

CABINET

Decision Notices and Minutes of a meeting of the Cabinet held on Monday, 29th September, 2008 at 5.00 p.m. at the Civic Offices, Telford

PUBLISHED ON FRIDAY, 3rd OCTOBER, 2008

(DEADLINE FOR CALL-IN WEDNESDAY, 8th OCTOBER, 2008)

PRESENT: Councillors A.J. Eade (Chairman), D.G. Allen, S. Bentley, S. Burrell, A. Lawrence and J.M. Seymour

ALSO PRESENT: Councillors R.K. Austin, G.M. Green, W.L. Tomlinson and V. Tonks (Opposition Group Leaders) plus Cllr G Ashcroft (for Cllr Carter)

CB-59 MINUTES

RESOLVED – that the minutes of the meeting of the Cabinet held on 15th September, 2008 be confirmed and signed by the Chairman.

CB-60 APOLOGIES FOR ABSENCE

Councillor E.J. Carter,

CB-61 DECLARATIONS OF INTEREST

Councillor S Burrell declared a Personal and Prejudicial Interest in Agenda item 5, "Putting People First in Telford & Wrekin" and left the meeting room during its consideration and determination.

CB-62 BOROUGH TOWNS GRANT SCHEME

Key Decision identified as **Capital Strategy and Capital Programme Decisions within the agreed Capital Programme** in the Forward Plan published on 14th August 2008.

Councillor G Ashcroft, for Councillor E Carter Cabinet Member for Regeneration (who was absent from the meeting) and the Corporate Director: Environment & Regeneration, presented the report of the Head of Planning & Environment, which sought approval for the necessary administrative procedures to be put in place to manage the Borough Towns Initiative funding package approved by Cabinet in January 2008. In addition, approval was also sought to agree the allocation of the first 3 years funding from the newly created Business Grant Scheme for 2008/9, 2009/10, 2010/11.

Members were reminded that Telford & Wrekin Council recognised the vital importance of Borough Towns regeneration and had established a substantial fund for addressing the issue. The Council placed a very high priority on working in partnership with local communities to achieve the economic and physical regeneration of its Borough Towns.

CAB 290908 minutes

The report before the Cabinet outlined which procedures were needed to administer the Borough Towns Initiative, following the Cabinet resolution of 14th January 2008 and the third “summit” held on 6th March 2008.

The recommendations included targeted investment in Dawley/Malinslee, Newport, Wellington and Ironbridge. That would have to be funded from recycling capital receipts generated within the schemes. The Borough Towns Grant scheme which was initially a one year allocation of £250,000 had now been established as a rolling annual capital budget. However, the grant scheme was limited to the Borough Towns. It was indicated that any other local centre seeking support for projects would need to make a special case for future funding and each bid would be treated on its merits.

Members were informed that the Council’s Enterprise HQ Initiative was intended to provide commercial headquarters for multiple home-based enterprises and work space for mobile flexi-workers. Designed to help small businesses start and grow, the business hub was part of the first business development project of its kind in Europe. The scheme therefore had the potential to support many businesses and would be an effective use of the initial years of the grant scheme. It was suggested that the initial 3 years funding be allocated to supporting the Enterprise HQ Scheme.

During discussion of the report, various amendments were suggested, namely:- in paragraph 5.2.1 a revision of the ‘community chest’ figure to read £110,000; in paragraph 2.3.1 of appendix 1 – the insertion of the word “general” between “within the” and “District Centre Boundary”

There was also a request to clarify the “clawback” arrangements. It was agreed that the wording in the guidance would be amended to make it clear that clawback would not apply where amendments to the original project had been agreed.

The requirement of all identified Borough Towns to submit a Regeneration Strategy & Action Plan was discussed. It was noted that these did not need to be major documents, but could be a few pages long setting out key issues and priorities for action.

It was emphasised that the Council valued the contribution made by local communities and encourage them to be involved in the process. The funds for regeneration would be specifically allocated to each identified Borough Town and a half year review of the process would be reported to Members.

RESOLVED – that, subject to the amendments to paragraphs 5.2.1 of the report and paragraph 2.3.1 of appendix 1, as stated above,

- (a) **the Head of Planning & Environment be granted delegated authority, following consultation with the Leader and Cabinet Member for Regeneration, to manage the grant scheme under**

Borough Towns Initiative (BTI). The delegated powers would cover the following :

- **Approve projects carried out under the Borough Towns Initiative capital programme in Newport, Wellington and Ironbridge, in consultation with local partnerships or task groups.**
 - **Approve any changes to the criteria for the Borough Towns Grant scheme**
 - **Approve any bids for external funding as part of the Borough Towns Initiative**
 - **Appoint project officers to manage BTI capital projects projects in Newport, Wellington and Ironbridge**
 - **Nominate officers to administer the Borough Towns grant scheme**
- (b) **the criteria for the Borough Towns grant scheme (as outlined in Appendix 1 of the report) be approved**
- (c) **the network of Borough Towns should comprise Dawley, Madeley, Newport, Oakengates, Wellington together with the historic centre of Ironbridge.**
- (d) **each Borough Town should be required to prepare a Regeneration Strategy and Action Plan.**
- (e) **the Council endorses the role of the Regeneration Forum as the “umbrella” body to represent the interests of all the Borough Towns and to submit projects on their behalf for “community chest” grant funding.**
- (f) **the first 3 years funding of £50,000 p.a. of the Business Grant Scheme be allocated to support the development Enterprise HQ initiative in Ironbridge.**

CB-63 PUTTING PEOPLE FIRST IN TELFORD & WREKIN

Non-Key Decision

Note: Councillor S Burrell, having previously Declared an Interest, left the room during the consideration and determination of the item.

Councillor J.M.Seymour, Cabinet Member for Adult & Consumer Care, presented the report of the Corporate Director: Adult & Consumer Care, which showed how the *Putting People First in Telford & Wrekin* programme would develop and improve social care services

It was reported that, in December 2007, the national Putting People First concordat was published setting out proposals for major changes in Adult Social Services. In Telford & Wrekin a “Re-thinking Community Care” project

had already commenced, which aimed to develop services within the context of changing demographics, resources and expectations. That work was now being established as a formal corporate programme, entitled *Putting People First in Telford & Wrekin* and the report before the Cabinet set out the programme's key priorities and how they would be progressed.

The main features of the concordat were: The move from a targeted to a universal system, of Social Care; the introduction of personal budgets for all users of Adult Social Services by 2011; development of services to maximise personal well-being, health, independence and choice; workforce and technological development to support the changes; and the introduction of a 3 year Social Care Reform Grant from 2008/09 to ensure implementation of the changes.

Putting People First in Telford & Wrekin (PPF) would be a major corporate programme to develop and improve adult social care services in Telford & Wrekin. It would be delivered as part of the Health and Well-being Strategy (Priority Plan for Healthier Communities & Improving the Quality of Life for Older and Vulnerable People) and in accordance with corporate priorities around efficiency and service improvement. The programme's six main work streams were: Access; Enablement; Personal & Individual Budgets; Brokerage; Provider Development and Workforce, Systems & Skills – all of which were explained in detail in the report.

The proposals would be taken forward by a Board chaired by the Cabinet Member for Adult & Consumer Care and including Portfolio, NHS and voluntary sector representatives to encourage public involvement in the process via road shows held from November '08. A request for further representation on the proposed Board, namely, the Shadow Cabinet Member for Adult and Consumer Care, would also be considered. Furthermore, appropriate Ward members would be notified and invited to the Road Shows.

RESOLVED – That the plans for taking forward *Putting People First in Telford & Wrekin* be approved; and that further reports be submitted as and when required.

The meeting ended at 5.29 p.m.

Signed for the purposes of the Decision Notices

Ken Clarke
Head of Audit & Democracy
Date: 3rd October 2008

Signed:

Date:

CAB 290908 minutes

TELFORD & WREKIN COUNCIL

CABINET 13th OCTOBER 2008

SERVICE & FINANCIAL PLANNING: 2008 – 2012

REPORT OF THE CHIEF EXECUTIVE & CORPORATE DIRECTOR:RESOURCES

1. PURPOSE

To brief Members on the medium term service and financial planning context ahead of more detailed consideration of the 2009/10 service planning and budget process.

2. RECOMMENDATIONS

- 2.1 Members are asked to note this background context as they consider the review of their current 2008/09 -2010/11 service and financial strategy and move their medium term planning on to the 2011/12 period and beyond.**

3. THE POLICY & STRATEGIC CONTEXT

- 3.1 For any organisation to be effective and successful, it must ensure that its resources are planned and managed well. The Council's Service & Financial Planning process is the key way in which we bring together the community's needs, local and national policy objectives and performance information alongside the resources that are available. Through this process, we seek to develop a comprehensive strategy for agreeing priorities and resourcing services and initiatives that will improve the quality of life in the Borough.
- 3.2 In March 2008, a medium-term Service & Financial Planning Strategy for 2008/09 – 2010/11 was approved. This strategy, which was informed by the Community Strategy and emerging Priority Plans and Local Area Agreement (LAA), was developed by carrying out a comprehensive assessment of service pressures, developments and savings options and through extensive consultation with a wide range of stakeholders.
- 3.3 Our medium-term Service & Financial Planning Strategy is based on a number of guiding principles, endorsed by strong community support. These are:
- Adopting an approach to resource allocation which acknowledges the diverse needs of different parts of the community but ensuring that the Council **operates in an even-**

handed way and spreads resources fairly and transparently across the Borough;

- Putting forward a package of policy proposals and service investments that are informed by and **address key community and organisational needs, expectations and priorities;**
- As far as resources allow, **protecting key frontline services from cuts** that would harm service quality and impact adversely on service users
- Setting **an efficiencies and service savings target of at least £3m p.a.** to help minimise Council tax increases and to enable reinvestment in service priorities which will include service redesign and an invest to save strategy;
- Continuing to work hard to **attract external funding and investment to support key priorities and projects**, through external grant aid and generating additional income and investment;
- Adopting an **asset rationalisation and disposal** programme to review property needs, to reduce operational costs and realise capital receipts to fund key investment priorities;
- Seeking to **minimise the level of Council Tax increase** but balancing that with the growing demands on Council services and costs, and minimising service cuts;
- Using a **prudent balances strategy**, informed by a risk assessment of all reserves and balances, to help minimise Council Tax increases, secure key investments and protect service delivery.

3.4 The Service & Financial Planning Strategy also includes 3-year investment proposals which were identified through the establishment of a number of clear and tangible **priority policy objectives**. These objectives were developed from an assessment of needs, opportunities and the explicit improvement priorities of the community. These are:

- Tackling crime, anti-social behaviour and alcohol misuse;
- Protecting and maintaining services for older people and vulnerable adults and children;
- Delivering high quality education services and facilities;
- Regenerating and improving our Borough Towns and most deprived communities;

- Promoting growth and prosperity;
- Maintaining, protecting and improving the local environment and rural areas;
- Enhancing customer service and improving organisational efficiency

4. THE FINANCIAL CONTEXT

A Overview

4.1 The Council has a gross annual revenue budget of around £367m and a capital programme of just under £41m in the current year alone - a business with a turnover of around £0.4bn a year. The net revenue budget for the current year stands at £214m after adjusting for specific government grants, charges for services, rents and investment income, and this is funded as follows:

| | £m |
|---|------------|
| Gross Revenue Budget | 367 |
| Less : Specific grants and other income | -153 |
| Net Budget including Education | 214 |
| Less :Dedicated Schools' Grant | -96 |
| Net Budget | 118 |
| Funded by- | |
| Revenue Support Grant | 64 |
| Council Tax and balances | 54 |
| | 118 |

4.2 Around 75% of our net budget (including Education) is spent on Education and Social Services –just 25% on everything else the Council provides. Council Tax funds only 25% of the net budget and under 15% of gross revenue spending.

4.3 Council Tax levels for the Council's own services are currently around £818 for average properties (band B) and £1,051 including parish, police and fire spending .Band D equivalents are £1,052 and £1352 respectively . Tax levels for the same County and District services in the rest of Shropshire have risen some 20% faster over the last 10 years than in Telford & Wrekin and now stand some £120 more on average.

B 2008/09 Budget

- 4.4 The current year's budget includes funding from the first year of a 3 year government grant settlement which covers the period 2008/09-2010/11. The Council received a good grant settlement but is still losing over £7m of its grant entitlement through the grant damping mechanism and even by 2010/11 will still be losing over £5m pa...a total loss of around £18m funding over the 3 years .

With greater grant certainty from the 3 year settlement the Council was able to agree a 3 year strategy including

- A 3 year investment package with a net revenue budget impact of £3.6m rising to £7.4m by 2010/11
- A strategy of additional savings of £3m pa ie rising to cumulative ongoing savings of £9m annually by 2010/11. This included a detailed package of proposed savings for 2008/09 totalling £3.06m
- Use of £1.23m balances in 2008/09 falling to below £1m pa by 2010/11
- A 2008/09 council tax increase of 4.3% falling annually to an increase below 3.5% by 2010/11

C Medium Term Financial Background

- 4.5 The Council is now reviewing its current 3 year strategy to 2010/11 and rolling it forward to consider the period of the next 3 year grant settlement from 2011/12 to 2013/14. There will be a particular focus on 2011/12 which will form year 3 of the new 3 year planning window . This is currently a difficult period to project forward for government grant levels because-
- A new 3 year grant settlement ,including grants for 2011/12 ,will not be known until around December 2010
 - A new Comprehensive Spending Review takes place in 2009 setting new public sector planned spending totals for 2010/11-2012/13
 - The current economic downturn on top of existing pressures on public sector finances is likely to lead to a much tighter grant settlement for 2011/12 and after than at any time in over a decade
 - A general election and potential change of government is due by 2010 at the latest
 - Results of the review of the distribution formula for Dedicated Schools' Grant will be announced in 2010 for implementation in 2011/12
- 4.6 Rising inflation (CPI now 4.7%) plus the current upheavals in the financial markets exacerbating the move of the economy into recession ,herald a period of significantly increased pressure on local government budgets
- Rising demands on key services as a result of the recession- homelessness ,benefits ,social services ,community support etc. plus the impact of changing demographics including an ageing population
 - Real terms cuts in government grant funding
 - Sharply rising inflation on key council budgets
 - Falling income levels

- The uncertainty of the Single Status process and its impact on pay
- Falling asset values reducing and delaying planned capital receipts
- A widening gap between planned Housing Growth targets and those achieved
- Reduced availability of partner budgets for jointly funded initiatives

4.7

All this against a background of relatively low existing council tax levels locally which will make it difficult to balance up the priorities for supporting existing services alongside the additional funding requirements of the many new initiatives to boost the area which will be coming on stream by 2011 onwards if not before-

- Building Schools for the Future-Campus Telford & Wrekin
- Town Centre redevelopment
- Borough Towns Initiative
- Telford Sports Learning and Enterprise Community
- Regenerating new town estates
- New Waste Disposal facility

D 2009/10-2011/12

4.8 Current projections of the base financial position over the next 3 years taking account of the budget decisions taken in March 2008 show a cumulative funding gap in the range of £8.1m to £9.2m by 2011/12 depending on Government grant funding assumptions .But this is **before taking account of**

- An updated view of inflationary impacts
- Future Council tax increases -
- Use of Balances
- The Level of Additional Savings and Investment Programmes for 2011/12

| | 2009/10 | 2010/11 | | 2011/12 |
|---|-------------|-------------|--|-------------------|
| Shortfall b/f | 1.23 | 3.80 | | 6.54 |
| Annual deficit | 2.57 | 2.74 | | 2.76-3.82 |
| Cumulative Base Deficit | 3.80 | 6.54 | | 9.30-10.36 |
| Adjusted for | | | | |
| Agreed Pressures & Developments package | 2.09 | 4.27 | | 4.80 |
| Savings | (3.00) | (6.00) | | (6.00) |
| Funded by tax rise /balances | 2.89 | 4.81 | | 8.10-9.16 |

5.0 MOVING FORWARD

5.1 Service & Financial Planning strategy

Having agreed a 3 year investment strategy and capital programme in

March ,any review of the programme will have to work within the overall revenue cost envelope which has been approved .The overall programme will be revised in more depth as part of the budget process for 2010/11 when it will move on to include the period 2011/12 and after as well .By then there will be more information available around the cost of some of the Council’s major investment initiatives, and the government’s CSR 2009 will give some guidance on future public spending levels. Instead the focus is more on developing a £3m package of savings to be in place for 2009/10 and setting in train a wider savings programme to generate further annual savings packages for 2010/11 onwards including work on a rolling programme of service reviews to

- Assess relative service and service level priorities against affordable resources
- Consider alternative service provision options
- Streamline service delivery/generate efficiency savings
- Review income generation and external funding opportunities
- Review Invest to Save opportunities
- Review the organisational structures

In addition to the £3m package of savings for non Education services, Education budgets themselves continue to experience significant pressures as a result of a variety of Government and local initiatives, funding changes and the impact of rising inflation. Education services will thus be aligned to the Corporate process and are developing a £280k savings package for Education budgets to be in place for 2009/10. They will also participate in the wider medium term savings programme in parallel with the continuation of the Children’s Trust work on the alignment of resources to priorities and category of need identified within the Children and Young People’s Plan.

5.2 Consultation and Communication

As in previous years, consulting and communicating with the community on our future plans will be a key part of the Budget process. For the next two years, consultation is likely to be focused around the Budget guiding principles, particularly informing Council Tax levels and seeking views on savings options. Our approach will be to begin discussions after the publication of the draft Budget Strategy in November, involving the following groups:

| Stakeholder Group | Consultation mechanism/forum |
|-------------------------------------|--|
| General public | Community Panel survey & Talking Point survey (online) |
| Parish and Town Councils | Parish Council Forum |
| Older people | Older People’s Forum |
| Black and Minority Ethnic residents | Connecting Communities Group |
| Disabled residents | Disabilities Forum |
| Children and young people | Young People’s Forum |
| Voluntary sector | CVS Executive Meeting & Voluntary & |

| | |
|--------------------------------------|--|
| | Community Forum |
| Partners | LSP Meeting (Agenda Group) |
| Business Community | Chamber of Commerce Policy & Representation Board |
| Employees & Trade Unions | JCC Trade Union Meeting & Employee Focus Group Meeting |
| School Heads and Chairs of Governors | Schools Forum and Annual Schools Budget Consultation Meeting |
| Members | VFM Scrutiny Group |

Looking forward, the Government has set out in its latest White Paper an expectation that all Councils will begin to engage in participatory budgeting from 2011/12. Participatory budgeting allows the citizens of an area (neighbourhood, regeneration or local authority area) to take part in the allocation of part of the Council's available financial resources. Whilst large-scale participatory budgeting would not be meaningful at the moment, we do need to develop our expertise therefore we will be seeking opportunities to pilot this approach on a smaller scale over the next 12-18 months.

5.3 Timetable

Detailed budget proposals will be considered by Cabinet in late November before a consultation period running through December and January. Cabinet will consider responses to the consultation in February before final budget and council tax decisions are taken on 5th March 2009 at full Council.

6. OTHER IMPLICATIONS

▪ Equal Opportunities

The Council has specific initiatives within its policy and financial plans to promote equal opportunities, which is at the heart of the Council's policies.

▪ Environmental Impact

The allocation of resources takes specific account of environmental issues facing the Council, in the context of other pressures and priorities.

▪ Links with Corporate Priorities and Risk

The report sets the strategy framework which includes consideration of both corporate priorities and the corporate risk register.

▪ Financial & Legal Comments

Costs of the consultation exercises proposed to inform the process can

be met from existing one-off resources this year.

This report forms part of the policy planning and budgetary framework that will result in the Council being required to set its budget and Council Tax levels by the March deadline laid down by the Government.

- **Ward Implications**

Borough Wide Strategy

- **Background Papers**

Financial Planning Model, RSG Papers ,Council Plan , 2008/09 Budget Strategy

**Report prepared by Paul Clifford, Head of Finance and
Richard Partington, Head of Policy, Performance & Partnership**

**Getting a Better Life for Adults with a Learning Disability in
Telford and Wrekin**

Adults with Learning Disabilities Strategy for 2008 – 2011

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Foreword

The Learning Disability Partnership Board provides a lead for joint working between people with learning disabilities, carers, service providers and voluntary organisations within Telford and Wrekin Primary Care Trust and Telford and Wrekin Council. We have developed this strategy for adults with learning disabilities to set out our vision and direction for the next three years. We will continue to monitor, review and develop a 'rolling programme' of developments which will be taken forward through the Commissioning Action Plan (CAP). The CAP will be updated annually. Overall, our commitment is to making a difference in the everyday lives of adults with learning disabilities living in Telford and Wrekin. This strategy begins that process by focussing specifically on those people who receive services directly from the Telford and Wrekin Council and Telford and Wrekin Primary Care Trust. We recognise that there are other adults with learning disabilities living in Telford and Wrekin who do not use these services and more focussed attention will be given to those individuals in the future.

"One of the key messages in this strategy is about improving services for adults with learning disabilities and responding to increased demand as more young people and older people enter into provision. To achieve this outcome, we will be developing, improving and changing, as well as seeking to improve equitable access to services. This process of transformation will lead to increased access to healthcare and healthier lives, greater levels of choice, control and independence for adults with learning disabilities, stronger relationships between family carers and the public sector and other stakeholder."

We realise there are some financial pressures and concerns at the moment and recognise there will always be a need to live within available resources. However, this must be balanced against the major strength within Telford and Wrekin which is its commitment to developing more effective and innovative way of delivering services whilst evolving best practice within the available resources. We can genuinely celebrate the level of active involvement between many different groups and organisations working in Telford and Wrekin. Unfortunately, too often people feel they 'don't know what is going on', or why certain decisions are taken. Therefore, at the heart of our commitment to moving forward must be a real drive to improve communication between all stakeholders so there is a real shared understanding and a 'pulling together' as we take the CAP forward. From my perspective, there is no other way.

I would like to record our thanks to the contribution of many people living and working in Telford and Wrekin in preparing the strategy and action plan, and particularly Kit Roberts, Joint Commissioning Manager and Taking Part for their help in producing the Easy Read summary version.

Tony Johnson, Mencap and Chair of the LDPB June 2008

1. THE COMMISSIONING STRATEGY

1.1 Introduction

This is the first three-year Integrated Learning Disability Commissioning Strategy that sets out the commissioning intentions of Telford and Wrekin Primary Care Trust (PCT) and Telford and Wrekin Council (T&WC) for 2008-2011 for adults with a learning disability. Its purpose is to provide a formal statement of the strategic plans for commissioning, securing, specifying and monitoring services for adults with learning disabilities in Telford and Wrekin, as well as for those who live out of the area. The Strategy is based on ongoing discussion and consultation with a wide range of stakeholders including service users and carers over the last year.

This document:

- describes our vision for our adult learning disability service in Telford and Wrekin;
- provides a framework to support the provision of high quality, responsive and equitable adult learning disability services to support us in meeting national and key local targets;
- identifies information on the levels of current and future need for adult learning disability services in Telford and Wrekin;
- sets out planned actions to achieve a shift towards targeted services that enhance independence and support community-based provision; and
- outlines the shared principles on which the services will be based.

1.2 The scope of the commissioning strategy

This strategy covers specialist services for adults with a learning disability in Telford and Wrekin commissioned, purchased or provided by T&WC and PCT either separately or jointly, or by the independent or voluntary sector; as well as mainstream services provided by T&WC Leisure services and others, for example Telford College of Arts and Technology (TCAT). This strategy is a plan which will:-

- effect change in the configuration of learning disability services to meet the needs of the adult population of Telford and Wrekin;
- provide a statement of commitment about the way in which Commissioners intend to purchase services for this population in the future; and
- set out a clear direction of travel for providers of learning disability services.

1.3 The services

The strategy covers the commissioning intentions in respect of adult learning disability services in the following areas:

- Advocacy and the empowerment of service users;

- Support for pathways into further education, training and employment;
- Increased choice and control via Direct Payments and Personalised Budgets;
- Housing and accommodation arrangements;
- Daytime opportunities;
- Access to specialist and mainstream healthcare services; and
- Carers' support.

