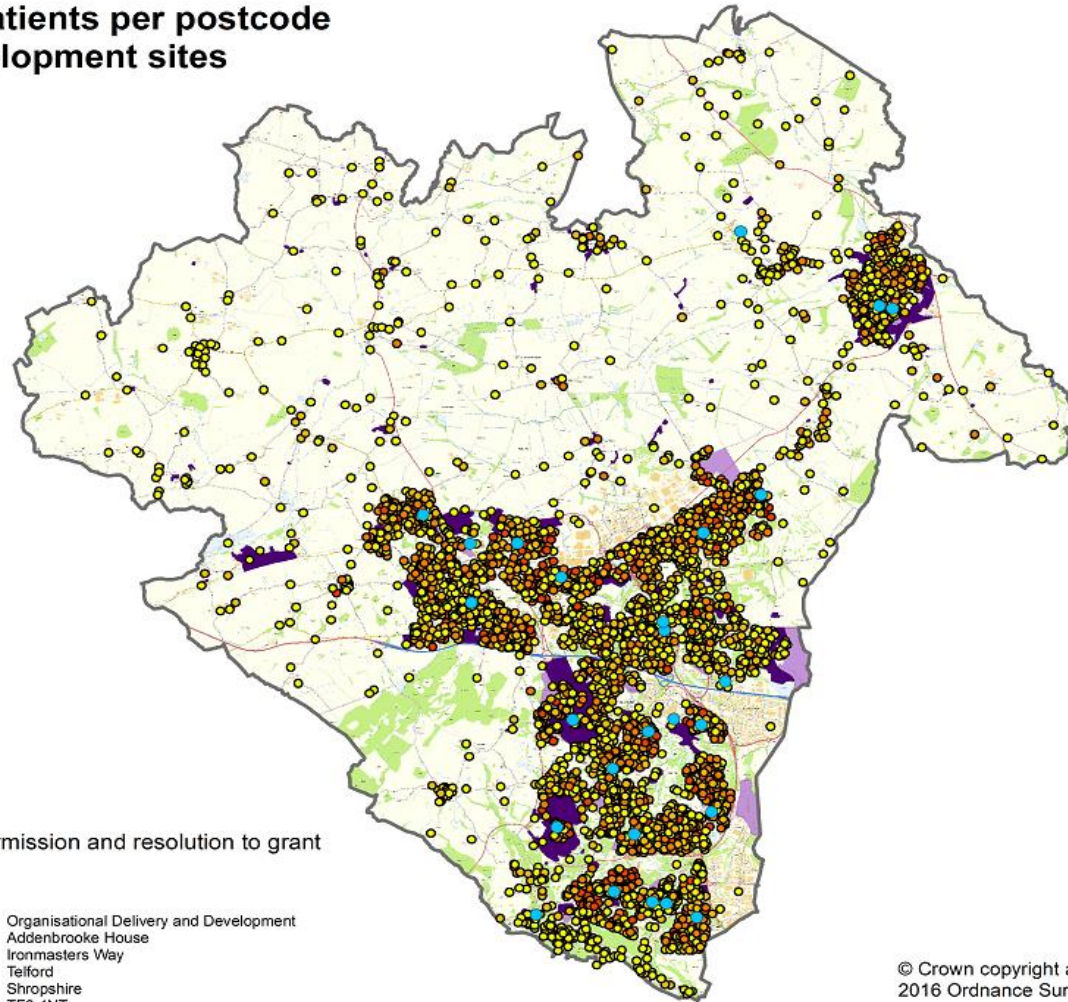
Local Development Plan and Opportunities

Total registered patients per postcode with housing development sites

Key

- 1 - 29
- 30 - 64
- 65 - 114
- 115 - 274
- 275 - 1941
- GP location

- Sites with planning permission and resolution to grant
- Housing Allocations



Organisational Delivery and Development
Addenbrooke House
Ironmasters Way
Telford
Shropshire
TF3 4NT

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2016 Ordnance Survey 100019694

- The tables on the pages 24 and 25 show housing developments with planning permission granted and resolution to grant - due for building by 2018-2019
- The developments listed below – also shown in the tables - are Strategic Urban Extensions in the Local Plan with additional housing allocations already agreed and with planning permissions in process of being approved. All are due for build out between 2017-2020
 - H1 Wyevale
 - H2 Priorslee
 - H10 The Hem
 - H17b Lawley West (Phase 8-10)
- The population increase figures shown in the following tables - especially for the Strategic Urban Extensions noted above - are a conservative estimate but could be as much as 30% higher depending on the final mix of housing agreed between the developers and the Council Planning office

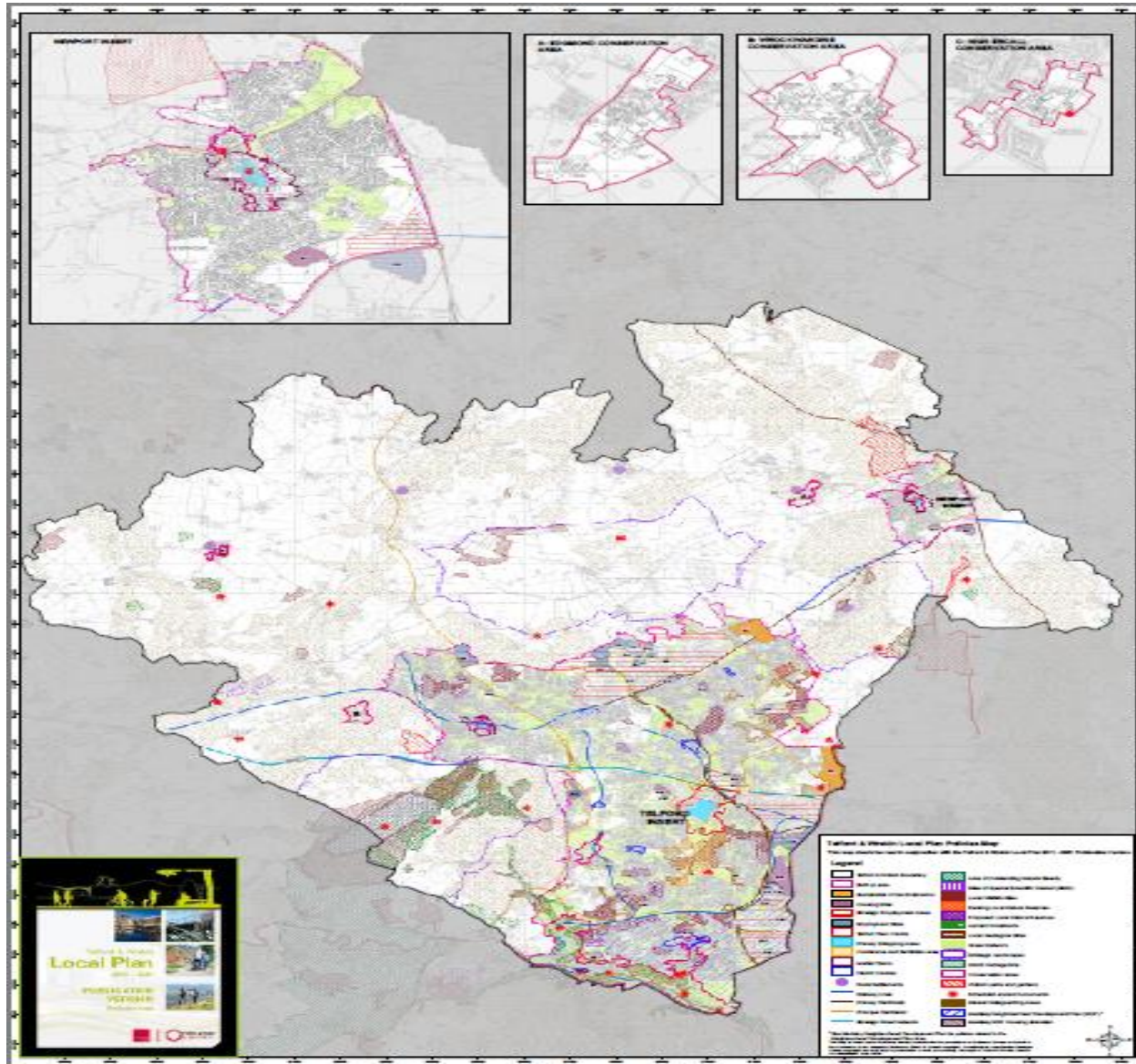
Local Development Plan and Opportunities

Housing Developments Planned	Estimated population (No of houses x 2.4 people / household)	Current local GP provision <i>Whilst other GP practices may cover these areas, the nearest and most likely practices to be effected have been identified</i>	Challenges / Opportunities
H1 Land at Muxton	1800	Linden Hall Surgery (Muxton Branch site) Donnington MP Wellington Road Surgery	These practices have been contacted to ensure that they have the capacity to register these additional patients
H2 Woodhouse, Priorslee	2640	Hollinswood & Priorslee Practice (branch) Shifnal & Priorslee Practice (branch – Shropshire CCG)	Priorslee Practice has submitted a transformation bid to extend their surgery to enable them to provide services to these additional patients
H3 Sutherland School	295	Donnington Medical Practice	Donnington have confirmed that they are able to provide additional capacity to register additional patients
H4 Plot D, Pool Hill Road	96	Dawley Medical Practice	Dawley have been granted additional rent for an extension to current premises due for completion Nov 2016 and therefore should be able to register these additional patients
H5 Beeches Hospital	254	Ironbridge Medical Practice Woodside Medical Practice	Ironbridge is restricted by the current premises, however Woodside has been extended recently and should be able to register these additional patients. The practices have been contacted to confirm this
H6 Former Madeley Court School	130	Trinity Healthcare Partnership (Madeley branch) Court Street Medical Practice Sutton Hill Medical Practice Woodside Medical Practices	These practices have been contacted to ensure that they have the capacity to register these additional patients
H7 Former Phoenix School	480	Dawley Medical Practice Trinity Healthcare Partnership (Aqueduct branch)	Dawley have been granted additional rent for an extension to current premises due for completion Nov 2016. These practices have been contacted to ensure that they have the capacity to register these additional patients
H8 Former Charlton School	396	Shawbirch Medical Practice Malling Health Wrekin PRH Wellington Medical Practice	Shawbirch has submitted a transformation bid to enable them to register additional patients. The new build for Shawbirch is large enough to house the current Malling Wrekin Practice as well

Local Development Plan and Opportunities

Housing Developments Planned	Estimated population (No of houses x 2.4 people / household)	Current local GP provision <i>Whilst other GP practices may cover these areas, the nearest and most likely practices to be effected have been identified</i>	Challenges and Opportunities	
H9 Former Swan Centre	50	Stirchley MP	The practice has been contacted to ensure that they have the capacity to register these additional patients	
H10 Land at the Hem	720	Stirchley MP	The practice has been contacted to ensure that they have the capacity to register these additional patients	
H11 Land at Holyhead Road	96	Malling Telford Charlton Medical Practice Hollinswood & Priorslee Practice (branch) Oakengates Medical Practice	Practices should jointly be able to register these additional patients. There is also a practice in Shropshire who provides GMS in Priorslee	
H12 Land North of Priorslee Roundabout	168	Malling Telford Charlton Medical Practice Hollinswood & Priorslee Practice (branch) Oakengates Medical Practice	Practices should jointly be able to register these additional patients. There is also a practice in Shropshire who provides GMS in Priorslee	
H13 Land South of Springfield Industrial Estate, Newport	288	Wellington Road Surgery Linden Hall Surgery	The practice has been contacted to ensure that they have the capacity to register these additional patients	
H14 Former Blessed Robert Johnson School	120	Shawbirch Medical Practice Malling, Wrekin	Wellington Trinity	Shawbirch has submitted a transformation bid to enable them to register additional patients. The other practices have been contacted to ensure that they have the capacity to register these additional patients
H15 Land off Majestic Way, Aqueduct	96	Dawley Medical Practice Trinity Healthcare Partnership (Aqueduct branch) Woodside Medical Practice	These practices have been contacted to ensure that they have the capacity to register these additional patients	
H16 Old Park 2, Park Lane (next to E18 on map)	168	Hollinswood & Priorslee Practice Malling Telford	Trinity Dawley MP	These practices have been contacted to ensure that they have the capacity to register these additional patients
H17 Lawley West (Phase 7)	600	Lawley MP	Lawley has submitted a transformation bid which is currently prioritised as high	
H17b Lawley West (Phase 8-10)	4000	Lawley MP	Lawley has submitted a transformation bid which is currently prioritised as high	

Local Development Plan and Opportunities



This map shows the housing allocations referenced in the tables on slides 24 & 25

6. Individual Practice Challenges and Opportunities

Individual Practice Challenges

At an individual Practice level, the CCG has identified the current challenges faced and opportunities for future development which are summarised as follows:

- **Charlton Medical Practice** (Priority: Low)
 - Charlton site has available space and agreement from landlord to build an extension – bid has been submitted as part of the transformation bid process, however is currently rated as a low priority
 - Future housing developments planned over the next 5 years and linked to the Oakengates area are small – only about 100x houses at Donnington/Priorslee
 - Neighbouring practice at Oakengates is not able to expand in current premises and therefore the CCG would encourage the 2 practices to work effectively together to make better use of the estate and the provision of services for all patients in the Oakengates area
- **Court Street Medical Practice** (Priority: Low)
 - This is a brand new building which has a lot of space capacity
 - Future housing developments linked to Madeley are small – only ~130 additional patients over the next 3-5 years
 - Trinity has a branch at Madeley and a more efficient use of finances would be for Court Street and Madeley to work collaboratively to deliver services to the population of Madeley
- **Dawley Medical Practice** (Priority: Low)
 - The CCG and NHS England have already approved an extension of the surgery to cover the expected increase in population locally. Building work was due to be completed by November 2016 but is currently being reviewed
 - There is a Local Plan housing allocation showing an additional 840x patients over the next 3-5 years around the Dawley, Lawley, Aqueduct and Old Park areas
- **Donnington Medical Practice** (Priority: Low)
 - Current main building is new. The Practice has confirmed that they can absorb additional registered patients on existing medical practice site
 - Limited scope for further expansion in a separate building used for Consulting rooms for Community based services which has planning permission for significant extension and forms part of the bid for transformation funds. Currently has a priority level as low
 - Future housing developments linked to Donnington are at Muxton and Trench - with an additional 2100x patients due to move into the area over the next 3-4 years
 - The Practice needs to also ensure that all costs for 3rd parties occupying the premises at Queens Road are recovered on an annual basis

Individual Practice Challenges

- **Hollinswood Medical Practice** (Branch Surgeries: *Priorslee and Holliwell*) (Priority: High (Priorslee))
 - Currently have 3 sites – a main surgery and 2 Branch sites (one of which is almost next door to the main surgery at Hollinswood)
 - There is a significant amount of house building activity planned around the Priorslee area with an additional 3000x patients anticipated to be moving to the area over the next 2-3 years. It is recognised that some of these patients will register with the other local surgery (which is a satellite of the Shifnal Practice – part of Shropshire CCG area)
 - The Practice has submitted a transformation bid to extend the premises at Priorslee which is currently rated as medium / high priority
 - There is only one development site closely linked to the Hollinswood and Holliwell Practices – additional 270x patients moving in to the area neighbouring the Telford Town Centre – but it is recognised that most of these patients will register with the Trinity (Malinslee) branch as it is closer
 - The CCG would recommend that the Practice releases one of the premises at Hollinswood/Holliwell and concentrates on 2 sites to deliver GMS services. Without this commitment the CCG would not support the development at the Priorslee site. The site no longer used for GMS could then be converted for car parking or other community based services
- **Ironbridge Medical Practice** (Priority: Medium)
 - Already at capacity in existing building with no current option to move elsewhere in the Gorge. The practice is currently considered their options
 - Remodelling of current interior and an exterior extension are currently being considered but are limited
 - Options of a possible merger with a larger Practice to provide a branch surgery with centralised admin function or a potential new build have also been considered
 - No formal plans have been discussed with the CCG
 - There is a Local Plan housing allocation at the Beeches Hospital site – additional 250+ patients - but it is recognised that the vast majority would register with the Woodside MP instead as it is closer
- **Lawley Medical Practice** (Priority: High)
 - Already over capacity for the existing building and risks are being highlighted
 - Significant building planned in the Lawley area. Next phases of the development are due to be built out over next 2-3 years with an additional 10,000 new patients due to move into the surrounding area. It is recognised that a proportion of these will register with other surgeries at Lightmoor, Dawley, Malinslee but the vast majority are likely to register with Lawley
 - Transformation bid has been submitted to extend the existing building and is currently prioritised as high
 - Practice is also in discussions with other practices to consolidate back office functions

Individual Practice Challenges

- **Linden Hall Surgery, Newport** (Branch Surgeries: *Muxton and Harper Adams*) (Priority: Low / Medium)
 - Limited scope to expand on any of the sites - although main site does have some very limited options
 - Significant housing developments already planned in surrounding Newport area will stretch current capacity . There is also additional housing development planned around the Muxton (Branch surgery) site too with an estimated 2000+ patients moving in to the area over the next 2-3 years
 - Neighbouring practice at Wellington Road and a “Cottage Hospital” facility also in Newport. Options should be considered on how these practices can work closer together to use the local estate more effectively
- **Malling Health - Telford** (Priority: Low)
 - Practice has a small registered list and limited walk-in access
 - Premises is restricted by the Town Centre location
 - Services are to be consulted upon to determine future provision therefore no recommendation for this site is made
- **Malling Health - Wrekin** (Priority: Medium/High)
 - The Malling Practice is currently located at the Princess Royal Hospital site within a temporary modular building which is not fit for purpose
 - The CCG has requested that this practice is removed from the hospital site and services are to be consulted upon to determine future provision
 - There is a recommendation that the Practice could be moved to be part of the new proposed development in line with the Shawbirch transformation bid proposal
 - Only significant housing developments near to the surgery are at the old Blessed Robert Johnson and Charlton School sites (additional 520x patients) over the next 3-5 years but it is recognised that the vast majority will register with Shawbirch
- **Oakengates Medical Practice** (Priority: Medium)
 - Constrained on current site with no availability of land for expansion
 - Future housing developments planned over the next 5 years and linked to the Oakengates area are small – only about 100x houses at Donnington / Priorslee side closest to Oakengates and these patients are more likely to register with Priorslee or Donnington anyway
 - There is a neighbouring practice at Charlton and the CCG would encourage the 2 practices to work effectively together to make better use of the estate and the provision of services for all patients in the Oakengates area
 - The CCG has not been approached by the Practice with any plans for development

Individual Practice Challenges

- **Shawbirch Medical Centre** (Priority: High)
 - At capacity currently in existing building
 - Significant housing development in both local Shawbirch area (old Maxell site) as well as further west (old sugar beet factory site @ Allscott), as well as on the old Blessed Robert Johnson School site and Charlton School site. Collectively, these developments will add ~4000 patients to the local area within the Shawbirch MP boundary over the next 2-4 years
 - Transformation bid received and currently prioritised as high
 - There is a recommendation that the Shawbirch transformation bid proposal also includes housing the Malling Health Wrekin Practice
- **Stirchley** (Priority: Low)
 - The practice have indicated that they could do some internal remodelling to provide a shared facility with other local Practices for their patients to attend Community based services locally and have submitted a transformation bid which is currently prioritised as low
 - New housing development planned over the next 3-5 years in the Halesfield area, and at the former Swan Centre site, will add an additional 1,000 patients in to the catchment for Stirchley who are not likely to register elsewhere
 - The Practice have not indicated any significant pressures to accommodate additional registered patients
- **Sutton Hill** (Priority: Low)
 - There are limited Local Plan housing allocations which would effect the Sutton Hill area and the practice has raised no concerns with the CCG with regard to future expansion
- **Trinity Healthcare – Malinslee** (Priority: Low)
(Branch Surgeries: *Aqueduct, Hadley, Leegomery, Lightmoor and Madeley*)
 - The Malinslee and Lightmoor sites are relatively new (less than 2 years)
 - With the exception of the above, all Branch surgeries would benefit from site surveys to establish what could be done to maximise utilisation and efficiency of available space
 - It is further recommended that Trinity Healthcare reduces the number of sites. There is potential for Madeley to work closer with Court Street which is a new building with spare capacity. Consideration should also be made for Leegomery and Hadley working from 1 site. Lightmoor site is small (only 1 consultation room at present) and the 6-Facet Survey recommended better utilisation of existing premises
 - There is a Local Plan housing allocation at Old Park (approximately an additional 170x patients) and it is expected that most of these will register with the Trinity Malinslee surgery as it is the closest one. Other options could include Hollinswood and Dawley

Individual Practice Challenges

- **Wellington Road Surgery, Newport** (Priority: Low/Medium)
 - Site was last expanded around 4-5 years ago but is now outgrowing this extension – especially with regard to the available car parking spaces
 - Significant housing developments already planned in surrounding Newport area will stretch current capacity
 - There is also additional housing development planned around the Muxton area too with an estimated 2000+ patients moving in to the area over the next 2-3 years
 - Neighbouring practice at Linden Hall and a “Cottage Hospital” facility also in Newport. Options should be considered on how these practices can work closer together to use the local estate more effectively
- **Wellington** (Priority: Low)
 - Practice have considered looking at Phase 2 expansion over the existing flat roof but no viable plans submitted to date
 - Only significant housing developments near to the surgery are at the old BRJ and Charlton School sites (additional 520x patients) but it is recognised that the vast majority of these will register with Shawbirch MP, Trinity (Leegomery) or Malling Wrekin sites rather than with Wellington MP
- **Woodside** (Priority: Low)
 - Relatively new build
 - There are Local Plan housing allocations at the former Madeley Court school site, Beeches Hospital site and around the Aqueduct area (additional 480x patients over the next 3-5 years) but it is recognised that most of these patients will register with other MPs as they are closer than Woodside

7. 6-Facet Survey Results

6-Facet Survey Results

- The results of the 6-Facet Surveys have now been shared with all Practices and items identified for Improvement Grant funding included areas, such as:
 - Replacement Fire Doors
 - Replacement windows/grilles
 - Floor coverings/window blind replacement for Infection Protection compliance
 - COSHH cabinet provision
 - Removal of asbestos containing materials
 - EICR Certification compliance
 - Replacement lighting in areas of Practices
 - DDA compliance issues
- Practices have been invited to confirm if they would be interested in receiving Improvement Grant funding later in the year, should such funding become available
- Those Practices who have confirmed their interest in receiving Improvement Grant funding have been recorded and will be notified when funding has been secured

8. Primary Care Estates and Technology Transformation Fund

Primary Care Estates and Technology Transformation Fund

The Primary Care Estates and Technology Fund (formerly the Transformation/Infrastructure Fund) is a multi-year, £1.2billion investment programme to help General Practice make improvements in premises and technology. It is part of the additional NHS funding, announced by the Government in December 2014, to enable the direction of travel set out in the [NHS Five Year Forward View](#)

- The CCG asked GP Practices in Telford and Wrekin to submit bids against the Primary Care Estates and Technology Transformation Fund . The deadline for the initial submission of bids from practices was 12th February 2016
- The CCG then carried out an initial review of the bids received and gave feedback and suggestions for improvements to strengthen the bids before final submission and formal assessment by the CCG
- The Primary Care Committee have assessed and prioritised the bids, using the draft Primary Care Estates Plan as a reference, and the bids are now due to be submitted to NHSE once the Primary Care Estates and Technology Transformation Fund portal opens in June 2016
- The bids will be considered on a National basis and successful bids will be notified to enable due diligence and formal business cases to be produced before funding can be granted

9. Recommendations and Next Steps

Having considered the content of this report, the following recommendations are made:

1. All practices affected by new housing developments have now confirmed that they are able to provide GMS services to the increased population
2. Lawley, Priorslee and Shawbirch are confirmed as the highest priority practices for development and confirm their status for the transformation bid process
3. To agree to the priority status for the remaining practices (pages 28 – 32)
4. CCG to confirm the future Estate required to deliver Community and Future Fit
5. Discussions to be held with practices to determine the future provision of Primary Care Services across localities to ensure optimum use of buildings
6. Hollinswood and Priorslee Medical Practice to consider reducing their current sites from 3 to 2
7. Primary Care Estate should be added to the Primary Care Risk Register until all actions have been completed
8. CCG to confirm the number of training practices required within the CCG
9. The CCG to continue to develop the wider CCG Estates plan and move to phase 2, to include community, social care and acute hospital estate – ensuring the most effective and efficient use of Health and Social Care Estate across Telford and Wrekin
10. To recommend the continued work to integrate the Local Authority Local Plan with the CCG Estates Strategy

TELFORD & WREKIN COUNCIL**HEALTH & WELLBEING BOARD - DATE: 7th SEPTEMBER 2016****PHARMACEUTICAL NEEDS ASSESSMENT 2015/16 – 2017/18:
SUPPLEMENTARY STATEMENT 2016****REPORT OF: HELEN ONIONS (CONSULTANT IN PUBLIC HEALTH, TELFORD &
WREKIN COUNCIL), HITESH PATEL (PHARMACEUTICAL ADVISER, NHS
TELFORD AND WREKIN CCG)****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

- The Health and Wellbeing Board approved the Telford & Wrekin Pharmacy Needs Assessment (PNA) 2015/16 – 2017/18 for publication in March 2015, in line with their legal duties¹. The Board agreed the proposed recommendations, but requested that a more in-depth review of pharmacy provision in South Telford be undertaken.
- The South Telford PNA review was reported to the Board in December 2015. The majority of Health & Wellbeing Board Members were satisfied that the review demonstrated a high level of need in South Telford where service levels were inadequate, particularly in terms of the accessibility of out of hours services. Whilst it was acknowledged that residents in some rural areas of the borough had equal or longer distances to travel to their nearest pharmacy, the Board considered that limited transport facilities in South Telford placed residents at a disadvantage.
- The Chair of the HWB wrote to the NHS England North Midlands Director of Commissioning and Operations in January 2016 highlighting the findings of the PNA and requesting support to take discussions forward to extend provision in this area. Following discussions between the CCG Medicine's Management Team and Anstice Pharmacy in Madeley an application was made to extend the pharmacy's opening hours. The NHS England North Midlands Pharmacy Committee approved this application in June giving approval for the new opening hours from 25th July 2016.
- The new opening hours in Madeley ensure that there is community pharmacy dispensing provision on offer on every weekday evening until 8pm and also opening on Saturdays from 9am – 5pm. This extending opening has been publicised <http://newsroom.telford.gov.uk/News/Details/13314>

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

- Supplementary Statements are used to provide updates to the Pharmaceutical Needs Assessment in relation to changes in the availability of pharmaceutical services. A supplementary statement has been prepared to include the expanded provision in South Telford and also to cover the opening hours of the new pharmacy which opened in Lightmoor in July 2016 (see Appendix I)

2. **RECOMMENDATIONS**

It is recommended the Board:

- Acknowledge the extended evening and weekend dispensing provision in Madeley, which meets the need indentified in the South Telford PNA review.
- Approve the PNA Supplementary Statement for publication.

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

The PNA process has been used by the HWB, NHS England, the CCG and local contractors to determine that expanded dispensing provision was needed in South Telford. Agreement of the PNA Supplementary Statement will publically detail this expanded provision in the PNA.

4. **SUMMARY IMPACT ASSESSMENT**

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Potentially all health and wellbeing priorities can be influenced by the role of community pharmacy as a key provider of primary health care services.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Improving the health and wellbeing of our communities and addressing health inequalities
TARGET COMPLETION/ DELIVERY DATE	Will the proposals impact on specific groups of people?	
	Yes	Local pharmacy has a key role in providing primary care services within our local communities.
There was legal requirement for the HWB to publish the PNA by April 2015. The HWB approved the draft PNA and recommendations in March 2015 and requested		

		that a review of pharmacy provision was undertaken by September 2015. The review was completed and reported to the HWB in December 2015.
FINANCIAL/VALUE FOR MONEY IMPACT	No	<p>The PNA is used to inform commissioning decisions of NHS England, the Clinical Commissioning Group and local authority in terms</p> <p>Funding of pharmacies for the dispensing of medicines is the responsibility of NHS England and as such they have agreed to fund all the additional hours contained within this report. There are no financial implications for the Council.</p> <p>(ER 23/08/16)</p>
LEGAL ISSUES	Yes	<p>Legal requirements and obligations for the HWBB in relation to the PNA are set out in the main body of this report at the summary of main proposals.</p> <p>The work referred to in this report is not a full consultation in accordance with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and instead relates to a supplement statement as set out at section 6 of those Regulations.</p> <p>In proposing this supplemental statement regard also needs to have been given to the Department of Health's supporting document entitled "Pharmaceutical needs assessments, Information Pack for Local Authority Health and Wellbeing Boards".</p> <p>In the event that any changes are made to the PNA following this report the amended version needs to be published in accordance with the same statutory provisions that required the publication of the PNA approved by the HWBB previously. MC 26/08/2016</p>
EQUALITY & DIVERSITY	Yes	The PNA has a significant potential to positively influence health inequalities determined directly, or indirectly, by individual's protected characteristics. The process relevance to our Public Sector

		<p>Equality Duty and as such a Community Impact Assessment was conducted as part of the wider PNA process.</p> <p>Community pharmacy has a key role to play in health inequalities as often pharmacies are the first point of call for those requiring support who may not have engaged with other health services.</p>
IMPACT ON SPECIFIC WARDS	Yes	The South Telford PNA review specifically covered the following electoral wards, Cuckoo Oak, Ironbridge Gorge Madeley and Woodside
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>Public engagement is a specific requirement of the PNA process. A survey of community views, undertaken in September and October 2014, was a key part of the PNA development.</p> <p>The South Telford PNA review undertaken in 2015 incorporated another survey of community views.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<p>The Telford and Wrekin PNA is part of the wider Joint Strategic Needs Assessment process and therefore links to the Health and Wellbeing Strategy and associated priorities.</p> <p>There is a key requirement that the PNA process aligns with other strategic plans for health and social care. As such the PNA is relevant to the Shropshire, Telford & Wrekin NHS Sustainability and Transformation plan, which also aligns strongly with the Health & Wellbeing Strategy.</p> <p>The PNA is used to define community pharmacy current and future needs and provision in the context of integrated models of care and treatment pathways delivered in the community or at locality level. Therefore connection between the PNA and the Future Fit/Community Fit programmes and the clinically-led re-design of treatment and care pathways and integrated models of care is important.</p>

PART B) – ADDITIONAL INFORMATION

1 The suite of PNA documents can be found at:

http://www.telford.gov.uk/info/20086/adult_social_services/908/pharmacy_needs_assessment_pna

2 IMPACT ASSESSMENT

- See page 3-4 for the Equality and Diversity comment.
- The Equalities Impact Assessment (EIA) for the PNA process can be found at http://www.telford.gov.uk/downloads/download/488/pharmacy_needs_assessment_pna

3 PREVIOUS MINUTES

Health and Wellbeing Board 9th December 2015

Health and Wellbeing Board 11th March 2015

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

4 BACKGROUND PAPERS

None.

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

**Telford and Wrekin Pharmaceutical Needs Assessment Supplementary Statement
(DRAFT PENDING HEALTH & WELLBEING BOARD APPROVAL)**

Date Pharmaceutical Needs Assessment published – 1st April 2015

Date Supplementary Statement approved – 7th September 2016

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulationsⁱ stipulate that Supplementary Statements may provide updates to the Pharmaceutical Needs Assessment in relation to changes in the availability of pharmaceutical services.

The suite of documents which form the Telford & Wrekin Pharmaceutical Needs Assessment can be found at:

http://www.telford.gov.uk/info/20086/adult_social_services/908/pharmacy_needs_assessment_pna.

The information in this Supplementary Statement is updated information which supersedes some of the original information within the PNA published in April 2015. Therefore this Supplementary Statement should be read in conjunction with the suite of PNA documents.

The PNA published in April 2015 stated:

“The Health & Wellbeing Board recognises that there is less community pharmacy provision in the south of Telford and Wrekin, specifically for evening opening and weekend opening hours. A more detailed review of community pharmacy provision in the South of Telford and Wrekin will be completed within six months following publication of the PNA (by September 2015) to better understand needs and demands in this locality.”

A review of community pharmacy provision in South Telford was undertaken and the findings presented to the Health & Wellbeing Board in December 2015ⁱⁱ. The majority of Health & Wellbeing Board Members were satisfied that the review demonstrated a high level of need in South Telford where service levels were inadequate, particularly in terms of the accessibility of out of hours services.

Changes to opening times

In response to the findings of the South Telford PNA review the pharmaceutical service provision in South Telford area has been expanded. This supplementary statement records

the change in the opening hours of Anstice Pharmacy, Madeley, extending provision on week day evenings with and Saturday opening hours.

<i>Revised opening hours for:</i> Anstice Pharmacy, Madeley, 7 Anstice Square, Madeley, Telford, TF7 5BD	
Monday	09:00am - 20:00pm
Tuesday	09:00am - 20:00pm
Wednesday	09:00am - 20:00pm
Thursday	09:00am - 20:00pm
Friday	09:00am - 20:00pm
Saturday	09:00am - 17:00pm
Sunday	Closed

New Pharmacy Opening

Since the publication of the PNA in April 2015 an additional pharmacy has opened in the Telford Central area - the table below provides confirmation of the core opening hours for Jhoots Pharmacy, Lightmoor from July 2016.

<i>Opening hours for:</i> Jhoots Pharmacy, Lightmoor Village, Telford, TF4 3QZ	
Monday	09:00am – 18:30pm
Tuesday	09:00am – 18:30pm
Wednesday	09:00am – 18:30pm
Thursday	09:00am – 18:30pm
Friday	09:00am – 18:30pm
Saturday	09:00am – 13:00pm
Sunday	17:00am – 19:00pm

Changes to PNA Appendices

The following changes have been made to the PNA Appendices

http://www.telford.gov.uk/info/20086/adult_social_services/908/pharmacy_needs_assessment_pna

Appendix VII has been amended to include: Jhoots Pharmacy, Lightmoor Village, Telford, TF4 3QZ

Appendix VIII has been amended to include:

- New opening hours at Anstice Pharmacy, Madeley, 7 Anstice Square, Madeley, Telford, TF7 5BD
- Addition of Opening hours at Jhoots Pharmacy, Lightmoor Village, Telford, TF4 3QZ

ⁱ Part 2 of NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf

ⁱⁱ Telford & Wrekin Health & Wellbeing Board December 2015 Meeting Agenda, Papers and Minutes

<http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Meeting/MTM1Mg%3d%3d>,
<http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Meeting/MTM1Mw%3d%3d>

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

7 SEPTEMBER 2016

REPORT FROM CHILD AND ADOLESCENT MENTAL HEALTH SERVICES YOUTH SURVEY 2015/16

REPORT OF: KATE BALLINGER, CHIEF OFFICER, HEALTHWATCH TELFORD AND WREKIN

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides an insight to the understanding and use of mental health services by young people in the borough. It also gives valuable information on matters they find stressful, their current emotional state and where they would look for support in times of crisis.

Thanks must go to participating schools for their assistance in gathering the survey responses.

2. RECOMMENDATIONS

To receive and note this report.

3. IMPACT OF ACTION

- Inform commissioning decisions about the new 0 – 25 Emotional Health and Wellbeing Service.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Emotional Health and Wellbeing 0 – 25 yrs</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>All</i>
	Will the proposals impact on specific groups of people?	
	Yes	All children and young people in the borough.
TARGET COMPLETION/DELIVERY DATE	N/A	
FINANCIAL/VALUE FOR MONEY IMPACT	No	
LEGAL ISSUES	No	
EQUALITY & DIVERSITY	No	
IMPACT ON SPECIFIC WARDS	No	<i>Borough wide impact</i>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<i>13 of 15 secondary educational establishments took part in the survey</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

Emotional Health and Wellbeing was identified as a priority by young people at the YOUTH (Your Own Unique Telford Healthwatch) World Café event in May 2015.

A group of young people, led by Barry Parnaby, Board Director of HWTW worked with staff and commissioners to formulate a survey which was distributed to secondary schools in the borough, and was available online for all.

Working with the Early Help Partnership Board, Healthwatch Telford and Wrekin hope to carry out further survey work with this cohort in the coming year.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None

3. PREVIOUS MINUTES

None

4. BACKGROUND PAPERS

Healthwatch Telford & Wrekin Report from CAMHS YOUTH Survey 2015/16 – see Appendix 1.

**Report prepared by Kate Ballinger, Chief Officer, Healthwatch Telford and Wrekin,
Telephone: 01952 739540**

healthwatch

Telford and Wrekin

Report from
Child and Adolescent Mental Health Services
YOUTH Survey 2015/16



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Acknowledgements

Healthwatch Telford and Wrekin and YOUTH would like to thank the following, without whom this survey would not have been possible:

YOUTH members who highlighted emotional health and wellbeing as a priority area and worked with us to design the survey and agree the method of delivery.

Healthwatch Telford and Wrekin volunteers who spent hours entering completed surveys online.

Public Health at Telford & Wrekin Council for their support in analysing the data.

Head teachers and staff teams, particularly those with responsibility for Emotional Health and Wellbeing, at the following establishments, without whose cooperation we couldn't have done it.

- Abraham Darby Academy
- Adams' Grammar School
- Burton Borough School
- Charlton Secondary School
- Ercall Wood Technology College
- Hadley Learning Community
- Holy Trinity Academy
- Newport Girls' High School
- The Telford Langley School
- The Telford Park School
- The Telford Priory School
- New College
- Telford College of Art & Technology

It should be noted that all Secondary education establishments in Telford & Wrekin were given the opportunity to participate in the survey but Madeley Academy and Thomas Telford School choose not to. We hope to work with them on future projects.

1 | Background and introduction

Mental health problems cause distress to people and all those who care for them. One in ten children needs support or treatment for mental health problems. These range from short spells of depression or anxiety through to more serious and long term conditions that can be lonely and frightening. Children and young people with mental health problems can do less well in school and are more likely to smoke, take drugs or alcohol and take part in risky sexual behaviour.

Around 75% of mental health problems in adult life (not including dementia) start by the age of 18. Not supporting children and young people with their mental health costs lives and money. Early help stops young people falling into crisis and avoids expensive and longer-term treatment in adulthood.

Children and Young People's Mental Health Taskforce¹

Young people's mental health has been cited as a national priority since the formation of the Children and Young People's Mental Health Taskforce by the government in 2014. As highlighted above, the taskforce suggests that supporting young people with their mental health early on may help to avoid more severe problems and expensive treatment in adulthood.

In May 2015, Healthwatch Telford and Wrekin's YOUTH (Your Own Unique Telford Healthwatch) group held an event called the World Café - a conversational event which tasked young people with discussing various different issues in an open, structured setting. Participants highlighted young people's emotional and mental health as a priority.

Responding to this, YOUTH decided to produce a survey designed to gauge what young people knew about the Child and Adult Mental Health Service (CAMHS) and whether or not they had accessed the service in the past, whether they were experiencing stress, what the main sources of stress were, how they coped with stress, and whether they had considered - or attempted - self-harming.

This project would tie in with work being conducted by Healthwatch nationally, as detailed in the Children and Young People's Mental Health and Wellbeing briefing.²

¹ Executive summary and key proposals for young people, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454493/Childrens_Mental_Health_Acc.pdf

² <http://www.healthwatch.co.uk/children-and-young-peoples-mental-health-wellbeing>

2 | Methodology

The surveys were designed by the Healthwatch Telford and Wrekin (HWTW) staff team, with considerable input from the attendees of YOUTH meetings.

A combination of qualitative and quantitative questions were used. Dichotomous options were offered for questions that asked whether or not participants had heard of, and/or used CAMHS, and whether or not they had ever considered harming themselves, with an open question to allow participants to explain how they had heard of CAMHS. To determine how 'stressed' participants were feeling, a 1-10 slider scale was used, followed by two closed/open multiple choice questions allowing them to highlight what the sources of stress were.

These were followed by comprehensive demographic questions, necessary to determine if there were any differences in mental health issues across the various protected characteristics groups.

Finally, each survey included a note that signposted participants to the student counsellor or equivalent staff member in their respective schools and colleges.

After the final design was agreed upon almost 15,000 surveys were produced, and these were distributed to each of the 15 secondary schools and colleges in the borough of Telford and Wrekin. The survey was also made available online, so that young people no longer in full-time education would have the opportunity to participate.

Surveys were given to young people by form tutors, and students were asked to complete during registration periods. The survey was designed with this in mind and members of YOUTH agreed the format to allow completion within the time allowed. Completed surveys were collected by Healthwatch staff and volunteers, and entered into SurveyMonkey for analysis.

New College gave their students the opportunity to complete the survey online while at college.

Two schools - Thomas Telford School and Madeley Academy - declined to participate.

3 | Sample make-up and analysis

There were a total of 4,352 responses to the survey. Males (49.6%) made up the greatest proportion of respondents. 47.4% of respondents were female, 0.9% transgender and 2.1% preferred not to say. 15.6% of respondents indicated that they had a long term health condition or disability.

The majority of respondents (80.5%) were white, with 18.1% describing their ethnic background as BME or other and 1.5% preferring not to say.

Survey questions have been grouped under the following headings:

- Awareness and use of services
- Stress and sources of help
- Self harm
- Demographics

Where applicable, the survey responses have been broken down under the following respondent groups for analysis:

- All respondents
- Female respondents
- Male respondents
- Transgender respondents
- Respondents who have used CAMHS

4 | Key findings

4.1 | Awareness and use of services

- 18.6% of all respondents indicated that they were aware of CAMHS prior to completing the survey and 6.8% had used the service. A greater number of respondents had used other services including Relateen and School nurses, with one third of all respondents (33.8%) indicating that they had used other services.
- Awareness and use of services was greater amongst females than males. 22.8% of female respondents were aware of CAMHS compared to 13.7% of male respondents. Similarly 7.2% of female respondents had used the service compared to 5.7% of male respondents and 38.3% of female respondents had used other services compared to 31.2% of males. 59.5% of respondents who had used CAMHS had also accessed other services.

4.2 | Stress and sources of help

- When asked to rate levels of distress on a scale of 1 to 10, the average score for all respondents was 4.6. Responses from female respondents (5.2) indicated that they were more distressed than males (4.0). Average scores were greatest amongst those who had already accessed CAMHS (6.1) and transgender respondents (6.0).
- Homework was the greatest current cause of stress for all respondents (46.4%) followed by exams (40.7%) and teachers (25.4%). The majority of all respondents also indicated that they had at some time had been stressed by homework (60.9%) and by exams (58.6%).
- Family and personal relationships were a major factor contributing to stress amongst those accessing CAMHS. 29% said that parents and 27.9% that family were a current cause of stress. More than half of CAMHS users said that at some point they had been stressed by parents (54.6%) and friends (54.2%). They were also the only respondent group where exams (64.5%) had been a greater cause of stress than homework (61.1%).
- Social media - Facebook, Twitter and Instagram - was a greater cause of stress amongst Transgender respondents than all other respondent categories.
- Respondents listed talking to friends, listening to music, playing console games, sleeping and watching TV as ways of trying to feel better. A large number also indicated that they eat to make themselves feel better.
- Most respondents (66.7%) indicated that they would look for help from parents, with more than half (52.7%) also seeking help from friends. There was further evidence of a gender divide with females (59.2%) the most likely to seek help from friends and males (70.5%) most likely to look for help from parents.
- Transgender respondents were least likely to seek help from parents, teachers, tutors and friends but most likely to use social media and the internet as a source of help.

4.3 | Self Harm

- One fifth of respondents (20.8%) indicated that they had self harmed or had considered intentionally harming themselves. Females (27.8%) were more likely to have done so than males (14.5%). Amongst those respondents who had accessed CAMHS, 63.1% had self harmed or had thought about doing so.