1.4 The service users

Learning disability may be genetic in origin (e.g. Down's syndrome) or due to factors operating in the antenatal or postnatal periods (e.g. infections such as rubella, birth trauma or prematurity). However, the cause is usually not identified in mild learning disability and remains unknown in up to 30% of people with severe learning disability. The term 'adults with learning disabilities' applies to those individuals aged between 18 and 65+, encompassing a wide spectrum of needs including people with characteristics:

- learning disability (mild, moderate and severe);
- profound, intellectual and multiple disability (PIMD);
- challenging behaviour;
- Autistic Spectrum Disorder linked to learning disability; or
- adults with learning disabilities and additional mental health needs (dual diagnosis).

1.5 Stakeholders

- | | | |
|---|---|--|
| • Learning Disability Partnership Board | • The Locality Planning Group (service users) | • Carers |
| • Primary Care Trust | • Local Authority | • Foundation Trust |
| • Taking Part | • Independent residential and domiciliary providers | • Providers of day time activities e.g. TCAT |

1.6 The strategic vision

To fulfil our mission of improving the quality of life for adults with learning disabilities, our vision is for:

All of us to work together in Telford and Wrekin to provide a high quality, affordable service which gives adults with learning disabilities better chances to:

- live healthier lives;
- make choices relevant to their lives;
- receive the care and support they need - when they need it; and
- become more involved in community life.

At the heart of this vision is Telford and Wrekin's commitment to:

- focusing on the person;
- independence and choice for adults with learning disabilities;
- dignity and respect;
- good quality services;
- an underpinning 'enabling approach'; and
- value for money linked to longer-term sustainability.

1.7 The underpinning principles

The principles which will underpin and inform the strategy are:

- a sense of urgency for change;
- focus on developing inclusion and fostering independence;
- put adults with a learning disability and their carers at the heart of planning and developing services;
- proactively promote positive health, aiming to enhance well-being and to avoid risk or crisis;
- increased self-management, choice and control;
- inclusion of adults with a learning disability in all aspects of community life;
- provision of a range of flexible, accessible, quality services to support adults with a learning disability in living fulfilling lives;
- adopt a person centred approach to service planning, exploring the range of issues that impact on adults with learning disabilities;
- financial investment to secure best quality of services within available resources;
- commitment to communicate effectively with all stakeholders; and
- genuine partnership working to build a whole-system approach, ensuring that a range of agencies and stakeholders are involved.

1.8 The strategic themes and high-level outcomes

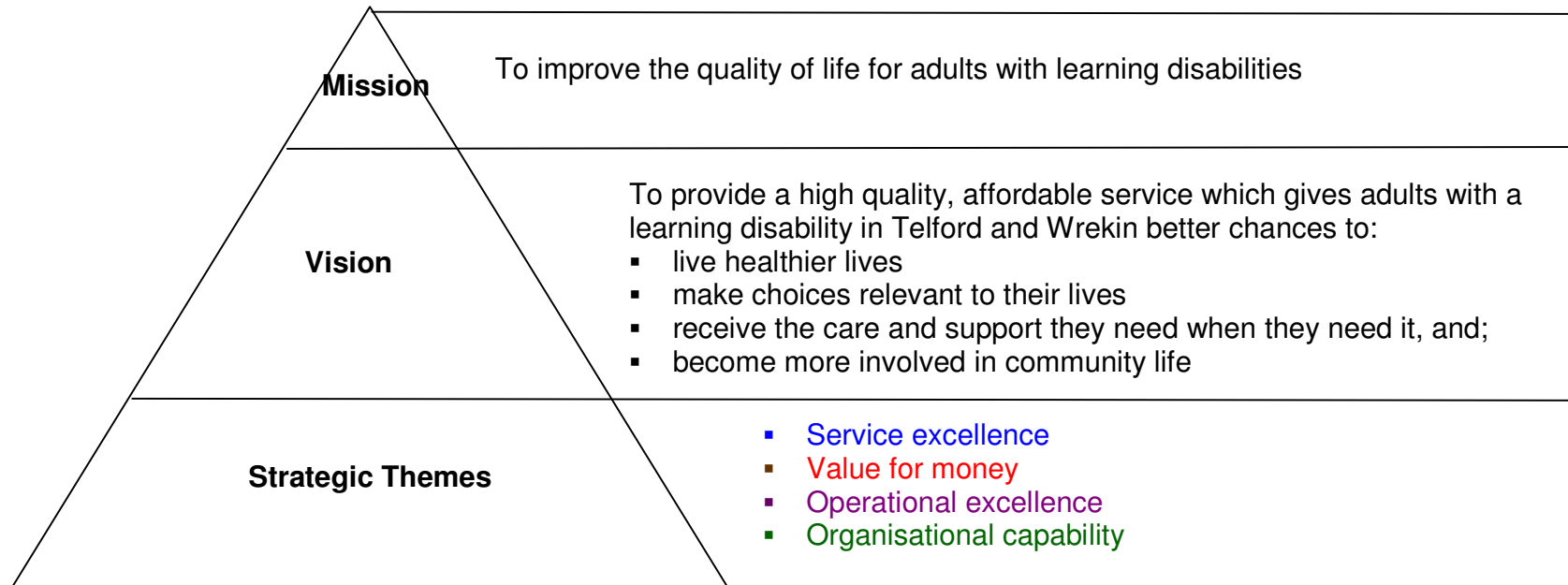
In order to achieve the strategic vision the programmes of change have been grouped into four strategic themes covering:

- service excellence – service provision, development, quality and equality;
- value for money – sustainability, affordability and good governance;
- operational excellence – infrastructure, systems and processes; and
- organisational capability – employee engagement and competence.

Within each of the four themes a number of high-level outcomes have been identified - Figure 1 on page 7 provides an overview of the bigger picture.

Table 1 on pages 8 - 10 outlines the high level outcomes and actions that underpin the strategic themes. Detailed actions and programmes are set out in the Commissioning Action Plan (CAP) in Section 6, which starts on page 31.

Figure 1. An overview of the bigger picture



The high-level outcomes are to make sure that:

- The delivery of person-centred provision enables choice and control
- The provision of services to adults with a learning disability supports them, and their carers, and allows them to access a range of life opportunities
- The planning and funding of services delivery is affordable now and in the future
- The services commissioned, and contracted for, are both high quality and financially robust
- The externally-facing business processes are effective and efficient in supporting service delivery
- The infrastructure systems and processes are high quality and fit for purpose
- Employers recruit, develop and retain staff who are competent to deliver a high quality service to adults with a learning disability
- Employees are engaged, motivated and highly skilled

Table 1. Overview of the links between the strategic themes, high-level outcomes and areas for action

| Which strategic theme are we looking at? | What is the high-level outcome? | How will we work towards making that happen? We will: | What are our specific objectives? |
|---|---|--|--|
| SERVICE EXCELLENCE (page 31) | The delivery of person-centred provision enables choice and control | <ul style="list-style-type: none"> ▪ Optimise opportunities for individuals to make their own decisions wherever possible ▪ Improve service delivery | <ol style="list-style-type: none"> 1. To increase the involvement of adults with a learning disability in civic and community life and speaking for themselves (page 31) 2. To increase the number of adults with a learning disability using Direct Payments or having access to Personal Budgets (page 31) |
| | The provision of services to adults with learning disabilities supports them, and their carers, and allows them to access a range of life opportunities | <ul style="list-style-type: none"> ▪ Develop housing and accommodation that meets the needs of all adults with learning disabilities ▪ Develop effective strategies to effectively engage mainstream healthcare professionals ▪ Improve access to transport, leisure, information, life long learning and support that promotes well-being. ▪ Improve the availability of advice and information in accessible formats. ▪ Optimise carer support and engagement | <ol style="list-style-type: none"> 3. To increase the number of adults with a learning disability moving into paid/ voluntary full or part time employment (page 32) 4. To increase the range of housing and accommodation provision allowing greater choice, increased independence and improved quality of life. (page 33) 5. To develop a range of day, specialist and mainstream service provision in different areas of T&W to meet the needs of service users and carers, encouraging greater independence where possible. (page 34) 6. To match the needs of learners with the services available, so as to achieve greater levels of skill and understanding, leading to increased inter and independence and preparation for employment. (page 34) 7. To meet the health needs of adults with a learning disability within the community (page 35) 8. To reduce and ultimately remove health inequalities (page 36) 9. To improve support and engagement with carers (page 37) |

| Which strategic theme are we looking at? | What is the high-level outcome? | How will we work towards making that happen? We will: | What are our specific objectives? |
|--|---|--|---|
| <u>VALUE FOR MONEY</u> (page 37) | The planning and funding of services delivery is affordable now and in the future | <ul style="list-style-type: none"> ▪ Improve financial/asset management | 10. <u>To ensure equitable distribution of finite resources</u> (page 37) |
| | The services commissioned and contracted for are both high quality and financially robust | <ul style="list-style-type: none"> ▪ Improve partnership working ▪ Improve joint commissioning and contracting | 11. <u>To support adults with a learning disability through comprehensive assessment, recording and working with all other relevant stakeholders, including carers</u> (page 37) 12. <u>To improve the quality of commissioning and contracting of services for adults with a learning disability</u> (page 38) 13. <u>To develop a systematic approach to improving the standard and quality of services for adults with a learning disability</u> (page 41) |
| <u>OPERATIONAL EXCELLENCE</u> (page 42) | The externally-facing business processes are effective and efficient in supporting service delivery | <ul style="list-style-type: none"> ▪ Improve the streamlining and alignment of transition ▪ Improve intelligence and data management | 14. <u>To manage the transition of young, older & out of area individuals entering into services efficiently and effectively</u> (page 42) |
| | The infrastructure systems and processes are high quality and fit for purpose | <ul style="list-style-type: none"> ▪ Establish effective, high quality business processes ▪ Maximise and exploit the use of technology | 15. <u>To develop a comprehensive, robust operational and financial infrastructure across T&WC and PCT</u> (page 43) |

| Which strategic theme are we looking at? | What is the high-level outcome? | How will we work towards making that happen? We will: | What are our specific objectives? |
|---|--|--|--|
| <u>ORGANISATIONAL CAPABILITY</u> (page 44) | Employers recruit, develop and retain staff who are competent to deliver a high quality service to adults with a learning disability | <ul style="list-style-type: none"> ▪ Improve employee attraction and retention | 16. <u>To have a skilled and motivated workforce</u> (page 44) |
| | Employees are engaged, motivated and highly skilled | <ul style="list-style-type: none"> ▪ Enhance the employee experience ▪ Increase employee expertise | |

As part of a range of initiatives, the Government is striving to promote:

- fairer access to health and social care services;
- an end to discrimination on grounds of race, gender and disability;
- social inclusion, including assistance to disadvantaged individuals in gaining employment;
- more integrated health and social care services leading to overall improvement in health and well being;
- better use of resources through applying the principles of Best Value to the commissioning of services.

The strategic themes and desired outcomes set out above have been designed to support those overarching ambitions.

1.9 The issue of inequality

Public Sector organisations have a statutory responsibility to promote race, disability and gender equality. The development and implementation of this strategy provides a real opportunity to address equalities issues as they relate to learning disability services.

We know that disabled people experience disadvantage in many aspects of daily life. This was highlighted starkly in the 2005 report *Improving the Life Chances of Disabled People*¹. It found that, compared with non-disabled people, disabled people are:

- **more likely to live in poverty** – the income of disabled people is, on average, less than half of that earned by non-disabled people
- **less likely to have educational qualifications** – disabled people are more likely to have no educational qualifications
- **more likely to be economically inactive** – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people
- **more likely to experience problems with hate crime or harassment** – a quarter of all disabled people say that they have experienced hate crime or harassment, and this number rises to 47% of people with mental health conditions
- **more likely to experience problems with housing** – nine out of ten families with disabled children have problems with their housing
- **more likely to experience problems with transport** – the issue given most often by disabled people as their biggest challenge.

These areas of inequality are compounded in some areas for people with learning disabilities or mental health conditions, and this can cause cumulative problems which add up to an even bigger impact on their chances in, and quality of, life.

In September 2006 the Disability Rights Commission (DRC) published a report entitled *'Equal Treatment: Closing the Gap'* following its eighteen month investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems in England and Wales. The report highlighted the scale of inequalities they face and calls for urgent action on a range of fronts. The evidence of inequalities is overwhelming as a result of systemic problems.

It is of course important to note that disabled people have multiple identities and can be subject to other forms of discrimination too - for example race discrimination. In November 2001 the Department of Health published a report² on ethnicity and learning disability that established that people in ethnic minority communities face

¹ Improving the Life Chances of Disabled People, DWP/DH/DfES, 2005

² A Study of the Commissioning of Services for People of Black and Minority Ethnic Origin with Physical Disabilities and/or Sensory Impairments, Aged 18-64 Years, DH, 2001

substantial inequalities and discrimination in employment, education, health and social services.

Within the Telford and Wrekin Council equality and diversity issues have been or will be embedded into the following key documents; A Sustainable Community Strategy, the Corporate Plan and the Council Portfolio Strategic Delivery and Business Plans. The Telford and Wrekin Council and Telford and Wrekin PCT have each produced Disability Equalities Schemes in line with the requirements of the Disability Discrimination Act (1995). They also work closely with Telford Race Equality and Diversity Group (TRED).

1.10 Commissioning for change

The strategy will be implemented through good commissioning practice. This requires the commissioning process to be informed by the local and national policy context and the needs and emerging trends of the identified population.

The commissioning process is concerned with enhancing the quality of life of service users and carers by:

- having the vision and commitment to improve services;
- connecting with the needs and aspirations of service users and carers;
- making the best use of all available resources;
- developing an understanding of demand and supply;
- linking financial planning with data, intelligence, service planning and commissioning; and
- developing relationships and working in partnership.

1.11 The fit with the commissioning cycle

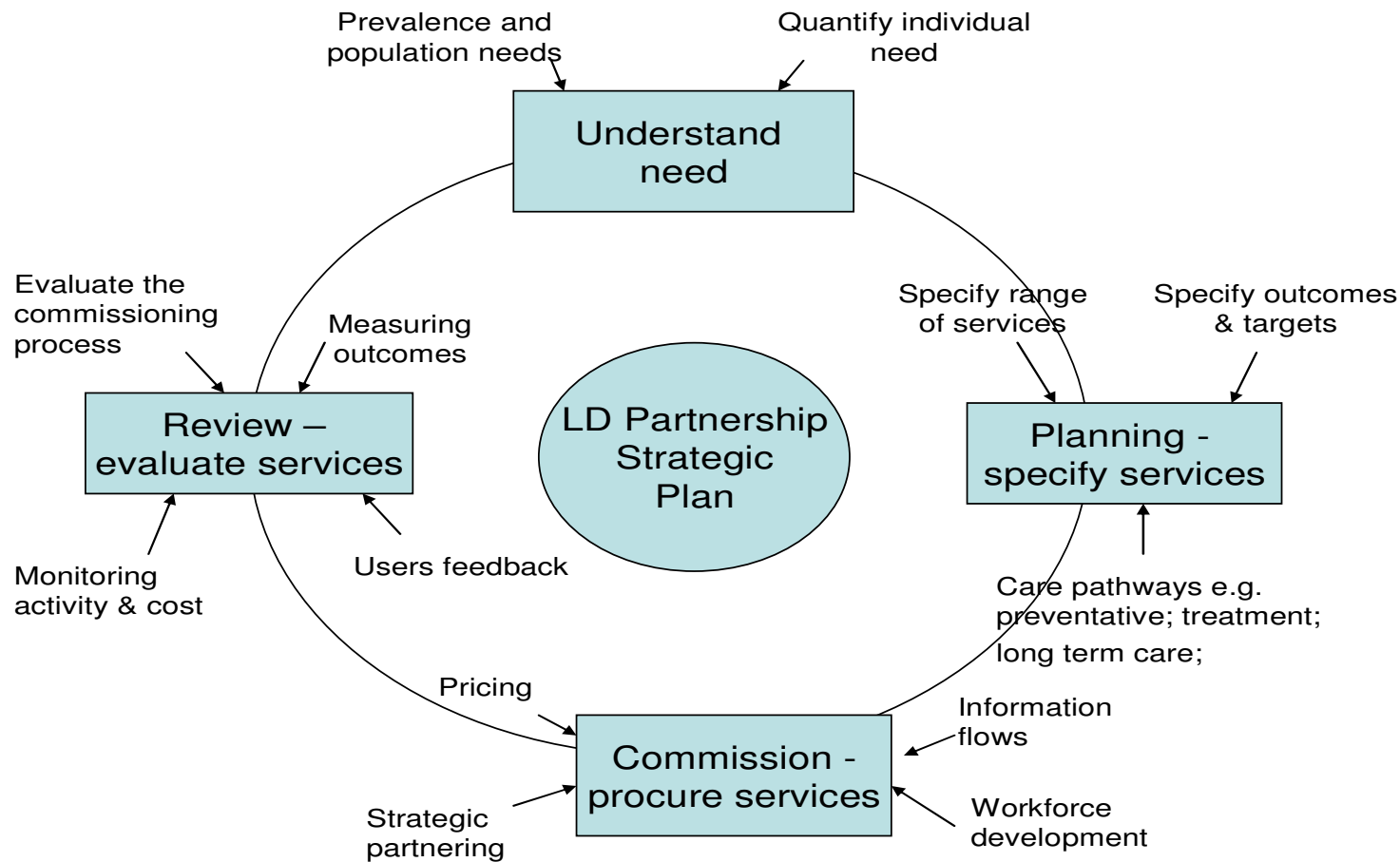
Key themes within the strategy are those that focus on:

- ensuring service provision is centred on the needs of service users;
- managing resources – human, financial, informational and technological – to maximise their contribution to the achievement of strategic outcomes; and
- working effectively with key stakeholders to plan, fund and commission the delivery of high-quality provision.

These themes align to the components of the commissioning cycle which is set out as a visual outline in Figure 2 on page 13.

Whilst the commissioning cycle sets out the 'process' elements of what is involved, issues around the governance of commissioning of services for adults with a learning disability are set out in Appendix 2.

Figure 2. The Commissioning Cycle



(From the Toolkit for Commissioning Health Services for People With Learning Disabilities – NHS West Midlands/CSIP 2007)

2. THE DRIVERS FOR CHANGE

As Telford and Wrekin move forward in developing and delivering services to adults with learning disabilities they take into account some of the major national legislation and guidance, as well as local circumstances and priorities.

The main drivers for change fall into three broad categories:

- changes to commissioning;
- national drivers (figure 3 on page 16 and figure 4 on page 18); and
- local drivers (table 4 on page 22).

2.1 Changes to the commissioning approach

The current way that adult learning disability services are commissioned, contracted and provided for need to be understood better, including present and future financial spend. With the publication of '*World Class Commissioning*', there is an increased emphasis on the role of effective commissioning to drive improvement and change across both health and social care, together with a new formal assessment of commissioning competence.

'*Putting People First*' is a major change programme, to be conducted over the period from now until 2011 and sets out to transform the way in which we deliver adult social services. Part of that change programme includes the implementation of a universal approach to the commissioning and delivery of social care, with stronger regulation to ensure it is a high quality service.

The emphasis of the learning disability agenda is moving away from a focus on structures and the delivery of collective, specialist provision, towards people and the provision of personalised or individual services. A pre-requisite to the development of such a personalised service to adults with a learning disability will be a change to both the way services are commissioned and the mechanisms and systems which support that.

2.2 National drivers for change

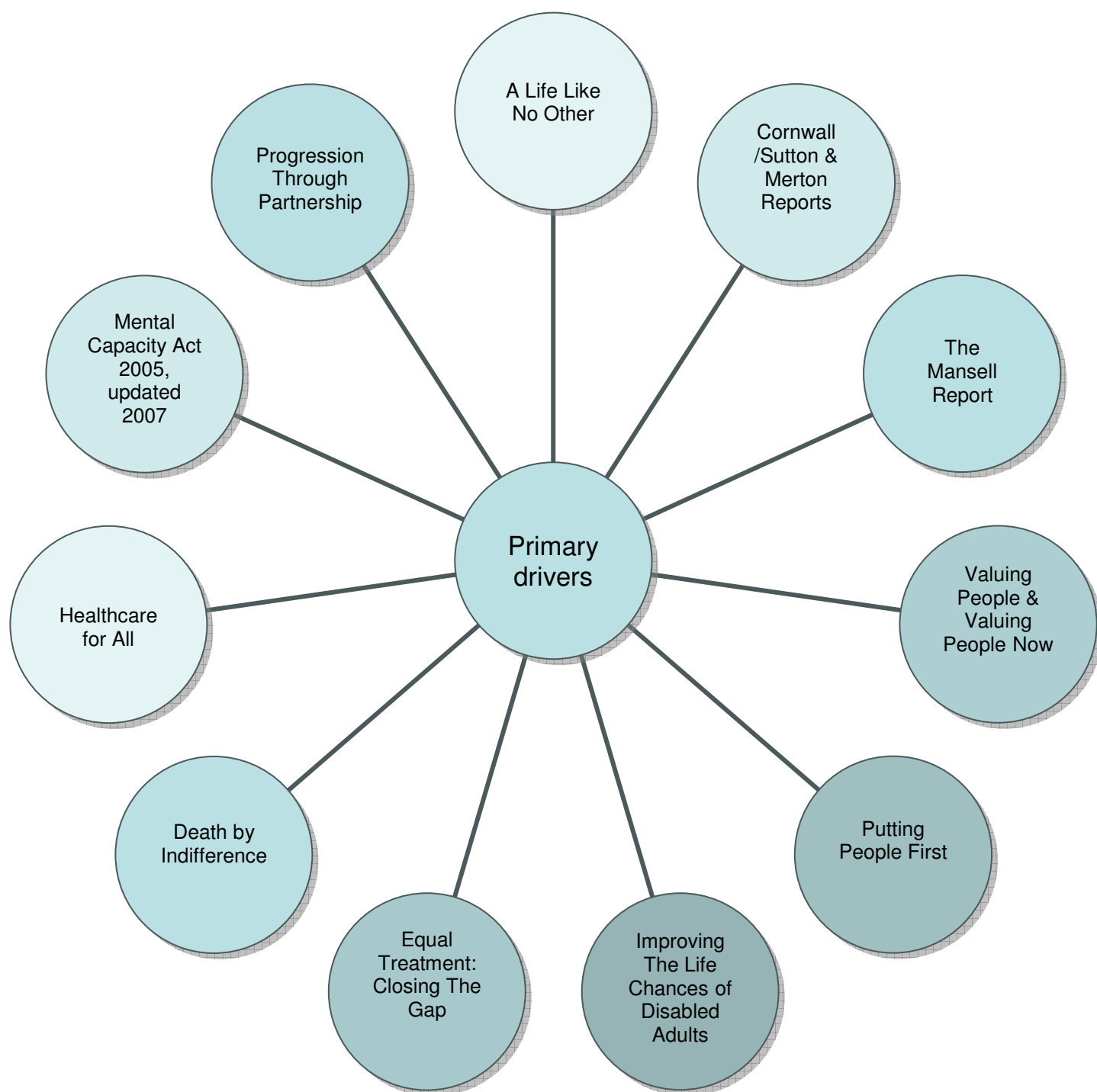
In addition to the reports mentioned in section 1.9 a number of reports, strategy papers and research findings have shaped this commissioning strategy.

Whilst an overview of the (national) primary drivers for change is provided in Figure 3 on page 16 and Table 2 on page 17, some key messages emerge:

- if progress is to be made in tackling inequalities, it will be essential that relevant health and social care organisations focus on facilitating community inclusion by enabling life choices for, and protecting the rights of, those with a learning disability;
- in order to realise the government's vision of providing high quality care which is responsive to individual needs, health and social care authorities need to evaluate their current commissioning infrastructure to make it is fit for the purpose of supporting the development of personalised care;
- if the health inequalities of people with learning disabilities and/or mental health problems in their area are to be addressed, local Councils, PCTs and practice-based commissioners will need to forge strong strategic and operational links in carrying out their assessments of local health needs;
- in order to avoid people with learning disabilities being placed away from their local communities, it will be essential for those commissioning health and social care services to focus on providing access to housing and opportunities 'closer to home';
- if adults with a learning disability are to be given more choice, autonomy and control over the services they purchase, service delivery will need to be personalised through the use of Direct Payments and Personal Budgets;
- in order to truly transform adult social care, it will be essential that those involved in the provision of learning disability services have a strong focus on the outcomes being achieved for people, moving away from a focus on inputs and outputs;
- if people with learning disabilities are to be able to access mainstream services and move away from specialist provision, health and social care organisations will be critical to ensuring those people and their carers have access to information about their rights and options, and the training and support they need to be able to exercise those options;
- in order to improve the work opportunities for people with a learning disability, health and social care organisations will need to develop a strategy in partnership with local providers, employers and other agencies to remove the barriers to paid employment. This approach will link into other initiatives linked to worklessness for a range of vulnerable groups living in Telford and Wrekin; and
- if we are to transform learning disability services, it will be critical that the staff involved in the delivery of those services receive appropriate support and encouragement to extend their existing skills and competence.