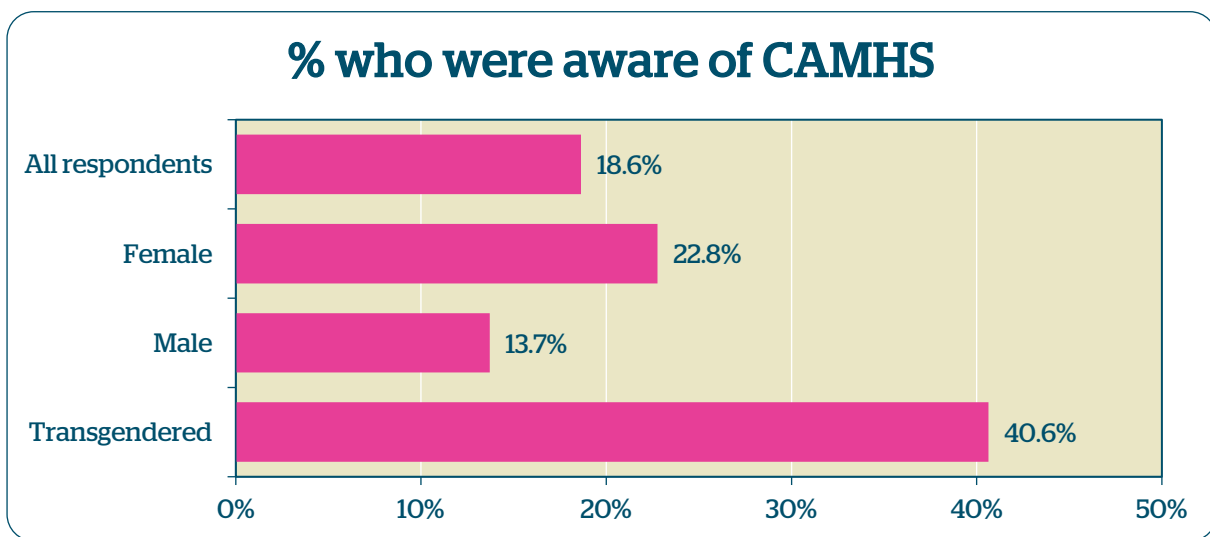
4.4 | Demographics

- 16.1% of respondents indicated that they looked after someone at home who needed support. Males (16.7%) were more likely than females (15.8%) to be doing so, whilst 23.2% of respondents who had used CAMHS indicated that they had caring responsibilities.
- Overall, four fifths of all respondents (80.5%) were white. However, 89.8% of those who had used CAMHS were white, whilst fewer than half of transgender respondents described themselves as white.
- 83.6% of all respondents indicated that their sexual orientation was heterosexual. This compares with 70.7% of CAMHS users and 17.9% of transgender respondents.

5 | Awareness and use of services

Q1. Before this survey, were you aware of Child and Adolescent Mental Health Services (CAMHS)?

18.6% of all respondents indicated that they were aware of CAMHS prior to completing the survey. Awareness was greater amongst females (22.8%) than males (13.7%), whilst 40.6% of transgender respondents said that they were already aware of CAMHS.

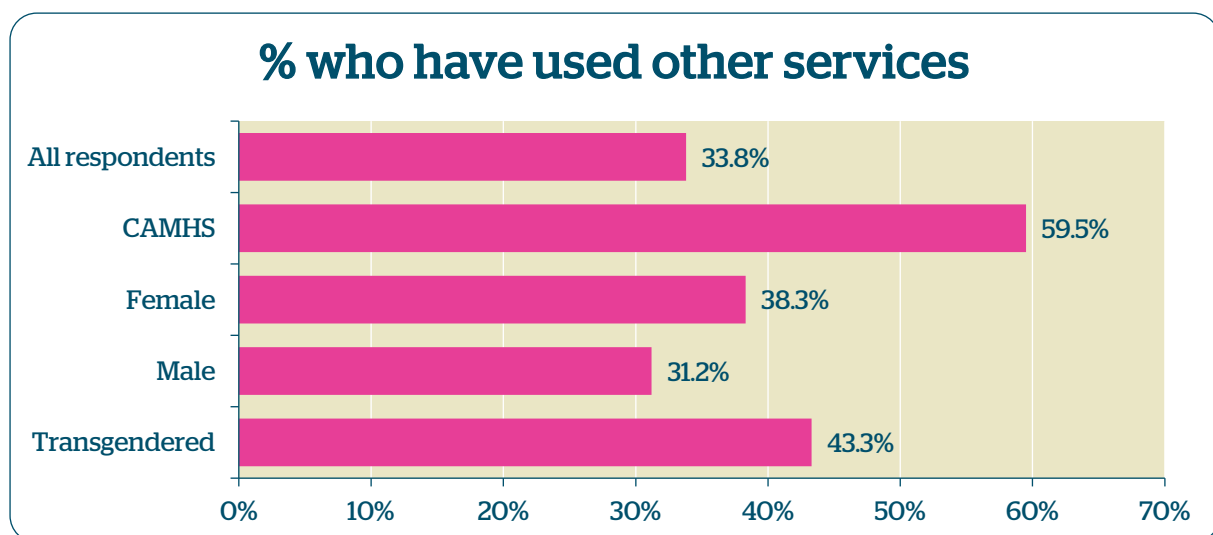


Answer Choices	Responses			
	All respondents	Female	Male	Trans-gendered
Yes	18.6%	22.8%	13.7%	40.6%
No	81.4%	77.2%	86.3%	59.4%
Total Respondents	4,270	1,727	1,794	32

Answer Choices	Responses			
	All respondents	Female	Male	Trans-gender
Yes	6.8%	7.2%	5.7%	25.8%
No	93.2%	92.8%	94.3%	74.2%
Total Respondents	4,227	1,709	1,772	31

Q4. Have you ever used any other services e.g. Relateen/School nurse?

A greater number of respondents had used other services including Relateen and School nurses than had used CAMHS, with one third of all respondents (33.8%) indicating that they had used other services. A greater proportion of female respondents (38.3%) had used other services than males (31.2%). 59.5% of respondents who had used CAMHS had also accessed other services along with 43.3% of transgender respondents.

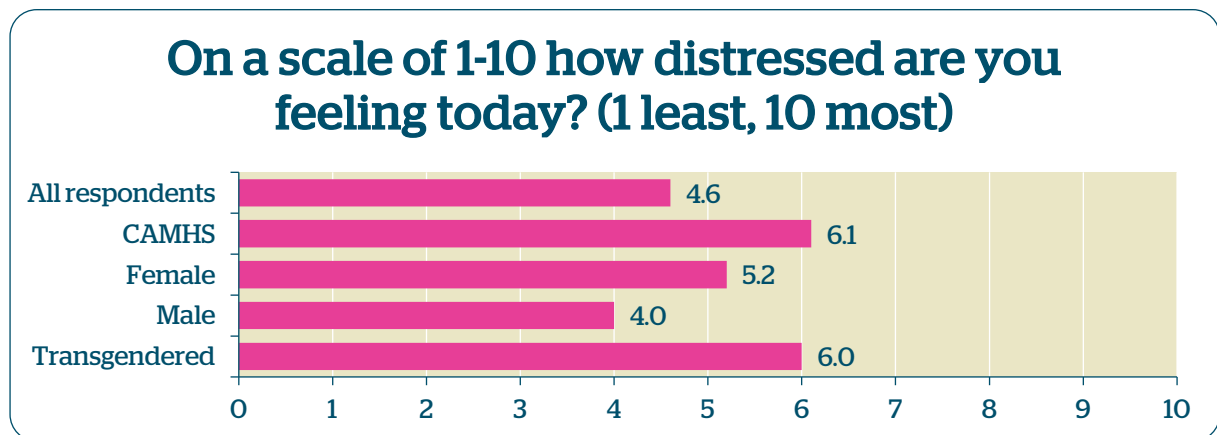


Answer Choices	Responses				
	All respondents	CAMHS users	Female	Male	Trans-gender
Yes	33.8%	59.5%	38.3%	31.2%	43.3%
No	66.2%	40.5%	61.7%	68.8%	56.7%
Total Respondents	4,159	279	1,682	1,754	30

6 | Stress and sources of help

Q5. On a scale of 1-10 how distressed are you feeling today?

When asked to rate on a scale of 1 to 10 how distressed they were feeling on that day, the average scores amongst all respondents was 4.6. Responses from female respondents (5.2) indicated that they were more distressed than males (4.0). Average scores were greatest amongst those who had already accessed CAMHS (6.1) and transgender respondents (6.0).



	Responses				
	All respondents	CAMHS users	Female	Male	Trans-gender
Weighted average	4.6	6.1	5.2	4.0%	6.0
Total Respondents	4,108	264	1,664	1,757	30

Q6. What is stressing you now?

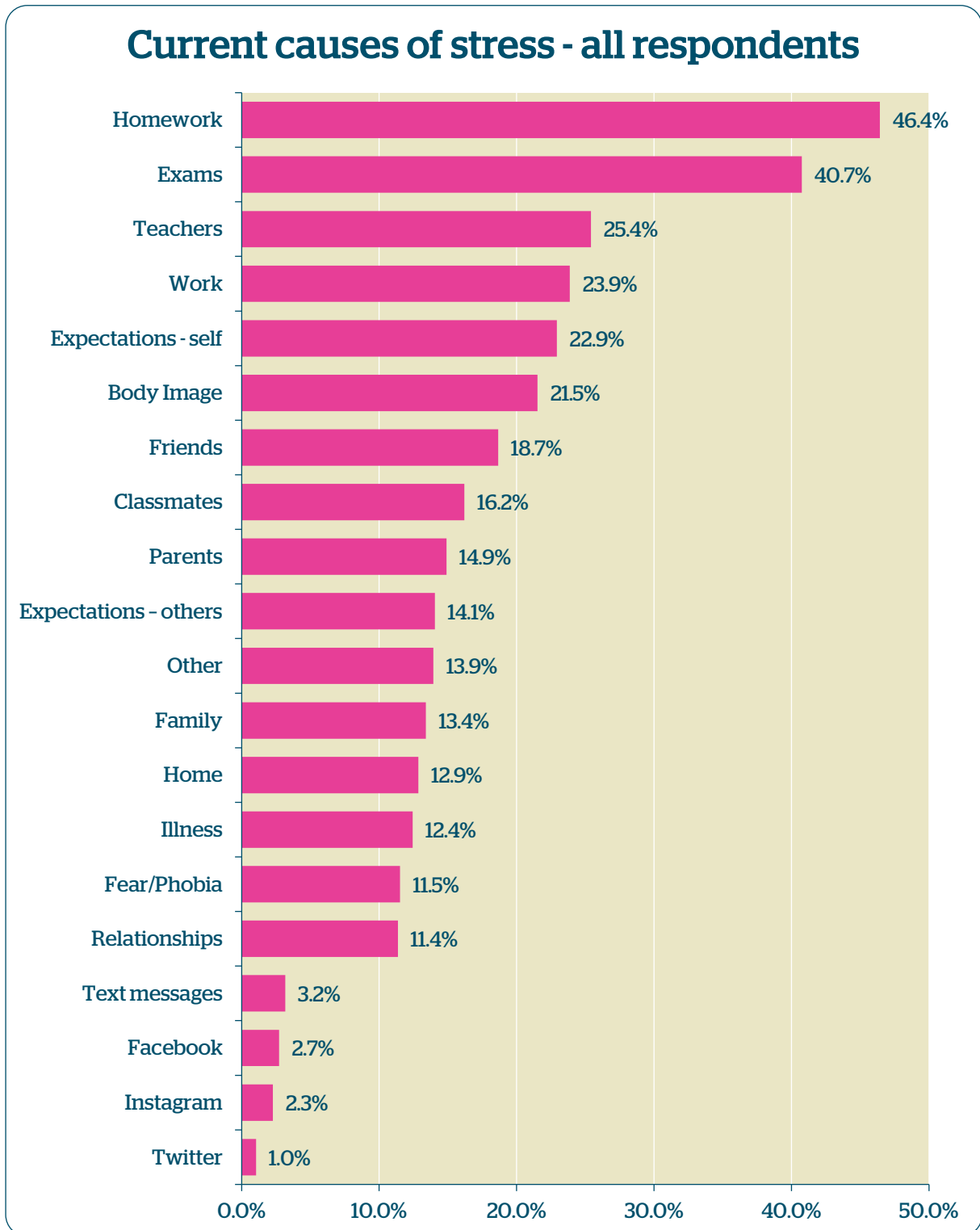
Homework was the greatest current cause of stress for all respondents (46.4%) followed by exams (40.7%) and teachers (25.4%). Transgender respondents (59.3%) and females (49.8%) were most likely to be experiencing stress caused by homework whilst over half of CAMHS users (51.3%) indicated they were stressed by exams. Transgender respondents (44.4%) were most likely to be stressed by teachers.

Parents were a greater cause of stress amongst those accessing CAMHS (29.0%) compared to all respondents (14.9%). They were also most likely to be experiencing stress caused by family (27.9%) than all respondents (13.4%).

Transgender respondents (33.3%), CAMHS users (25.7%) and females (24.8%) were more likely to experience stress caused by friends than male respondents (10.9%).

In total, more than one fifth of respondents (21.5%) were stressed by body image. In female respondents this was almost one third (31.8%) and amongst transgender respondents almost half (48.1%).

Social media - Facebook, Twitter and Instagram - was a greater cause of stress amongst transgender respondents than all other respondent categories.



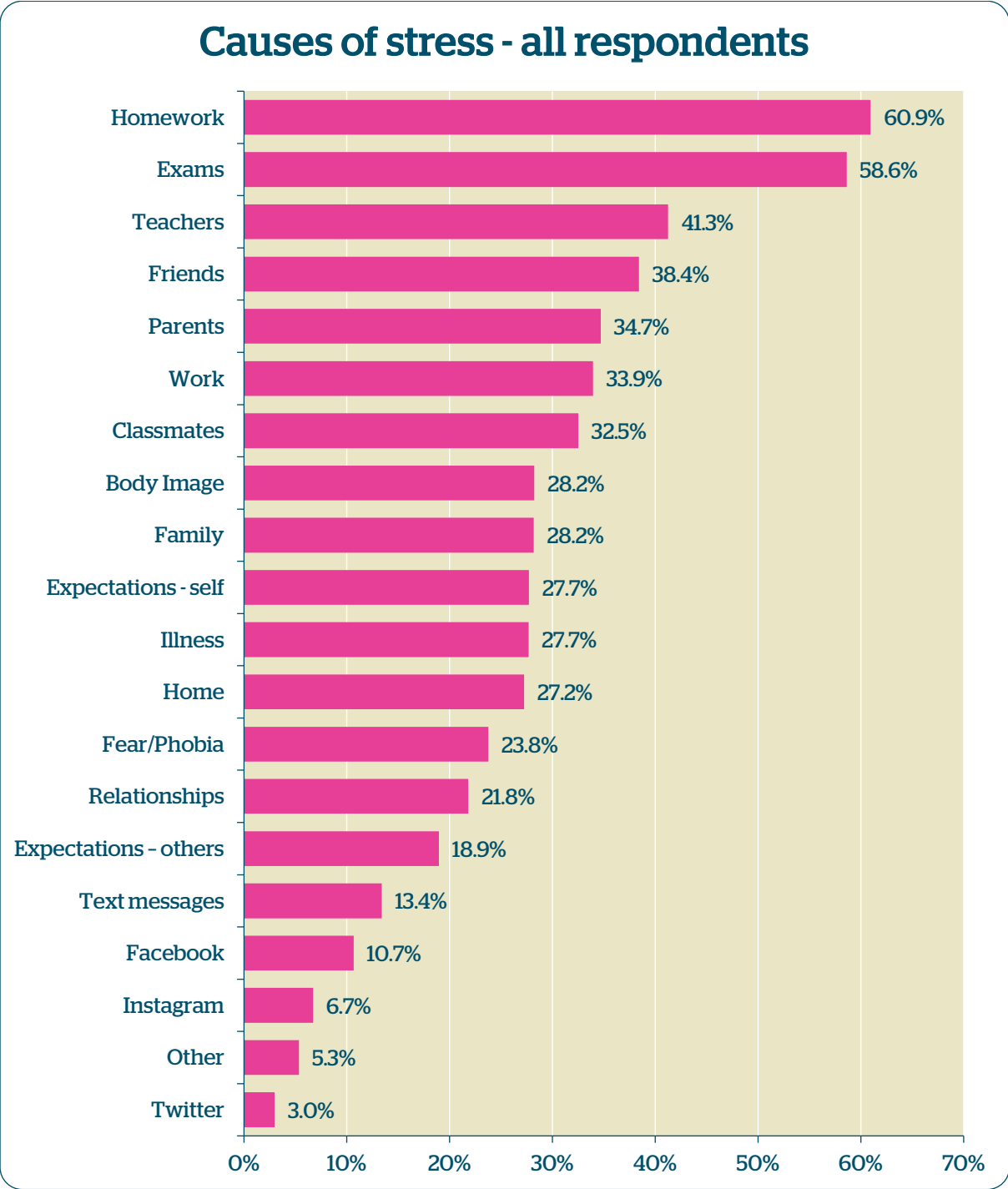
Answer Choices	Responses				
	All respondents	CAMHS users	Females	Males	Trans-gendered
Exams	40.7%	51.3%	44.9%	36.6%	40.7%
Parents	14.9%	29.0%	18.8%	11.6%	25.9%
Teachers	25.4%	35.7%	26.0%	23.7%	44.4%
Work	23.9%	27.9%	24.6%	23.4%	33.3%
Home	12.9%	26.8%	16.0%	10.0%	29.6%
Friends	18.7%	25.7%	24.8%	10.9%	33.3%
Classmates	16.2%	20.8%	20.7%	11.6%	29.6%
Homework	46.4%	43.1%	49.8%	44.5%	59.3%
Facebook	2.7%	7.1%	2.6%	2.1%	22.2%
Twitter	1.0%	2.6%	0.6%	1.0%	14.8%
Instagram	2.3%	5.6%	2.6%	1.4%	25.9%
Text messages	3.2%	7.4%	3.4%	2.3%	18.5%
Illness	12.4%	23.4%	13.7%	11.4%	29.6%
Family	13.4%	27.9%	16.6%	9.7%	22.2%
Relationships	11.4%	23.4%	13.5%	9.1%	22.2%
Expectations - self	22.9%	36.8%	29.4%	17.6%	48.1%
Expectations - others	14.1%	19.3%	17.3%	11.4%	22.2%
Fear/Phobia	11.5%	19.7%	16.1%	7.1%	33.3%
Body Image	21.5%	39.4%	31.8%	10.7%	48.1%
Other	13.9%	14.1%	14.2%	14.5%	25.9%
Total Respondents	3,821	269	1,636	1,556	27

Q7. Have you ever felt stressed by any of the following?

The majority of all respondents (60.9%) indicated that at some time they had been stressed by homework and by exams (58.6%). More than two fifths of respondents (41.3%) indicated that teachers had caused them to be stressed at some time.

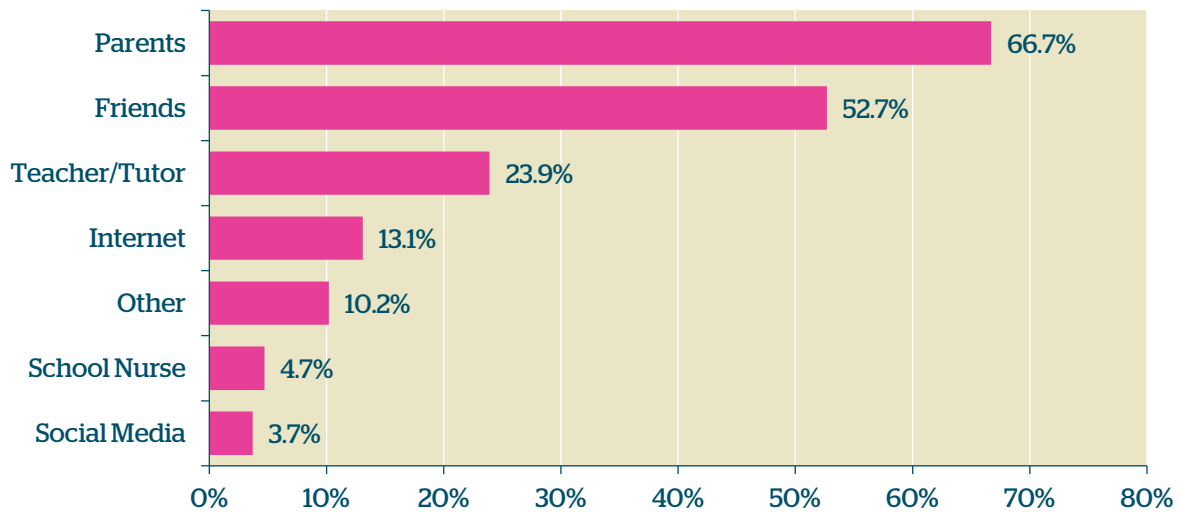
Female respondents were most likely to have experienced stress caused by homework (70.3%) and exams (67.8%) whilst those who had accessed CAMHS (59.2%) were most likely to have been stressed by teachers.

Responses give some insight into the main causes of stress amongst those who have accessed CAMHS. They were the only respondent group where exams (64.5%) had been a greater cause of stress than homework (61.1%). More than half of CAMHS users had also been stressed by parents (54.6%) and friends (54.2%), with large proportions also citing family (48.9%), home (48.1%), classmates (45.8%) and body image (45.4%).