An overview of the secondary (national) drivers for change is provided in Figure 4 on page 18 and Table 3 on page 19

Figure 3. The 'drivers for change' context specific to adults with learning disabilities



Increased local demand

In addition to the policy/report drivers outlined above, local growth forecasting suggests that the number of people with learning disabilities accessing services provided by Telford and Wrekin Council and Telford and Wrekin Primary Care Trust could increase by up to a maximum of circa one hundred in the next few years – this comprises approximately 67 young people with learning disabilities, 32 older people with learning disabilities and the return to Telford and Wrekin Borough of five people who are currently located out of area.

Table 2. Summary of the reports that are national drivers for change

| Title | Covering |
|--|---|
| A Life Like No Other ³ | A national audit of specialist inpatient healthcare services for adults and young people with learning difficulties and an outline of the resulting Healthcare Commission actions to be taken |
| The Cornwall Report / Sutton and Merton Report ⁴ | Investigations into allegations of abuse against adults with learning disabilities and recommended actions to prevent any future recurrence |
| The Mansell Report ⁵ | Proposals for changes to commissioning of services for people with learning disabilities to meet the needs of people in area, rather than moving out of area |
| Valuing People and Valuing People Now ⁶ | Outline of four key principles (legal and civil rights, independence, choice and inclusion) that need to inform the way services are developed for people with learning disabilities and an updated consultation on people's views on the priorities for the learning disability agenda |
| Putting People First ⁷ | Outline of the government vision for the development of a personalised adult social care system |
| Improving The Life Chances of Disabled People ⁸ | Identification of the four key areas where activity is required to improve the life chances of disabled adults |
| Equal Treatment: Closing the Gap ⁹ | An investigation into the health inequalities experienced by people with mental health problems and/or learning disabilities in England and Wales. |
| Death by Indifference ¹⁰ | An investigation by Mencap into the deaths of six people who died whilst in the care of health services |
| Healthcare for All ¹¹ | The report of the independent inquiry into access to healthcare for people with learning disabilities |
| Mental Capacity Act 2005, updated 2007 | Introduction of the new statutory role of the Independent Mental Capacity Advocate (IMCA) |
| Progression through Partnership ¹² | Joint working between health, education and work and pensions on the role of further education in supporting people with learning disabilities to live fulfilling lives |

³ A Life Like No Other, Commission for Healthcare Audit and Inspection, 2007

⁴ Investigation into the provision of services for people with learning disabilities (PLD) at Cornwall Partnership NHS Trust, Healthcare Commission, 2006; Ditto - Sutton and Merton PCT, Healthcare Commission, 2007

⁵ Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs, DH, 2007

⁶ Valuing People, DH, 2001 and Valuing People Now, DH, 2007

⁷ Putting People First, ADSS/DH/LGA, 2007

⁸ Improving the Life Chances of Disabled People, DWP/DH/DfES, 2005

⁹ Equal Treatment: Closing the Gap, DC, 2006

¹⁰ Death by Indifference, Mencap

¹¹ Healthcare for All, Sir Jonathan Michael, 2008

¹² Progression Through Partnership, DfES/DH/DWP, 2007

Figure 4. The broader health, social care and commissioning context to the national 'drivers for change'

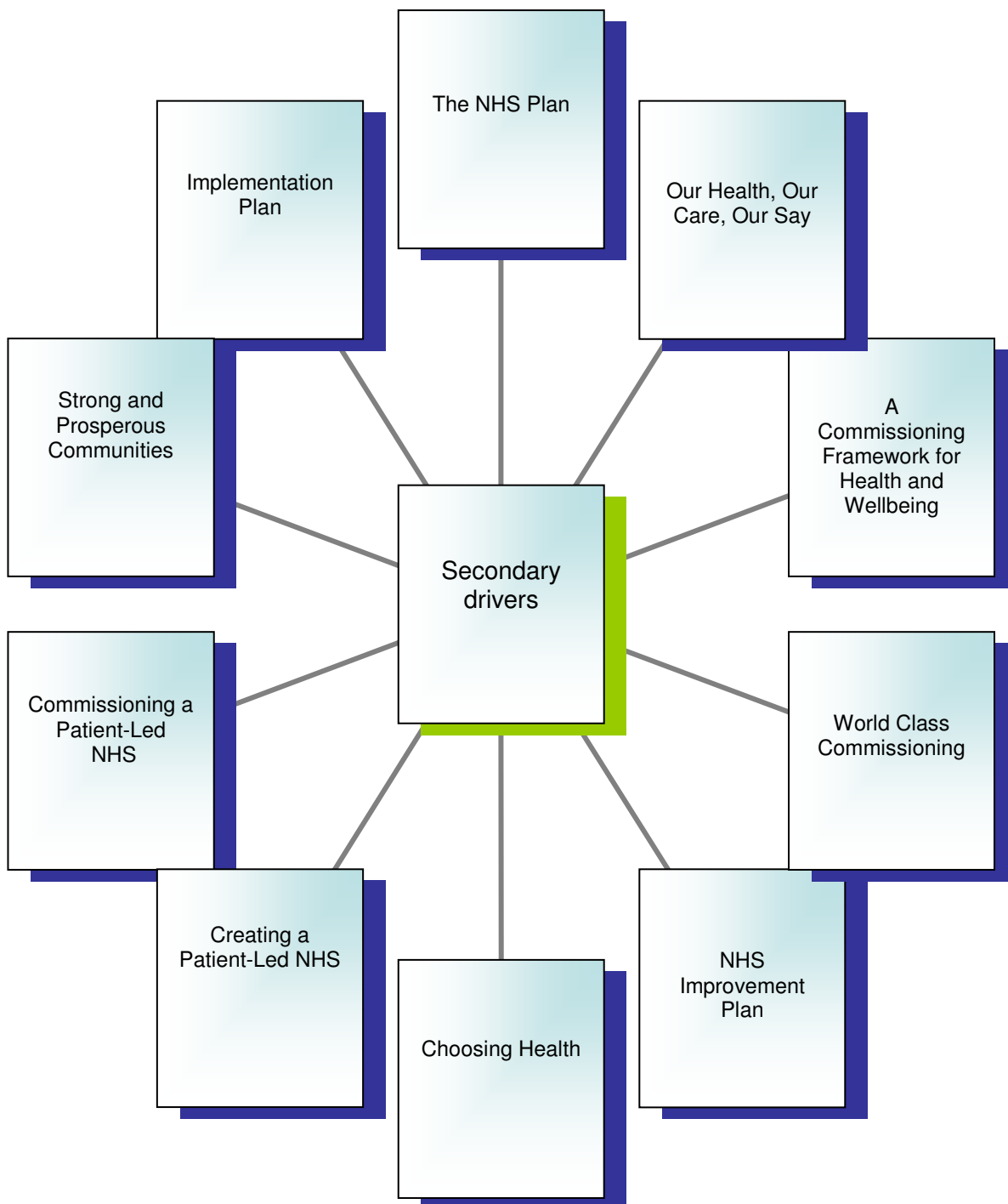


Table 3. Summary of the broader reports that are national drivers for change

| Title | Covering |
|--|--|
| The NHS Plan ¹³ | The government policy framework for a 10-year process of reform, designed to achieve the vision of a health service designed around the patient as well as changes between health and social services. |
| Our Health, Our Care, Our Say ¹⁴ | The government vision for reforming and improving community provision to create health and social care services focusing on prevention, health promotion and wellbeing. |
| A Commissioning Framework for Health and Wellbeing ¹⁵ | Identification of the eight steps which, when followed, provide personalised services which are flexible, integrated and responsive to individual need and choice. |
| World Class Commissioning ¹⁶ | A programme that aims to transform the way health and care services are commissioned, including a set of world class commissioning competencies, an assurance system and a support and development framework |
| NHS Improvement Plan ¹⁷ | A description of the priorities for the NHS between 2004-2008 to support the 10-year reforms in The NHS Plan |
| Choosing Health ¹⁸ | Outline of three core principles (informed choice, personalisation and working together) that underpin a new public health approach |
| Creating a Patient-Led NHS ¹⁹ | Strategy for the next phase of NHS reform, setting out further changes to the system to give patients more choice and more personalised care |
| Commissioning a Patient-Led NHS ²⁰ | An outline of the next steps in delivering a patient-led NHS which include new service delivery models and a change in the role of PCTs to focus upon strategic commissioning and to support Practice Based Commissioning. |
| Strong and Prosperous Communities ²¹ | A strategy for a new direction for Local Government which includes the need to cooperate with non-LA partners in planning, consultation and the creation of a Health and Well-Being Partnership and which encourages greater use of personalised budgets for Local Authority services. |
| Implementation Plan ²² | Description of the five key workstreams (including Governance and empowerment) within the approach to implementing the Local Government White Paper – above. |

¹³ The NHS Plan, DH, 2000

¹⁴ Our Health, Our Care, Our Say, White Paper, DH, 2006

¹⁵ A Commissioning Framework for Health and Wellbeing, DH, 2007

¹⁶ World Class Commissioning

¹⁷ NHS Improvement Plan, DH, 2004

¹⁸ Choosing Health – Making Healthy Choices Easier, DH, 2004

¹⁹ Creating a Patient-Led NHS – Delivering the NHS Improvement Plan, DH, 2005

²⁰ Commissioning a Patient-Led NHS, DH, 2005

²¹ Strong and Prosperous Communities, The Local Government White Paper, DCLG, 2006

²² Implementation Plan, DCLG, 2007

2.3 Local drivers for change

The following are some of the key factors and challenges that need to be addressed in looking at future services for adults with a learning disability in Telford and Wrekin:

2.4 Local Population Profile

Statistical data from the *CIPFA and Department of Health* returns for 2005/06 indicates that there are 7,000 adults with learning disabilities living in the Borough. However, this figure is approaching 50% higher than that identified by the Health Authority and includes a large number of people who do not meet the criteria nor require services from either authority. Further work will take place over the next three years to establish increasingly robust and validated data relating to adults with learning disabilities and other vulnerable adults in Telford and Wrekin.

Care First data from Telford and Wrekin Council identified an average of around 443 adults with learning disabilities who are allocated to the Joint Community Learning Disability Team (JCLDT) and who are currently receiving services. Some of these people are in Out of Area placements. As Care First is considered to be the most accurate source of information on the regular users of services in Telford and Wrekin, it is their information that is used within this strategy. Detailed data information is contained in Appendix 1.

Telford and Wrekin PCT estimates figures of around 1,600 – 3,300 people with mild learning disabilities and 500 – 650 people with severe learning disabilities living in the area.

Access to specialist services provided by the T&WC is based on an assessment against Fair Access to Care (FACS).

Currently, we are not able to validate data relating to adults with learning disabilities across public sector organisations, due to incompatible technological systems and issues of confidentiality.

2.5 Annual Report of the Director of Public Health for T & W 2005

This report included a section on health related issues for people with learning disabilities. The report provides a summary of health problems associated with learning disability.

- **Hearing problems** 40% of people with a learning disability have hearing problems
- **Poor dental health** 37% of people with a learning disability and 80% of adults with Down's Syndrome have gum and dental problems
- **Visual problems** People with a learning disability are more likely to have visual problems
- **Thyroid problems** People with a learning disability have greater risk of thyroid problems, particularly people with Down's Syndrome
- **Osteoporosis** People with a learning disability tend to develop osteoporosis at a younger age than the general population and experience more fractures

- **Swallowing difficulties** People with a learning disability are more likely to suffer from dysphagia, which can lead to respiratory tract infections, than the general population
- **Mental health** One in three people with a learning disability experiences mental health problems
- **Dementia** 22% of people with a learning disability experience dementia
- **Epilepsy** 22% of people with a learning disability have epilepsy
- **Schizophrenia** 3% of people with a learning disability have schizophrenia

2.6 Local Authority perspective

2.7 Self assessment survey

T&WC's Adult and Consumer Care Portfolio publish a twice-yearly *Self Assessment Survey* which highlights the key targets for all services including those for adults with a learning disability for the coming year.

2.8 Registered Care Homes

The Commission for Social Care Inspection (CSCI) inspects eighteen care homes, seventeen domiciliary facilities and two Nursing Agencies in Telford and Wrekin. Telford and Wrekin Council have increasing responsibility for monitoring the quality of all care homes and assisting providers in improving standards of care. Not all services are solely for adults with learning disabilities.

Discussions are currently taking place between the Commission for Social Care Inspection (CSCI) and Telford and Wrekin Council, with the intended outcome of producing a comprehensive level of data and intelligence relating to all residential and domiciliary care provision within the Borough of Telford and Wrekin. An early outcome of this work has been the creation of an information-sharing protocol.

2.9 Relevant Strategies and Plans

This strategy is one of a number of joint commissioning strategies for different client groups in health and social care. Of particular relevance to this strategy are:

- The Carers Strategy;
- Older Adults Strategy;
- Supporting People Strategy;
- The Disabled Children and Young People Strategy;
- Housing Care and Support Strategy;
- Housing Strategy: 'A place to Live';
- Long-Term Conditions Strategy; and
- The Telford & Wrekin Primary Care Trust Local Delivery Plan.

Table 4 on page 22 outlines the key points of the main local strategic papers.

Table 4. Summary of the reports that are local drivers for change

| Source | Key points |
|--|---|
| Telford and Wrekin State of the Borough Report (T & W, 2006, updated 2007) | <ul style="list-style-type: none"> • In February 2005, 1% of the working age population in Telford and Wrekin were receiving Disability Living Allowance. This represents 0.32% increase over five years (2006) • Officers of the Council and the PCT were asked “to carry out a review of the current sub-structure of planning groups, National Service Framework, Local Implementation Teams and partnership groups across health and adult social care and community services” (2007) |
| Telford and Wrekin Local Strategic Plan - <i>Vision 2026</i> (T & W, 2006) | <p>Particularly relevant within the 6 ambitions outlined in Vision 2026 are elements of Priority 5 which include to:</p> <ul style="list-style-type: none"> • reduce inequalities in health, as well as treating illness will improve the overall well being of the community • provide greater informed choice for service users and improve their access to community services, especially for older people and those who are most vulnerable |
| Adult and Consumer Care Portfolio and Business Plan for 2007/08 – 2009/10 (T & W 2007) | <p>The outline of a vision focused on the key themes of providing:</p> <ul style="list-style-type: none"> • a place to live • a place to work • protection and support for vulnerable people and • services that are fit for purpose. |
| Care and Support Strategy for Telford and Wrekin (T & W in conjunction with Univ. of Birmingham, 2006) | <p>The outline of a vision to develop easy to understand and accessible technology as part of care and support services for Telford and Wrekin older, disabled and vulnerable citizens so they have more control and choice in achieving their potential for independent living.</p> |
| Telford and Wrekin Learning Disability Partnership Board (LDPB) | <p>The LDPB is accountable to T & W Adult Health & Well-being Partnership Board (PB). Currently, all PBs and Local Implementation Teams (LITs) are being reviewed. Changes may be introduced to improve structural effectiveness within the Local Strategic Partnership. Linked to Putting People First and World Class Commissioning, LDPB will have an increasingly strategic role in commissioning services in the future.</p> |
| Telford and Wrekin Housing and Accommodation strategy | <p>‘A place to Live – a Housing Strategy for people with learning disabilities in Telford and Wrekin’.</p> |

3 FUTURE DEMAND

3.1 Transition: Young people

During the next four years (2008 – 2012) sixty seven young people with learning disabilities are expected to enter into services. This includes:

| | |
|--|----|
| Autism | 29 |
| ADHD | 6 |
| Physical Disability (weight bearing/ non PMLD) | 18 |
| Profound and Multiple Learning Disability | 7 |
| Challenging Behaviour | 23 |
| Rare Disorder | 8 |
| Epilepsy | 13 |
| Sensory Impairment | 10 |

Anticipated service needs for these individuals are outlined below. Whilst this information may change, it gives information to support and inform future planning. This level of detailed information has only recently become available via the Person-Centred Planning and Transition Team. This team was only formed in October 2007 and as a result it is not possible to provide historic information in this format.

| | |
|--|----|
| Direct Payment | 17 |
| Physiotherapy/Occupational Therapy | 36 |
| Funded Personal Care/Support | 40 |
| Need accommodation in area, not at home | 18 |
| In current Out of Area residential placements | 5 |
| Require Out of Area specialist college/residential | 10 |
| Social Inclusion services | 47 |
| Transport | 49 |
| Protection/Family issues | 11 |
| Respite | 42 |
| Health/community nursing | 42 |
| Continuing Health Care | 10 |

Source: PCP and Transition Team June 2008

3.2 Transition: Older People

Information from the Carers Contact Centre indicates that thirty two older people with learning disabilities are currently living with elderly family carers. In some instances, the person with a learning disability is also a care provider to their elderly family carer.

3.3 Return from out of area placements

Current assessment of individuals who are located out of area, excluding those placed by the West Midlands Specialist Service Agency indicates five people may return to Telford and Wrekin Borough over the next few years.

3.4 Numbers of people leaving services.

Through the work of a range of colleagues in Telford and Wrekin Adult and Consumer Care and Telford College of Arts and Technology (TCAT) individuals leave services every year progressing into accessing mainstream services or other activities including employment. In addition, a small number of people die each year with an average of five per annum in the last five years.

3.5 Total anticipated growth

This indicates that the number of adults accessing learning disability could increase by around hundred. What is not yet known is the detailed, future cost projections for such a demand. However, working on figures of current demand at around 443, this could be around a 20+% increase. More detailed work will take place to improve the level of detailed knowledge of increasing, future demand.

3.6 Out of Area Placements

Out of area placements are used to support those who:

- require special facilities,
- are in forensic services , with a record of offending behaviour,
- have lived in an area for a significant period of time, and
- their needs cannot be met in Telford and Wrekin/Shropshire.

Both authorities are keen to maintain placements of younger people in the Telford and Wrekin/Shropshire area in the future. Out of area placements costs are mainly funded by Telford and Wrekin Primary Care Trust. A small number of individuals are funded by both authorities. West Midlands Specialist Support Agency funds placements for individuals who require secure services, via PCT funding.

3.7 Planning for growth

The number of adults with learning disabilities requiring services will increase (above) and the Local Authority has taken account of this expected increase and allocated additional resources. However, spend for this area of service is relatively high and above budget. Whilst there is an increasing demand for services, there is also a strong commitment to operating services within agreed budgets. Both the Local Authority and the Primary Care Trust currently have responsibility for funding various aspects of learning disability services. Notwithstanding the proposed change to funding allocations with effect from April 2009, our aim remains to make the most effective use of these joint resources as part of our future commissioning strategy.

3.8 Infrastructure

Joint Commissioning provides a mechanism for Telford and Wrekin Council and Telford and Wrekin Primary Care Trust to work together. This joint, underpinning commitment to partnership working creates the best possible environment in which services for adults with learning disabilities can evolve.

4. EXISTING PROVISION FOR ADULTS WITH A LEARNING DISABILITY

4.1 Introduction

Both authorities are committed to working in partnership to improve the quality of service to, and for, adults with learning disabilities. The Adult and Consumer Care Portfolio is committed to a 'Front Door' approach to all new people accessing services, ensuring an assessment directs newcomers to appropriate provision. Work is currently in hand within Telford and Wrekin to 'rethink Community Care' and the outcomes of this review will support the direction of travel outlined in this strategy, including personalisation and greater choice and control.

Below is a summary outline of current strengths and challenges in Telford and Wrekin, reflecting views expressed by many different people in different ways and in different contexts. Whilst there is often a shared recognition of what has been achieved, and an acknowledgement of the shared commitment, there is also a strong sense that 'more needs to be done'.

4.2 Strengths and areas for development

Strengths

- Partnership approach to, and expertise in, commissioning
- Inclusive stakeholder engagement
- Accessible, quality leisure services
- Level of investment in capital programmes and community-based health services
- Skilled and experienced workforce
- Effectiveness of the networks between stakeholders
- Commitment to quality assurance
- Extent of the support given to individuals and families accessing acute services

Areas for development

- Insufficient daytime opportunities during the main summer holidays
- Low take-up of housing tenancies
- Lack of integration across information management systems
- Inconsistent quality and currency of data and market intelligence
- Lack of robust information to inform planning for future ALD services e.g., employment, social inclusion, housing and accommodation and health care
- Too few people currently have choice and control over their life decisions
- Limited access to mainstream, community-based health services
- Further progress required in working with Black and ethnic minority service users and their families
- Scope for improved value for money decision-making

An overview of existing services is given in figure 5 and 6 on pages 26 and 27.

Figure 5. Overview of existing service provision for adults with a learning disability

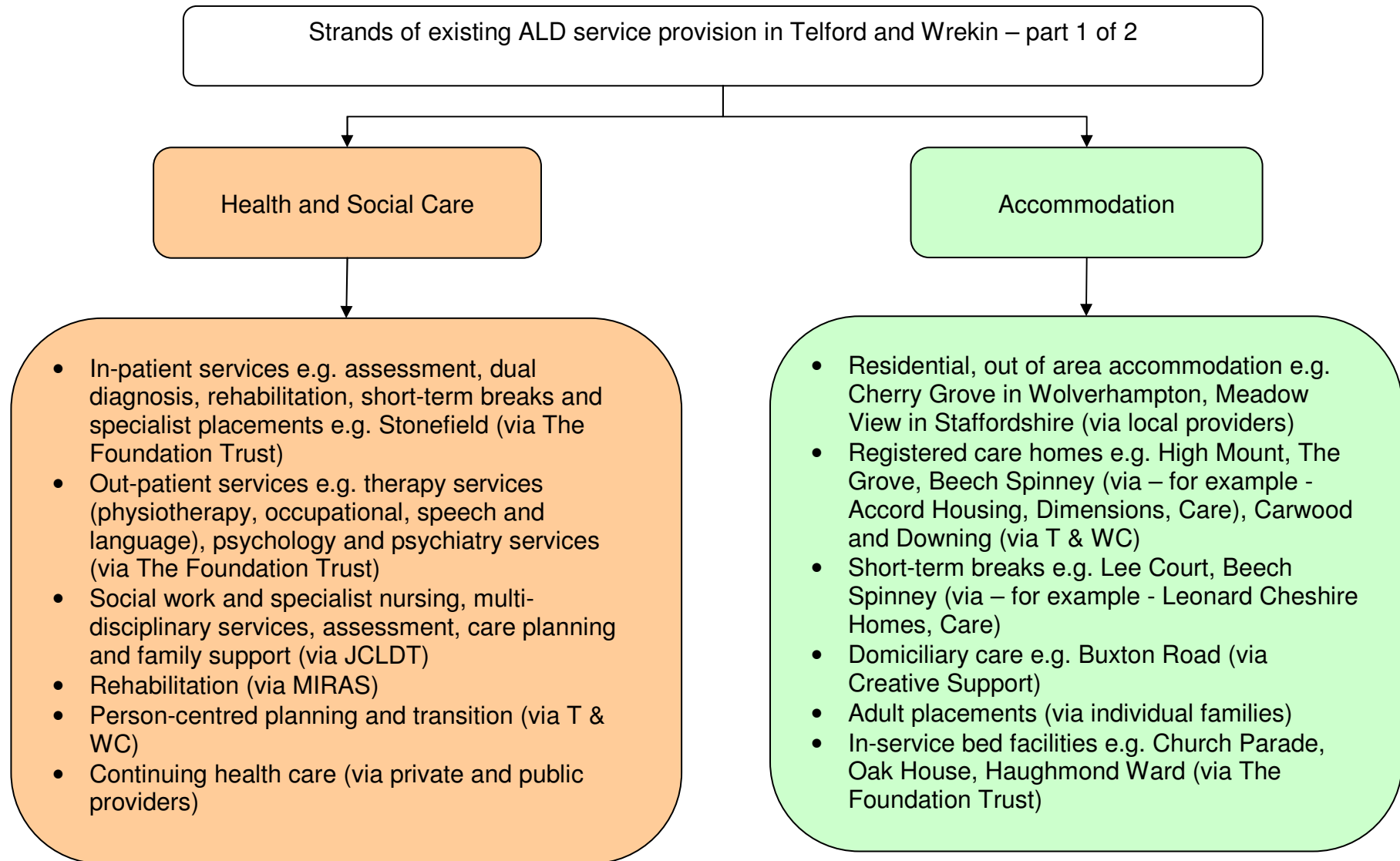
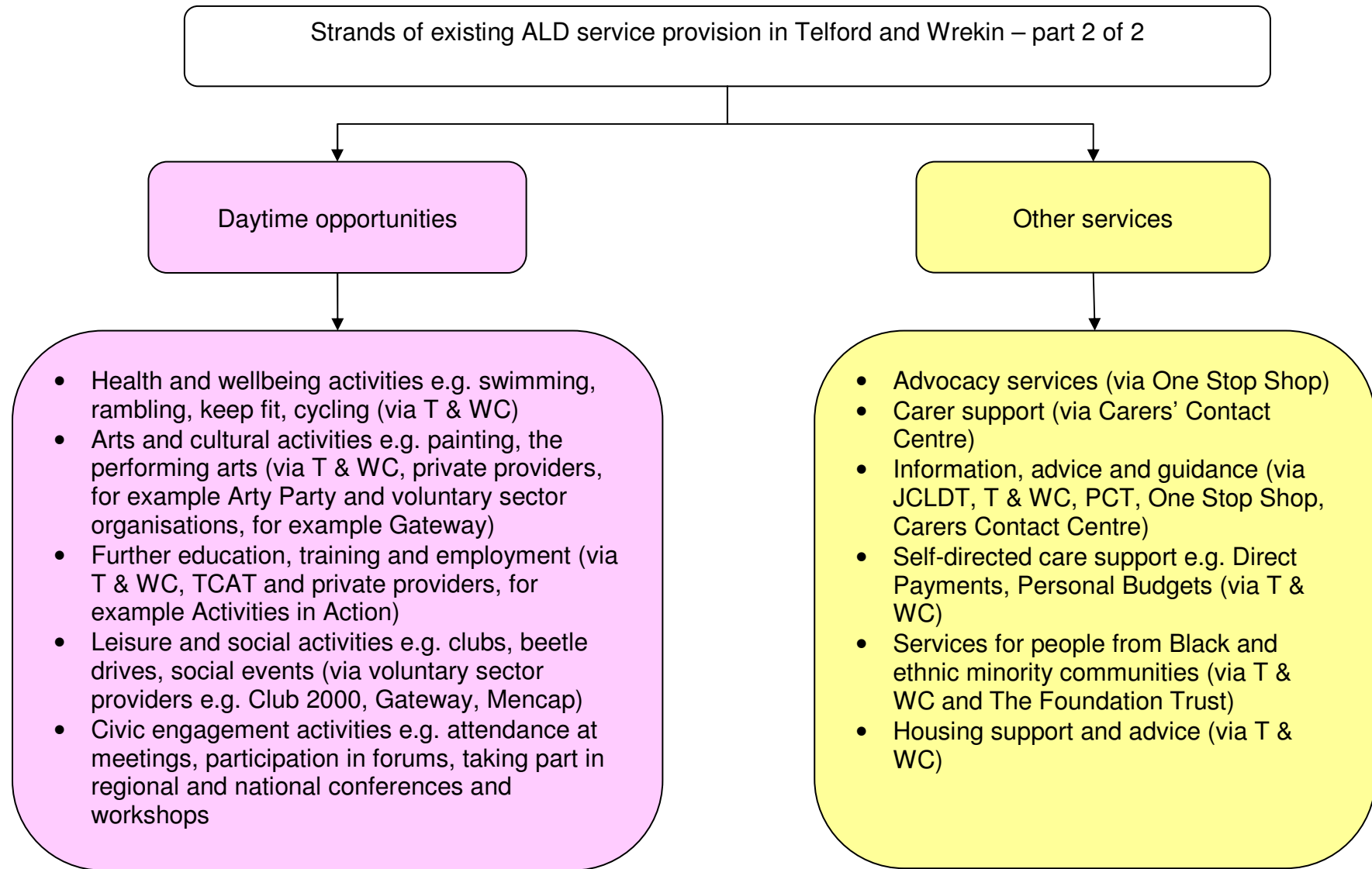


Figure 6. Overview of existing service provision for adults with a learning disability



5. COMMISSIONING AND FINANCIAL RESOURCES

5.1 Introduction

Telford and Wrekin as a unitary authority faces the same challenges as many other authorities in England and Wales. There is a strong commitment to achieving financial stability through to changing how services are commissioned in the future - changes based on responding to individual needs rather than maintaining costly, larger provision. Existing legislation requires the Council to provide for increasing numbers of people who meet the threshold to receive services. Closer working with the PCT and the shared objectives of Health and Well-being provide opportunities for greater collaboration over funding decisions.

5.2 The historic context – nationally

The Care Services Improvement Partnership (CSIP) produced a paper in April 2007 called *Getting to Grips with Commissioning for People with Learning Disabilities*. The paper indicates that financial spending for social care on adults with learning disabilities in England has doubled between 1995-96 and 2005-06. The current cost of providing services is approaching £2.9 billion and, if health expenditure is included, the final total spending per annum is in the region of £5 billion.

5.3 The historic context – benchmarking, locally

Some work has occurred to benchmark services in T&W against other authorities and steps are been taken to improve the robustness of this data. Information provided by the CIPFA in 2006/07 relating to the T&WC indicates that the net spend per head of population is amongst the lowest. However, other information shows T&WC as a high spender in key areas such as nursing, residential and Home Care services. One of the difficulties in effective benchmarking is due to the very close working relationship between the LA and PCT. The LA has recently joined the CIPFA ALD benchmarking Club, so this will improve data. Within the PCT, work is currently in hand to better understand current benchmarking, which shows the PCT as one of the highest spenders for this area of service. This may in part be due to the non standardised approach to the categorisation of areas such as Continuing Healthcare.

5.3.1 Telford and Wrekin Primary Care Trust

During 2007-08 T&W PCT spent £11.12 million on adults with learning disabilities.

| Funding stream and brief description | Recurring budget 2006-07 £ | Recurring budget 2007-08 £ |
|--------------------------------------|----------------------------|----------------------------|
| WMSSA Specialist placement service | 597,512 | 612,450 |
| South Staffs & Shropshire NHS FT | 1,003,371 | 1,028,455 |
| North Warwickshire PCT | 60,074 | 74,880 |
| South Stoke PCT | 217,063 | 223,185 |
| Wolverhampton PCT | 42,845 | 43,916 |
| North Staffordshire | 237,551 | 243,490 |

| | | |
|---|-------------------|-------------------|
| Continuing Health Care | 4,461,627 | 4,905,185 |
| Learning Disability Development Fund | 123,000 | 126,075 |
| Section 28A | 3,615,541 | 3,703,981 |
| Telford & Wrekin PCT Provider Arm | 154,024 | 161,975 |
| Total (Actual 06-07, Expected 07-08) | 10,505,608 | 11,123,592 |

Table 5 Source: Telford and Wrekin Primary Care Trust

5.3.2 Telford and Wrekin Council

During 2007-08 T&WC spent £8.45 million on adults with learning disabilities.

| Brief description | Outturn 2006-07 £ | Outturn 2007-08 £ |
|-----------------------------|----------------------|----------------------|
| Assessment & Care Mgt | 879,160 | 952,460 |
| Nursing Home Placements | 191,220 | 285,530 |
| Residential Care Placements | 1,624,757 | 1,915,140 |
| Supported & Other Acc | 1,688,643 | 1,822,260 |
| Direct Payments | 177,777 | 287,830 |
| Home Care | 580,386 | 694,940 |
| Day Care | 2,321,189 | 2,604,087 |
| Other | 568 | 8,870 |
| Total | 7,463,700 | 8,450,200 |

Table 6 Source: Telford and Wrekin Council

A summary of the T & WC's position for the most recent financial year 2007-08 is:

- Spending on adults with a learning disability had increased by just over 13% (£986,500) on the previous year and by 65% (£3,327,107) since the financial year 2004-05
- Additional funding of £500,000 was made available as part of the budget process, £200,000 was diverted from elsewhere within the Adult and Consumer Care Portfolio and Supporting People contributed £295,000
- Despite the additional funding mentioned above, the budget was overspent by £468,000 for the year
- Whilst expenditure on services for adults with a learning disability is in excess of budget, it is line with trends across the majority of Councils in England and Wales who face many of the same challenges.

5.4 Financial Forecast

In line with the estimates of future demand outlined in Section 3, it is reasonable to expect that there will be financial implications for the provision of adult learning disability services due to:

- Residual inflationary cost increases (based on historic patterns), despite efficiency savings

- Increased volume (potentially as many as 100 extra service users – representing an increase of just over 20%)
- Increased levels of need (individuals being assessed as needing more complex, personalised support)

For the current financial year (2008-09), the budget aside to cover expenditure on adult learning disability services is set out below.

5.4.1 Telford and Wrekin Primary Care Trust

| Funding stream and brief description | Recurring budget 07-08 | Budget 2008-09 |
|---|------------------------|-------------------|
| WMSSA Specialist placement service | 612,450 | 612,450 |
| South Staffs & Shropshire NHS FT | 1,028,455 | 1,400,266 |
| North Warwickshire PCT | 74,880 | 6,420 |
| South Stoke PCT | 223,185 | 228,316 |
| Wolverhampton PCT | 43,916 | 44,926 |
| North Staffordshire | 243,490 | 249,098 |
| Continuing Health Care | 4,905,185 | 4,135,849 |
| Learning Disability Development Fund | 126,075 | 130,000 |
| Section 28A | 3,703,981 | 3,855,587 |
| Telford & Wrekin PCT Provider Arm | 161,975 | 165,700 |
| Local Development Plan | - | 117,000 |
| Total (Actual 06-07, Expected 07-08) | 11,123,592 | 10,945,612 |

Table 7

5.4.2 Telford and Wrekin Council

| Brief description | Outturn 2007-08 | Budget 2008-09 |
|-----------------------------|------------------|------------------|
| Assessment & Care Mgt | 952,460 | 1,091,350 |
| Nursing Home Placements | 285,530 | 176,240 |
| Residential Care Placements | 1,915,140 | 2,768,560 |
| Supported & Other Acc | 1,822,260 | 1,998,610 |
| Direct Payments | 287,830 | 251,820 |
| Home Care | 694,940 | 357,850 |
| Day Care | 2,604,087 | 2,394,630 |
| Other | 8,870 | 9,200 |
| Total | 8,450,200 | 9,152,900 |

Table 8

5.5 Next steps

There are a number of projects planned over the coming months which will provide greater clarity around projections for the longer-term funding requirements of adult learning disability services including:

- A review of key areas in Social Inclusion

- Mapping of employment services
- A review of housing and accommodation – now and in the future
- Assessing the implications of the Mansell Report for Telford and Wrekin
- Review of transition, with reference to those on the autistic spectrum
- Review of Healthcare for All

A detailed report, based on the outcomes of the initiatives set out above, will be presented to appropriate Committees and Boards before March 2009.

5.6. Action Plan – resource impact

The Action Plan (AP), below (pages 32 – 47) provides a more detailed outline of the proposed actions to support the implementation of the strategy. The resource impact of implementing the AP is mainly identified to be covered within existing budgets. Regeneration funding will be sought from ESF for Employment related developments. The policy to support equitable access to mainstream healthcare may increase costs, but these should be balanced overall, longer term by a reduction in acute and specialist healthcare. Additional resources may be required to accommodate increased demand for non-medical short term breaks as young people move through transition. Increased expenditure on assistive technology is expected to reduce expenditure in other budget areas. Increased independent travel will also reduce expenditure on transport.

6. COMMISSIONING ACTION PLAN

SERVICE EXCELLENCE

| Strategic Objective 1 | | | | |
|---|--|---------------------------|---------------------------------------|---|
| To increase the involvement of adults with learning disabilities in civic and community life and speaking for themselves | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 1.1. To involve ALD in giving feedback to senior staff, Elected or Board members at 2 hr meeting, pa | <ul style="list-style-type: none"> Senior managers, Non-executive members of T&WC and T&WPCT are informed and aware of the views of adults with learning disabilities about services Service users more confident about expressing their views and contributing to discussions about services | Within existing resources | Taking Part/ Joint Commissioner | March 2009 |
| 1.2. The Advocacy Quality Charter achieved by advocacy services working with adults with learning disabilities | <ul style="list-style-type: none"> Taking Part achieve the Quality Charter 1% annual increase in adults with learning disabilities able to 'speak for themselves' High quality of advocacy service available for ALD Difference made in people's lives Informed choice, greater control Individuals will be aware of their rights and responsibilities on any given issues | Within existing resources | Taking Part | June 2009 |
| Strategic Objective 2 | | | | |
| To increase the number of adults with learning disabilities using Direct Payments or having access to Personal budgets | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 2.1. To increase the number of adults with learning disabilities using Direct Payments or Personal Budgets | <u>2008 - 2009</u> <ul style="list-style-type: none"> 30% increase in use of DP or IB <u>2009 2010</u> <ul style="list-style-type: none"> further 30% increase per annum <u>2010 – 2011</u> <ul style="list-style-type: none"> All ALD have IB Improved Quality of Life, increased choice/ independence Families supported re Personal Budgets | Within existing resources | JCLDT/ Project Manager | Annual monitoring and reporting via SAS |

SERVICE EXCELLENCE

| Strategic Objective 3 | | | | |
|--|---|--|------------------------------------|---------------------------------------|
| To increase the number of adults with learning disabilities moving into paid/voluntary full or part time employment | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 3.1. Map out all current employment related services provided by T&WC and other external organisations | <ul style="list-style-type: none"> Detailed knowledge of all employment services in T&W, including provider, volume, funding source/amount. Report from 'Mapping Employment' project informs future commissioning to support increased employment for adults with learning disabilities Establish coherent, partnership approach between different employment services across T&W leading to improved efficiency and effectiveness, and employment | PCT non-recurrent funding | Lead Joint Commissioner (MB) | February 2009 |
| 3.2. Increase the number of adults with learning disabilities moving into training, gaining qualifications and employment | <ul style="list-style-type: none"> Establish baseline on all aspects of employment, monitoring growth via LA SAS reports Begin to establish an employment culture amongst adults with learning disabilities in T&W Partnership work between all key, lead stakeholder organisations including T^WC, T&WPCT, Job Centre Plus, LS and TCAT to increase the market opportunities for employment Begin to develop career progression for some adults with learning disabilities LA & PCT recruit 2 people with LD pa | Within existing resources, although external project funding may be sought, e.g. ESF | Business Manager, Social Inclusion | October 2008 and annually, thereafter |
| 3.3. To develop Social Enterprises (SE) in Telford and Wrekin | <ul style="list-style-type: none"> 3 SE set up by 2010 Annual growth of at least 5% into paid employment pa: 6 people engaged in SE business in 2009 3 people in paid employment by 2010 | External funding identified, e.g. ESF | Business Manager, Social Inclusion | September 2008, 2009, 2010 |

SERVICE EXCELLENCE

| Strategic Objective 4 To increase the range of housing and accommodation provision allowing greater choice, increased independence and improved quality of life. | | | | |
|---|--|--|---|------------------|
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 4.1. To establish and maintain a full pre-planning / current housing strategy to support the range of accommodation changes required in the near, medium and longer term | <ul style="list-style-type: none"> Detailed knowledge of relevant demographic information to inform planning and current housing stock Report from 'Housing and accommodation project' informs future commissioning to support increased housing and accommodation for ALD including, e.g. <ul style="list-style-type: none"> adults with learning disabilities returning into area Increased number of tenancy/ home owners Increase in smaller homes for 2 – 3 people, including PMLD/CB/ASD | PCT non-recurring funding | Commissioning Housing Manager | February 2009 |
| 4.2. To develop various settings to offer alternative housing to people including forensic services and/or CB | <ul style="list-style-type: none"> 50% increase in number of people within MIRAS remaining in T&W Step down facilities, Emergency admission /respite available | Require investment by T&WC/PCT, leading to savings | Commissioners Housing Manager | March 2009 |
| 4.3. To review the supply and demand for non medical access to respite / short term breaks and adult placement | <ul style="list-style-type: none"> Improved efficiency 85% alignment between supply/demand Eligible carers receive minimum four weeks pa Maximum usage of all potential providers | Additional resources required | Joint Commissioner/ Business Manager ALD, | November 2009 |
| 4.4. To provide emergency accommodation | <ul style="list-style-type: none"> Emergency accommodation provided within 24 hours | Within existing resources | Commissioning Housing Manager | September 2008 |

SERVICE EXCELLENCE

| Strategic Objective 5 | | | | |
|---|--|---------------------------|--------------------------------------|------------------|
| To develop a range of day, specialist and mainstream service provision in different areas of T&W to meet the needs of service users and carers, encouraging greater independence where possible. | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 5.1. To review Social Inclusion services, including day services by external providers | <ul style="list-style-type: none"> Report from 'Social Inclusion Review' project informs future commissioning and planning of social inclusions provision for adults with learning disabilities | PCT non-recurring funding | Joint Commissioners | February 2009 |
| 5.2. To increase independent travel for more adults with learning disabilities | <ul style="list-style-type: none"> Annual 3% decrease in use of integrated community transport/taxis Increased independent travel linked to all areas of life to mainstream leisure activities | Resource savings | Business Manager, Social Inclusion | April 2009 |
| 5.3. Increased access to arts via Arty Party | <ul style="list-style-type: none"> 30 additional ALD x 2 days per week x 45 weeks pa Increased opportunities for ALD to access and engage with performing arts | Arts Grant for 3 years | Community services Arts Manager | December 2009 |
| Strategic Objective 6 | | | | |
| To match the needs of learners with the services available, so as to achieve greater levels of skill and understanding, leading to increased inter and independence and preparation for employment. | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 6.1. To develop FE opportunities for ALD who experience difficulties engaging in mainstream services, e.g. ASD, ADHD | <ul style="list-style-type: none"> Programme/course details available in an accessible format Partnership working between FE providers and appropriate learning opportunities provided so that ALD access relevant courses to achieve specified objectives Individual learning objectives identified, monitored and evaluated. | LSC or C&YP | Team Manager, Education and Training | September 2009 |
| 6.2. To develop learning opportunities which improve quality of life and are both enjoyable and stimulating | <ul style="list-style-type: none"> Personal learning profiles monitor performance, achievement, enjoyment, stimulation and record progress and outcomes for all new learners: <ul style="list-style-type: none"> 2008/09: 50% of existing cohort with learning profile 2009/10: 95% of existing clients with learning profile Successful engagement with partners to broaden opportunities and active participation in a wide range of meaningful learning Pathways into training/ employment in place | Within existing resources | Team Manager, Education and Training | April 2009 |

| | | | | |
|---|--|--|---|------------------------|
| 6.4. To develop accredited training and FE programmes as a progression path into employment | <ul style="list-style-type: none"> Accredited training qualifications identified and delivered 20% of ALD on programmes/courses achieve nationally accredited and recognised qualifications pa and support progression towards employment | Within existing resources | Team Manager, Education and Training TCAT | July 2008, 2009, 2010 |
| 6.5. To work with TCAT re future development plans | <ul style="list-style-type: none"> Regular meetings occur and minutes circulated Needs of ALD learners are central to aspects of future planning | Within existing resources | Team Manager, Ed & Training | 2008/09 and ongoing |
| Strategic Objective 7 | | | | |
| To meet the health needs of ALD within the community | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 7.1. To increase access to mainstream health services and health checks with GPs | <ul style="list-style-type: none"> Increase number of people having a bi-annual health check with their GP Recording of health check at annual review onto Care First Identify and deliver training to support mainstream NHS staff to work confidently and competently with ALD Targets established for increased access to mainstream healthcare services including increased access to mainstream screening, dentistry, chiropody, opticians, nutritionists | Resources to support access and provide guidance to healthcare staff | Practice Based Commissioning and Community Health | March 2009 and ongoing |
| 7.2. To review T&W provision for specific groups, e.g. CB, ASD, offenders with learning disabilities | <ul style="list-style-type: none"> Report from 'Mansell 2' project informs future commissioning to support ALD and challenging behaviour Report from 'Autism/Transition' project informs future planning and commissioning to support young ALD on the autistic spectrum through transition | PCT non recurring funding | Business Manager, ALD, Psychology (FT) | December 2008 |
| 7.3. To meet the ongoing specialist medical health needs of T&W PMLD & CB, ASD, ADHD | <ul style="list-style-type: none"> Frequent and ongoing monitoring and review of contracts e.g. Foundation Trust Commissioning intent post April 2010 is confirmed to relevant stakeholders Develop more community based services Pathways developed which increase community health services leading to acute admissions | Within existing resources, | Commissioning and Contracting | March 2010 |
| 7.4. To increase access to Therapeutic services | <ul style="list-style-type: none"> More ALD have access to specialist medical therapy services, as required, within the community | Within existing resources | Business Manager ALD and Foundation Trust | December 2008 |

| | | | | |
|---|---|---------------------------|------------------------------|----------------------------|
| 7.5. To increase assessment against the Continuing Health Care Framework | <ul style="list-style-type: none"> Individuals who meet the criteria for access to CHC receive funding to meet their healthcare needs Annual review of all CHC clients, including out of area | Within existing resources | JCLDT/ ALD Reviewing Officer | September 2008 and ongoing |
| 7.6. To improve partnership working with WMSSA | <ul style="list-style-type: none"> Annual review of all clients funded via WMSSA Early indications of likely changes for WMSSA patients | Within existing resources | MIRAS | January 2009 and ongoing |
| 7.7. Feasibility study into establishing a response team linked to PCP | <ul style="list-style-type: none"> Reduce long term placement in Haughmond Ward Establish pathways and processes for ensuring protection and planned care and support for those with dual diagnosis Increase healthcare pathways prior to admission for dual diagnosis and CB More personalised planning of health/ social care needs In line with the Valuing People Green Light Toolkit, increase community based services for people with a learning disability and additional mental health problems | Within existing resources | PCP & Transition Manager | March 2009 |

Strategic Objective 8
To reduce and ultimately remove health inequalities

| Action | Outcomes | Cost/Savings | Lead | Timescale |
|--|---|--|---|------------------|
| 8.1. Establish equitable access to high quality, mainstream specialist health and registered care providers | <ul style="list-style-type: none"> Establish benchmark of current access to mainstream health Targets set to increased access to mainstream health services | Within existing resources | Lead Commissioner Quality and Contracting | March 2009 |
| 8.2. Establish procedures to monitor and if necessary, investigate deaths or near deaths of ALD | <ul style="list-style-type: none"> Monthly reporting of deaths through Care First Existing protocols established investigating Serious Untoward Incidents, including deaths reviewed Active involvement and contribution to Root Cause Analysis and Lessons to be Learnt reviews | Within existing resources | JCLDT Manager | Annual |
| 8.3. To benchmark PCT practice against Healthcare for All, within context of World Class Commissioning | T&W PCT practice reviewed against Healthcare for All recommendations, leading to Action Plan for development of best practices in line with WCC Relevant PCT/health staff receive training, advice, guidance and support to work effectively with ALD | May require investment, overall leading to savings | Commissioning | February 2009 |

SERVICE EXCELLENCE

| Strategic Objective 9 To improve support and engagement with carers | | | | |
|--|---|---------------------------|----------------------------------|--------------------------|
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 9.1. To provide increased support to carers via Assistive Technology | 3% of carers receive input from Support technology Increased use of support technology in the home | Funding required | Assistive Technology Project Mgr | December 2010 |
| 9.2. To work with carers in planning service change | Close working with Carers Commissioner and carers Co-ordinator Carers contribute to discussions on planning change in services e.g. projects on social inclusion, housing & employment Carers receive support in the home, including short term respite | Within existing resources | Commissioners | January 2009 and ongoing |
| 9.3. To improve communication with carers | Three afternoon 'surgeries' pa with carers Carers receive information on policies, operational activities and service developments as appropriate i.e. not too much or too little communication Increased involvement of more carers including siblings | Within existing resources | Communication Manger/LA | April 2009 |