Answer Choices	Responses				
	All respondents	CAMHS users	Females	Males	Trans-gendered
Exams	58.6%	64.5%	67.8%	59.2%	62.1%
Parents	34.7%	54.6%	43.1%	32.3%	44.8%
Teachers	41.3%	59.2%	46.5%	41.5%	48.3%
Work	33.9%	41.6%	35.2%	38.2%	62.1%
Home	27.2%	48.1%	35.6%	23.5%	37.9%
Friends	38.4%	54.2%	52.5%	30.1%	44.8%
Classmates	32.5%	45.8%	41.9%	28.2%	44.8%
Homework	60.9%	61.1%	70.3%	62.6%	62.1%
Facebook	10.7%	22.9%	14.2%	8.3%	27.6%
Twitter	3.0%	5.3%	3.0%	2.7%	24.1%
Instagram	6.7%	11.8%	9.0%	5.1%	34.5%
Text messages	13.4%	23.3%	19.8%	9.1%	27.6%
Illness	27.7%	41.6%	33.4%	25.9%	34.5%
Family	28.2%	48.9%	38.2%	23.2%	34.5%
Relationships	21.8%	40.1%	28.4%	19.1%	41.4%
Expectations - self	27.7%	41.6%	38.9%	23.1%	34.5%
Expectations - others	18.9%	28.2%	24.6%	17.0%	34.5%
Fear/Phobia	23.8%	36.6%	33.7%	17.7%	37.9%
Body Image	28.2%	45.4%	43.6%	17.8%	55.2%
Other	5.3%	6.5%	6.1%	5.5%	10.3%
Total Respondents	4,037	262	1,686	1,677	29

Sources of help - all respondents

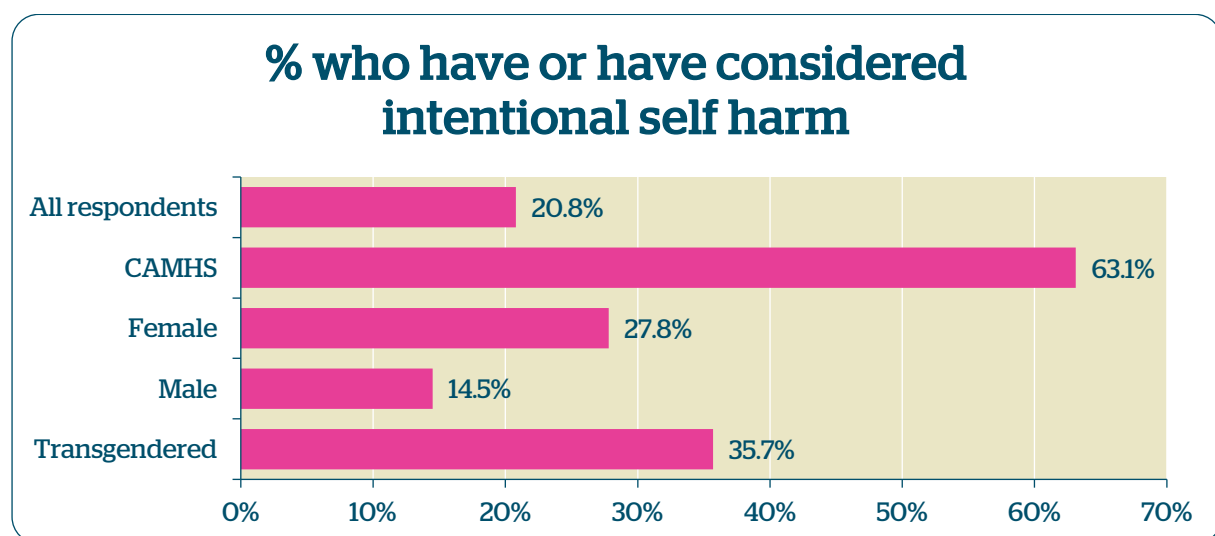


Answer Choices	Responses				
	All respondents	CAMHS users	Females	Males	Trans-gendered
Parents	66.7%	53.7%	64.3%	70.5%	42.0%
School Nurse	4.7%	6.7%	5.2%	4.1%	3.2%
Teacher/Tutor	23.9%	23.0%	23.9%	23.8%	12.9%
Internet	13.1%	12.6%	11.5%	14.8%	16.1%
Social Media	3.7%	7.0%	3.4%	3.3%	9.7%
Friends	52.7%	47.0%	59.2%	47.7%	42.0%
Other	10.2%	16.3%	11.6%	8.3%	25.8%
Total Respondents	4,090	270	1,699	1,742	31

7 | Self-harm

Q10. Have you ever, or have you ever considered, harming yourself (intentionally)?

One fifth of respondents (20.8%) indicated that they had self-harmed or had considered intentionally harming themselves. Females (27.8%) were more likely to have done so than males (14.5%), while amongst those respondents who had accessed CAMHS 63.1% had self-harmed or had thought about doing so.

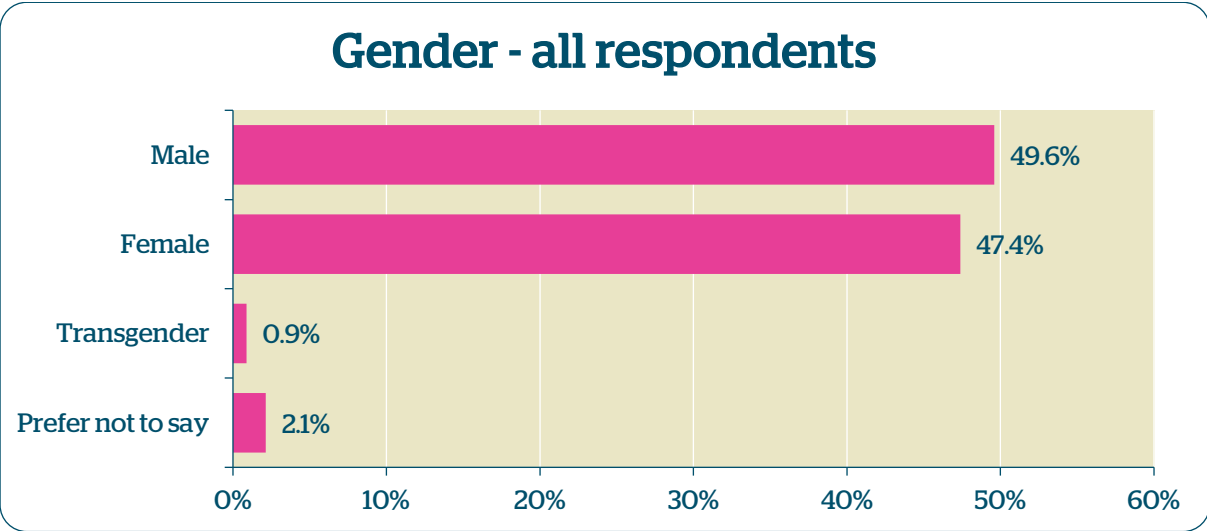


Answer Choices	Responses				
	All respondents	CAMHS users	Female	Male	Trans-gendered
Yes	20.8%	63.1%	27.8%	14.5%	35.7%
No	79.2%	36.9%	72.2%	85.5%	64.3%
Total Respondents	3,962	279	1,620	1,721	28

8 | Demographics

8.1 | Gender

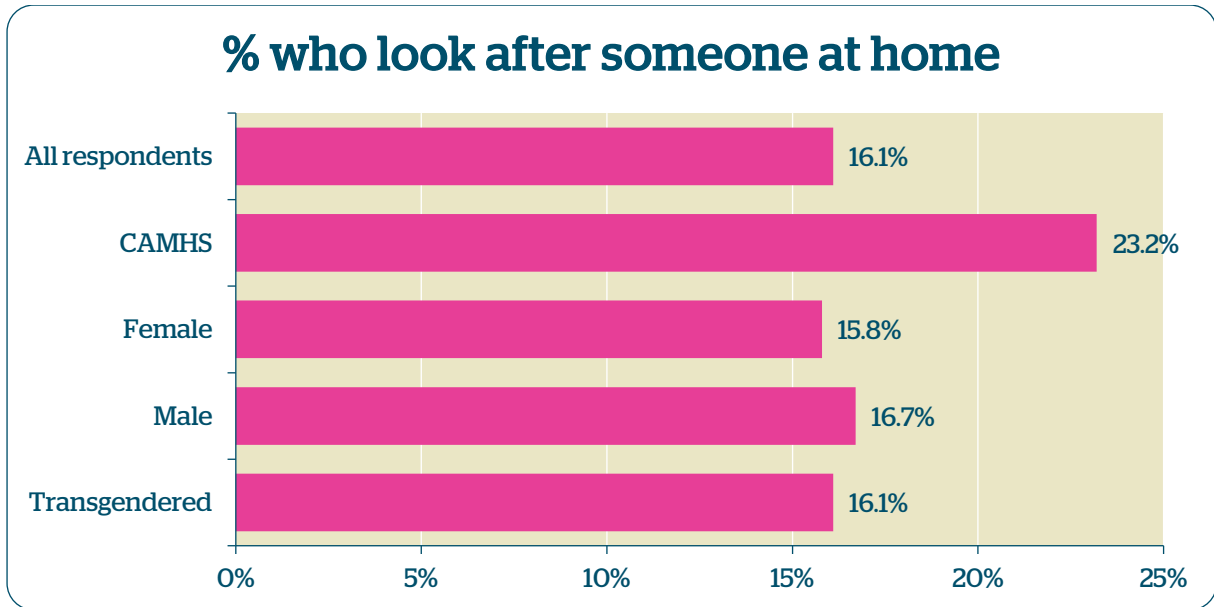
Males (49.6%) made up the greatest proportion of respondents. 47.4% of respondents were female with 0.9% transgender and 2.1% preferring not to say.



Answer Choices	Number	%
Male	1,834	49.6%
Female	1,752	47.4%
Transgender	33	0.9%
Prefer not to say	79	2.1%
Total Respondents	3,698	-

8.2 | Caring responsibilities

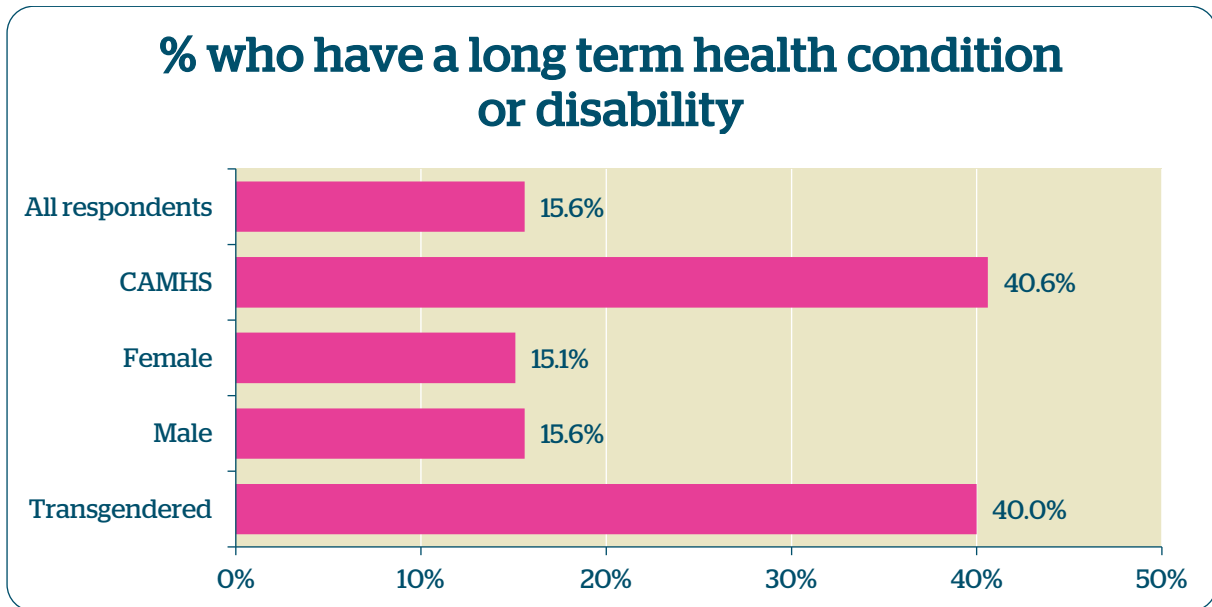
16.1% of respondents indicated that they looked after someone at home who needed support. Males (16.7%) were more likely than females (15.8%) to be doing so. 23.2% of respondents who had used CAMHS indicated that they had caring responsibilities.



Answer Choices	Responses				
	All respondents	CAMHS users	Female	Male	Trans-gender
Yes	16.1%	23.2%	15.8%	16.7%	16.1%
No	83.9%	76.8%	84.2%	83.3%	83.9%
Total Respondents	3,607	237	1,620	1,721	31

8.3 | Long term health conditions and disabilities

15.6% of all respondents indicated that they had a long term health condition or disability. Whilst the proportion of males (15.1%) and females (15.6%) was similar, two fifths of respondents who had used CAMHS and transgender respondents (40.6% and 40.0%) stated that they had long term health conditions or disabilities.

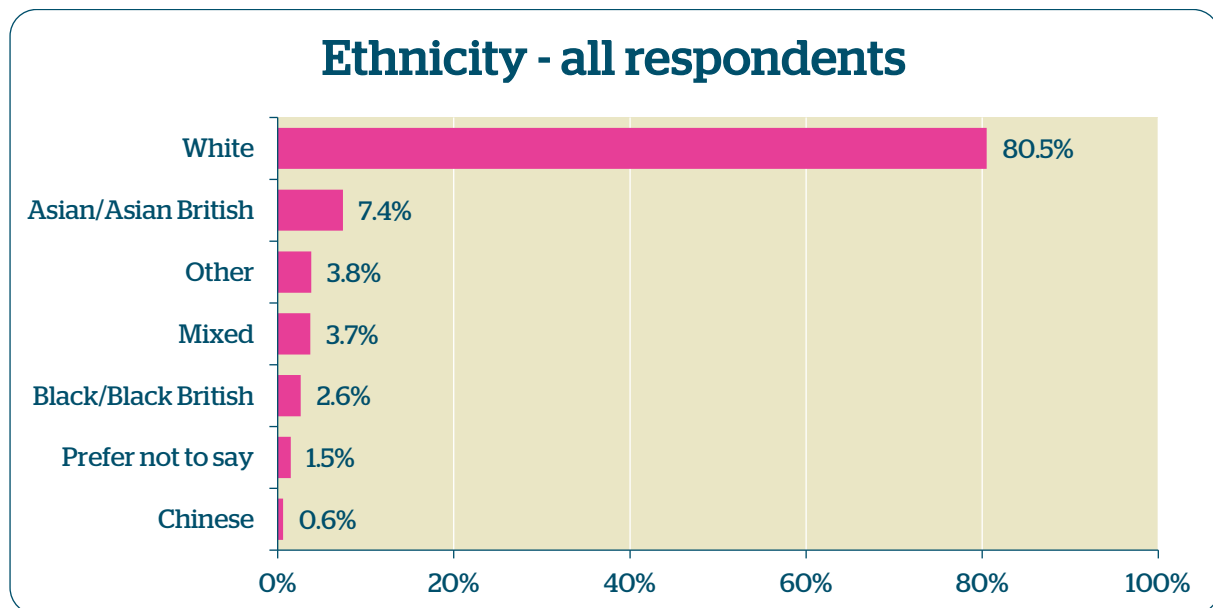


Answer Choices	Responses				
	All respondents	CAMHS users	Female	Male	Trans-gendered
Yes	15.6%	40.6%	15.1%	15.6%	16.1%
No	84.4%	59.4%	84.9%	84.4%	93.9%
Total Respondents	3,620	229	1,638	1,734	31

8.4 | Ethnicity

Four fifths of all respondents (80.5%) were white, with 7.4% Asian or Asian British, 3.7% Mixed, 2.6% Black or Black British and 0.6% Chinese. 3.8% described their ethnicity as other with 1.5% preferring not to say.

By contrast, 89.8% of those who had used CAMHS were white, whilst Transgender respondents were the only group where fewer than half of respondents described themselves as white. 54.8% of respondents in this group described their ethnic background as either BME or preferred not to say.



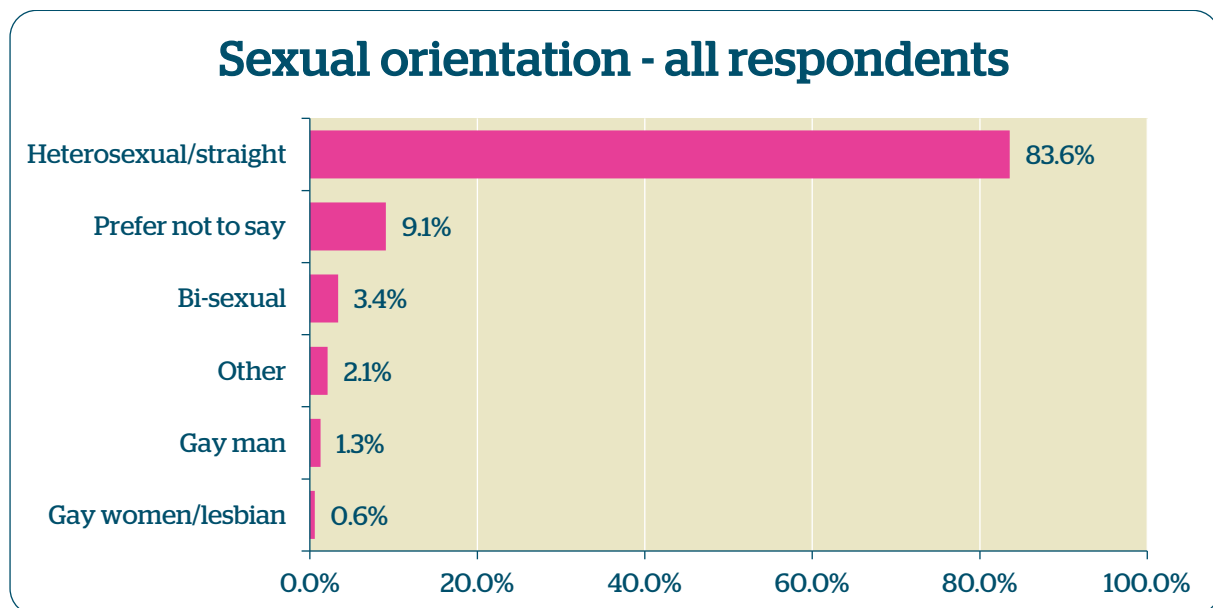
Answer Choices	Responses				
	All respondents	CAMHS users	Females	Males	Trans-gendered
White	80.5%	89.8%	84.0%	79.3%	45.2%
Asian/Asian British	7.4%	2.1%	6.0%	8.7%	3.2%
Black/Black British	2.6%	0.4%	2.0%	2.7%	9.7%
Chinese	0.6%	0.8%	0.4%	0.3%	19.4%
Mixed	3.7%	2.9%	3.3%	4.1%	9.7%
Prefer not to say	1.5%	1.6%	1.0%	1.1%	6.5%
Other	3.8%	2.5%	3.3%	3.8%	6.5%
Total Respondents	3,720	244	1,701	1,758	30

8.5 | Sexual orientation

The majority of all respondents (83.6%) indicated that their sexual orientation was heterosexual/straight. 3.4% said that they were bisexual, 1.9% gay man or woman, 2.1% other and 9.1% preferring not to say.

In comparison 70.7% of CAMHS users and 17.9% of transgender respondents said that they were heterosexual.

One quarter (25.0%) of transgender respondents and 13% of those who had used CAMHS indicated that they were bisexual. 28.6% of transgender respondents and 4.6% of CAMHS users said that they were either a gay man or gay woman/lesbian.



Answer Choices	Responses				
	All respondents	CAMHS users	Females	Males	Trans-gendered
Heterosexual/straight	83.6%	70.7%	82.6%	88.0%	17.9%
Bi-sexual	3.4%	13.0%	4.8%	1.7%	25.0%
Gay women/lesbian	0.6%	1.3%	0.7%	0.1%	14.3%
Gay man	1.3%	3.4%	0.7%	1.6%	14.3%
Other	2.1%	2.1%	2.5%	1.4%	17.9%
Prefer not to say	9.1%	9.6%	8.8%	7.2%	10.7%
Total	3,648	239	1,656	1,737	28

Appendix 1: Copy of the CAMHS survey



Child and Adolescent Mental Health Services YOUTH Survey 2015

This survey is designed to examine young people's knowledge and experience of mental health services in Telford & Wrekin. You do not have to answer all the questions and your answers will be treated in the strictest confidence.

1. Before this survey, were you aware of Child and Adolescent Mental Health Services (CAMHS)?

Yes No

2. If you answered Yes, how do you know about CAMHS?

3. Have you ever used CAMHS?

Yes No

4. Have you ever used any other services eg. Relateen/School nurse?

Yes No

5. On a scale of 1-10 how distressed are you feeling today? (1 least, 10 most)

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

6. What is stressing you now? (please tick all that apply)

Exams	Parents	Teachers	Work
Home	Friends	Classmates	Homework
Facebook	Twitter	Instagram	Text messages
Illness	Family	Relationships	Expectations - self
Expectations - others	Fear/Phobia	Body Image	Other - please give details below:

7. Have you ever felt stressed by any of the following? (please tick all that apply)

Exams	Parents	Teachers	Work
Home	Friends	Classmates	Homework
Facebook	Twitter	Instagram	Text messages
Illness	Family	Relationships	Expectations - self
Expectations - others	Fear/Phobia	Body Image	Other - please give details below:

healthwatch
Telford and Wrekin

8. What do you do to make yourself feel better if you are feeling distressed?

--

9. If you had a problem you couldn't resolve, where would you look for help?

Parents		School Nurse		Teacher/Tutor		Internet		Social Media		Friends	
Other: (Please specify)											

10. Have you ever, or have you ever considered, harming yourself (intentionally)?

Yes	No
-----	----

If the questions in this survey have raised any issues that you need help or advice with, please contact: **[INSERT APPROPRIATE DETAILS FOR EACH SCHOOL]**

About You

+											
1.	Which school/college do you attend?										
2.	What is your postcode?										
3.	How old are you?										
	Years			Months							
4.	Do you look after someone at home who needs support?										
	Yes			No							
5.	What is your gender?										
	Male		Female		Transgender		Prefer not to say				
6.	What is your sexual orientation?										
	Bi-sexual										
	Gay woman/lesbian										
	Gay man										
	Heterosexual/straight										
	Other										
	Prefer not to say										
7.	Do you consider yourself to have a long term health condition or disability?										
	Yes			No							
8.	Do you identify with a subculture e.g. Goth, Emo?										
9.	How would you describe yourself?										
	White		Asian or Asian British		Black or Black British		Chinese		Mixed Heritage		
	Other (please specify)							I prefer not to say			



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TELFORD & WREKIN COUNCIL

HEALTH & WELL-BEING BOARD – 7th SEPTEMBER 2016

HEALTH AND WELLBEING STRATEGY DELIVERY & PERFORMANCE FRAMEWORK

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

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

To present a proposed performance framework in order to monitor progress against the Health and Wellbeing Strategy following approval of the delivery model in June 2016.

2. RECOMMENDATIONS

That the Board:

- Approve the proposed Health and Wellbeing Strategy performance framework
- Note current performance in relation to the proposed framework

2. IMPACT OF ACTION

The performance framework provides a framework by which the Board can monitor progress and achievement against the Health and Wellbeing Strategy. The attached performance framework at Appendix 1 is mapped against the key deliverables highlighted for each priority within the Strategy (i.e. *What will we deliver?*) to ensure a focus on delivery of outcomes.

Following approval of the framework, this will be presented to the Board as an annual performance progress update in June 2017.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	No	<i>However, this report outlines a proposed performance framework for monitoring progress against the key deliverables outlined within the HWB strategy.</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>This report proposes an approach to monitoring progress against delivery of the priorities of the Board over the next 12 months.</i>
	Will the proposals impact on specific groups of people?	
	No	N/A
TARGET COMPLETION/DELIVERY DATE	<i>Annual progress updates against the attached performance framework will be provided at the June 2017 Board giving end of year performance (this is in addition to progress updates against each of the priorities on a rolling programme –also approved at June 2016 Board).</i>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The delivery of this strategy and the detailed work programmes will need to be considered against the context of reducing resources. The Public Health grant allocation for 2016/17 details a reduction of £300k with an additional reduction of £320k in 2017/18. This is on top of a 6.2% in year reduction in 2015/16 totalling £773k. At the same time the Council is receiving less Revenue Support Grant from the Government with £30m savings identified for 2016/17 and 2017/18 and estimates that a further £15m to £20m savings will need to be identified in the following 2 years.</p> <p>The detailed work programmes to support the delivery of this strategy will be need to be met from existing resources and this will be reported as part of future reports to this Board.</p>
LEGAL ISSUES	Yes	<p>The HWBB has a statutory obligation to encourage integrated working and to encourage commissioners of health-related services to work closely with the HWBB (section 195, Health and Social Care Act 2012). Accordingly, the proposals in this report will assist the HWBB in meeting its legal obligations.</p> <p>This framework also contributes towards one of the HWBB's responsibilities as identified in its terms of reference (contained in the Council's</p>

		Constitution, i.e. “the development, review and oversight of the delivery of actions identified in the joint health and wellbeing strategy and other key plans and strategies that may be developed from time to time”
EQUALITY & DIVERSITY	No	<i>None</i>
IMPACT ON SPECIFIC WARDS	No	<i>None</i>
PATIENTS & PUBLIC ENGAGEMENT	No	<p><i>Public consultation has already been undertaken in relation to the priorities – this was outlined in previous reports to the Board.</i></p> <p><i>We will be liaising with key stakeholders and partners via other established groups and Boards in order to capture their input.</i></p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<i>Any risks to achieving the outcomes highlighted by the HWBB Strategy will be highlighted by the attached performance framework. This will add some context and additional information to the regular progress updates to be provided to Board by the Commissioning and Transformation Partnerships (CATPs).</i>

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 *Monitoring delivery of the Board's strategic priorities*

The Board approved the Health and Wellbeing Strategy 2016-2019 in March 2016 which identified three key priorities:

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

The following sets out a proposed performance framework (Appendix 1) for monitoring progress against the key deliverables highlighted within the strategy as well as a mechanism by which the Board can identify any risks/issues in a timely way in order to address any barriers to achieving the key outcomes identified within the strategy.

In developing the attached, consideration has been given not only to the HWB strategy priorities but has more specifically focussed on the 'what we will deliver' section for each priority as these are the key deliverables identified within the strategy. This ensure linkages between the strategy document and the proposed performance frameworks. Similarly, the work programme presented to the June Board also links back to these strategy deliverables.

The attached proposed performance framework will be reported to board on an annual basis for consideration alongside the more qualitative progress updates provided by CATPS on quarterly basis. This will provide an additional layer of quantitative information for consideration by the Board in making proposals or challenging CATPs on progress being made.

1.2 A draft work programme was presented to Board in June reflecting the work being undertaken by each of the CATPS against the HWB strategy priorities. The same work programme has also been mapped against the key deliverables referred to above in order to ensure linkages back to the strategy document. It should be noted that a Neighbourhoods Working group has now been established and will contribute to the priority of 'strengthen our communities and community based support'. This group will ensure a neighbourhood approach to building resilience and social capital to ensure people have the knowledge and skills they need to help themselves to live healthier and happier lives. This group will aim to develop sustainable networks of informal care and support by developing people, community based projects, groups and organisations to improve outcomes for our citizens.

1.3 A strategy delivery group consisting of the CATP leads will meet on a monthly basis to ensure linkages are made with other already established Boards and groups locally, making contact with groups with whom they would not ordinarily have contact with to ensure that a wide range of organisations are involved in identifying how they may contribute to the delivery of the strategy. Progress in respect of new initiatives or areas of work being undertaken by partners/stakeholders to contribute to delivery of the strategy will be reported via CATP update reports. The strategy delivery programmes will continue

to develop to take account of progress made and new areas of work highlighted by the Board.

1.4 Next Steps

- The attached performance framework at Appendix 1 will continue to be developed and updated as necessary e.g. where new measures are required to monitor progress against a specific work area.

2 IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None –see section 4 above.

3 PREVIOUS MINUTES

- HWB Strategy Development and JSNA presented on 23rd January 2013
- HWB Strategy Development and JSNA (including sign off of final strategy) presented on 13th March 2013
- A progress update against the Health & Wellbeing Strategy priority ‘asset mapping’ process was presented to the Board on 13th May 2013.
- Joint Health and Wellbeing Strategy Performance and Partnership Framework presented on 17th July 2013 and 18th September 2013
- Joint Health and Wellbeing Board Strategy Performance presented 22nd January 2014
- Health and Wellbeing Board Strategy Refresh presented 10th June 2015
- Health and Wellbeing Board Strategy Update presented 9th December 2015
- Health and Wellbeing Strategy Update presented 9th March 2016
- Delivery of the Health and Wellbeing Strategy 15th June 2016

4 BACKGROUND PAPERS

None.

**Report prepared by Helen Potter, Research & Intelligence Manager
and Jo Winborn, Partnership & Planning Officer, Organisational Delivery &
Development Telephone: 01952 380672**

Appendix 1: HWB Strategy Proposed Performance Framework: 12 month position 2015/16

The following highlights the end of year position against the proposed HWB Strategy performance measures in order to give a baseline position.

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
OVERARCHING VISION - Together we will work to enable people in Telford and Wrekin to enjoy healthier, happier and longer lives							
Reduce the number of people who die from preventable diseases and improve life expectancy, across the borough and closing the gap with national rates							
CM013	Life expectancy at birth - males	77.9	78.2	78.7	79.5 (2012-14)	Worse	Getting better
CM680	Life expectancy at birth - females	81.6	81.5	81.8	83.2 (2012-14)	Worse	Getting better
CM101	Life expectancy - Slope of index of inequality (Males)	6.7	7.2	6.9	n/a (2012-14)	not compared	Getting better
CM326	Life expectancy - Slope of index of inequality (Females)	2.5	2.1	2.8	n/a (2012-14)	not compared	Getting worse
CM833	U75 mortality from causes considered amenable to health care (rate per 100,000)	n/a	n/a	128.9	112.1 (2012-14)	Worse	n/a
CM681	U75 mortality from cardiovascular disease considered preventable (rate per 100,000)	64.4	55.4	52.0	49.2 (2012-14)	Similar	Getting better
CM684	U75 mortality from cancer considered preventable (rate per 100,000)	94.5	96.0	95.2	83.0 (2012-14)	Worse	No change
CM834	Cancer survival rates	Performance data to be added					
CM104	Population vaccination coverage - flu aged 65+ 9%)	73.5%	73.1%	71.1%	71.0% (2015/16)	not compared	Getting worse
Encourage Healthier Lifestyles							
Fewer people who smoke and drink too much							
CM835	Smoking prevalence in adults (from APS)	21.0%	20.0%	18.2%	16.9% (2015)	Similar	Getting better
CM836	Smoking prevalence in adults in routine & manual occupations (from APS)	28.5%	27.3%	32.0%	26.5% (2015)	Worse	Getting worse
CM026	Smoking in pregnancy (% of mothers smoking at delivery)	22.4%	21.2%	18.1%	10.6% (2015/16)	Worse	Getting better
CM404	Percentage of pregnant smoking quitters	61.0%	58.0%	58.7%	46.8% (2015/16)	Better	Getting better

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
CM066	Smoking cessation (rate of successful quitters, per 100,000)	1,015	797	699	440 (2015/16)	Better	Getting worse
CM025	Hospital admissions attributable to smoking (rate per 100,000 aged 35+)	2,061	2,229	2,185	1,671 (2014/15)	Worse	Getting better
CM024	Smoking related deaths (rate per 100,000)	331.6	322.3	314.2	274.8 (2012-14)	Worse	Getting better
CM837	Deaths from Lung Cancer (rate per 100,000)	58.3	61.1	65.0	59.5 (2012-14)	Similar	Getting worse
CM324	Mortality from Chronic Liver Disease (rate per 100,000)	16.0	16.4	15.6	11.5 (2012-14)	Worse	Getting better
CM097	Number of people admitted to hospital due to alcohol related conditions (rate per 100,000)	633	681	668	641 (2014/15)	Similar	Getting better
CM322	Number of people admitted to hospital with alcohol-specific conditions - Males (rate per 100,000)	422	471	464	502 (2014/15)	Similar	Getting better
CM323	Number of people admitted to hospital with alcohol-specific conditions - Females (rate per 100,000)	182	215	205	235 (2014/15)	Similar	Getting better
CM838	Successful completions as a proportion of all in treatment - opiate	n/a	5.5%	7.7%	n/a (2015/16)	not compared	Getting better
CM839	Successful completions as a proportion of all in treatment - non-opiate	n/a	40.9%	39.2%	n/a (2015/16)	not compared	Getting worse
CM840	Successful completions as a proportion of all in treatment - alcohol	n/a	26.6%	42.5%	n/a (2015/16)	not compared	Getting better
CM841	Successful completions as a proportion of all in treatment - alcohol & non-opiate	n/a	29.1%	33.9%	n/a (2015/16)	not compared	Getting better
More people having a healthy diet and taking enough exercise							
CM842	Proportion of the population meeting the recommended '5-a-day' - Adults	n/a	46.4%	48.6%	52.3% (2015)	Similar	Getting better
CM843	Percentage of physically active adults	48.9%	55.5%	53.8%	57.0% (2015)	Similar	Getting worse
CM844	Percentage of physically inactive adults	33.7%	28.1%	28.5%	28.7% (2015)	Similar	No change
Halt the increase in overweight and obese children							
CM318	% excess weight (reception children)	24.2%	25.9%	23.5%	21.9% (2014/15)	Similar	Getting better
CM319	% excess weight (Year 6 children)	35.0%	37.3%	36.2%	33.2% (2014/15)	Worse	Getting better

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
Improve mental wellbeing and Mental Health							
More emotionally resilient children and young people							
CM616	Hospital admissions for mental health conditions 0-17 year olds (rate per 100,000)	43.6	64.2	66.6	87.4 (2014/15)	Similar	Getting worse
CM845	Hospital admissions as a result of self harm 10-24 year olds (rate per 100,000)	511.5	569.9	478.3	398.8 (2014/15)	Worse	Getting better
CM586	% of strengths and difficulties questionnaires where a previous score of 17+ was reduced by provision of appropriate support	Performance data to be added					
CM657	Number of CAMHS referrals sent to Family Connect, screened by a CAMHS representative - All referrals for T&W CAMHS come through Family Connect this is the total number of referrals for T&W	892	953	1,186	n/a	not compared	n/a
CM729	% of Care Leavers with involvement from CAMHS and/or CMHT	Performance data to be added					
Early identification of people at risk of poor mental health to ensure they have access to appropriate services and support							
CM325	Suicide rate - persons (rate per 100,000)	11.8	11.4	11.6	10 (2012-14)	Similar	No change
CM846	Suicide rate - males (rate per 100,000)	16.9	17.1	17.8	15.8 (2012-14)	Similar	Getting worse
CM847	Suicide rate - females (rate per 100,000)	rate not calculated due to low numbers			4.5 (2012-14)	n/a	n/a
CM165	Number of children/young people under 17 years detained under mental health provision(WM27)	Performance data to be added					
CM551	Proportion of adults in contact with secondary mental health services living independently, with or without support. - ASCOF 1H	Performance data to be added					
CM745	Number of arrests under Section 136 of the Mental Health Act	Performance data to be added					
Improve the Health related Quality of Life for people with a mental health condition							
CM552	Proportion of adults in contact with secondary mental health services in paid employment. - ASCOF 1F	Performance data to be added					
CM848	Concurrent contact with mental health services and substance misuse services for drug misuse	Performance data to be added					
CM849	Concurrent contact with mental health services and substance misuse services for alcohol misuse	Performance data to be added					

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
Increase the feeling of wellbeing across the borough							
CM039	Overall crime rate per 1,000 population	58.8	60.9	77.5	n/a	not compared	Getting worse
CM782	Harm Reduction (ASB). ASB Environmental - Number of incidents	489	475	461	n/a	not compared	Getting better
CM783	Harm Reduction (ASB) - ASB Nuisance – number of incidents - Number of incidents	6,112	5,881	4,996	n/a	not compared	Getting better
Strengthen our communities and community based support							
Enable individuals to live more independently for longer with support from their own community and networks							
CM079	Carer-reported quality of life - ASCOF 1D	No survey	8	not yet available	n/a	n/a	n/a
CM073	Proportion of people using social care who receive self-directed support - ASCOF 1C(1a); 1C(1b)	60.5%	94.6%	not yet available	n/a	n/a	n/a
CM074	Proportion of people using social care who receive direct payments - ASCOF 1C(2a); 1C(2b)	11.0%	20.3%	not yet available	n/a	n/a	n/a
Reduction in the number of people accessing acute hospital and being admitted to residential care homes							
CM075	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services. (Effectiveness of service) (BCF) - ASCOF measure 2B(1)	64.9%	64.0%	not yet available	n/a	n/a	n/a
CM076	People completing re-ablement service who need no long term support at the end of their service - ASCOF 3D	-	40.7%	not yet available	n/a	n/a	n/a
CM077	Delayed transfers of care from hospital (total people per 100,000 population) - ASCOF 2C(1)	8.3	11.6	not yet available	n/a	n/a	n/a
CM383	Proportion of older people (65 and over) who were still at home 91 days after discharge into re-ablement/ rehabilitation services (offered the service) - ASCOF measure 2B(2)	2.5	2.2	not yet available	n/a	n/a	n/a
CM386	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (average per month) (BCF)	150.7	295.0	not yet available	n/a	n/a	n/a
CM850	Reduction in non-elective admissions (BCF)	Performance data to be added					
CM851	Total PbR emergency admissions into SaTH aged 65+ per 100,000 population (BCF)	Performance data to be added					
Reduction in public sector future care costs, as communities become better placed to support themselves							

ID	Title	2013/14 Outturn	2014/15 Outturn	2015/16 Outturn	National Comparator 2015-16	Comparison to national 2015/16	Direction of travel from 2014/15
CM387	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population (BCF)	656.4	701.3	not yet available	n/a	n/a	n/a
CM388	Avoidable emergency admissions per 100,000 population (average per month) - Admissions for acute conditions that should not usually require hospital admission	1,486.6	1,557.3	not yet available	n/a	n/a	n/a
CM852	% of people feeling supported to manage Long Term Conditions (positive responses to Q32 of GP survey) (BCF)	Performance data to be added					

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD (HWBB)

DATE: 7th September 2016

REPORT TITLE: Carers Health and Well Being

REPORT OF: Jonathon Eatough – Assistant Director: Legal , Procurement & Commissioning and Statutory Monitoring Officer

LEAD CABINET MEMBER – Cllr Arnold England

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report is an update on the progress being made with the HWBB commitment to improving the lives of all age carers relating to **health and well being**.

2. RECOMMENDATIONS:

Members of the Board:

2.1 Note the update and acknowledge development and achievements since receipt of the last Board Report September 2015

2.2 Support the strategic priorities and associated action plans while considering the changing landscape (economic and commissioning) facing health and social care.

2.3 Support and recognise the significant and financial contribution family carers bring to the social and health local economy.

2.4 Note the authorities continued progress in working towards raising carer awareness across the borough and local communities.

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

The following principles are critical to the successful delivery of eight key outcomes set out in the Carers Strategy which is currently being revised. The Carers Partnership Board considers the outcomes continue to remain relevant in relation to the well being and prevention agenda. In addition

3.1 Continued engagement and working in co-production with family carers, who are best placed to inform and shape service provision and drive service improvement through

effective and efficient utilisation of resources both people and financial.

3.2 Raising awareness to prevent, reduce and delay the need for acute, complex or more intensive support for carers. This element compliments the Right Care, right place prevention illustration and builds on our focus to encourage community resilience..
Appendices 1

3.3 Constant reflection on how we extend our reach, hard to engage carers within our local community. In particular young people identified as contributing to a caring responsibility, those in transition 16-25 year olds and any adult in diverse and hard to reach population and communities.

3.4 Continued ownership of the all age carer agenda by the Council and its partners whilst reflecting the Co-operative Council principles, Clinical Commissioning Group priorities and Health and Well Being priorities.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Encouraging healthy lifestyles Improving Mental Well Being Strengthen communities
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Put our children and young people first. Protect and support our vulnerable children and adults. Improve the health and wellbeing of our communities and address health inequalities.
	Will the proposals impact on specific groups of people?	
	Yes	The proposals impact on carers of all ages. A carer is someone of any age who provides unpaid support to a family member or to a friend who could not manage without their help. This could be caring for a relative, partner or friend who is ill, frail, disabled, has mental health or substance misuse problems.
TARGET COMPLETION/DELIVERY DATE	Referenced with the Adults Carers Strategy 2013 – 2016 and associated plans Young Carers Strategy: 2012 – 2015 (to be combined with adult strategy as an all ages strategy Market Position Statement: 2015 which is currently	

	being revised	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Adult carer's budget is contained within the Better Care Fund Section 75 Pooled budget arrangement, an agreement with Telford & Wrekin CCG. Funding for Young Carers sits outside of the Pool.</p> <p>The budget contained within the 2016/17 Pool is £521k, and the budget for Young Carers is £91k. The delivery of Carers services is delivered through various contracts and the current forecast in 2016/17 is for expenditure to be in line with current financial resources. In addition the LA holds a budget for short breaks.</p> <p>The present expectation is that there will be pressure arising to this budget based on better awareness and organisation of Carers in requesting assessments and promotion of individual budgets being the mechanism for delivering packages of care. The outcomes pyramid attached has been developed to apply a mechanism for the distribution of funding to meet needs to Carers ensuring resources are appropriately distributed to meet those needs.</p> <p>The expectation is that this additional pressure together with developments set out in the "Next Steps" section of this report will be handled where possible within existing resources, but this will be kept under review as part of the programmed monitoring process.</p> <p>RP-17.8.16</p>
LEGAL ISSUES This section needs further input awaiting report	<u>Yes</u>	<p><u>Legal Comment - Carers Health and Well Being</u></p> <p><u>The Care Act 2014 came into force on 1 April 2015.</u></p> <p><u>All carers: Young adults, those in transition and adults) have the right to assessment under Section 10 of the Care Act 2014. Originally introduced by the Carers (Recognition and Services) Act 1995, until 1 April 2015 there was no duty upon local authorities to meet a carer's assessed needs, only to take them into consideration. Any carer who meets national eligibility criteria must have services provided to meet</u></p>

		<p><u>their needs for support now or in the future. The onus is on the authority to identify those in need of an assessment and to carry this out.</u></p> <p><u>Parent carers have the right to an assessment under Section 97 of the Children and Families Act 2014. As with young carers, the local authority must only consider whether to provide any services the parent carer is assessed to need. The Breaks for Carers of Disabled Children Regulations 2011 require the local authority, as far as is reasonably practical, to provide a range of services to assist parent carers to provide care. Local authorities must also publish a “short breaks services statement” setting out these services and their eligibility criteria for accessing them.</u></p> <p><u>Since the introduction of the Work and Families Act 2006 carers for adults have had the right to request flexible working from their employers. This was extended to all employees under the Children and Families Act 2014. Employers can only refuse a request to work flexibly on limited grounds identified by statute.</u></p> <p><u>In addition, employees have the right to reasonable time off if a dependent is ill, injured or their care arrangements are disrupted. Carers of disabled and elderly people are also protected from discrimination at work under the Equality Act 2010. There are changes to the benefits that carers are entitled to, including changes to the eligibility of the person they are caring for, and the spare room subsidy or bedroom tax.</u></p>
<p>EQUALITY & DIVERSITY</p>	<p>Yes</p>	<p>Family carers and former carers come from a wide range of backgrounds, cultures, faiths and communities. The Care Act highlights the need to seek out those individuals that do not recognise themselves in this role, and the impact this has on their health and well being.</p> <p>Within the Carers Strategy meeting diverse needs raises the challenges in identifying and</p>

		raising awareness to this hidden and isolated group. A collaborative approach across health and social care economy ensuring that we utilise the principle of 'Every contact counts'.
IMPACT ON SPECIFIC WARDS	No	Borough wide impact.
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>Carers and former carers contribute in a variety of ways:</p> <ul style="list-style-type: none"> • Carers Partnership Board: 6 carers provide active and critical contribution including undertaking Chair and Vice Chair roles. • Community Engagement Panel: Carer representatives. • Regular Consultative Sessions with all age carers including young carers. • Commissioning, evaluation and moderation working as active contributors. • Contract and Monitoring evaluations. Contribution to commissioning arrangements and evaluation of tender submissions. • Contribution to ADASS Council Peer Reviews and our local review during 2016 • Contribution to national developments such as Dementia Alliance/Action Alliance • CCG: Membership of Health Round Table • Health Watch • Co-production of Carer Self Assessment Tool. • Carer Lead in the development of Carers Strategy outcome: A Life outside caring which focuses on Employment, Education and Housing. T • Members of SATH: Ward visiting teams. • Carer Membership: Local Health Economy: Dementia • Contribution to Transforming Care Partnerships (ALD)

<p>OTHER IMPACTS, RISKS & OPPORTUNITIES</p>	<p>Yes</p>	<p><u>Risks:</u> The Council will contribute to a bi annual national adult carer survey in 2016/17. Following the outcome of the 20/1415 survey analysis carers reported a 5% decrease compared with 2012/13 relating to impact of caring role, how they spend their time, control over their daily life and social contact. Reduction in 'cared for' budgets has been felt by carers and often reported on impacted on the carers well being and caring role.</p> <p><u>Carers Pooled Budget arrangement.</u> The budget finances a range of offers for carers including Individual payments which managed through the Carers Outcome Forum. Carers need to have one identified need to access financial resources. There has been a reduction in people requesting financial support since 2015. This is partially due to the needs being identified against Care Act eligibility outcomes. There is a reassurance that the allocation of financial resources is to those carers who would receive the greatest benefits are clearer and defined in line with the Right Time, Right Help prevention and well being agenda.</p> <p><u>Funding for Young Carers :</u> The identification of young people who contribute to the family home caring regime for a sibling or parent needs to be reflected in any adjustment of target operating model and access to support. Young Carer activities are funded through public donations. The request to extend accessibility for young carers to access Moving and Handling Family Adviser has not been progressed in part due to organisational structure and investment.</p>
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PART B) – ADDITIONAL INFORMATION

1. BACKGROUND

National Context

1.1 This report provides a progress overview in relation to the Health and Wellbeing objectives to enhance the

- .Encouraging healthy lifestyles
- .Improving mental health well being
- .Strengthening communities

1.2 The National Carers Strategy states that by 2018 every Carer should be:

- Recognised and supported as an expert carer.
- Enjoy a life outside caring.
- Not financially disadvantaged.
- Mentally and physically well; treated with dignity.
- Children will be thriving: protected from inappropriate caring roles.