VALUE FOR MONEY

| Strategic Objective 10 To ensure equitable distribution of finite resources | | | | |
|--|--|---------------------------|--------------------------|------------------|
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 10.1. To establish a systematic approach to equitable services | <ul style="list-style-type: none"> Annual overview monitoring and review of assessments to ensure equitable use of resources. Services are perceived as equitable and transparent by all stakeholders Universal use of Personal budgets | Within existing resources | JCLDT/ ALD/CHC panel | April 2011 |
| Strategic Objective 11 To support ALD through comprehensive assessment, recording and working with all other relevant stakeholders including carers | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 10.2. Person Centred Plans in place for all ALD. | <ul style="list-style-type: none"> Person Centred Plans to be introduced and available for all service users PCP/Transition Team to develop as an integral approach to | Within existing resources | PCP & Transition Manager | April 2011 |

| | | | | |
|--|---|--|--|--|
| | service development <ul style="list-style-type: none"> All young people entering transition have a Person Centred Plan | | | |
|--|---|--|--|--|

VALUE FOR MONEY

| Strategic Objective 11 continued | | | | |
|---|---|---------------------------|---------------|------------------------|
| To support ALD through comprehensive assessment, recording and working with all other relevant stakeholders including carers | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 11.1. Personal budgets in place for all ALD | <ul style="list-style-type: none"> Detailed planning to support move towards personalised budgets Carers are informed of proposed changes and understand the implications for their son/daughter and family 30% per annum increase of people with personalised budgets (see 1.8, above) Maintain existing personalised budgets | Within existing resources | LA/ JCLDT | April 2009 and ongoing |
| 11.2. Information relevant to the Telford and Wrekin Council Care First system is updated regularly | <ul style="list-style-type: none"> 100% accuracy of Care First data Information passed to Care first immediately any changes are made Service planning based on robust data Accurate reporting for SAS, CSCI and others | Within existing resources | JCLDT | Ongoing |
| Strategic Objective 12 | | | | |
| To improve the quality of commissioning and contracting services for ALD | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 11.3. All commissioning and contracting reflects best practice in line with World Class Commissioning and Putting People First | World Class Commissioning informs all aspects of health Commissioning and Contracting, covering: <ul style="list-style-type: none"> Local NHS involvement in mainstreaming healthcare for ALD Effective collaboration with all stakeholders working in the ALD sector Meaningful communication and engagement with ALD, carers and staff Effective working with clinicians to support improved quality of healthcare for ALD Increase understanding and knowledge of health needs of ALD to inform planning for local health needs Ensure investment into ALD services is based on assessment and demonstrates Value for Money | Within existing resources | Commissioners | November 2008 |

| | | | | |
|---|---|----------------------------------|------------------------------|-------------------|
| | <ul style="list-style-type: none"> • Ensure the needs of ALD inform market judgements on supply and demand of localised services • Continue to seek innovative approaches to ensure best practice in ALD services • Ensure robust approaches to future procurement of ALD services or personalised budgets • Seek to establish systems, frameworks and policies which support Quality Assurance of services for ALD • Effective use of financial resources <p>Putting People First also informs all aspects of commissioning, including:</p> <ul style="list-style-type: none"> • A personal budget for ALD using adult social services • A universal approach to the commissioning and delivery of social care for ALD with stronger regulation to ensure they are high quality • An even stronger voice for ALD and carers who use services in planning their own support and influencing the future shape of services • Earlier intervention and prevention alongside intensive re-enablement to help ALD need less long term support • Better support for carers of ALD • Helping ALD to be involved in their own assessment • More use of equipment that assists ALD to live independently • Developing a “team around the family” approach, which recognises the important role of family and friends | | | |
| <p>11.4. To improve the quality of tendering/ contracting process for new services</p> | <ul style="list-style-type: none"> • Contract procurement occurs within specified timescale and in line with T&W Constitution Part 4 s7: Contract Procedure rules • Future contracts are procured in line with identified good practice • One announced visit and one unannounced visit to all contracted T&W services pa • Concerns or issues related to care, management, protection and contractual issues are know and monitored • Health and Safety, safeguarding Adults are monitored | <p>Within existing resources</p> | <p>ALD Contracts Manager</p> | <p>March 2010</p> |

| | | | | |
|---|---|---------------------------|--------------------|------------------|
| | <ul style="list-style-type: none"> • Protection of Vulnerable Adults incidents are monitored and influence contracting reviews • Contract awarded to best provider(s) based on quality assurance and financial robustness • Increased collaboration between LA and PCT over preparing and monitoring all ALD contracts | | | |
| Strategic Objective 12 continued | | | | |
| To improve the quality of commissioning and contracting services for ALD | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 12.1. De-commission services | Where services no longer: <ul style="list-style-type: none"> • meet need due to the changing market place • fail to meet quality assurance standards • do not demonstrate value for money, or • lack financial robustness de-commissioning will occur. | Within existing resources | Joint Commissioner | Ongoing |
| 12.2. To implement the recommendations from the Communication Review | <ul style="list-style-type: none"> • Ensure meetings are meaningful and effective • Establish an ALD website • Establish cross organisation induction • Implement T&WC Customer Care Charter • Match services to the needs of ALD | | Joint Commissioner | |

VALUE FOR MONEY

| Strategic Objective 13 | | | | |
|---|---|---------------------------|--|----------------------|
| To develop a systematic approach to improving the standard and quality of services for ALD | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 13.1. Establish a Quality Standards Framework based on the recommendations from Cornwall report, Sutton and Merton and Health Care for All | <ul style="list-style-type: none"> National monitoring framework and process to support monitoring adopted locally Form a multi-disciplinary monitoring team including service users and carers, with training provided Annual monitoring of 2 services pa (minimum) Protection of Vulnerable Adults cases increased initially, leading to overall decrease | Within existing resources | Quality Assurance Manager and Risk Manager, PCT | June 2010 |
| 13.2. Strengthen and develop the role, remit and responsibility of the LDPB | <ul style="list-style-type: none"> Learning Disability Partnership Board has a clear governance role, in line with other LIT and Partnership Boards operating in T&W Terms of Reference, including membership are reviewed to reflect new ways of working in T&W The LDPB produces an annual report on activity at the end of each year The LDPB engages in Strategic discussions and contributes to decision making All minutes from the LDPB are printed n the T&WC and PCT website The LDPB will receive six monthly reports on progress and achievement in implementing the Action Plan | Within existing resources | Head of Service Development/ Chair of LDPB/ Joint Commissioner | |
| 13.3. To annually review practice against: Cornwall Report Sutton & Merton Healthcare for All | <ul style="list-style-type: none"> All indicators show 'green' performance T&W providers are all aware of the practices that must be in place to safeguard adults with learning disabilities against abuse. | Within existing resources | Quality Assurance Manager, Lead Commissioner | March 2009 |
| 13.4. To ensure CSCI & Healthcare Comm. Standards are achieved | <ul style="list-style-type: none"> CSCI & Health Care Commission standards met by providers Contract renewal linked to achievement of standards | Within existing resources | As Above | April 2010 & ongoing |

| | | | | |
|--|---|---------------------------|----------|------------------------|
| 13.5. To improve the Quality Assurance of services | <ul style="list-style-type: none"> • Joint T&WC & T&WPCT data base established to secure up to date, accurate intelligence and data • Assessment of performance by external agencies monitored and Analysis to inform and support quality assurance • Action taken to secure / maintain standards • All contract changes updated: monthly | Within existing resources | As Above | April 2009 and ongoing |
|--|---|---------------------------|----------|------------------------|

OPERATIONAL EXCELLENCE

| Strategic Objective 14 To manage the transition of young, older & out of area individuals entering into services efficiently and effectively | | | | |
|---|--|-----------------------------------|---|----------------|
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 14.1. To develop a systematic approach to transition planning for young people | <ul style="list-style-type: none"> • Single template to support data collection and analysis across C&YP and A&CC • Multi-disciplinary approach, supported by joint protocols and ways of Working, leading to a seamless transition process • Reduce the level of duplication of information gathered | Within existing resources | Commissioners, Business Managers, C&YP and A&CC | April 2009 |
| 14.2. To provide information to adult Services 18 months prior to transition of young people | <ul style="list-style-type: none"> • Information on 95% of YP provided to A&CC and other stakeholders (e.g. TCAT) 18 months before transition or expected entry into services • All staff involved in transition consider the views of carers. • Carers understand why decisions are taken and work with professionals to support transition. | Within existing resources | PCP & Transition Managers | September 2008 |
| 14.3. To develop a process for identifying all older ALD living with older carers and plan for their admission into services | <ul style="list-style-type: none"> • All older people living with older carers are known to A&CC • Data baseline is established and maintained • Individuals and family Cares are aware of the different options available e.g. remain at home with support, move from home • Plans for longer term support are developed in consultation with individual and carers • Preparatory work for change with individual and carer • Planning occurs between Housing & JCLDT | Resources required, non-recurring | JCLDT Manager | March 2009 |
| 14.4. To identify individuals expected to return to T&W | <ul style="list-style-type: none"> • 100% achievement in forward planning and preparation • Minimum of 1 person per year returns to T&W • .Relevant stakeholders informed, aware and involved in transitional arrangements | Within existing resources | ALD Reviewing Officers | April 2009 |

OPERATIONAL EXCELLENCE

| Strategic Objective 15 | | | | |
|--|---|---|-------------|------------------|
| To develop a comprehensive, robust operational and financial infrastructure across T&WC and PCT | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 15.1 To align finance and data systems | <ul style="list-style-type: none"> • A central, easily accessible data base across T&WC and PCT • Data collected once, used many times • Business planning linked to LDP & Commissioning cycle and reflects approaches outlined in Putting People First and WCC • Data gathered to support external monitoring of performance, e.g. SAS NI returns | Within existing resources | LA/PCT | March 2011 |
| 15.2. Improve financial monitoring and ensure Value for Money (VfM). | <ul style="list-style-type: none"> • Quarterly joint financial review meetings (T&WC & PCT) • Monthly contract reviews via SLA meetings (PCT) and to be established with A&CC re S28A contracts • Receive financial management information from both authorities on regular basis • Commissioning provides stronger lead across PCT and LA • Increased rigour in monitoring PCT out of area services for VfM • Establish dialogue with WMSSA re forensic placements | Within existing resources | PCT/LA | September 2008 |
| 15.3. To develop community based services to support the health and well being of ALD | <ul style="list-style-type: none"> • Agree protocols for 'Invest to Save' across T&WC and PCT as individuals return from high cost placements from 'out of area', or remain in T&W, rather than moving to 'out of area' high cost placements | Within existing resources | LA/PCT | March 2009 |
| 15.4. Establish a funding Tariff for ALD services in T&W | <ul style="list-style-type: none"> • Research/literature review into local, regional and national market and financial intelligence re funding ALD • Consultation across provider sector to agree protocols for collaboration • Establish criteria and mechanisms for approving providers reflecting Quality Assurance and financial viability | Within existing resources | Tony Evans | April 2010 |
| 15.5. To ensure funding decisions are based on assessed need | <ul style="list-style-type: none"> • The cost of packages of care are funded appropriately • Health care needs are assessed by appropriate clinicians • ALD CHC panel approves funding via A&CC, CHC or specialist health based on well prepared and accurate documentation | Attempt to maintain within existing resources | JCLDT | September 2008 |

| Strategic Objective 15 continued | | | | |
|---|--|---------------------------|--|------------------|
| To develop a comprehensive, robust operational and financial infra-structure across T&WC and PCT | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 15.6. To ensure the LA and PCT understand the financial implications of workforce development | <ul style="list-style-type: none"> LA and PCT have accurate knowledge of the current workforce Costed forecasting of the required workforce is reported to relevant committees and Boards T&W has a strategy in place to establish a sustainable, professionally skilled and competent workforce for ALD T&W considers the impact of Personalised Budgets on the workforce | Unknown | Joint Commissioner Business and HR manages | April 2010 |
| 15.7. To implement funding transfer from PCT to LA | <ul style="list-style-type: none"> Agreed level of transfer of funding in line with Valuing People Now Clear framework to support transfer and ensure Value for Money | Within existing resources | Joint Commissioner | March 2009 |

ORGANISATIONAL CAPABILITY

| Strategic Objective 16 | | | | |
|--|--|---------------------------|------------------|------------------------|
| To have a skilled and motivated workforce | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 16.1. To consider the implications of national policies for workforce development | <ul style="list-style-type: none"> Staff are supported as T&W and others plan for services change in light of national guidance, e.g. Valuing People Now, Putting People First, Healthcare for all and World Class Commissioning T&W invest in organisational development for the existing workforce to support adjustment to change | Within existing resources | LA/PCT | March 2009 |
| 16.2. To ensure T&W takes a proactive approach to Workforce Planning for the future | <p>T&W will:</p> <ul style="list-style-type: none"> accurately forecast the demand and supply of the future workforce connect and integrate workforce planning to service and financial planning move away from short term planning to medium and longer term strategic planning raise the profile and improve perceptions of workforce planning | Within existing resources | LA/PCT | April 2010 |
| 16.3. Annually review the workforce required for ALD | <ul style="list-style-type: none"> Staff are supported and managed effectively Employer survey reflect a positive workforce in ALD Staff are valued, motivated, competent and effective | Within existing resources | Service Managers | March 2010 and ongoing |

| Strategic Objective 16 | | | | |
|---|--|---------------------------|-------------|------------------|
| To have a skilled and motivated workforce | | | | |
| Action | Outcomes | Cost/Savings | Lead | Timescale |
| 16.4. To ensure staff are provided with appropriate training and development | <ul style="list-style-type: none"> • Establish a training matrix for staff working with ALD that is sensitive to specialist and mainstream involvement • Ensure staff are aware of best practice in supporting ALD in accessing services as diverse as healthcare screening to leisure activities • Organisational Development teams will understand and effectively use approaches which motivate staff to engage with and benefit from training • Profile take up of training establishing a baseline for ALD and establishing future targets for increased participation. • Staff are skilled and competent to meet the needs of service users | Within existing resources | HR/DEL | July 2009 |

APPENDIX 1: TELFORD AND WREKIN DATA

Local Figures

Statistics from the CIPFA and Department of Health for 2005/06 indicate that Telford and Wrekin has a population of around 7,000 adults with learning disabilities living in the Borough. Further work is therefore required to validate the total population of adults with learning disabilities in Telford and Wrekin.

Care First Data – Telford and Wrekin Council

Care First data from Telford and Wrekin Council identifies 443 adults with learning disabilities are allocated to the Joint Community Learning Disability Team (JCLDT) and currently receiving services. Whilst other sources provide different information Care First is considered to be the most accurate in providing information on use of services in Telford and Wrekin on a regular basis and will be used to provide information within this strategy. Nevertheless, readers will identify some discrepancies. Steps are been taken to improve the robustness of data and to use secondary validation on all information.

| Service Type | No. of service users | Service Type | No. of service users |
|-----------------|----------------------|----------------------|----------------------|
| Community meals | 3 | Nursing care | 4 |
| Day Care | 253 | Professional support | 171 |
| Direct Payment | 29 | Residential care | 169 |
| Foster care | 6 | Respite care | 59 |
| Home care | 71 | Transport | 13 |
| Maintenance | 35 | | |

Source: Care First Telford and Wrekin Council

NB The number of services provided exceeds Service Users because some people receive more than one service.

Demographic data

Care first Data records the following demographic information for 443 people.

| Postcode | Number | | Ethnicity | Male | Female |
|---------------|--------|--|-----------------------------|------------|------------|
| Out of Area | 27 | | Asian/ British Bangladeshi | 2 | |
| Shropshire | 15 | | Asian/ British Indian | 1 | 1 |
| Wolverhampton | 2 | | Asian/British Other Asian | 1 | 1 |
| TF1 | 108 | | Asian/British Pakistani | 3 | 1 |
| TF2 | 87 | | Black/British African | 2 | |
| TF3 | 56 | | Black/British Caribbean | 3 | 4 |
| TF4 | 66 | | Black/British Other Black | | 1 |
| TF5 | 9 | | Chinese | 1 | |
| TF6 | 7 | | Mixed white/Asian | 1 | |
| TF7 | 37 | | Mixed White/Black Caribbean | 1 | |
| TF8 | 5 | | White – Other | 4 | 2 |
| TF9 | 4 | | White British | 233 | 179 |
| TF 10 | 13 | | White Irish | 1 | 1 |
| TF11 | 3 | | Total | 250 | 190 |

Demographic data continued

| Age | 18 – 29 | 30 – 39 | 40 – 49 | 50 – 59 | 60 – 69 | 70 – 79 | 90 – 99 |
|----------------------------|------------|------------|------------|------------|------------|------------|------------|
| Asian/ British Bangladeshi | 1 | | 1 | | | | |
| Asian/ British Indian | 2 | 1 | | | | | |
| Asian/British Other Asian | 1 | | 1 | | | | |
| Asian/British Pakistani | 1 | 2 | 1 | | | | |
| Black/British African | 2 | | | | | | |
| Black/British Caribbean | 1 | 2 | 3 | 1 | | | |
| Black/British Other Black | | 1 | | | | | |
| Chinese | | 1 | | | | | |
| Mixed white/Asian | | | 1 | | | | |
| Mixed White/Black Carib. | 1 | | | | | | |
| White - Other | 2 | | 3 | | 1 | | |
| White British | 83 | 103 | 107 | 78 | 33 | 7 | 1 |
| White Irish | 1 | | | 1 | | | |
| Total | 95 | 110 | 117 | 80 | 34 | 7 | 1 |

All tables source: Telford and Wrekin Care First

Out of Area Placements

Both Telford and Wrekin Council and Telford and Wrekin Primary Care Trust are keen to maintain placements of younger people in the Telford and Wrekin/Shropshire area in the future. Out of area placement costs are mainly funded by Telford and Wrekin Primary Care Trust. A small number of individuals are jointly funded by Telford and Wrekin Council and Telford and Wrekin Primary Care Trust.

West Midlands Specialist Support Agency funds placements for individuals who require secure services.

| | Area | Number | Male | Female |
|----|---------------|-----------|-----------|----------|
| 1 | Birmingham | 1 | | 1 |
| 2 | Burton | 4 | 3 | 1 |
| 3 | Caerphilly | 2 | 2 | |
| 4 | Colwyn Bay | 3 | 2 | 1 |
| 6 | Devon | 1 | 1 | |
| 8 | Hereford | 2 | 2 | |
| 9 | Lancashire | 1 | 1 | |
| 10 | Lincolnshire | 1 | 1 | |
| 11 | Liverpool | 1 | 1 | |
| 14 | North Staffs | 2 | 2 | |
| 15 | South Staffs | 2 | 1 | |
| 16 | Stoke | 2 | 2 | |
| 17 | Wolverhampton | 2 | 1 | 1 |
| | Total | 23 | 19 | 4 |

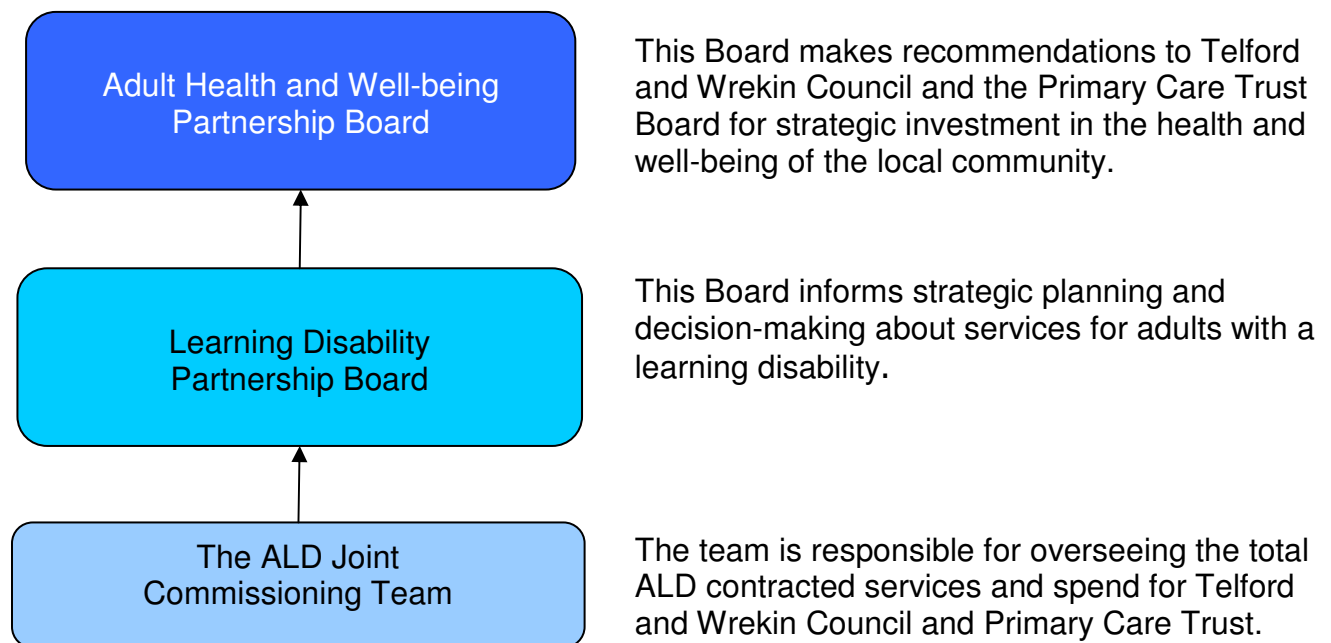
Source: Telford and Wrekin Care First

| | WMSSA placements | Number | Male | Female |
|---|-------------------------|---------------|-------------|---------------|
| 1 | Birmingham | 3 | 3 | |
| 2 | Coventry | 1 | | 1 |
| 3 | Denbigh | 1 | 1 | |
| 4 | Dundee | 1 | 1 | |
| 5 | Market Drayton | 2 | 1 | 1 |
| 6 | Newcastle upon Tyne | 1 | 1 | |
| 7 | Norfolk | 1 | 1 | |
| | Total | 10 | 8 | 2 |

WMSSA placements, out of area: JCLDT

APPENDIX 2: COMMISSIONING GOVERNANCE

People – the governance structure



Process – communication

- The Joint Commissioning Manager for Adults with Learning Disabilities (JCM) will ensure regular reports are provided to these Boards and take instruction from them.
- The Local Authority Direct Delivery Board (Delivery Board) and the Primary Care Trust Professional Executive Committee (PEC) will also be kept informed and consulted when required.
- Six monthly reports will be presented to the Adult Health & Well-being Partnership Board and the Learning Disability Partnership Board

Process - meetings

The ALD Joint Commissioning Team will meet on a quarterly basis with the following terms of reference:

- To monitor implementation of the overall Commissioning Action Plan
- To monitor and review all aspects of financial management and control
- To review services in light of demographic information and other intelligence, leading to the re-commissioning, commissioning and de-commissioning of services, as appropriate.
- Contract review meetings with service providers will take place twice a year to monitor performance and reflect the findings of external inspection.
- Financial Management Review meetings will be held on a quarterly basis.

TELFORD & WREKIN COUNCIL

CABINET - 13 OCTOBER 2008

GETTING A BETTER LIFE FOR ADULTS WITH LEARNING DISABILITIES: ALD STRATEGY

REPORT OF THE CORPORATE DIRECTOR ADULT AND CONSUMER CARE

1.0 PURPOSE

This is the first three-year Integrated Learning Disability Commissioning Strategy that sets out the commissioning intentions of Telford and Wrekin Primary Care Trust (PCT) and Telford and Wrekin Council (T&WC) for 2008-2011 for adults with a learning disability. Its purpose is to provide a formal statement of the strategic plans for commissioning, securing, specifying and monitoring services for adults with learning disabilities in Telford and Wrekin, as well as for those who live out of the area. Its focus is primarily on health and social care issues relating to the 400+ current and future users of specialist services – however, this focus will be broadened over time.

2.0 RECOMMENDATIONS

Members are asked to:

- **Receive and approve the Strategy**

3.0 SUMMARY

3.1 The Learning Disability Commissioning Strategy sets out the commissioning intentions of T&WPCT and T&WC. The strategic themes are Service excellence, Value for money, Operational excellence and Organisational capability. Care First data from Telford and Wrekin Council identifies 443 adults with learning disabilities who access public services. However, it is anticipated, in line with national trends, that the numbers of people using services will increase, possibly by as much as 20% over the next few years.

3.2 In line with the estimates of future demand outlined in Section 3, it is reasonable to expect that there will be financial implications for the provision of adult learning disability services due to:

- Residual inflationary cost increases (based on historic patterns), despite efficiency savings
- Increased volume (potentially as many as 100 extra service users – representing an increase of just over 20%)
- Increased levels of need (individuals being assessed as needing more complex, personalised support)

- 3.3 There are a number of projects planned over the coming months which will provide greater clarity around projections for the longer-term funding requirements of adult learning disability services including: A review of Social Inclusion, mapping of employment services, a review of housing and accommodation and assessing the implications of the Mansell Report into people with complex needs and challenging behaviour.

4.0 PREVIOUS MINUTES

- 4.1 Not applicable

5.0 INFORMATION

Introduction

This is the first three-year Integrated Learning Disability Commissioning Strategy that sets out the commissioning intentions of Telford and Wrekin Primary Care Trust (PCT) and Telford and Wrekin Council (T&WC) for 2008-2011 for adults with a learning disability. Its purpose is to provide a formal statement of the strategic plans for commissioning, securing, specifying and monitoring services for adults with learning disabilities in Telford and Wrekin, as well as for those who live out of the area.

The document:

- describes the vision for adult learning disability services in Telford and Wrekin;
- provides a framework to support the provision of high quality, responsive and equitable adult learning disability services to support us in meeting national and key local targets;
- identifies information on the levels of current and future need for adult learning disability services in Telford and Wrekin;
- sets out planned actions to achieve a shift towards targeted services that enhance independence and support community-based provision; and
- outlines the shared principles on which the services will be based.

The scope of the commissioning strategy

This strategy covers specialist services for adults with a learning disability in Telford and Wrekin commissioned, purchased or provided by T&WC and PCT either separately or jointly, or by the independent or voluntary sector as well as mainstream services provided by T&WC Leisure services and others, for example Telford College of Arts and Technology (TCAT). This strategy is a plan which will:-

- effect change in the configuration of learning disability services to meet the needs of the adult population of Telford and Wrekin;
- provide a statement of commitment about the way in which Commissioners intend to purchase services for this population in the future; and
- set out a clear direction of travel for providers of learning disability services.

The services

The strategy covers the commissioning intentions in respect of adult learning disability services in the following areas:

- Advocacy and the empowerment of service users;
- Support for pathways into further education, training and employment;
- Increased choice and control via Direct Payments and Personalised Budgets;
- Housing and accommodation arrangements;
- Daytime opportunities;
- Access to specialist and mainstream healthcare services; and
- Carers' support.

People who use services

The term 'adults with learning disabilities' applies to those individuals aged between 18 and 65+ and encompasses a wide spectrum of needs including people with characteristics often referred to as:

- learning disability (mild, moderate and severe);
- profound, intellectual and multiple disability (PIMD);
- challenging behaviour;
- Autistic Spectrum Disorder linked to learning disability; or
- adults with learning disabilities and additional mental health needs.

The strategic vision

To fulfil the mission of improving the quality of life for adults with learning disabilities, the vision is for:

All of us to work together in Telford and Wrekin to provide a high quality, affordable service which gives adults with learning disabilities better chances to:

- live healthier lives;
- make choices relevant to their lives;
- receive the care and support they need - when they need it; and
- become more involved in community life.

At the heart of this vision is Telford and Wrekin's commitment to:

- focusing on the person;
- independence and choice for adults with learning disabilities;
- dignity and respect;
- good quality services;
- an underpinning 'enabling approach'; and
- value for money linked to longer-term sustainability.

The underpinning principles

The principles which will underpin and inform the strategy are:

- a sense of urgency for change;
- focus on developing inclusion and fostering independence;
- put adults with a learning disability and their carers at the heart of planning and developing services;
- proactively promote positive health, aiming to enhance well-being and to avoid risk or crisis;
- increased self-management, choice and control;
- inclusion of adults with a learning disability in all aspects of community life;
- provision of a range of flexible, accessible, quality services to support adults with a learning disability in living fulfilling lives;
- adopt a person centred approach to service planning, exploring the range of issues that impact on adults with learning disabilities;
- financial investment to secure best quality of services within available resources;
- commitment to communicate effectively with all stakeholders; and
- genuine partnership working to build a whole-system approach, ensuring that a range of agencies and stakeholders are involved.

The strategic themes and high-level outcomes

In order to achieve the strategic vision the programmes of change have been grouped into four strategic themes covering:

- service excellence – service provision, development, quality and equality;
- value for money – sustainability, affordability and good governance;
- operational excellence – infrastructure, systems and processes; and
- organisational capability – employee engagement and competence.

Within each of the four themes a number of high-level outcomes have been identified:

| Which strategic theme are we looking at? | What is the high-level outcome? | How will we work towards making that happen? We will: | What are our specific objectives? |
|---|---|---|--|
| <u>SERVICE EXCELLENCE</u> | The delivery of person-centred provision enables choice and control | <ul style="list-style-type: none">▪ Optimise opportunities for individuals to make their own decisions wherever possible▪ Improve service delivery | <ol style="list-style-type: none">1. To increase the involvement of adults with a learning disability in civic and community life and speaking for themselves2. To increase the number of adults with a learning disability using Direct Payments or having |

access to Personal Budgets

The provision of services to adults with learning disabilities supports them, and their carers, and allows them to access a range of life opportunities

- Develop housing and accommodation that meets the needs of all adults with learning disabilities
- Develop effective strategies to effectively engage mainstream healthcare professionals
- Improve access to transport, leisure, information, life long learning and support that promotes well-being.
- Improve the availability of advice and information in accessible formats.
- Optimise carer support and engagement

3. To increase the number of adults with a learning disability moving into paid/ voluntary full or part time employment
4. To increase the range of housing and accommodation provision allowing greater choice, increased independence and improved quality of life.
5. To develop a range of day, specialist and mainstream service provision in different areas of T&W to meet the needs of service users and carers, encouraging greater independence where possible.
6. To match the needs of learners with the services available, so as to achieve greater levels of skill and understanding, leading to increased inter and independence and preparation for employment.
7. To meet the health needs of adults with a learning disability within the community
8. To reduce and ultimately remove health inequalities
9. To improve support and engagement with carers

Which strategic theme are we looking at?

VALUE FOR MONEY

What is the high-level outcome?

The planning and funding of services delivery is affordable now and in the future

The services commissioned

How will we work towards making that happen? We will:

- Improve financial/asset management
- Improve partnership

What are our specific objectives?

10. To ensure equitable distribution of finite resources
11. To support adults

and contracted for are both high quality and financially robust

- Improve joint commissioning and contracting working

with a learning disability through comprehensive assessment, recording and working with all other relevant stakeholders, including carers

12. To improve the quality of commissioning and contracting of services for adults with a learning disability
13. To develop a systematic approach to improving the standard and quality of services for adults with a learning disability

OPERATIONAL EXCELLENCE

The externally-facing business processes are effective and efficient in supporting service delivery

- Improve the streamlining and alignment of transition
- Improve intelligence and data management
- Establish effective, high quality business processes
- Maximise and exploit the use of technology

14. To manage the transition of young, older & out of area individuals entering into services efficiently and effectively

15. To develop a comprehensive, robust operational and financial infrastructure across T&WC and PCT

The infrastructure systems and processes are high quality and fit for purpose

ORGANISATIONAL CAPABILITY

Employers recruit, develop and retain staff who are competent to deliver a high quality service to adults with a learning disability
Employees are engaged, motivated and highly skilled

- Improve employee attraction and retention
- Enhance the employee experience
- Increase employee expertise

16. To have a skilled and motivated workforce

Detailed actions and programmes are set out in the Commissioning Action Plan (CAP) in Section 6 of the Strategy.

5.5 Equality and Diversity

The 2005 report *Improving the Life Chances of Disabled People* (HM Government). It found that, compared with non-disabled people, disabled people are:

- **more likely to live in poverty** – the income of disabled people is, on average, less than half of that earned by non-disabled people
- **less likely to have educational qualifications** – disabled people are more likely to have no educational qualifications
- **more likely to be economically inactive** – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people
- **more likely to experience problems with hate crime or harassment** – a quarter of all disabled people say that they have experienced hate crime or harassment, and this number rises to 47% of people with mental health conditions
- **more likely to experience problems with housing** – nine out of ten families with disabled children have problems with their housing
- **more likely to experience problems with transport** – the issue given most often by disabled people as their biggest challenge.

This Strategy seeks to address some of these issues.

5.6 Environmental Impact

5.6.1 There are no implications.

5.7 Legal Comment

5.7.1 The Government's White Paper "Valuing People: A new strategy for learning disability in the 21st century" was published on 20th March 2001. Its four key principles were rights, independence, choice and inclusion. The main drivers for the implementation of "Valuing People" are the Learning Disability Partnership Boards, which were required to be established by 31st October 2001. Guidance upon the implementation of person centred planning, including the role of the Boards, was issued on 28th January 2002

5.7.2 The Learning Disability Development Fund was introduced in April 2002 to support priorities for service change, with capital and revenue being deployed as part of pooled budgets between Local Authorities and NHS bodies under Section 31 Health Act 1999 and supporting regulations. Section 31 has subsequently been replaced from 1/3/07 by Section 75 National Health Service Act 2006. The procurement and subsequent contracting for the provision of services has to be undertaken in accordance with the Council's Contract Procedure Rules and equivalent PCT standing orders.

5.7.3 The Department of Health published a consultation paper upon Valuing People now between December 2007 and March 2008 and sought views on priorities for the learning disability agenda over the next 3 years.

5.8 Links with Corporate Priorities

5.8.1 The strategy includes references to support from Community Services as adults with learning disabilities have access to mainstream leisure services.

5.9 Opportunities and Risks

5.9.1 There is financial risk identified in funding services to adults with learning disabilities. Further research is currently taking place to inform future planning for this area of service. More detailed reports will be considered within the PCT and Adult & Consumer Care.

5.10 Financial Implications

5.10.1 The actions proposed in the strategy are in response to various drivers for change arising from Government commissioned reports and local responses to improve the quality of life for Adults with Learning Disabilities in the Borough.

The strategy also highlights the growing demand for services and makes reference to increasing costs which have arisen from demand for services and an increasing cost base in the procurement of services.

In 2007/08 the service disciplines providing care for adults with learning disabilities overspent the budgetary provision by around £470k against a net budget of £8 million. In the Council's forecast of costs for the three years 2008-2011, the expectation is that costs will escalate due to increasing demand and the realisation that costs of purchased care will rise in excess of inflation across all Adult Social Services. This is a trend being forecast by the majority of Social Care authorities in England. The Council is therefore taking account of these issues as part of its medium term financial planning and, in the meantime, clear controls have been put in place to ensure that resources are deployed effectively.

The majority of actions proposed in the strategy will be met from within existing resources held by the Council or the PCT. Any actions that sit outwith existing resources will need to be considered as part of the budget setting processes for the PCT and the Council. The Department of Health expects that responsibilities for commissioning of some ALD services and functions delivered by the PCT will transfer to Councils from 2009/10. Negotiations to agree the functions and funding (around £4.5m together with some property assets) will be held over the next couple of months and agreement will hopefully be met in line with Department of Health expectation by 1st December 2008. A further report will need to be presented to Cabinet on this issue.

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TELFORD & WREKIN COUNCIL

CABINET – 13 OCTOBER 2008

HEALTH & WELL-BEING STRATEGY 2008-2011

REPORT OF THE HEAD OF SERVICE DEVELOPMENT, ADULT & CONSUMER CARE

1. PURPOSE

To request endorsement of the full Health & Well-being Strategy that has been developed from the Priority Plan for Promoting Healthy Communities & Improving the Quality of Life of Vulnerable and Older People.

2. RECOMMENDATION

That Members endorse the document that has been produced through joint work in partnership with the Primary Care Trust .

3. BACKGROUND

- 3.1 The Health & Well-being Strategy has been developed as a joint document for the Council and PCT. This has involved an innovative approach that aligns the Council's process for producing Priority Plans with the requirement for the over-arching Health & Well-being Strategy. The Strategy also meets the PCT requirement to produce a strategic commissioning plan. The partnership approach toward the Strategy has avoided duplication, enabled consistency and reduced the total amount of time that would have been required to produce separate document for the PCT and Council.
- 3.2 There has also been careful consideration of the linkage between the other Priority Plans that the Council has produced. This is reflected in the extent to which the needs of children and families are identified within the Strategy and linked priorities with the Children & Young People's Plan. There are also links, primarily in the 'Housing' content with the Priority Plan for Maintaining a High Quality, Attractive and Sustainable Environment. Similarly, the Strategy reflects the Priority Plan for Creating a Safe, Strong and Cohesive Community (eg in relation to substance misuse and alcohol harm reduction) and Strengthening the Local Economy and Skills of Local People (eg for enabling employment opportunities for people with disabilities).
- 3.3 The Priority Plan for Promoting Healthy Communities & Improving the Quality of Life of Vulnerable and Older People was approved earlier

this year as part of the Council's corporate planning process. Since then the document has remained substantially the same but has been enhanced by the addition of Health Service information to achieve the full Health & Well-being Strategy.

- 3.4 The Health & Well-being Strategy will now be taken forward as the high level document for other strategies that relate to specific areas such as Learning Disabilities, Dementia, Mental Health and Carers. It will also inform our business plans and performance monitoring as means of ensuring implementation of the priorities and actions identified within the Strategy.
- 3.5 Work is continuing on a partnership basis to produce a Joint Strategic Needs Assessment (JSNA). This is now a statutory requirement for the Director of Public Health; Director of Adult Social Services; and Director of Children's Services. The outcome of the JSNA work will be reported during the first quarter of 2009 and that will then lead in to a refresh of the Health & Well-being Strategy around March / April 2009.

4. HEALTH & WELL-BEING STRATEGY

- 4.1 The Executive Summary of the Strategy is attached to this report.
- 4.2 Copies of the full Strategy will be made available through the Council's website and it is also intended to publish it on the PCT website and Telford & Wrekin Partnership website.
- 4.3 Paper versions of the strategy will be produced and distributed to groups within the Health & Well-being Partnership. The Partnership Board approved the Strategy when it met on 9 September 2009.

5. EQUALITY AND DIVERSITY

- 5.1 The areas covered within the Strategy have significant links to addressing equality and diversity issues. Health inequality is a key area for local action and this is a primary focus within the document. An equalities impact assessment has been completed to ensure that all relevant aspects are addressed appropriately.

6. ENVIRONMENTAL IMPACT

- 6.1 There are no specific environmental impact issues arising from the Strategy.

7. LEGAL COMMENT

- 7.1 The Health & Well-being Strategy draws together a wide range of issues and services that are underpinned by a framework of legislation. The Local Government and Public Involvement in Health Act 2007 received Royal Assent on 30th October 2007. Chapter 1 (Sections 103-

118) relating to Local Area Agreements and Community Strategies came in to force on 30th December 2007 ,save for Section 116 relating to health and social care joint needs assessments , which came into force on 1st April 2008.

8. LINKS WITH CORPORATE PRIORITIES

- 8.1 The Strategy has links to all corporate priorities as described in Section 3.2 of this report in relation to the other Priority Plans of the Council. There is also relevance to the objective for a modern, effective council.

9. OPPORTUNITIES AND RISKS

- 9.1 The opportunities and risks associated with this report have been identified and assessed. Arrangements will be put in place to manage the risks and maximise the opportunities that have been identified

10. FINANCIAL IMPLICATIONS

- 10.1 This strategy is an overarching document that other strategies will sit within. It defines an overall approach across health and social care services and will be delivered in co-operation with the NHS and other partner organisations. It identifies the key areas for joint use of resources and will have implications for the way in which existing Portfolio resources are used rather than determining the amount of resources. The Strategy has been developed in accordance with the Council's priority plans and will therefore ensure spending is aligned with the identified priorities, which include services and initiatives delivered through partnership arrangements. Therefore, delivery of the strategy will be in line with existing resources or will reflect priorities being considered by the Service and Financial Planning Group and will be within the Council's budget setting processes.

11. WARD IMPLICATIONS

- 11.1 Borough wide implications

12. BACKGROUND PAPERS

- 13.1 None

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Telford and Wrekin Health and Well-being Strategy 2008-2011

Executive Summary

The Telford and Wrekin Health and Well-being Strategy describes how the Council, PCT and partner organisations plan to work together to improve the health outcomes and quality of life for people living in Telford and Wrekin. It is a three year strategy with ambitious goals. The strategy has been based on a developing strategic needs assessment, including the Telford and Wrekin Health and well-being demographic foundation report 2007 and engagement with the local community and key stakeholders.

The Health and Well-being Strategy is the PCT's Health Commissioning Plan and the Council's Priority Plan for Promoting Healthy Communities and Improving the Quality of Life for Vulnerable and Older People.

The overall priorities in the Health and Well-being Strategy are:

- to improve health and wellbeing and reduce health and social inequalities.
- to help people make informed choices about their care and support
- to provide the quickest, safest and most effective care

To improve health and well-being and reduce health and social inequalities.

Keeping people healthy and minimising the impact of chronic disease, such as heart disease, stroke and diabetes, is a high priority for the PCT and Council. The risk of chronic disease is greatly reduced for people who lead a healthy life style and so the PCT and the Council will therefore provide services that promote this. The PCT and Council's immediate priority areas for improved health are smoking cessation, reducing the rate of teenage pregnancy, weight management, alcohol misuse and breast feeding. Over the next three years the PCT and the Council will develop a life style change service to support people who want to have a healthier life style.

In addition to supporting all of the local population to achieve a healthier life style, the PCT and the Council will target those groups of people who may experience a disadvantage in access to health services and a healthy life style, for example people on a low income, older people, people with a learning disability or mental health needs.

A particularly important focus will be to increase participation in regular physical activity; central to achieving this will be implementing the Telford Sports, Learning and Enterprise Community action plan.

To help people to make informed choices about their care and support

Providing services that are tailored to meet individual need and choice and that treat all people with dignity and respect is an important priority for the Council and PCT

Over the next three years this will be achieved by increasing the availability of personal budgets, setting a standard for informed self-determination and by offering respect and dignity in all health, social care and related services.

People will be supported to better manage their care by continuing to offer everyone who is in need of social care an assessment, improving advice, information and signposting for people, regardless of how their care needs might be funded and developing an option for self-assessment and assisted assessment. People with a long term health condition will be given the information and resources needed to enable them to manage their own care and make choices about how and where care is provided. Care will be provided in or close to the person's home whenever possible.

Independent living will be supported by additional specialist accommodation including, extra care housing, high quality independent accommodation and communal facilities in a secure environment that aims to provide a 'home for life'.

In recognition of the role played by carers, the Telford and Wrekin Local Area Agreement includes a target relating to the number of carers receiving an assessment/review, specific carers' services or advice and information. These services will be developed in line with the local Carers Strategy and the national New Deal for Carers and will include emergency respite care.

Improved public information will be available to inform choice, for example: through building on star ratings and quality premiums for care homes and the Scores on the Doors guide to food safety in restaurants, schools, care services and other premises.

To provide the quickest, safest and most effective care

This priority is about receiving the right care, in the right place and at the right time. It is about services working together in a co-ordinated way so that the person experiences continuity in their care as they move between services.

To help people access the quickest, safest and most effective care, the PCT and the Council will develop and actively promote a single point of contact and triage system for people who have urgent or emergency health and social care needs. There will also be improved access, advice and signposting for social and health care, with a help desk and information available twenty four hours a day, seven days a week, through designated contact points.

The PCT and the Council aim to provide care at home or closer to home whenever possible by focusing the acute hospital services on the seriously ill

and injured and providing community based services, such as integrated health and social care teams, community hospitals, minor injury units, new GP surgeries and an urgent care centre, for those people who do not need the very specialist support of a general hospital. The PCT and the Council will establish a Health and Well-being Centre in the centre of Telford to provide access to clinical and community services to help people to maintain good health and independence.

The PCT and the Council will also look to continue to improve links with other key services, for example: housing, benefits advice, employment and leisure services.

The PCT and the Council will also develop predictive case modelling to identify those people most at risk of needing a hospital admission to allow early intervention and community support.

During 2008/09, the PCT and the Council will establish 12 new care pathways for long-term conditions to ensure quality of care at the right time and place. A care pathway is a term used to describe the best clinical practice for a condition from disease prevention through to medical assessment, diagnosis, treatment and discharge. These will be based in part on the Department of Health's national service frameworks which set out national standards and best practice care pathways for various conditions such as diabetes and coronary heart disease. The PCT and the Council will also put in place a number of other care pathways, for example for mental health and end of life care. All care pathways will include the need to develop a healthy lifestyle so that disease is prevented. As part of a national programme to share best practice the PCT and the Council are developing care pathways with staff who provide services and people who use services.

The other main focus will be on improving access to services and reducing waiting times, for example: increasing the number of GP surgeries offering extended opening hours, reducing waiting times for dental services and improving access to social care assessment.

Key Objectives

To improve health and well-being and reduce health and social inequalities.

The key objectives of this sub-priority are to:

- improve the health and well-being of the population of Telford & Wrekin overall
- improve the health outcomes for people with mental health needs, those with a learning disability, older people, people from black and minority ethnic communities and others who may experience a disadvantage

- improve access to mainstream leisure, employment, transport, education and lifelong learning opportunities for all of the population and specifically for people who may be disadvantaged
- improve access to GPs by establishing new practices
- create more opportunities and facilities for all of the community to participate in sports, arts and leisure activities;
- reduce the number of people admitted to hospital as a result of harm caused by alcohol
- reduce teenage pregnancies
- provide better anti-natal care for all mothers
- improve the health outcomes for mothers, babies and children from high risk groups
- improve the promotion and support of breast feeding
- reduce the levels of childhood obesity
- promote better health for children in care

To help people to make informed choices about their care and support

The key objectives of this sub-priority are to:

- support vulnerable people to live independently in their own homes
- increase the availability of personal budgets
- improve access to assessment
- improve access to health and social care services
- carry out assessments of carers' needs and respond to these through the provision of support services
- ensure that the quality of the domiciliary care service has a person-centred focus on outcomes and that people are treated with dignity and respect
- enable people with a long-term health condition to understand their condition and to support them to manage their care
- systematically review and monitor the quality of care provided by care homes to ensure that the dignity and safety of residents is upheld at all times
- work towards offering the option of a personal budget in continuing health care in the future
- enable people to die in their place of choice with dignity and respect
- plan, organise and deliver services around the needs of disabled children and their families

To provide the quickest, safest and most effective care

The key objectives of this sub-priority are to:

- increase choice in where and when a procedure or consultation takes place
- improve access to GPs and primary care professionals
- improve levels of dental care responsiveness
- establish prompt and easy access to urgent and emergency services
- set commissioning outcomes based on best practice for day surgery

- commission care that is available 24 hours a day and 7 days a week for people at an advanced stage in the progression of their condition
- ensure that all people who are eligible for NHS continuing care are identified and offered this care
- commission well co-ordinated care pathways
- commission and provide services based on best clinical and care practice for people with a long term health condition or complex care need
- promote independence and well-being to reduce the demand on acute hospitals in future
- improve the communication and sharing of patient and service user information across health and social care as well as primary care, community and hospital services
- ensure and improve the quality of care service provision within Telford and Wrekin
- improve the communication between hospital and community services so that admission to and discharge from hospital is managed effectively and efficiently
- provide care closer to home where possible through community based services
- reduce the length of stay of planned hospital admissions
- avoid unplanned admissions to hospital in the last 6 months of life.
- provide high quality support from pregnancy to childbirth
- develop clinical care pathways based on best practice for children with a long term condition
- reduce emergency bed days used by children and young people
- support children and young people to die at home if this is their choice

The sections in the strategy represent the stages in terms of life events and / or stages of care with reference throughout to the different care groups affected. More detailed strategies and action plans can be found in the Strategies for these care groups.