In Telford and Wrekin the adult's carer's agenda is driven by the multi-agency Carers Strategy 2013-2016, the delivery of which is overseen by the Carers Partnership Board (CPB).

1.4 Other national initiatives compliment the Telford offers, including:

- Development of the Memorandum of Understanding (No Wrong Door: Working together to support Young Carers and their families contribute to promoting a person centred and whole family approach). This document has been created and requires submission to senior managers for approval and application.
- Carer and Employers: NHS England has produced a tool kit for all employers to consider their response to supporting family carers who are in the work place. Through ADASS West Midlands Carers Network leaflets are in production raising awareness of employers of carers employment rights. A public launch link to Cares Right Day will take place 25th November 2016.
- Care Act 2015: Regular stock takes enable the authority to ensure Care Act compliancy is fit for purpose and our local offer is robust and accessible.

2 LOCAL CONTEXT

2.1 The 2012 census told us **600 young people** and **18,000 adults** provide regular support to someone in Telford & Wrekin. We are currently aware of **332** young carers and **2556** adult carers where we offer a wide range of information, advice and support.

2.2 It is the identification and raising of awareness of carers of all ages across Telford community which requires particular focus with a continued emphasis on prevention, promoting self help and accessing community based solutions are employed an earlier stage in their caring lives in line with the Right Help, Time pathway which focuses on prevention and development of carer resilience.

Through the Prevention and Well Being Strategy, a collaborative approach requires everyone to be mindful of the impact of caring and to promote the range of community based solutions which enhances resilience and promotes well being among our carer population.

2.3 Our shared strategic ambitions for carers of all ages continue to be delivered through a pooled budget arrangement which includes the role of the Joint Carers Commissioner, central to driving forward the local carer agenda. From October 2015 the combining of young carer and adult commissioning responsibility allowed the transformation of all age carer services across the Borough to create a local offer which reflects a seamless pathway for all carers of any age, efficiency of resources while promoting a whole family approach. In June we learnt that the Young Carers Volunteer support was awarded the Queens Award for Volunteering.

2.4 This report allows Board members to gain an appreciation of how these arrangements are working on the ground to improve adult and children's carer's health, well being and development of resilience is based on the following eight key outcomes:

2. PROGRESS AGAINST CARER STRATEGY OUTCOMES

3.1: Outcome: Information Advice and Support

All age carer service went live 1st October 2015 The provision is provided by Telford Community Voluntary Service (CVS) and provides an accessible and generic service removing any transition barriers to accessing services. As part of the contract the following services are provided:

- Phone a Friend service where volunteers keep in contact with family carers
- Pamper Sessions held bi weekly attract up to 20 carers each session. New carers are encouraged to attend
- Manage the allocation of Iron Bridge Museum passes which are free for carers to access for family days.
- Carers Hub: a virtual hub enabling carers to access advice and support with regarding to portfolio development, employment and education
- Carers Link works with hospital and GP Surgeries: and element of this role promotes Carer Champions with the community. The aim is to identify a champion in places in employment to be the first point of contact for accessing information. A Carer Champion fact sheet is available is available on My Life portal
- Carer assessment. Take up of assessments is increasing. There is currently a waiting time of 8-10 weeks for assessments to be completed.

- Registration of Care Planning arrangements relating to the Emergency Carers Response Service:
- Lead role in two national carer initiatives; Carer Week in June and Carers Rights Day in November
- Young Carer Activities: A range activities including fortnightly youth club, healthy eating workshops
- In-betweeners: 18 years to 24 years: A social group which is self directed and promotes peer support. Over 40 young people access a range of activities.

Care Act: As from 1st April 2015 Carers are entitled to an assessment of need as well as the person they care for. Social Workers and support workers are able to access training sessions to improve their knowledge and awareness. Carers who are providing regular support can now request a Carers assessment which is set against eight national outcomes. Carers needs are measured against each outcome and where outcomes are unachieved; an individual payment may be awarded. A carers self assessment documentation has been developed and shortly to go live. A series of Care Act Training sessions is currently being delivered to Social Workers, Support Staff, Organisations and Providers who comes in contact with family carers.

Memorandum of Understanding - No Wrong Doors: A national agreement which is being localised between Adult and Children and Family directorates. Its main thrust focuses on young people in families who are undertaking caring responsibilities. It encourages whole family working and collaborative practice between all services so no young person is turned away in need.

Collation of Carer Data: Working with performance team to ensure carer data is collated from a range of sources to meet national requirement and returns.

3.2: Outcome: Planning for the Future

Emergency Response Service: Provides replacement support to carers when a crisis/illness occurs. The support will be available every day of the year, 24 hours a day for 48 hours Monday – Thursday and 72 hours Friday – Sunday and over Bank Holidays. During 2015/16, 214 new carers registered for this service. The service was re-commissioned in April 2016 with a local domiciliary provider (Direct Health) providing the emergency service. The agency received a national care award for the delivery of this local emergency service.

'Time for Me' Opportunities: A range of creative, well being and educational workshops have been purchased from the Preferred Providers Framework, relating to Dementia, Life Planning and Management of stress, promotion of wellness, Arts, Crafts, Drawing, Painting, Pottery and Singing. These sessions provide techniques for resilience and well being development as well as providing peer support. (Link to Outcome 3.4)

3.3: Outcome: Promoting well being

Pamper Sessions: Are held twice a month and facilitated by the Carers Centre. Fifteen minute sessions are available for up to 20 carers. Carers often stay and find the peer

support therapeutic too. Continued work with Public Health will provide information and support on weight, smoking and personal health management. In addition carers can access Tai Chi sessions to aid well being.

Cookery Sessions: Carers can access workshops are being delivered by the Council's Lets Cook Team where menu planning, cooking skills and budgeting are included. The current focus is on young adult and male carers with family cookery sessions planned for this year.

Admiral Nursing: is a service for carers and family members who support someone with Dementia. This service is funded through the CCG (Dementia budget) and delivered within primary care and allows carers to self refer. It is a very successful model with significant value placed on the use of carers as experts by experience allowing them to manage extremely challenging situations themselves with support of the Admiral Nursing Team. An additional part time nurse will be funded from the Carers Budget to address the growing demand for carer support and those living with dementia.

Moving and Handling Family Adviser: This service is available 40 hours per month to family carers, focussing on techniques and safe moving and handling procedures. Impact is measured by taking comfort scores from the carer and cared for prior and after intervention with carers stating that such intervention has reduced the incidences of back and wrist strain. There is evidence to increase staffing levels to meet demand and the need to review changing needs in keeping the cared for in the community..

Relationship Support: Delivered through RELATE this one to one and family counselling options are available for family carers who are experiencing loss or finding change or relationships difficult to manage. During 2015/2016: 161 sessions were booked with a steady rise in people/families accessing the service. During the first part of this financial year numbers have increased between 8 -10 referrals a week compared to 3-4 referrals a week for a similar period in 2015.

Friends and Family Service: Delivered by Aquarius. It is often the friends and family that bear the brunt of someone alcohol and drug taking. This service provides one to one and peer support and coping strategies. The service has developed a Blue Light Project which supports this client group of families, improving the pathway for this client group locally, develop and disseminate a toolkit of approaches that families can utilise in dealing with their loved one draw on the local discussions and promote joining up local services to meet the needs of this group of families. Aquarius is working with Willowdene who provide carer and cared for activities in a country farm environment.

Working with Parent Carers: to ensure the transition to adults services is supportive and is planned well. Conversations with PODS (Parents Opening Doors) and SEND Commissioner are in progress.

Personalised Carer Support: For some carers accepting they need help and support can be difficult. The Personalised Carer Support provides 25 free hours of support based on a carer's assessment. The service is delivered through We are the Care Company. The care provider has an introductory visit along with the carer assessor who works with the carer to develop a personal plan to achieve the best options to develop resilience and personal well being.

3.4: Outcome: Time for yourself

Preferred Providers Framework 'Time for me': This is a commissioning framework which invites providers of a range of community options/ local business's to present options for family carers within the following themes creative, educational and well being. Carers are asking for workshops to include the person they care for extending the opportunity to access support in the community in a safe and carer friendly setting. The framework is seeking new resources with the tender closing on the 8th August 2016. Carers are involved in all aspects of the commissioning process encouraging co-production. (Link to Outcome 3.2) Appendix 3 Carer narratives

Ironbridge Passes: Carers can access five family passes free of charge enabling them to visit the 10 museums at the World Heritage Site. The passes are issued by the Carers Centre and purchased through pooled budget arrangements.

3.5: Outcome: Meeting diverse needs

Inbetweeners Group: 18-24 years: This group facilitated by the Carers Centre has been running for the past two years, to response to a gap identified for this age group. Some young adult carers are taking the opportunity to volunteer in young carer activities and events.

3.6: Outcome: A life outside caring/ 3.7: Outcome: Feeling financially safe and secure

A sub group of the Carers Partnership Board focuses on Carers Employment, Educational and vocational opportunists. Recent work has focussed on Job Centre Plus staff receiving carer awareness sessions. In addition raising awareness with housing colleagues with regard to carer identification and support

3.8: Having your say

Carers Partnership Board: The Board continues to thrive and contribute to the prevention agenda. The Board continues to be carer led and this year Louise Langham stepped down from the role of chair and Barry Parnaby replaced her. The chair has been visited a range of community groups and formal meetings to listen to local needs and contribute to strategic decision making. The Board is currently focussing on its sustainability and has undertaken Board development with support from the Councils Community Engagement Team. Specific areas of needs are seeking members who can contribute to discussions around Adults with Learning Differences/ Mental Health and Chronic conditions. The Board is also participating in a pilot study facilitated by NHS England and Staffordshire University which is focussing on carer narratives in improving pathways and commissioning services. The Board also considers contributions from young people are lacking. The public seating area continues to be popular with carers and providers alike.

The Board has been asked to deliver a workshop at the regional ADASS conference in November 2016 around Experts by Experience which carers will lead on.

Telford Council and Clinical Commissioning Group were awarded second place/highly commended in the National Health Service Journal (HSJ) award for Commissioning for Carers. Our submission focussed on Co-production, development of resilience and Prevention.

Appendix 2: Our illustrative offer in Telford & Wrekin

Dementia and Carer Provider Forum: Professionals, agencies and business meet 2/3 times a year to share information and network to improve awareness and work collaboratively. The forum members contributed to the National Dementia Congress which was held in Telford 3-5th November 2015. In February and April this year two interactive sessions focussed on: Developing resilience and what family carers want from respite. Two carers shared the benefits of accessing Direct Payments and Shared Lives while Age UK shared the role they have in the local community in supporting local initiatives such as Pub Clubs and Group sessions. The forum is moving towards self management to encourage ownership and development

4 NEXT STEPS:

Looking forward we have identified the following areas of development over the forthcoming year:

- Working to expand our community carer offer in the Preventative and Well Being agenda to ensure those people with caring responsibilities receive the information and advice at the right time and have accessible community support when appropriate
- Securing a permanent third Admiral Nurse (Dementia) support for family carers. Other options for sustainable funding being considered such as 'Crowd Funding'.
- Securing additional hours to enable the Moving and Handling Family Carer Adviser to address the increase in referral rates.
- The continued development of allocating Carers Indicative payments which are aligned to unidentified carers outcomes. The launch of the Self Supported Assessment Tool will assist to evidence this along with the promotion of financial payments to carers as direct payments/individual budgets as a preferred purchasing option for care and support to assist in the self management of day to day care giving.
- Broadening the range of respite/community opportunities for family carers. We will engage with operational staff, providers, carers and those who use services with in consultation event planned for November 2016 to enable the individuals, local people, organisations and business to develop cost effective, solutions enabling people to remain in their local community.
- Revision of an all age Carers Strategy and associated plans by the end of 2016 in line with Carers National Strategy which will launched end of 2016.
- Continued working in co-production with carers to identify employment both vocational and paid opportunities. Carers are included in a 'Building Better Opportunities' bid being locally lead by Landau. The aim of the bid is to reach those furthest away from the employment marketplace.

- Work with local people and communities to seek contributions and action to energise and enable communities to have greater resilience and self efficiency.

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

6. PREVIOUS MINUTES

Health and Well Being Report: September 2015

7. BACKGROUND PAPERS

Carers Strategy 2013 – 2016 Making connections for Carers in Telford and Wrekin and associated implementation Plan
Young Carers Strategy

Appendix 1 Carer Outcome Pyramid/

Appendix 2: Our illustrative offer in Telford & Wrekin

Appendix 3 Carer Narratives

Report prepared by:

Jill Tiernan: Carers Commissioning Officer

(01952) 388918

Jill.tiernan@telford.gov.uk

Appendix 1 Carer Outcome Pyramid

EQUITY AND CONSISTENCY

ACUTE

***STATUTORY
RESPONSE
TO CRISIS**

Level 4
Threshold £500 & above

***RECUPERATE AND
REHABILITATE COMPLEX
HEALTH AND SOCIAL
CARE NEEDS**

- ECRS
- EMERGENCY RESPITE

*** SUSTAINABILITY OF
CARER'S ROLE**

Level 3
Threshold £500

*** SUPPORTING PEOPLE TO
RECOVER**

- ECRS
- EMERGENCY RESPITE
- PLANNED RESPITE
- PERSONALISED CARE SUPPORT
- ADMIRAL NURSING

*** REDUCING RISK AND VULNERABILITY**

Level 2 Threshold
£250

*** BUILDING RESILIENCE**

***TARGETED PREVENTION INTERVENTION**

- FRIENDS AND FAMILY SERVICE
- MOVING AND HANDLING ADVISOR (CARERS)
- WORKSHOP – ENTERPRISE/EMPLOYMENT
- WORKSHOPS – EDUCATION
- RELATE

*** LOW LEVEL**

Level 1
Threshold
£250

*** PREVENTATIVE**

*** UNIVERSAL**

***COMMUNITY BASED SOLUTIONS
NO CURRENT NEED FOR CARE AND SUPPORT**

- INFORMATION AND ADVICE
- PAMPER SESSION
- WORKSHOPS-CREATIVE/EDUCATIONAL/WELLBEING
- IRONBRIDGE
- THEATRE OFFER
- WALKS (WELLBEING)
- SINGING GROUP (FUN)
- REGISTRATION OF ECRS
- COOKING WORKSHOPS
- SELF SUPPORTED ASSESSMENTS



FORTNIGHTLY CRAFT GROUP THURSDAYS 10:30AM—12:30PM



We have 4 children with learning disabilities. All of our children are well into adult hood with me currently the registered carer for our daughter who is 28 and has Global Learning Delay Syndrome and is on the Autistic Spectrum.

My wife is the registered carer for our son who has a moderate learning disability.

Both children still live at home and we are their full time carers providing support with daily tasks, personal care, financial support and also transporting them to where they need to go.

We came to the open day you held before Xmas one year. My wife was really keen to come and I was just her transport. We met Fiona the artist from the craft class and had a go at the activity she was offering, I was about to walk away to grab a coffee when Fiona asked me to join in too. I really enjoyed it!

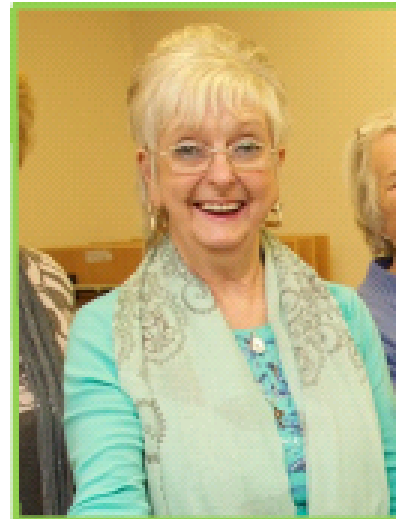
I've gone from someone that did no craft at all to someone that has now decorated the garden with all the things I have made and the spare bedroom is like an art gallery! We share some of the skills we have learnt with our daughter who is now volunteering at Club 17 and has taken some of the activities we have done and has shared them with a class of youths with learning disabilities. It's amazing to think how far reaching this has been for us as a family and for others when I think about it. We really have bonded as a group and we've met another couple who we now socialise with outside of the group, we are even going on holiday together soon.

For us it's a break from the mundane and the routine. It gives us something else to talk about and we often share ideas with one another at home. It has created stimulating conversations at home and has helped our daughter learn to be more independent, without the group we would just be at home all the time, without it we would be really low. We are learning all the time through the group. It has a lasting impact through the fortnight as we now find the time to finish our crafting at home—we have found a shared interest! "

A TIME TO SING
FORTNIGHTLY SINGING GROUP
TUESDAYS 2PM - 4PM

I care for my husband and have done so for 18 years due to him having brain surgery following a massive stroke in 1997.

I have been his carer for so long now that it has become second nature.



We live together and I care for him 24/7. I found out about "Me Time" through the carers forum and the newsletter. I'd sang a long time ago but it was more about getting out and socializing. With the group being just for carers it really made it easier to join as we all care for someone.

I've joined the Community Choir as well thanks to this group, I wouldn't have done that without coming here first. You lose your confidence being a carer and the group helped me with that, coming to the group makes me laugh and very happy – as a carer life can be very serious, when I'm here I forget about everything and laugh a lot! I have something to talk to my husband about it has really helped and improved our relationship.

I'm always concerned the service for carers will stop. I dread losing this chance to come and sing with the group and I worry about what it would mean for us and our cared for to lose this. The impact on our NHS would be really BIG!"

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 7th September 2016

TITLE: Living Well Update

REPORT OF: LOUISE MILLS, SERVICE DELIVERY MANAGER HEALTH IMPROVEMENT, HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, STACEY NORWOOD PUBLIC HEALTH COMMISSIONING MANAGER, CLARE HARLAND PUBLIC HEALTH COMMISSIONING MANAGER

LEAD CABINET MEMBER – CLLR RICHARD OVERTON

LIVING WELLBEING BOARD CHAIR - LIZ NOAKES, ASSISTANT DIRECTOR HEALTH, WELLBEING AND PUBLIC PROTECTION

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- Living Well Board arrangements have been reviewed and plans are in place to establish a Living Well Network to involve a greater number of partners. Key to this approach will be ensuring connectivity between the work of the Living Well Network and the Neighbourhoods work stream that is evolving through the Sustainability Transformation Plan (STP) and ongoing work with our health partners to ensure health and care services are built around the needs of local populations. Self help, information and advice and promotion of healthy lifestyles are key to the STP programme of work.
- Living Well partners have continued to work collaboratively to deliver activity against the five work programme areas that were agreed as priorities and endorsed by the Health and Wellbeing Board: public mental wellbeing; information, advice and signposting; workplace health; healthy environments; and health and wellbeing Making Every Contact Count (MECC). These priorities were recognised by partners as areas that would benefit from greater collaboration and would contribute overall to improving population outcomes to reduce excess weight, increase physical activity levels and to reduce smoking prevalence.
- Key headlines for Telford & Wrekin from the most recent Public Health Outcomes Framework (PHOF) are:
 - The proportion of **adults meeting the recommended '5-a-day' on a 'usual day'** has increased from 46.4% in 2014 to 48.6% in 2015 improving the RAG rating from red to amber.
 - The **average number of portions of vegetables consumed daily by adults** is now similar to the England average at 2.2, a slight increase from 2.1 in 2014.

- **Excess weight in adults** is 71.9%, this indicator remains significantly higher than the England average of 64.5%
 - The proportion of **adults meeting the recommended levels of physical activity** has reduced slightly from 55.5% in 2014 to 53.8% in 2015, this remains significantly lower than the England average (57%)
 - **Smoking prevalence in adults** has fallen from 20.0% in 2014 to 18.2% in 2015, this indicator remains similar to the England average. This is encouraging in terms of the continued downward trend each year since 2012 when the rate was 21.9%.
- All programmes of work contribute to the three priorities of the Health and Wellbeing Board

2. RECOMMENDATIONS (AND TO WHO ACTIONS APPLY e.g. CCG, Council)

The Board is requested to:

- Endorse progress for the five work programme priorities
- Recognise the key collective action being taken to reduce smoking across the Borough with partners

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

- The aspiration of living well partners is that a collective, systematic approach delivered collaboratively across partner organisations will have a significant impact in the Borough.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority -	
	Yes	<ul style="list-style-type: none"> ➤ Encouraging Healthier Lifestyles and also contribution to the other two priorities ➤ Improving mental wellbeing and mental health ➤ Strengthening our communities and community based support
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	To improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	See equality and diversity section below
TARGET COMPLETION/ DELIVERY DATE	➤ The Living Well work programme will be progressed over the next 6 – 12 months	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<i>The delivery of this strategy and the detailed work programmes will need to be considered against the context of reducing resources. The Public Health</i>

		<p>grant allocation for 2016/17 is £12.984m which includes a reduction of £300k with an additional reduction of £320k anticipated in 2017/18. This is on top of a 6.2% in year reduction in 2015/16.</p> <p>The Five Ways to Well-Being, now embedded within the Council Services, will be funded from existing resources.</p> <p>The budget for Living Well funded from Public Health Grant in 2016/17 is £0.817m. This will be used to support a number of the initiatives detailed under Section 1.3 including - Healthy Lifestyle Hubs and Advisors, Fit4Life and Tackle Your Health as well as the delivery of Health and Wellbeing Making Every Contact Count (MECC) training identified in Section 1.6</p> <p>The 2016/17 budget for smoking cessation services & tobacco control work funded from the Public Health grant is £0.353m. This budget is reducing against previous years in line with the decline in the number of quitters and changing patterns of smoking identified in Section 1.7.3</p> <p>(ER 26/08/16)</p>
<p>LEGAL ISSUES</p>	<p>Yes</p>	<p>The National Health Service Act 2006 (as amended) states (at section 2B) that each local authority must take such steps as it considers appropriate for improving the health of the people in its area. The provisions in this report assist the Council in meeting this requirement. Moreover, actions mentioned in the report such as providing information and advice (at 1.4 of this report) are specifically identified in the National Health Services Act 2006 (as amended) as the sort of steps that may be taken.</p> <p>Some of the actions that will be required, which are set out at section 1 of this report, involve a number of council services and external partners.</p> <p>In respect of the provision of stop smoking services specifically, this was transferred to the Council in April 2013 in accordance with the provisions of the Health and Social Care Act 2012. As mentioned in the report, these services will be subject to a tender process and, subsequently, contract monitoring.</p> <p>When setting out policy and strategy for health improvement measures, the Council must have regard to guidance issued by the Secretary of State for Health particularly in relation to the appropriate public health outcomes framework.</p>

EQUALITY & DIVERSITY	Yes	<p>Smoking is a major cause of health inequalities, accounting nationally for half of the difference in mortality between the richest and poorest in our society. People who smoke are more likely to be from lower socio-economic groups and due to their increased risk of smoking-related disease have a reduced life expectancy. Smoking is also a key risk factor in foetal growth restriction, low birth weight and sudden infant death syndrome. The evidence is that people from our most deprived communities are more likely to smoke. Local JSNA intelligence continues to inform service improvement. As part of the smoking cessation services contracts the providers are encouraged to recruit and support smokers from the following specific demographic subgroups:</p> <ul style="list-style-type: none"> ➤ Pregnant women ➤ People from Ethnic Minorities ➤ Unemployed people ➤ People living in deprived areas ➤ Young people under 25 years ➤ People with mental health problems ➤ People who are deaf, hard of hearing, blind or partially sighted
IMPACT ON SPECIFIC WARDS	Yes	<p>The programme of work impacts across the population of the Borough and includes targeted activity within those wards reporting higher levels of health and wellbeing need and inequalities.</p>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>All quit smoking clients are asked to complete satisfaction forms as they leave the service or at 4 and 12 weeks quit. In 2014/15, 100% of users were sent a questionnaire, with a total of 38% return rate. All reported a high level of satisfaction with the current service. As a way to improve return rate the stop smoking service provider is developing online systems.</p> <p>All programmes of work have been developed in consultation with service users and key partners</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<p>The NHS 5 Year Forward View necessitates a radical upgrade prevention to close the health and wellbeing gap. Commitments to enhance the prevention activities across the NHS in Shropshire, Telford & Wrekin were incorporated into the local Sustainability and Transformation Plan submitted in June 2016. Ambitions set out in the plan include: systematic delivery of lifestyle advice, signposting and referral into lifestyle services by all healthcare professionals and whole-system prevention plans to</p>

	reduce risk factors for cancer and cardiovascular disease, including adopting a completely smoke-free policy at Shrewsbury & Telford Hospital NHS Trust.
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PART B) – ADDITIONAL INFORMATION

1. INFORMATION

Living Well partners have continued to work collaboratively to deliver activity against the five work programme areas that were agreed as priorities and endorsed by the Health and Wellbeing Board: public mental wellbeing; information, advice and signposting; workplace health; healthy environments; and health and wellbeing Making Every Contact Count (MECC). These priorities were recognised by partners as areas that would benefit from greater collaboration and would contribute overall to improving population outcomes to reduce excess weight, increase physical activity levels and to reduce smoking prevalence.

1.2 Public mental wellbeing

Public mental wellbeing is described as people feeling good, functioning well and having a positive experience of life. The ‘5 Ways to Wellbeing’ is a set of evidence based actions that promote people’s wellbeing. The actions are: Connect, Be Active, Take Notice, Keep Learning and Give.

Local actions that are supporting this approach include:

- The Five Ways to Wellbeing message campaign is cascaded through social media channels including @HealthyTF Twitter account which has over 1,400 followers and has good levels of interaction with local residents, groups and businesses. This includes support and promotion of local people (‘people like us’) sharing ‘Five Ways’ activities.
- Five Ways to Wellbeing provides a framework for applications to the Cooperative Ward Fund and Community Pride initiative
- Five Ways to Wellbeing are embedded into the delivery of existing service delivery models within the Council (e.g. Adult and Community Learning, Healthy Families team) and with partners (e.g. Shropshire Wildlife Trust, MIND)
- The Active Lifestyle Awards for 2016 are based around Five Ways to Wellbeing with all nominations asked to demonstrate how they adopt the Five Ways
- Projects such as Forward Mission and Telford Green Heroes continue to work with local people who require more support to improve their confidence and make lifestyle behaviour changes to improve their mental wellbeing

1.3 Information, advice and signposting

It is important that people have easy access to appropriate information, advice and motivation in order to make behaviour changes necessary to improve their health.

- The Healthy Lifestyles Hub, based at Southwater One and with outreach in local communities, is a single point of access for information and advice for members of the public and professionals. In year service developments include digitising this service to enable greater reach and to offer members of the public alternative ways of accessing support over and above the traditional methods that are currently used.
- In 2015-16 the Healthy Lifestyle Hub reported **12,453** client contacts. Opportunistic Brief Advice (OBA) was given to **8,156**, and a total of **5,224** brief interventions were carried out on the following themes: alcohol, nutrition, physical activity, weight, smoking and Emotional Health and Well Being. The largest number of screens and OBA's was given in nutrition followed by weight and physical activity. **34%** of clients were referred or signposted into a health improvement programme for further support.
- The Community Health Champions pilot has engaged and trained 34 local residents who are supported to promote healthy lifestyles with their families, friends and local communities in a variety of ways
- Social media including Twitter (@healthyTF which has 1,400 followers) is being used to engage with local residents, groups, businesses and partners. Sharing health messages and promoting local activities and campaigns
- National campaigns including One You, Change4life and Be Clear are being widely promoted and supported locally
- The Healthy Lifestyles Advisors support local residents on a 1:1 basis to make changes to improve their health behaviours. In 2015-16, 808 clients were seen in clinical and community settings across the borough with 55% achieving their health goals. Advisors will be working with the Princess Royal Hospital from October to provide health improvement advice and information to adults attending for outpatient appointments
- Fit4Life supports clients with long term health problems, referred by their GP. In 2015-16, 205 local residents engaged with the programme to improve their health condition through exercise and behaviour change. Only a small number of people go on to complete the full 12 week programme – an in year review will be completed to better understand the reasons for this drop off.
- Tackle Your Health supports men to improve their health through group physical activity sessions (e.g. walking football) and 1:1 support. In 2015-16, 281 clients were supported with an additional 312 receiving mini health checks at events and health roadshows.
- Partners are currently working collaboratively to develop a social prescribing programme to maximise the potential reach and impact of our wellbeing and cultural offer. This will include connecting individuals with non-clinical or social needs or those with mild to moderate mental health problems to opportunities for social interaction, support, learning and healthy lifestyle activities

1.4 Workplace health

Promoting a healthy workplace has benefits for both employers and employees. There is strong evidence to show how having a healthy workforce can reduce

sickness absence, lower staff turnover and boost productivity - this is good for employers, workers and the wider economy.

- Work Well Telford has been developed following consultation with local employers and business forums
- Work Well Telford is a coordinated network of organisations interested in workplace wellbeing as part of their corporate social responsibility. It is facilitated by Public Health at Telford and Wrekin Council and brings together expertise and support from across the Borough. Work Well was presented at the recent Business Board and was very well received by local businesses.
- Work Well includes;
 - a. Information, advice and resources
 - b. Networking and seminars
 - c. Shared best practice
 - d. Linking with local partners who can work with local employers and facilitate activity (e.g Energize, Travel Telford, Shropshire Wildlife Trust)
- Work Well Telford can be accessed through www.workwelltelford.co.uk registration is free for employers in Telford and Wrekin
- Workplace wellbeing within the Council is being progressed following two complimentary approaches;
 - Senior management leadership and direction, policy development, corporate wellbeing offer and workforce development
 - Peer led initiatives to support colleagues within the workplace (e.g. walks, mindfulness sessions)

1.5 Healthy environments

- A Walking and Cycling strategy for Telford and Wrekin is in development and a draft will be presented to the health and Wellbeing Board in December
- Discussions are taking place with SaTH to connect work plans for active travel and sustainability – SaTH have won an NHS improvement award for progress in this area
- The Let's Grow project continues to support fruit and vegetable growing in local communities. Volunteers have been supported through training to give them skills and confidence to continue to run their local groups and projects.
- A small pilot is being developed between the Council and Shropshire Wildlife Trust to trial some ideas around the Priorslee East development of 1,000 homes. This may include welcome packs for new residents, links with local nature reserves and promotion of walking and cycling.

1.6 Health and Wellbeing MECC (Making Every Contact Count)

Receiving prompts from people that they respect and trust encourages individuals to change their behaviour to improve their health. Making Every Contact Count (MECC) uses a brief advice approach which usually takes up to 5

minutes. It involves raising a lifestyle issue with an individual (where appropriate) and signposting for further information and support.

- The Health and Wellbeing Making Every Contact (MECC) training delivered through 2015/16 is continuing through to March 2017. To date 352 Council staff have completed online training and 142 volunteers and staff from partners agencies have completed face to face training.
- The training provides them with the skills, knowledge and confidence to have a conversation about health with local residents that they have contact with as part of their everyday role and, where appropriate, signpost them onwards for further support at the Healthy Lifestyle Hub
- A programme of online and face to face Health and Wellbeing MECC training has been delivered to 120 Telford based fire officers in Shropshire Fire and Rescue Services. A pilot project to deliver additional health messages as part of their home safety checks will begin in the Autumn
- MECC training and Health Champion training will be offered to the 800 volunteers currently registered with SaTH from September

1.7 Smoke Free Update

1.7.1 National Strategy Context

- The Government's strategy on smoking is expected to be released by the end of 2016. Indications are that the Telford & Wrekin Smoke Free plan will align strongly to the refreshed national strategy ambitions.
- Public Health England released advice on use of e-cigarettes in public places and workplace¹ in July 2016. This sets out five principles to guide the development of evidence-based policies which maximise the potential for e-cigarettes to improve public health while managing the risks in any particular setting. The Council's smoke free policy is being reviewed to reflect this latest guidance

1.7.2 Telford & Wrekin Smoke Free Plan Update

The network within Telford & Wrekin has been working on the priorities set out in the smoke free plan. Key recent achievements include:

- Development of smoke free marketing plan that includes smoke free branding
- Successful campaign to raise awareness of smoke free cars legislation, including promoting the legislation at the Telford Drive- In Movie in May 2016

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534586/PHE-advice-on-use-of-e-cigarettes-in-public-places-and-workplaces.PDF

- Working with NuPlace to promote Smoke Free Homes & stop smoking support services. 131 information packs have been distributed and in 2017 will commence next phase totalling 400 NuPlace homes
- Development of Work Well Smoke Free toolkit made available to any local organisation via Work Well website, containing gold standard smoke free policy and resources for implementing
- Development of Health & Social Care Smoke Free toolkit, including: gold standard policy, resources, case studies and shared learning from hospitals
- Mapping of health and social care premises in Telford & Shropshire with Shropshire Council

The priorities during the remainder of the year include:

- Supporting SaTH in working towards a totally smoke free premises, given the Trust's recent commitment and momentum in reviewing their smoke free policy
- Exploring best practise for Smoke Free play areas and reviewing current signage
- Design and implementation of local Stoptober campaign '#IQuit4' with smoking cessation providers, Council & SaTH
- Promotion of Smoke Free Homes on a wider scale with local housing providers and estate agents
- Work with pharmacies to maximise pharmacy public health offer, including proactive brief interventions in smoking, smoking cessation and public health campaigns, through Healthy Living Pharmacies

1.7.3 Smoking-related Harm Outcomes and Performance

- Recently released figures indicate that the overall smoking prevalence in adults is estimated to have decreased to 18.2% in 2015 from 21.9% in 2012. This equates to circa 4,200 fewer smokers compared to three years ago and our benchmarking position has improved from being worse than average and is now similar to the England average of 16.9%. Despite the decline, an estimated 24,000 adults in Telford & Wrekin are still tobacco smokers.
- Smoking in young people aged 11-15 years old has declined markedly over the past decade falling to 3.6% smoking at least one per week in 2013 from 11% in 2004. In 2014/15, 4.1% of 15 year olds in Telford & Wrekin (circa 90 young people) were regular smokers, which is lower than the England average of 5.5%
- In 2015/16 a total of 952 smokers quit with the support of our stop smoking services. This continues the decline seen nationally and locally year-on-year since 2011/12, which is attributed to the growth in popularity of e-cigarettes (See Appendix 1, Figure 1). The smoking quitter rate per head of population

remained significantly better than the England average in 2015/16 and the quit rate (53.7% of smokers quit at 4 weeks) remained better than average. Cost-wise the Telford & Wrekin service has one of the lowest costs for price per quitter in the West Midlands.

- Given the decline in the number of quitters and the changing pattern of in smoking prevalence described above, analyses are now being undertaken on the socio-economic background of local smokers supported. This profiling will support further service developments and targeting in future, with a view to reducing health inequalities.

IMPACT ASSESSMENT – ADDITIONAL INFORMATION

2. PREVIOUS MINUTES

- Health & Wellbeing Board - Priority Update: Reduce the number of people who smoke 9th September 2015
- Health & Wellbeing Board – Living Well Update, 11nd December 2014
- Health & Wellbeing Board – Living Well Update, 22nd January 2014
- Health & Wellbeing Board - Local Authority Tobacco Control Declaration, 22nd January 2014
- Health & Wellbeing Board - Priority Update: Reduce the number of people who smoke, 18th September 2013
- Health & Wellbeing Board - Priority Position Statement: Reduce the number of people who smoke, May 2013

3. BACKGROUND PAPERS

Report prepared by:

Louise Mills, Service Delivery Manager Health Improvement

Helen Onions, Consultant in Public Health

Stacey Norwood, Public Health Commissioner

Clare Harland, Public Health Commissioner

Figure 1 Trends in Successful Quit Rates

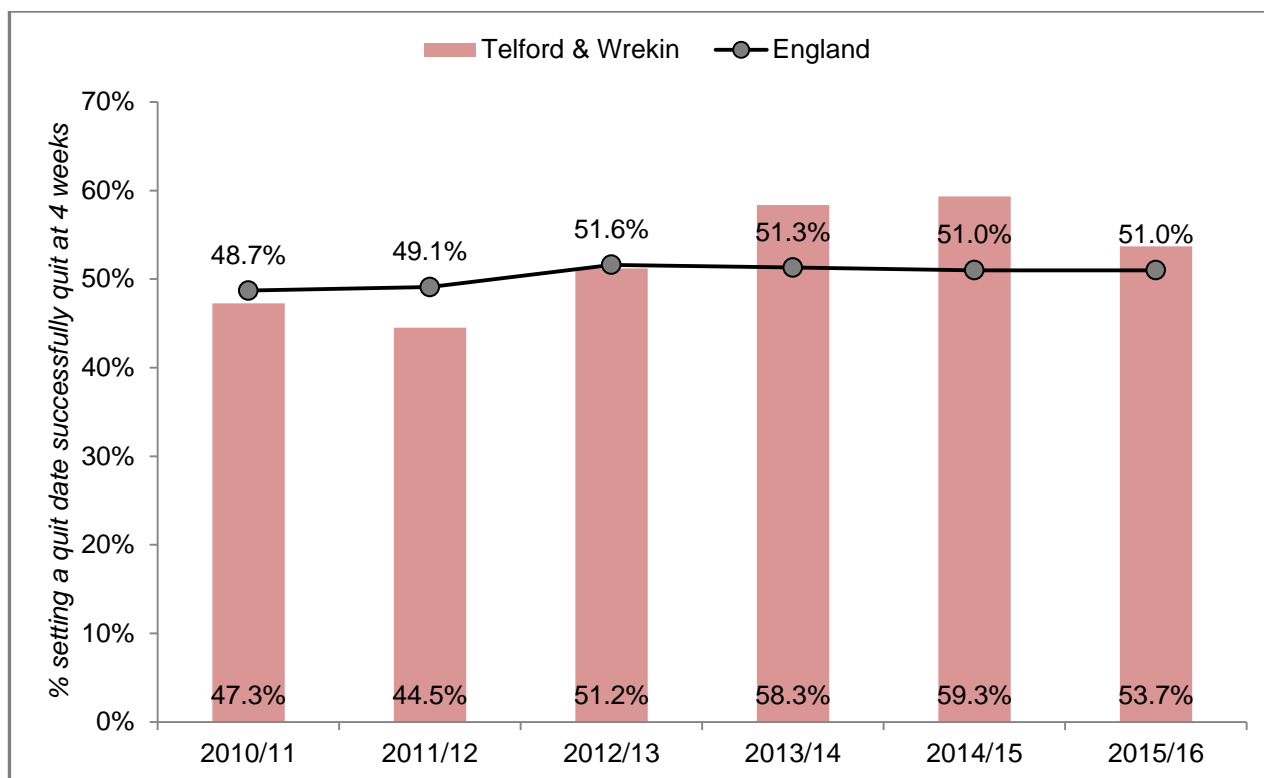
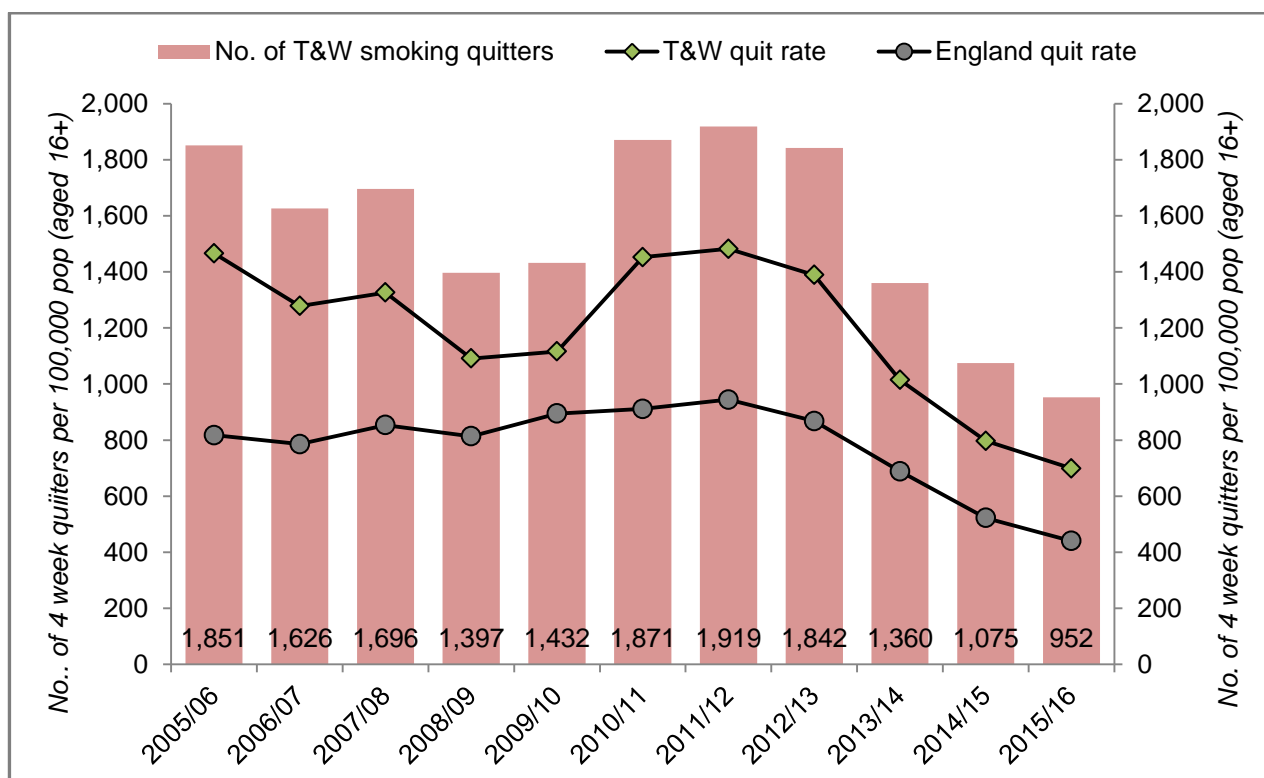


Figure 2 Trends in Smoking Quitters



Source: Copyright © 2016, NHS Digital Government Statistical Service. All Rights Reserved.

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**7 SEPTEMBER 2016****HEALTHWATCH TELFORD AND WREKIN ANNUAL REPORT 2015-16****REPORT OF: KATE BALLINGER, CHIEF OFFICER, HEALTHWATCH TELFORD AND WREKIN****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

The report provides an overview of the work undertaken by Healthwatch Telford and Wrekin in its third year of operation.

Significant changes have occurred during this period, including the removal of Parkwood Healthcare as host organisation and a substantial reduction in budget.

2. RECOMMENDATIONS

To receive and note this report.

3. IMPACT OF ACTION

- Keep the Health and Wellbeing Board informed of the progress of Healthwatch Telford and Wrekin
- Increase public awareness of Healthwatch Telford and Wrekin
- Increase public involvement in decision making in Health and Social Care in the borough.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>All</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>All</i>
	Will the proposals impact on specific groups of people?	
	No	
TARGET COMPLETION/DELIVERY DATE	N/A	
FINANCIAL/VALUE FOR MONEY IMPACT	No	
LEGAL ISSUES	No	
EQUALITY & DIVERSITY	No	
IMPACT ON SPECIFIC WARDS	No	<i>Borough wide impact</i>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<i>Range of events throughout the year</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

During the year there were several challenges which faced Healthwatch Telford and Wrekin, these include:

- Establishment of Healthwatch Telford and Wrekin Limited as a fully functioning “not for profit” organisation and identifying local partners for business support functions.
- Recruitment and retention of volunteers
- Representation at Future Fit Programme Board, and related work streams
- Continuing to increase awareness of Healthwatch among the public and professionals in the Borough, and encourage feedback on local services.