The PCT and the Council are committed to:

- **Equalities & Diversity** – striving to ensure that communities have equal access to services and that services do not discriminate on the grounds of ethnicity, religion or beliefs, disability, gender, sexuality or age .
- **A Strong Community Focus** – understanding the needs of the area, listening and responding to the views of local people and ‘narrowing the gap’ between the prosperous and more deprived parts of the community.
- **Sustainable Development** – delivering real and lasting benefits which are not at the expense of future generations
- **Best Value for Money** – making sure that the services that the PCT and the Council commission provide the best value in terms of cost, quality, efficiency and effectiveness

- **Improved outcomes** – demonstrating that the services the PCT and the Council commission provide improved outcomes for the people who receive these services
- **Develop services that make sense in terms of evidence base and to the communities served** – making sure that any changes to health or social services or the development of new services are based on sound evidence and expert advice and are acceptable to the local community, recognising the diversity of that community.

Resources

The overall resources allocated to the Health and Well-being Strategy over the next three years are outlined below.

A summary of the Council's funding for 2008 – 2011

| | Budget 2008/09 £m | 2009/10 £m | 2010/11 £m |
|---|----------------------------------|-----------------------|-----------------------|
| Adult Social Services | 34.1 | 35.7 | 37.4 |
| Food Safety | 0.5 | 0.51 | 0.52 |
| Housing Needs and Homelessness | 0.9 | 0.92 | 0.94 |
| Supporting People | 4.0 | 4.0 | 4.0 |
| Leisure | 6.9 | 7.04 | 7.18 |
| Corporate total (excluding the devolved schools budget) | 118.03 | 123.3 | 128.6 |

A summary of the PCTs funding for 2008 - 2011

| | Budget 2008/09 £m | 2009/10 £m (Assumed) | 2010/11 £m (Assumed) |
|--------------|----------------------------------|---------------------------------|---------------------------------|
| Total budget | 224.9 | 237.1 | 249.9 |

The plans described in this document are based on existing budget allocations for 2008/09 and realistic projections based on corporate financial planning for PCT and Council in the period up to 2011.

In terms of specific investment decisions that have been made by the Council and PCT as part of these organisations' financial planning strategies to deliver key policy objectives, key areas identified for 2008/09 are:

- £1.070m revenue to protect current levels of Adult Social Services

- £1m capital to provide Disabled Facilities Grants (part of this allocation will also provide grants to the private sector to bring properties up to a higher living standard)
- additional £14 million revenue investment over 3 years to build 300+ more affordable homes
- £1.420m capital to improve residential and day care facility (Downing House)
- £500k revenue for an Urgent Care Centre; this includes double running costs until the centre is fully operational in April 2009
- £250k revenue to fund three months of the Health and Well-being Centre, in the centre of Telford. Full year running costs are estimated at £1m
- £400k capital for the replacement of one existing GP practice per year
- £750k revenue to invest in IT healthcare systems to improve communication between the hospital, GP practice and community

Listening to the Community

The PCT and the Council have consulted widely with local people in developing medium-term service and financial strategies, particularly regarding investment priorities. This consultation programme has also been used to inform the development of the Council's Priority Plans and the 2008-2011 Local Area Agreement.

The PCT and the Council have used a variety of ways to engage with a broad cross-section of the community, including:

- a major postal survey of a random sample of over 3,000 people, regular surveys of the Community Panel (1,000 local residents) and a survey of all Town and Parish Councillors
- a Question Time event, attended by 200 local people, and a Business Breakfast, involving representatives from 35 diverse local businesses
- discussions with a range of stakeholder groups, including the Young People's Forum, Connecting Communities Group (black and minority ethnic people), Older People's Forum, Disabilities Forum and voluntary sector groups
- a 'State of the Borough' conference with partners to discuss key issues and priorities
- an interactive online survey (The Council Tax Challenge), which invited participants to 'spend' part of the Council's Budget. (82 respondents)
- ten Health and Well-being Strategy workshops with people who use services, carers, front line staff and partner organisations to identify key issues and priorities
- NHS Next Steps review which engaged with the public and other key stakeholders, such as community and voluntary organisations, through a number of workshops at different stages in the development of the strategy. This included an initial engagement and preparation workshop of 70 participants, consultation workshop on outline plans

with 78 participants and numerous workshops to discuss and plan options for each of the care pathway development groups.

The Health and Well-being Strategy should be read alongside:

- Children's Trust's Children and Young People's Strategy
- The Council's Priority Plans for a Sustainable Environment, Safer & Stronger Communities and the Economy and Skills
- Developing Health and Healthcare – A Strategy for Shropshire, Telford and Wrekin.
- Telford and Wrekin PCT and Council Operating Business Plan
- Investing for Health
- High Quality Care for All (Lord Darzi's report)

It should be noted that this three year strategy is a living document. It will be refreshed each year following a review through the Joint Strategic Needs Assessment.

East of England
East Midlands
London
North East
North West
South East Coast
South Central
South West
West Midlands
Yorkshire and the Humber

High Quality Care For All

NHS Next Stage Review Final Report – Summary

DH INFORMATION READER BOX

| | |
|---------------------------|-----------------------------------|
| Policy | Estates |
| HR / Workforce Management | Commissioning |
| Planning / Performance | IM & T |
| Clinical | Finance |
| | Social Care / Partnership Working |

| | |
|----------------------------|---|
| Document Purpose | Policy |
| Gateway Reference | 10106 |
| Title | High Quality Care For All NHS Next Stage Review Final Report |
| Author | Professor the Lord Darzi of Denham KBE, HonFREng, FmedSci |
| Publication Date | 30 Jun 2008 |
| Target Audience | PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSS |
| Circulation List | |
| Description | Final report of Lord Darzi's NHS Next Stage Review. It responds to the 10 SHA strategic visions and sets out a vision for an NHS with quality at its heart. |
| Cross Ref | Framing Document - May 2008 Interim Report October 2007 |
| Superseded Docs | Update |
| Action Required | N/A |
| Timing | N/A |
| Contact Details | NHS Next Stage Review Team Department of Health Room 544, Richmond House 79 Whitehall, London SW1A 2NS 020 7210 3000 Email: ournhs@dh.gsi.gov.uk http://www.nhs.uk/ournhs |
| For Recipient's Use | |



Summary letter

Our NHS – Secured today for future generations
by Lord Darzi

An NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart.

Dear Prime Minister, Chancellor of the Exchequer, and Secretary of State for Health,

This year the NHS is 60 years old. We are paying tribute to a service founded in adversity, from which were established enduring principles of equal access for all based on need and not ability to pay. We are celebrating a national institution that has made an immeasurable difference to millions of people's lives across the country.

Quite simply, the NHS is there when we need it most. It provides round the clock, compassionate care and comfort. It plays a vital role in ensuring that as many of us as possible can enjoy good health for as long as possible – one of the things that matters most to us and to our family and friends.

The journey so far

I know the journey we have all been on from my own experience as an NHS clinician working in partnership with professional colleagues across the service.

I used to be the only colo-rectal surgeon in my hospital; today I am a member of

a team of four surgeons, working in a network that reaches out into primary care. Ten years ago, we had one part-time stoma nurse. Today we have two full-time stoma nurses, two specialist nurses and a nurse consultant.

Ten years ago, my patients would sometimes wait over a year for treatment, and now they wait just a few weeks – and even less if cancer is suspected. My patients are treated using keyhole surgery enabling them to leave hospital in days rather than weeks. My team's conversations about quality take place in weekly multidisciplinary meetings rather than in corridors. Together, these changes have meant real improvements for patients.

I have seen for myself the NHS getting better, and I have heard similar stories from other clinical teams throughout the country over the course of this Review. These achievements were enabled by the investment of extra resources,¹ by giving freedom to the frontline through NHS foundation trusts, and by ensuring more funding followed patient choices. They were delivered by the dedication and hard work of NHS staff who were determined to improve services for patients and the public.

¹ In 1996/7, the budget for the NHS in England was £33 billion; in 2008/9 it is £96 billion.

The next stage of the journey

My career is dedicated to improving continuously the quality of care we provide for patients. This is what inspires me and my professional colleagues, and it has been the guiding principle for this Review. We need to continue the NHS journey of improvements and move from an NHS that has rightly focused on increasing the quantity of care to one that focuses on improving the quality of care.

There is still much more to do to achieve this. I have continued my clinical practice while leading the Review nationally. I have seen and treated patients every week. Maintaining that personal connection with patients has helped me understand the improvements we still need to make. It has driven me to focus this Review on practical action.

It is because of this that I have been joined in this Review by 2,000 clinicians and other health and social care professionals from every NHS region in England. Their efforts, in considering the best available evidence and in setting out their own visions for high quality services (described in *Chapter 1*), have been the centrepiece of this process.

Their visions – developed in discussion with patients, carers and members of the general public – set out bold and ambitious plans. I am excited by the local leadership they demonstrate and the commitment of all those who have been involved.

In developing the visions, the NHS has had to face up to significant variations in the quality of care that is provided.

Tackling this will be our first priority. The NHS needs to be flexible to respond to the needs of local communities, but people need to be confident that standards are high across the board.

Delivering the visions will mean tackling head on those variations in the quality of care and giving patients more information and choice. The message they send is that the programme of reform that has been put in place has been unevenly applied and can go much further.

We also need to accelerate change for other reasons. *Chapter 2* describes the changes facing society and healthcare systems around the world. It sets out how the NHS in the 21st century faces a particular set of challenges, which I would summarise as: rising expectations; demand driven by demographics; the continuing development of our 'information society'; advances in treatments; the changing nature of disease; and changing expectations of the health workplace. These are challenges we cannot avoid. The NHS should anticipate and respond to the challenges of the future.

My conclusions, and the measures described in this report, focus on how we can accelerate the changes that frontline staff want to make to meet those challenges, whilst continuing to raise standards.

The vision this report sets out is of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically

effective, personal and safe. It will see the NHS deliver high quality care for all users of services in all aspects, not just some. I set out below the key steps we must take to deliver this vision.

High quality care for patients and the public

Throughout this Review, I have heard clearly and consistently that people want a greater degree of control and influence over their health and healthcare. If anything, this is even more important for those who for a variety of reasons find it harder to seek out services or make themselves heard.

Personalising services means making services fit for everyone's needs, not just those of the people who make the loudest demands. When they need it, all patients want care that is personal to them.² That includes those people traditionally less likely to seek help or who find themselves discriminated against in some way. The visions published in each NHS region make clear that more support is needed for all people to help them stay healthy and particularly to improve the health of those most in need. *Chapter 3* explains how we will do this including by introducing new measures to:

Create an NHS that helps people to stay healthy. For the NHS to be sustainable in the 21st century it needs to focus on improving health as well as treating sickness. This is not about the 'nanny state'. As a clinician, I believe that

the NHS has a responsibility to promote good health as well as tackle illness.

Achieving this goal requires the NHS to work in partnership with the many other agencies that also seek to promote health. Much progress on closer working has been made in recent years. In line with my terms of reference,³ this reports focuses on what the NHS can do to improve the prevention of ill health.

The immediate steps identified by this Review are:

- **Every primary care trust will commission comprehensive wellbeing and prevention services, in partnership with local authorities, with the services offered personalised to meet the specific needs of their local populations.** Our efforts must be focused on six key goals: tackling obesity, reducing alcohol harm, treating drug addiction, reducing smoking rates, improving sexual health and improving mental health.
- **A Coalition for Better Health, with a set of new voluntary agreements between the Government, private and third sector organisations on actions to improve health outcomes.** Focused initially on combatting obesity, the Coalition will be based on agreements to ensure healthier food, to get more people more physically active, and to encourage companies to invest more in the health of their workforce.

² Opinion Leader Research, Key findings of 18 September 2007 *Our NHS, Our Future* nationwide consultative event.

³ Terms of Reference available at www.ournhs.nhs.uk

- **Raised awareness of vascular risk assessment through a new 'Reduce Your Risk' campaign.** As we roll out the new national programme of vascular risk assessment for people aged between 40 and 74, we will raise awareness through a nationwide 'Reduce Your Risk' campaign – helping people to stay healthy and to know when they need to get help.
 - **Support for people to stay healthy at work.** We will introduce integrated Fit for Work services, to help people who want to return to work but are struggling with ill health to get back to appropriate work faster.
 - **Support GPs to help individuals and their families stay healthy.** We will work with world-leading professionals and patient groups to improve the Quality and Outcomes Framework to provide better incentives for maintaining good health as well as good care.
- We will give patients more rights and control over their own health and care. I have heard the need to give patients more information and choice to make the system more responsive to their personal needs. We will:
- **Extend choice of GP practice.** Patients will have greater choice of GP practice and better information to help them choose. We will develop a fairer funding system, ensuring better rewards for GPs who provide responsive, accessible and high quality services. The NHS Choices website will provide more information about all primary and community care services, so that people can make informed choices.
 - **Introduce a new right to choice in the first NHS Constitution.** The draft NHS Constitution includes rights to choose both treatment and providers and to information on quality, so that, wherever it is relevant to them, patients are able to make informed choices.
 - **Ensure everyone with a long-term condition has a personalised care plan.** Care plans will be agreed by the patient and a named professional and provide a basis for the NHS and its partners to organise services around the needs of individuals.
 - **Pilot personal health budgets.** Learning from experience in social care and other health systems, personal health budgets will be piloted, giving individuals and families greater control over their own care, with clear safeguards. We will pilot direct payments where this makes most sense for particular patients in certain circumstances.
 - **Guarantee patients access to the most clinically and cost effective drugs and treatments.** All patients will receive drugs and treatments approved by the National Institute for Health and Clinical Excellence (NICE) where the clinician recommends them. NICE appraisals processes will be speeded up.

The common theme of these new measures for patients is improving quality. It must be the basis of everything we do in the NHS.

Quality at the heart of the NHS

In my career as a surgeon, I try to do my best to provide patients with high quality NHS care – just like hundreds of thousands of other staff. This has been my guiding principle as I have led this Review.

High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.

As independent research has shown,⁴ the NHS has made good progress over the past decade in improving the overall quality of care for patients. During this period, improvements in quality were focused primarily on waiting times, as basic acceptable standards of access to A&E and secondary care were established, and on staffing levels and physical infrastructure.

Today, with the NHS budget approaching £2 billion a week, more staff, and improvements in the quality and availability of information, quality can be at the heart of everything we do in the NHS. It means moving from high quality

care in some aspects to high quality care in all.

We will raise standards. The visions set out for each NHS region and formed by patients' expectations are ambitious for what the NHS can achieve. *Chapter 4* of this report sets out the measures that will enable us to meet these standards:

- **Getting the basics right first time, every time.** We will continue to seek improvements in safety and reductions in healthcare associated infections. The Care Quality Commission will have new enforcement powers. There will be national campaigns to make care even safer.
- **Independent quality standards and clinical priority setting.** NICE will be expanded to set and approve more independent quality standards. A new National Quality Board will offer transparent advice to Ministers on what the priorities should be for clinical standard setting by NICE.
- **For the first time we will systematically measure and publish information about the quality of care from the frontline up.** Measures will include patients' own views on the success of their treatment and the quality of their experiences. There will also be measures of safety and clinical outcomes. All registered healthcare providers working for, or on behalf of, the NHS will be required by law to publish 'Quality Accounts' just as they publish financial accounts.

⁴ S Leatherman and K Sutherland, *The Quest for Quality: Refining the NHS Reforms*, Nuffield Trust, May 2008 and K Davis et al., *Mirror, Mirror on the Wall: An international update on the comparative performance of American healthcare*, Commonwealth Fund, May 2007.

- **Making funding for hospitals that treat NHS patients reflect the quality of care that patients receive.** For the first time, patients' own assessments of the success of their treatment and the quality of their experiences will have a direct impact on the way hospitals are funded.
 - **For senior doctors, the current Clinical Excellence Awards Scheme will be strengthened, to reinforce quality improvement.** New awards, and the renewal of existing awards, will become more conditional on clinical activity and quality indicators; and the Scheme will encourage and support clinical leadership of service delivery and innovation.
 - **Easy access for NHS staff to information about high quality care.** All NHS staff will have access to a new NHS Evidence service where they will be able to get, through a single web-based portal, authoritative clinical and non-clinical evidence and best practice.
 - **Measures to ensure continuous improvement in the quality of primary and community care.** We have just completed our consultation on proposals to bring all GP practices and dental practices within the scope of the new health and adult social care regulator, the Care Quality Commission.⁵ We will introduce a new strategy for developing the Quality and Outcomes Framework which will include an independent and transparent process for developing and reviewing indicators. We will support practice accreditation schemes, like that of the Royal College of General Practitioners.
 - **Developing new best practice tariffs focused on areas for improvement.** These will pay for best practice rather than average cost, meaning NHS organisations will need to improve to keep up.
- We will strengthen the involvement of clinicians in decision making at every level of the NHS. As this Review has shown, change is most likely to be effective if it is led by clinicians. We will do this by ensuring that:
- **Medical directors and quality boards feature at regional and national level.** These will complement the arrangements at PCT level that are developing as part of the World Class Commissioning programme.
 - **Strategic plans for delivering the visions will be published later this year by every primary care trust.** Change will be based on the five principles I set out earlier this year in *Leading Local Change*.⁶
 - There is clear **local support for quality improvement.** A new 'Quality Observatory' will be established in every NHS region to inform local quality improvement efforts.

⁵ Department of Health, *The future regulation of health and adult social in England*, 25 March 2008.

⁶ *NHS Next Stage Review: Leading Local Change*, Department of Health, May 2008.

We will foster a pioneering NHS. Throughout my career, in all the clinical teams I have worked in, my colleagues and I have challenged one another to improve the way we provide care for patients. Continuous advances in clinical practice mean the NHS constantly has the opportunity to improve. My review will enable this through:

- **Introducing new responsibilities, funds and prizes to support and reward innovation.** Strategic health authorities will have a new legal duty to promote innovation. New funds and prizes will be available to the local NHS.
- **Ensuring that clinically and cost effective innovation in medicines and medical technologies is adopted.** We will strengthen the horizon scanning process for new medicines in development, involving industry systematically to support better forward planning and develop ways to measure uptake. For new medical technologies, we will simplify the pathway by which they pass from development into wider use, and develop ways to benchmark and monitor uptake.
- **Creating new partnerships between the NHS, universities and industry.** These 'clusters' will enable pioneering new treatments and models of care to be developed and then delivered directly to patients.

These changes will help the NHS to provide high quality care across the board. Throughout this Review, it has

been clear that high quality care cannot be mandated from the centre – it requires the unlocking of the talents of frontline staff.

Working in partnership with staff

I have heard some people claim that there is 'change fatigue' in the NHS. I understand that NHS staff are tired of upheaval – when change is driven top-down. It is for this reason that I chose to make this Review primarily local, led by clinicians and other staff working in the NHS and partner organisations. In my own practice and across the country I have seen that, where change is led by clinicians and based on evidence of improved quality of care, staff who work in the NHS are energised by it and patients and the public more likely to support it.

We will empower frontline staff to lead change that improves quality of care for patients. *Chapter 5* sets out how we will do this by:

- **Placing a new emphasis on enabling NHS staff to lead and manage the organisations in which they work.** We will re-invigorate practice-based commissioning and give greater freedoms and support to high performing GP practices to develop new services for their patients, working with other primary and community clinicians. We will provide more integrated services for patients, by piloting new integrated care organisations, bringing together health and social care professionals from a range of organisations – community

services, hospitals, local authorities and others, depending on local needs.

- **Implementing wide ranging programme to support the development of vibrant, successful community health services.** Where PCTs and staff choose to set up social enterprise organisations, transferred staff can continue to benefit from the NHS Pension Scheme while they work wholly on NHS funded work. We will also encourage and enable staff to set up social enterprises by introducing a 'staff right to request' to set up social enterprises to deliver services.
- **Enhancing professionalism.** There will be investment in new programmes of clinical and board leadership, with clinicians encouraged to be practitioners, partners and leaders in the NHS. We challenge *all* organisations that do business as part of, or with, the NHS to give clinicians more control over budgets and HR decisions.
- **No new national targets** are set in this report.

We will value the work of NHS staff. NHS staff make the difference where it matters most and we have an obligation to patients and the public to enable them to make best use of their talents. That is why the Review announces in *Chapter 6*:

- **New pledges to staff.** The NHS Constitution makes pledges on work and wellbeing, learning and development, and involvement and

partnership. All NHS organisations will have a statutory duty to have regard to the Constitution.

- **A clear focus on improving the quality of NHS education and training.** The system will be reformed in partnership with the professions.
- **A threefold increase in investment in nurse and midwife preceptorships.** These offer protected time for newly qualified nurses and midwives to learn from their more senior colleagues during their first year.
- **Doubling investment in apprenticeships.** Healthcare support staff – clinical and non-clinical – are the backbone of the service. Their learning and development will be supported through more apprenticeships.
- **Strengthened arrangements to ensure staff have consistent and equitable opportunities to update and develop their skills.** Sixty per cent of staff who will deliver NHS services in 10 years time are already working in healthcare. We need to make sure that they are able to keep their skills and knowledge up to date.

The first NHS Constitution

You asked me to consider the case for an NHS Constitution. In *Chapter 7*, I set out why I believe it will be a powerful way to secure the defining features of the service for the next generation. I have heard that whilst changes must be made to improve quality, the best of the NHS, the values and core principles which

underpin it, must be protected and enshrined. An NHS Constitution will help patients by setting out, for the first time, the extensive set of legal rights they already have in relation to the NHS. It will ensure that decision-making is local where possible and more accountable than it is today, providing clarity and transparency about who takes what decisions on our behalf.

Finally, *Chapter 8* sets out how we will deliver this ambitious programme.

Conclusion

In the 21st century, there remains a compelling case for a tax-funded, free at the point of need, National Health Service. This Report celebrates its successes, describes where there is clear room for improvement, looks forward to a bright future, and seeks to secure it for generations to come through the first NHS Constitution. The focus on prevention, improved quality and innovation will support the NHS in its drive to ensure the best possible value for money for taxpayers. It is also an excellent opportunity to pursue our duties to promote equality and reduce discrimination under the Equality and Human Rights Act.

Through this process, we have developed a shared diagnosis of where we currently are, a unified vision of where we want to be and a common language framework to help us get there. This Review has built strong foundations for the future of the service. It outlines the shape of the next stage of reform, with the clarity and flexibility to give confidence for the future.

Leadership will make this change happen. All of the 2,000 frontline staff that have led this Review have shown themselves to be leaders by having the courage to step up and make the case for change. Their task has only just begun – it is relatively easy to set out a vision, much harder to make it a reality. As they strive to make change happen, they can count on my full support.

I would like to thank everyone who has participated in this Review. I am grateful for the help they have given to me in forming and shaping the conclusions of this Report.

Best wishes,



**Professor the Lord Darzi
of Denham KBE**
Hon FREng, FMedSci
Parliamentary Under Secretary of State

Paul Hamlyn Chair of Surgery,
Imperial College London
Honorary Consultant Surgeon,
Imperial College Healthcare NHS Trust
and the Royal Marsden Hospital
NHS Foundation Trust

TELFORD & WREKIN COUNCIL

CABINET – 13 OCTOBER 2008

THE NHS NEXT STAGE REVIEW – NATIONAL AND LOCAL UPDATE

**JOINT REPORT OF CORPORATE DIRECTORS OF ADULT AND CONSUMER CARE
AND CHILDREN & YOUNG PEOPLE**

1.0 PURPOSE

- 1.1 This paper summarises the findings for Lord Darzi's national NHS Next Stages Review and provides an update on the related work being undertaken locally to develop health and health care in Shropshire and Telford & Wrekin.

2.0 RECOMMENDATIONS

2.1 Members are asked to:

- **Note the findings from the NHS Next Stage Review and the work being undertaken locally in Telford & Wrekin and Shropshire;**
- **Receive further reports on the local NHS review as and when the recommendations are published**

3.0 SUMMARY

- 3.1 The publication and implementation of the NHS Next Stage Review and the local Shropshire and Telford & Wrekin Review will have a significant impact on the future of health and healthcare in the borough.