The annual report was written to guidelines produced by Healthwatch England and has been distributed in accordance with their instructions

Update on Healthwatch Activity April – August 2016

Healthwatch Telford and Wrekin held a successful launch event for the new Feedback Centre in May 2016, and used the opportunity to gather information from the public about their health and social care priorities.

Engagement with the public across the borough remains a priority and the recruitment of a new Engagement Officer is seen as key to ensuring that voices are heard.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None.

3. PREVIOUS MINUTES

None.

4. BACKGROUND PAPERS

- Healthwatch England annual report guidelines
- Healthwatch Telford & Wrekin Annual Report 2015 - 16

**Report prepared by Kate Ballinger, Chief Officer, Healthwatch Telford and Wrekin,
Telephone: 01952 739540**

Healthwatch Telford and Wrekin

Annual Report 2015/16



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Message from our Chairs



From left to right - Jane Chaplin, Gill Stewart, and David Bell.

This has been an exciting and challenging year for Healthwatch Telford and Wrekin (HWTW).

Jane Chaplin (our senior chair), Gill Stewart, and David Bell (pictured above) are responsible for strategic direction, HR and operations, and governance, respectively. This year, we welcomed several new members to our board - David O'Loughlin from RAF Cosford, Tim Graham, and Steve Timmis.

On 1st October 2015 the board became fully responsible for the operation of HWTW, as we became independent from Parkwood Healthcare. Due to reductions in public funding, our grant from Telford & Wrekin Council was reduced from £160,000 to £100,000. This has necessitated some major changes to our operations and staffing resources.

To improve our operations we have established a new Finance and Income Committee, and an Operations and HR

Committee. We have continued with our Enter and View Committee and our YOUTH Committee. We have revised our policies and produced our first business plans.

In October 2015 our new data Feedback Centre was activated. The Feedback Centre was supported by a special grant from Telford & Wrekin Council, and will enable the public to share their experiences of health or social care services online, so that service providers can get data on the effectiveness and value of local services. We have also completed a GP access report, a Primary Care Needs Assessment project, and a mental health survey in most of Telford & Wrekin's secondary schools and academies.

Despite obstacles, we have continued our regular engagement activities and our programme of Enter & View visits to care homes, hospital wards, GP surgeries, and to other NHS services. We continue to facilitate patient and carer views at key bodies like the Health and Wellbeing Board and at Future Fit meetings.

No year passes without changes, and we have recently recruited a new Engagement Officer after the post was made vacant. We have also put great effort into the recruitment of volunteers for all areas of our work. We have a small staff team working, due to finances, on reduced hours. But there have been real achievements too, and we are committed to continually improving our services to local people so that local voices can be heard.

Message from our Chief Officer



Although this is my third Healthwatch annual report, it is my first as Chief Officer. My title changed when the contract for Healthwatch Telford and Wrekin (HWTW) novated to our Board on 1st October 2015 and we became a truly independent Healthwatch - from Telford, for Telford!

Following on from the priorities raised at last year's World Café, YOUTH (Your Own Unique Telford Healthwatch) created a survey to look at young people's emotional health and wellbeing.

The CAMHS survey was distributed to all secondary schools and colleges in Telford & Wrekin and a staggering 4,352 responses were received.

A huge thank you is due to the schools that participated, as well as to the Public Health team at Telford & Wrekin Council for their assistance with analysing the data.

After novation, HWTW moved into a brave new world where additional income streams are a necessity.

Last year we completed two projects on behalf of Telford & Wrekin Clinical Commissioning Group, and while collecting information for them, staff and volunteers visited every GP practice and branch surgery in the borough at least twice in the first three months of 2016.

“The CAMHS survey has been a fantastic project to lead, and I’m really proud of the whole team for making sure the voices of young people in Telford are being heard.”

Kate Ballinger, Chief Officer

This commissioned work ran alongside the CAMHS survey, meeting we regularly attend, engagements, and Enter & View activities - again, only a fantastic effort from the whole Healthwatch team made it possible!

Listening to your experiences of health and social care services remains at our core. To help with this, we installed a new Feedback Centre website in October 2015 that is starting to give us some really useful intelligence about local services.

Please visit our website and tell us what you think!

The year at a glance

This year we've reached almost 100,000 people on social media



Our volunteers help us with Enter and View visits, engagement events, and office work



We've spent three months working on the CAMHS survey - from which we received 4,352 responses!



We've visited dozens of local services, including the hospital and all 24 local GP practices



Our reports have tackled issues ranging from young people's mental health, and access to GPs



We've met 5,201 local people at our community events and while surveying



Who we are

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Our organisation

Healthwatch Telford and Wrekin (HWTW) became a truly independent organisation on 1st October 2015, when the contract novated from Parkwood Healthcare.

The policy and strategic direction of HWTW is overseen by a volunteer board of directors, who are local people with a breadth of experience with local services.

Operations are the responsibility of Kate Ballinger, Chief Officer, and the staff team which is supported in the day to

day activity of Healthwatch by our volunteers.

“I would like to thank each and every volunteer who contributes to Healthwatch Telford and Wrekin. Without you, we would be nothing.”

Kate Ballinger, Chief Officer

Back office functionality is provided by various local businesses, and we would like to thank *Jigsaw Business Management Services*, *Sempar Accountancy*, *Triangle HR*, and *Shropshire ITC* for their support during the transition and formation of the new Healthwatch organisation.

Our vision

HWTW believes that local people should be at the heart of decisions about local services.

HWTW will be:

- A well led, high quality, sustainable organisation that is effectively managed.
- A recognised and trusted organisation, accessible to everyone within Telford & Wrekin.
- Influential and respected by decision makers across the local health and social care economies.

HWTW strives to be:

- Inclusive
- Focussed
- Challenging
- Independent
- Representative
- Caring
- Listening

Our priorities

HWTW's strategic priorities are the same as all Healthwatch, the foundation of which is that health and social care services work well when their support systems involve patients in decisions about their treatment and care.

HWTW's core strategy is to strengthen patient and public involvement in decisions about both themselves, and local services.

We will continue to ensure that the Telford voice is heard in all key decision making bodies.

Thus, it will:

- Collect people's views and experiences, being sure it reaches out to diverse and difficult-to-reach communities.
- Identify common problems with health and social care based on people's experiences, and recommend changes to health and social care services that will benefit people.
- Hold those services and decision-makers to account, and demand action.

- Escalate problems to HW England for nationwide action.

Our mission

“To make health and social care services in Telford & Wrekin as good as they can be.”

Listening to people who use health and care services



Gathering experiences and understanding people's needs

Feedback from patients, and their relatives and carers, is the main source of information gathered by Healthwatch Telford and Wrekin (HWTW). Comments and experiences are gathered by our engagement teams across the borough, and through regular listening events at Princess Royal Hospital.

Comments we receive are categorised and collated, before being fed back to service providers and commissioners.

Although the main source of patient feedback remains engagement, an increasing number of people are using our new online Feedback Centre to leave reviews of local services. This is a fantastic opportunity to raise awareness of local services and provide information on how they are performing, in a "TripAdvisor" style that is easily accessible to the public.



HWTW was commissioned by Telford & Wrekin Clinical Commissioning Group (CCG) to gather patient surveys for the Primary Care Needs Assessment.

This involved visiting all 18 GP practices in Telford and Wrekin, and several branch surgeries. This is the first time HWTW has been out to every practice in such a short time period, and we not only

collected the required survey responses, but were also able to listen to patient comments about the services they receive.

“The CCG commissioned Healthwatch to carry out a patient engagement exercise with the population of Telford and Wrekin, ensuring that all patient groups had an opportunity to help shape the provision of Primary Care (General Practice) services across the area. More than 2,200 responses were received which has really helped the CCG align their Primary Care Priorities to meet the needs of the patients.”

Nicky Wilde, Deputy Executive - Commissioning and Planning Primary Care, Telford & Wrekin CCG

HWTW used social media to contact harder to reach groups and found a real benefit in doing this. The use of social media has been particularly important when trying to contact the “working well”, and as such it is a medium HWTW is keen to explore further in the future.

151 reviews were submitted online between October 2015 and March 2016.

What we've learnt from visiting services

Healthwatch Telford and Wrekin has an active Enter & View (E&V) programme which is managed by the Enter & View committee, chaired by Carolyn Henniker.



Carolyn Henniker, chair of the E&V committee.

The committee is comprised of board members and volunteers - with staff support - and is responsible for prioritising visits made by the E&V team.

Meetings are not held in public because of the confidential nature of the information being discussed, but a clear decision making process is in place.

The reasons for E&V visits can be complex, combining intelligence gathered from multiple sources - public feedback, commissioner and provider feedback, Care Quality Commission reports, and myriad others.

Each visit undertaken has a clear purpose. This is agreed upon by the E&V committee and a general theme of “examining dignity and respect in the care environment” is maintained throughout.

The purpose of a visit is clearly indicated on the visit reports, all of which are published on our website and distributed to the providers, commissioners, and regulators, as well as Healthwatch England.

Following a visit to a local dementia care home in 2015, HWTW received feedback which prompted a review of our policies and procedures.

As a result of this review, we now ensure that at least one of our authorised representatives on any visit to a dementia care environment is a Dementia Champion, and all E&V representatives complete dementia awareness training.

We have also introduced a new form for completion by service managers, which highlights any residents' issues that the team may need to be aware of. By taking these steps, we believe our ability to evaluate service delivery is improved, but we are always learning.

Another reason HWTW looks more closely at a service may be safeguarding concerns.

HWTW works closely with the safeguarding team at Telford & Wrekin Council, and may undertake Sit & See observations during a time that an establishment is undergoing the safeguarding process, so that we can be satisfied that individual care is of a high standard, and that residents feel safe and happy.

This “light touch” is more flexible than a full E&V visit, and is a key skill that we are keen to develop.

Giving people advice and information



Helping people get what they need from local health and care services

Signposting is part of Healthwatch Telford and Wrekin's statutory responsibility to the people of the borough. We work to ensure that people are given the information they need to navigate local health and social care services - whether that's learning how to make a formal complaint, or identifying a support group to help with a particular condition.

To do this, we maintain a directory of third sector organisations, categorised according to what they specialise in. Our community engagement officer met with many of these groups early in the year to build up a rapport with them, and to explain exactly how we could work together.



Volunteers now have access to a handy, pocket-sized guide to complaints processes.

Volunteers carry a folder containing this information to all engagement events, enabling them to quickly answer any

simple signposting enquiries the public may have. In addition to this, a new, modular 'volunteer's minibook' has been devised, which contains simple information about the complaints processes for each type of health and care service.

This year, we helped to connect more than 60 people with the services they needed - ranging from enquiries about making formal complaints, to how to get advocacy support for Wheelchair Services.

The introduction of our new Feedback Centre platform has revolutionised how we advise the public.

Besides holding a searchable database of all CQC-registered services in the borough (along with any that we add ourselves, such as local opticians), it affords people with the opportunity to rate and review their health or care service experiences online. Once moderated, this review then becomes visible online, and each service has an average star rating derived from all past reviews.

On top of this, a new and improved online directory section makes searching for support organisations easier than ever, and our 'How to Complain' page has been copied over, and usually ranks highly in Google search results.

In operation since October 2015, we intend for our Feedback Centre to become a central resource for everybody in the region to use to make informed decisions about where to get the best care.

How we have made a difference



Our reports and recommendations

As highlighted last year, the majority of reports produced by Healthwatch Telford and Wrekin (HWTW) are Enter & View (E&V) reports, which are published on our website.

In the last 12 months, HWTW has published 12 E&V reports. 75% of providers responded positively to the reports and recommendations within them, the remaining 25% did not respond (this could be because of staff changes within the provider organisations).

Our major report this year was a piece of collaborative work looking at General Practitioner (GP) access across four local Healthwatch areas. The overarching report was presented to the NHS England Area Team. Our local report was presented to Telford & Wrekin Clinical Commissioning Group (CCG) and the six local surgeries where patients were surveyed.

Recommendations from HWTW have been adopted throughout the year in meetings across the health and care economy.

One of the most significant of these was a call for escalation levels in paediatric services to be included in Escalation Bulletins across the West Midlands by the Regional Capacity Team. This data is now reported regularly and allows local services to plan delivery more efficiently.

Working with other organisations

HWTW has continued to work closely with local Care Quality Commission (CQC) inspectors across the range of regulated services.

CQC inspectors contact HWTW regularly to advise of upcoming inspections and to request information. Indeed, the CQC referenced a HWTW Enter & View report in their inspection report from The Willows Care Home this year.

HWTW regularly carries out Sit & See observations of care services, and attends resident and relatives meetings to feed back into safeguarding organisational reviews.

HWTW and Healthwatch Shropshire attend Local Area/CQC Liaison meetings where we contribute to discussions about providers, and have been requested to carry out E&V visits to gather additional information about services.

HWTW sends all published reports to Healthwatch England, and has played a strong role in the formation of the Healthwatch England report into - and work around - Gender Identity Services.

HWTW attends all the West Midlands Healthwatch Network meetings and was chosen to represent the network in the quality assurance framework for the regional NHS 111 contract.

HWTW sent out 27 requests for information in the last year. Of these, 10 received responses. We realise that we have some way to go to ensure we receive information in a timely manner, and will be improving our templates for future correspondence.

Involving local people in our work

HWTW continues to encourage local people to make sure their voices are heard in local decision making.

One such meeting is the Maternity Engagement Group at Shrewsbury &

Telford Hospital NHS Trust (SaTH). This group is comprised of clinicians, patients and both local Healthwatch. HWTW holds regular engagement events within the Shropshire Women & Children's Unit, and works with SaTH staff to proactively recruit patient representatives for the group.

HWTW uses social media to boost awareness of local issues, and has a network of local contacts who promote our activities. All opportunities for patient involvement are promoted online, and through our engagement stalls.



Health and Wellbeing Board

Together with our Health and Wellbeing Board representative, Jane Chaplin, HWTW has representation on the Health and Wellbeing Board Advisory Panel. This is an operational group of senior executives which meets in advance of Board meetings to plan the agenda.

In addition, HWTW has representation on several of the Partnership Boards which sit below the main Health and Wellbeing Board, namely the Early Help Partnership Board, and the Carers' Partnership Board.

The board of HWTW has regular executive meetings where key issues are debated and these, together with a briefing from the Chief Officer, enable our chair to contribute fully to the debate at the Health and Wellbeing Board.

Volunteers and Statutory Activities

There are currently in excess of 60 volunteers working with HWTW across a number of roles. These roles are:

- **Office** - volunteers who assist with everything from data entry and general administration, to preparing engagement packs and materials.
- **Engagement** - volunteers who support our Engagement Officer at various events across the borough.
- **Project** - volunteers who are interested in gathering information for specific pieces of work.
- **Meeting representation** - volunteers who have a particular interest in attending, and bringing information back to HWTW from, health and care meetings.
- **Enter & View** - volunteers who undertake a full training programme to become authorised representatives, enabling them to carry out E&V visits.
- **Directors** - it must be remembered that all our board members are volunteers, devoting huge amounts of time to their roles.

Our work in focus



Our work in focus: CAMHS survey



From left to right - Katie Pauling, Gemma Dakin, and Molly Clapham with the final report.

At their World Café event in April 2015, YOUTH (Your Own Unique Telford Healthwatch) identified young people's emotional health and wellbeing as a priority for the next 12 months.

As a result, HWTW invited the commissioning lead from Telford & Wrekin Clinical Commissioning Group (CCG) to a meeting of YOUTH. A very productive discussion was held about the services available to young people, and the issues identified by young people when accessing them.

Members of YOUTH were keen to do something positive in this arena, and decided to take a survey out to local schools and colleges to find out what young people really felt.

YOUTH members - in particular *Gemma Dakin, Katie Pauling, and Molly Clapham* - were involved in drafting the survey, which was then sent to the CCG's Young Health Champion Lead and Young Carer's Chief Officer for sense checking before distribution.

Support services within the schools and colleges were identified and contact details, together with Childline, were included on the survey.

In the period spanning from immediately before Christmas and up to March 2016, a total of 4,352 survey responses were gathered and uploaded to our online survey tool.

The response to the survey was fantastic, and a heartfelt thank you is due to every young person who took the time to complete it.



Data analysis of the survey results was carried out by the Public Health team at Telford & Wrekin Council, and we would like to thank all involved for their contributions.

Our report is being used as part of the evidence for transformation of emotional health and wellbeing services for children and young people across Telford & Wrekin and Shropshire.

Our work in focus: Kasi's story



One of the main issues identified by Gender Identity patients is the time taken to receive services, and lack of communication from providers. A patient that we have supported, Kasi (not her real name), agreed to share her story.

Kasi realised that she didn't feel at ease with herself when she was about 7 years old.

"I didn't know what it was, but there was definitely something wrong."

Kasi describes puberty and school as particularly difficult, and it took her many years to understand what was going on. She was living in Belgium when she identified as a transgender woman. She describes a completely different attitude to gender dysphoria on the continent, where the pathway is defined and takes three years from start to finish. Kasi began treatment in 2004.

Kasi returned to England in 2006, 18 months away from surgery. She was told by the NHS that she had to start again. Kasi went back to Belgium for several years before returning again in 2010. When Kasi first came to see us in early 2014, she had already been through the psychiatric assessment stage of the Gender Identity pathway at the Gender Identity Clinic (GIC) in London, and referred to the surgical team in October 2013. Kasi

had been waiting five months for any communication from the GIC and was feeling very anxious.

"Once you're there the service is excellent, it's just the slowness of getting there. It was an absolute battle"

HWTW contacted the GIC and established that Kasi was on the waiting list. We were told that the expected waiting time to see a surgical consultant was up to 18 months; we requested the clinic confirm to patients that their details had been received and were assured that they would do this. Kasi successfully underwent surgery in February 2016, more than five years after she entered the NHS pathway.

"If you have a broken leg, you don't join a broken leg club - most transgender people just want to get it sorted and get on with their lives"

There are major issues with the availability of GI associated services close to home - speech therapy, electrolysis/laser treatment for hair removal, and counselling. These are provided locally in some areas, but not in Telford & Wrekin.

We continue to work with NHS England Specialised Commissioning to improve the experience of patients on the Gender Identity pathway, and explore how things may be improved using patient feedback to influence decision makers.



Our plans for next year



Future priorities

“We are pleased that our commissioners have extended our contract into 2018, in recognition of the progress we are making and our ambitious plans for the next two years. Our aim is to ensure that we become one of the best Healthwatch in the West Midlands and in the Healthwatch England family.”

David Bell, Deputy Chair

Valuing our volunteers

With a small staff team, the contribution made by our growing team of volunteers will be crucial to our future success. We will continue to recruit volunteers for the wide variety of tasks that we undertake. We also recognise our responsibility to train our volunteers, to support them, to communicate with them regularly, and to celebrate success by implementing the Martin Withnall Awards for outstanding voluntary effort.

Ensuring that the voice of local patients, carers and the community is heard by decision makers

Over the next two years, important decisions will be made and plans started for the reorganisation of acute hospital care - including the provision of accident and emergency services, and a major shift in the local provision of urgent care and neighbourhood-based community health services. We will ensure that any

decisions made will reflect the local community's views, and that plans meet local needs.

Improving access and information

Working together with patients and providers, we will successfully market and maximise the benefits of our Feedback Centre. This will allow the public to provide rapid feedback of experiences of any health and care facility using a phone, tablet, or PC. This will enable providers and commissioners to understand the effectiveness of local provisioning, and to better target resources.

Building sustainability and value for money

At a time of change, we are committed to maintaining our level of resources and maximising our income generation opportunities, by working in partnership with other organisations, seizing opportunities when they present themselves, and developing our contracts and other services.

Celebrating the past and the future

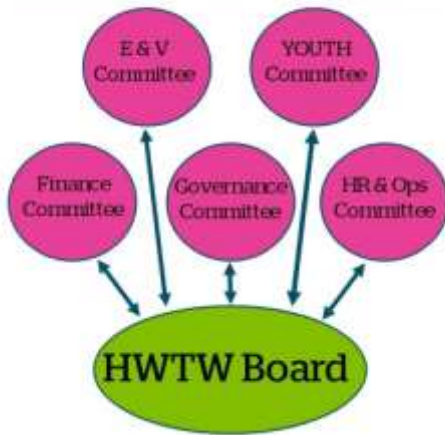
We will continue to work with young people to improve emotional health and to ensure that young voices are heard. We will also work with older people to ensure dignity and respect in local services.

Our people



Decision Making

HWTW Board & Committee Structure



The responsibility for strategic decision making in HWTW lies with the board of directors, who are supported by a series of sub-committees, as shown above. Each of the sub-committees is chaired by a board member and is comprised of board members, Kate Ballinger, Chief Officer, or representative (non-voting) volunteers where appropriate.

Sub-committees and their chairs are:

- Finance - Dave O'Loughlin
- Enter & View - Carolyn Henniker
- Governance - David Bell
- YOUTH - Barry Parnaby
- HR & Operations - Gill Stewart

Each committee is responsible for taking recommendations to the board for approval.

Finance and HR & Operations committees are able to pull in expert support from our business partners when necessary.

The HWTW board holds four public board meetings each year, where reports from each of the committees are presented. Executive board meetings are held on a

more regular basis, with key decisions being taken to public board meetings for ratification.

How we involve the public and volunteers

“Issues the Public wishes to raise” is an agenda item at every public board meeting, and we carry a notification of upcoming meetings at all our engagement events.

We hold a number of volunteer and Enter & View workshops through the year, and volunteers are actively encouraged to come along and give feedback about the operation of Healthwatch.

Ideas for future activity are often sparked at these meetings, and come from the large number of activities our volunteers are involved with in the health and care system locally.

One such suggestion was the inclusion of “Dementia Friends” training for our Enter & View volunteers, which is now included in the training programme.

All of our governance documents are available on our website, and are subject to scrutiny by our commissioners.

Our finances



Our finances

INCOME		
	£	£
	April - Sept (Parkwood Healthcare)	Oct - March (HWTW Ltd)
Funding received from local authority to deliver local Healthwatch statutory activities	80,325	50,000
Additional income		37,626
Contract income		9,650
Total income	80,325	97,276
EXPENDITURE		
Operational/direct delivery costs	17,531	24,018
Staffing and management costs	58,691	39,397
Office costs	3,474	7,462
Capital expenditure		10,451
Total expenditure	79,697	81,328
Balance brought forward		15,948

Contact us



Get in touch

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We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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