4.0 PREVIOUS MINUTES

11 February 2008, 'Shropshire, Telford & Wrekin Health Community – Development of an Overarching Strategy' (Cabinet Minute CB-123)

5.0 INFORMATION

5.1 Background

- 5.1.1 The NHS Next Stage Review, *High Quality Care for All* led by Health Minister and Surgeon, Lord Darzi was published in June 2008. It aims to deliver an NHS which has 'quality at its heart'. The summary report is attached as an appendix.

- 5.1.2 Amongst the Review's recommendations are that:

- Every Primary Care Trust will commission comprehensive well-being and prevention services, in partnership with local authorities – with a particular focus on obesity, alcohol harm, drug misuse, smoking, sexual health and mental health
- A Coalition for Better Health will be established, focused on improving health outcomes – especially around obesity
- Introduction of a new national programme of vascular risk assessment for people aged 40-74.
- Support for people to stay healthy at work.
- Greater choice of GP practice
- A new NHS Constitution, will give people rights to choose treatment and providers and to be more informed about the quality of services
- Personalised care plans will be put in place for everyone with a long-term condition
- Pilots of personal health budgets – along similar lines to personal budgets for social care
- There will be systematic measurement and publication of information about the quality of care – including a requirement for the NHS to publish ‘Quality Accounts’
- Hospital funding will be linked to the success and quality of treatment
- A new ‘Quality Observatory’ will be established in every NHS region (eg NHS West Midlands)
- New incentives for innovation in medicines and medical technologies will be introduced
- There will be opportunities to establish integrated care organisations (possibly involving social care) and social enterprises
- Improved NHS education and training will be put in place

5.1.3 In addition, as part of the Review, each NHS Region has published clinical reviews of the following services:

- Acute Care
- Paediatrics
- Maternity
- Mental Health (and in the West Midlands, Dementia)
- Urgent Care
- Planned Care
- Long Term Conditions
- Staying Healthy
- End of Life

5.1.4 The local NHS Review (‘Developing Health and Healthcare: A Strategy for Shropshire, Telford & Wrekin’) has taken place within this national and regional

context. It is being led by John MacDonald, a highly experienced former NHS Trust Chief Executive, and is being overseen by a Clinical Leaders Forum (which includes representatives from Telford & Wrekin Council and Shropshire County Council, 2 PCTs and 2 NHS Trusts)

- 5.1.5 The Local Review has comprised 8 workstreams (which mirror those set out in 5.1.3 above) and has included periodic stakeholder events with public and community representatives. The Deputy Leader of Telford & Wrekin Council and the Chair of Shropshire County Council's Health Scrutiny Committee co-chair a Shared Governance Group, which includes patient and voluntary sector representatives.
- 5.1.6 The local Review's focus is to develop proposals which:
- make sense clinically
 - make sense to communities
- 5.1.7 Work is currently being undertaken on a series of scenario around acute hospital services:
- Scenario 1 – do nothing
 - Scenario 2 – minimum change at Princess Royal (PRH) and Royal Shrewsbury (RSH) hospitals
 - Scenario 3 – more services provided in the community, with more of a focus in the medium term on either RSH or PRH
 - Scenario 4 – more services provided in the community; RSH and PRH continuing to provide planned surgery and diagnostic services; and a new hospital to be built between Shrewsbury and Telford as the major emergency centre for the area ("2020 option")
- 5.1.8 In addition, a review is being undertaken on the best interim arrangements for in-patient paediatric services – this is being undertaken by the Chief Executive of Sandwell and West Birmingham Hospitals NHS Trust and a leading Medical Consultant from Alder Hey Children's Hospital in Liverpool.
- 5.1.9 More detailed recommendations are expected to be published in October 2008 but detailed work and option appraisals will continue into 2009.

6.0 EQUAL OPPORTUNITIES

- 6.1. One of the underlying principles of the review is to address the significant variations in the quality of care that exist. Everyone should be able to access a consistent, high quality standard of care.

7.0 ENVIRONMENTAL IMPACT

- 7.1 If Scenario 4 (see para 5.12.7 above) is pursued, then early involvement of Local Authority Planning and Transport Officers will be essential.

8.0 LEGAL COMMENT

- 8.1. Local Government is a key partner in this review, in accordance with the statutory duty of partnership set out in the Local Government and Public Involvement in Health Act 2007 and other legislation relating to the role of Health Overview and Scrutiny Committees.

8.2 Both Telford & Wrekin and Shropshire County Councils have a direct interest in the review in terms of their “place shaping” and their joint commissioning and joint service provision relationships with the NHS.

9.0 LINKS WITH CORPORATE PRIORITIES

9.1 These issues cut across Corporate priorities but are particularly relevant to:

- Children and Young People
- Healthier communities and the Quality of Life of Older and Vulnerable People

10. FINANCIAL IMPLICATIONS

10.1. There are no direct financial implications arising directly from the recommendations of the report. However there may follow important future developments which give cause for careful monitoring of impacts on the Councils’ Adult Social Services cost base.

10.2 The report highlights developments which are likely to affect the delivery of services in commissioning and may therefore affect the current funding position between the PCT and the Council. The Council already has experience of delivering and commissioning services from pooled budgets and managing funding contributions towards health care from the PCT.

10.3 There are aspects of the review which specify Local Authority involvement, i.e. “commissioning well being and prevention services”, which will inevitably require the Council and PCT to properly identify the funding obligations for these initiatives and to maximise any new funds being allocated by Government to fulfil new responsibilities. In addition to this, impacts of changes on the NHS which affect the cost base of Adult Social Services either directly from partnership working or indirectly will be closely monitored and where necessary reported.

11. WARD IMPLICATIONS

11.1 District wide

12 BACKGROUND PAPERS

12.1 High Quality Care for All (Department of Health 2008)

***Report prepared by Richard Webb,
Corporate Director: Adult and Consumer Care
Tel: 01952 381013***

TELFORD & WREKIN COUNCIL

CABINET – 13 OCTOBER 2008

TRANSFORMING TELFORD 5 MONTH MONITORING REPORT

REPORT OF CORPORATE DIRECTOR OF ENVIRONMENT AND REGENERATION

1. PURPOSE

- 1.1 To provide an overview of performance and update on the key performance activities of Transforming Telford Ltd for the period April – September 2008

2. RECOMMENDATIONS

- 2.1 To note the current performance of Transforming Telford Ltd in relation to its performance against economic development services and company led capital projects**

3. PREVIOUS MINUTES

- 3.1 Cabinet 2nd June 2008

4. PERFORMANCE MANAGEMENT

- 4.1 Appendix 1 is Transforming Telford's report on their performance at the five month period, April – September 2008.
- 4.2 On 2nd June the last performance report (April 2007 – March 2008) was taken to Cabinet for information.
- 4.3 In order to be aligned to the Council's corporate performance management timetable, the company will now report at **five, eight and 12 months**.
- 4.4 For 2008/09 onwards, Transforming Telford will be monitored against a new set of performance indicators, including four national indicators:- NI 151, 166, 171 and 172, with 172 part of the basket of indicators for LAA2, as set out in Table 1.

Table 1: Transforming Telford National Performance Indicators

| | |
|-----------------------|--|
| NI 151 | Overall employment rate (working age) |
| NI 166 | Median earnings of employees in the area (current regional average 3%) |
| NI 171 | New business registration rate |
| NI 172 LAA2 | Percentage of small businesses in an area showing employment growth |

4.5 Transforming Telford will also be monitored against all performance indicators as set out in the Council's Priority Plans, as agreed by Cabinet. Transforming Telford has a particular lead in the 'Strengthening the Local Economy and Skills of Local People' Priority Plan. These indicators are set out in Table 2 below.

Table 2: Transforming Telford Priority Plan Indicators

| SUB PRIORITY 1: INVESTMENT , INNOVATION AND GROWTH | |
|---|--|
| | Keep GVA at 4.5% above West Midlands average (currently £15,325) |
| | The percentage of working age population claiming Jobseeker Allowance (currently 2.1%) to remain below regional average (currently 3.0%) |
| | Retain 21.7% of workforce employed in manufacturing |
| | Increase % of workforce employed in banking, finance and administration from 19.2% to 19.7% by 2010/11 |
| | Increase % of workforce employed in knowledge economy occupations from 36.8% to 37.3% (Standard Occupational Class major group) by 2010/11 |
| | Bring forward 10 acres of EP employment land by 2011 |
| SUB PRIORITY 2: BUSINESS AND TOURISM | |
| | Increase volume and value of business tourism |
| | Increase 1.6m visitors by 5% by 2010/11 |
| | Increase £105m spend by 5% by 2010/11 |
| | Increase number of visitors to World Heritage Site |
| | Increase volume of bedspaces by 250 from 2921 to 3171 by 2010/11 |
| PROJECTS | |
| | Woodside estate satisfaction levels (bi annual survey) |

4.6 Transforming Telford is dependent on nationally supplied information to report on certain indicators, some of which is only available on an annual basis. Therefore reporting against some indicators will only be available once a year. However Transforming Telford will report three times a year on all actions within the Priority Plans, which will enable progress towards meeting targets and objectives to be effectively tracked.

4.7 The monitoring of Transforming Telford's actions in the Priority Plans will be done using the Council's performance management system Triangle. This will be the first use of action planning on Triangle by the authority.

5.0 AUDIT

5.1 The Council undertake periodic reviews of Transforming Telford's quality management systems through Internal Audit scrutinising the information provided. The Council's Internal Audit of Transforming Telford demonstrated the company's systems and monitoring procedures as 'best practice'.

5.2 In order to further improve data quality, Transforming Telford is using the Council's performance management system, Triangle in order to input performance data. A specific data quality agreement is also being appended to the contractual agreement, and members of Transforming Telford are attending Council data quality workshops.

6.0 CONTEXTUAL ECONOMIC DATA

6.1 The performance of Transforming Telford can be set within a wider trend within the local economy. Early signs indicate that local companies and potential inward investors are being affected by the downturn in the economy. This is expanded upon in Section 2.2 of the Context of the Local Economy in Appendix 1.

7.0 EQUAL OPPORTUNITIES

7.1 Transforming Telford's commitment to equal opportunities is set out in its Business Plan and responsibilities defined within the Contractual Service Level Agreement.

7.2 Transforming Telford are currently equality impact assessing their key services and policies.

8.0 ENVIRONMENTAL IMPACT

8.1 Transforming Telford's commitment to sustainable development is set out in its business plan.

9.0 LEGAL COMMENT

9.1 There are no legal implications arising directly out of this report.

10.0 LINKS WITH CORPORATE PRIORITIES

10.1 Transforming Telford's performance is linked most closely to:

Priority 1: Transforming Telford and Wrekin
Priority 6: Strengthening the Local Economy and Skills of the Local People

10.2 Transforming Telford has contributed significantly to the Council's Priority Plan process in 2007/08 and the refresh process in 2008/09. Transforming Telford is a lead organisation in 'Strengthening the Local Economy and Skills of the Local People' Priority Plan.

11.0 FINANCIAL IMPLICATIONS

11.1 The Council contributes to the revenue costs of Transforming Telford (£1.2m per annum) through the Contractual Service Level Agreement for the delivery of economic development services. This is paid quarterly in advance to Transforming Telford with a year end reconciliation based upon Transforming Telford's performance against the Service Contract, as detailed in Appendix 1.

11.2 Transforming Telford undertake the project management role for a number of major capital projects as detailed within their Business Plan. The progress of these capital projects is reported via monitoring processes within Transforming Telford and Telford & Wrekin Council. Where the Council provides funding or is accountable as the lead grant applicant, additional financial advice is provided to Directors and Members by means of the Council's monthly financial monitoring reporting or through dedicated reports to the specific project boards.

12.0 WARD IMPLICATIONS

12.1 District Wide Implications

13.0 BACKGROUND PAPERS

13.1 Previous Cabinet Reports

***Report prepared by
Charlotte Bull, Senior Portfolio Management Officer
Tel: 01952 384018***



Transforming Telford
Contractual Agreement Monitoring Report

5 Month Report

April – August 2008/2009

Service Output Performance Overview

1. Introduction

1.1 Transforming Telford is required through the Contractual Service Level Agreement to provide monitoring reports on performance to the Council in Month 3, 5, 8 and 12. The format of this report is agreed with the Council and includes up to date extracts from the Priority Plan on "Strengthening the Economy and Skills". Transforming Telford contributes to many of the sub priorities in this plan but particularly:

Sub Priority 1 – Encourage Investment, Innovation and Growth

Sub Priority 2 – Promoting the Area as a Business and Leisure Tourism Destination.

Annex 1 of this report highlights the progress against the Key Performance Indicators of these two sub priorities. Annex 2 and Annex 3 set out the details of progress against the plans.

1.2 This report covers **April 2008 – August 2008** of Transforming Telford's performance.

2. Context - The National Economy

2.1 Official Treasury figures is showing the UK economy grinding to a halt between April and June – ending a run of 63 consecutive quarters of economic growth. The Bank of England's new deputy governor, Charles Bean, has said that the economic downturn is as bad as the 1970s and might "drag on for some considerable time". With:

- publication of government data last week showed the UK economy had ground to a halt in the second quarter of the year as households and businesses cut spending
- the oil shock, as the rise in oil prices reaches the same order of magnitude that we had to deal with in the 1970s,
- the annual growth rate in Britain having slowed to 1.4%, its weakest since late 1992 when the pound was forced from the Exchange Rate Mechanism on "Black Wednesday".
- recession technically defined as two successive quarters of a declining economy - Bean said it was "foolish to believe" that another downturn of that (Black Wednesday) magnitude could be prevented, although better regulation might help cushion the blow.
- more than a year since the credit crunch emerged – we have witnessed property prices slumping and triggering the near collapse of banks including Northern Rock and Bear Stearns in the US
- rising food and energy costs and disposable income very low
- manufacturing and construction contracted since the second quarter, and only the service sector barely expanding

- Bank of England governor, Mervyn King, predicting two weeks ago that inflation would rise to more than 5%
- the fear of recession pushing The Bank of England to cut interest rates later this year or early in 2009 as it's caught between the desire to tame inflation and the need to kick-start the economy.

The difficulties and challenges that we work on together with Telford & Wrekin businesses must be set in this wider regional, national and global context.

2.2 Context - The Local Economy

- (i) Locally, business is affected by varying degrees by these national and global factors: e.g.
- house building on major sites at Lawley, East Ketley and Millenium Village has slowed dramatically
 - local, commercial and industrial property agents report that enquiry levels have slowed
 - companies in the construction industry supply chain are seeing a sizeable downturn in orders
 - energy and transport costs are affecting profit margins

The Shropshire Chamber is currently surveying its members on the State of the Economy, which forms part of the British Chambers Quarterly Economic Survey. This will give us a more local trend picture and will be reported in the Autumn.

- (ii) It is too early to predict the impact all of this will have on Telford and whether our business base will be more or less resilient to these challenges. Interestingly, unemployment still remains low at 2.3% (July) and below regional averages. What is clear is that Transforming Telford, with partners, must continue to provide a flexible and responsive investment service to meet companies needs.
- (iii) In the next quarter October – December 2008 Transforming Telford will support the:-
- Telford Economic Development Partnership to consider the impact of the Credit Crunch and hear from the Bank of England, and local companies first hand on the issues.
 - Telford Business Partnership (TBP) to also consider this topic at its quarterly breakfast meeting and will work with Business Link to promote access to finance and wider Business Support
 - Business Environmental Support Scheme for Telford (BESST) to promote 'Understanding your Bills' and particularly focus on reducing energy and water costs
 - Telford and Shropshire Marketing Partnership to consider how to 'wake up your website' and the 'Power of PR'

- The new sector directors of Business Link to run seminars and workshops to support the manufacturing and leisure and hospitality sector.

(iv) Work will continue to monitor the economic data trends for Telford. The Employer Survey completed and analysed in May 2008, gave a useful insight into the local employment structure, overseas investment, commuting patterns and the Top 100 employing companies. The annual update of the Economic Profile for the Borough will start in October and be completed early in the New Year. Robust economic data is essential to underpin policy development and support responses to regional issues. It also helps to develop the business case to attract public and private sector funding.

3. Economic Development Policy

3.1 During the past 5 months work has continued to raise the profile and increase our understanding of Telford's Economic issues.

The "Telford Business Review" in April attended by over 73 people updated local businesses on key economic facts and figures.

The Telford Economic Development Partnerships has met twice and considered:-

- The role and relevance of the City Region
- The importance of the 'Green' Agenda
- The opportunity of Sports Development and Investment with the Olympics and Telford Sports and Learning Community.

3.2 The Transforming Telford Investment Team has helped to represent the Borough's interests on:-

- City Region Core Officers Group
- Wolverhampton and Telford Technology Corridor
- AWM's Investment Proposals
- AWM's Business and Professional Sector Networks
- Regional Chairs Meeting of Destination Management Partnerships
- Regional Business Tourism Theme Group
- Shropshire and Telford 2012 Group
- Shropshire and Telford Destination Management Partnership
- Cultural Consortium for Shropshire and Telford
- Environmental Technologies Sub Regional Group

This work is crucial to position Telford and Telford's growth sectors of Tourism, Business & Professional Services Sector, Advanced Manufacturing, Polymers and emerging new sectors

3.3 Work continues to help the Council Refresh the 2026 Vision document from a Business perspective, support the Economy and Skills Priority Plan

and respond to other key policy changes such as the Sub National Review.

3.4 It will be important during in the next six months to review and refresh the Economic Development Strategy for Telford. This document produced in 2004 by Segal, Quince and Wickstead needs to reflect changes in the local economy and Telfords new aspirations for the future.

4. Economic Development Service

4.1 The Investment Team at Transforming Telford delivers a range of Economic Development Services on behalf of the Council

4.2 **Key Indicators** – Despite concerns about the overall economy, team performance to date against the key indicators is on target.

(i) **Eight Investments** (April – August 2008) have been secured to date including:

- Wiltshire Farm Foods moved into a unit on Queensway Link on Stafford Park
- Advanced Surface Polymers relocated from Wrexham to Unit D5 Horton Park Industrial Estate
- Maxsys Ltd relocated from the Black Country to Telford and moved into Telford and Wrekin new offices at Donnington
- Lastar an American company subletting a unit at Hortonwood
- KDS Solutions moved from Shrewsbury into Hortonwood
- Smash Rooms, a new company moved into Ketley Business Park
- Warmflow, from Ireland and Manchester, signed a lease on a unit at Hortonwood
- Multisorb, from Warrington, signed their lease on a unit in Stafford Park.

(ii) The **number of jobs created** (April – August 2008) from new investments currently stands at 85. These include jobs from Bohle, Nom and Weber. Further jobs are anticipated later in the year, particularly from Nom.

(iii) **Seventeen business expansions** (april – August 2008) have been supported including:-

- Pandapack expanded into an additional unit at Tweedale Court
- Press Red Rentals have taken a unit at Court 2000 in Tweedale
- Ricoh increasing their workforce due to the investment in a new product line
- Wenlock Health and Safety, Business Watch Guarding Ltd, Adendi and Dodd Group have all won new contracts
- Shropshire UKTI moved into an office at the PTL building
- Mitak who have expanded their workforce
- Nfocus expanded into a larger office at the e-Innovation Centre

- Bowmore Zell moved into the e-Innovation Centre
 - Mahle Filter Systems relocated some of their Wiltshire based product lines and staff to their site in Telford, following closure of the Wiltshire site
 - Excalibur Engineering moved into Queensway Business Park
 - Windsor Life recruited new staff as part of their expansion plans
 - Simmonds Transport moved into International House on Stafford Park
 - Schneider Electric and Borgers who are expanding their workforces.
- (iv) The **number of jobs created by business expansions** (April – August 2008) currently stands at 57. These include jobs from Schneider Electric Ltd, Windsor Life and Ricoh with further jobs anticipated later in the year.
- (v) To date 65 **Strategic company visits** have been completed plus 160 other company visits. Due to the challenging economic conditions, the team will increase its visit programme activity in the next quarter.
- (vi) Performance Analysis
- Enquiry levels at Transforming Telford are beginning to show a slight downturn for both Inward Investment and business expansions. This mirrors reports by local agents and other partners.
 - The emphasis in the autumn will be to try and attract more investment from neighbouring areas
 - In July 2008 Transforming Telford completed its Annual Benchmarking Survey with other investment agencies regionally and nationally for 2007/8. Transforming Telford performs well across all indicators once data is adjusted to reflect population size.

4.3 Additional Support had been given to:-

- Promote Telford as a building technologies investment location at three national seminars run by Mtech
- Home HQ to establish a series of seminars to support a Home Entrepreneurs and a location in Ironbridge
- Host the UKTI Japanese team visit to Hozshizaki and Shimitzu
- promote 'Innovation' by sponsoring an Award at the annual Shropshire Business Awards
- Organise the British Japanese Parliamentary Group visit to Telford in October 2008
- Host a seminar with the Institute of Materials, Minerals and Mining to raise the profile of Polymers in Telford

4.4 Other Key Achievements include:

- Representing the Region at the Sisters Cities Festival in Chicago promoting the destination and the Ironbridge World Heritage Site
- Sponsoring the national Plastic, Design and Moulding (PDM) 3 day Exhibition and Conference was held in April, which Transforming Telford sponsored to raise the profile of Telford as the Polymer Central

- Supporting AWM on their exhibition stand at Foreign Direct Investment (FDI) Expo on 24th/25th June at Excel in London
- Successfully running 16 networking events attended by 599 delegates from 303 companies
- Producing a new World Heritage map for Visitors to the Gorge and revamping the Visitironbridge.co.uk website
- Handling 49 conference event enquiries with a return investment of £948,286 to the Destination
- Bidding with partners for additional resources for Tourism for the next three years including:-
 - £330,000 for the Destination Management Partnership from AWM
 - £420,000 for Business Tourism from AWM
 - £67,500 for Leisure Tourism from ERDF

Annex 1
Progress against Key Performance Indicators - April- August 2008/9

| Ref | Name | Baseline | 2008/9 Target | 5 Month | Comment |
|---|--|----------|---------------------------------------|---------|--|
| NI 151 | Overall employment rate (working age) | 73.00% | 73.5% | 73.00% | National statistics are released quarterly and reported 9 months in arrears. The most recent data released for 2008 reports a 73.00% employment rate. This is still above the regional average of 72.4%. |
| NI 166 | Median earnings of employees in the area (current regional average 3%) | 2.9% | 1% above national growth rate | NYA | Annual national statistics will be released November 2008 and reported December 2008 |
| NI 171 | New business registration rate | x | x | NYA | Annual national statistics will be released end of November 2008 and reported in December 2008 |
| NI 172 LAA2 | Percentage of small businesses in an area showing employment growth | n/a | Baseline and future targets to be set | NYA | This is a brand new data set and data will now not be available nationally until 2009. |
| INVESTMENT , INNOVATION AND GROWTH | | | | | |
| Local 1 | Keep GVA at 4.5% above West Midlands average (currently £15,325) | £16 003 | 4.5% above the West Midlands Average | NYA | The baseline target cannot be set until the new National Data is released. It is scheduled for release in 2009 and will be reported when released |
| Local 2 | The percentage of working age population claiming Jobseeker Allowance (currently 2.3%) to remain below regional average (currently 3.1%) | 2.1% | Remain below regional average (3.1%) | 2.3% | In July Overall unemployment rose from 2,285 to 2,365, this represents an increase of 80 people in the last month. There has been an overall rise of 46 people over the last 12 months. |
| Local 3 | Retain 21.7% of workforce employed in manufacturing | 21.7% | 21.7% | NYA | Annual national statistics are released in December 2008 and reported January 2009 |
| Local 4 | Increase % of workforce employed in banking, finance and administration from 19.2% to 19.7% by 2010/11 | 19.2% | 19.4% | NYA | Annual national statistics are released in December 2008 and reported January 2009 |

| | | | | | |
|-----------------------------|--|-------|---------------------------------------|-----|---|
| Local 5 | Increase % of workforce employed in knowledge economy occupations from 36.8% to 37.3% (Standard Occupational Class major group) by 2010/11 | 36.8% | 36.9% | NYA | Annual national statistics are released December 2008 and reported January 2009 |
| Local 6 | Bring forward 10 acres of EP employment land by 2011 | 0 | 3.33 | NYA | EP is currently in negotiation on 5 sites which could bring forward approximately 17 acres of employment land |
| BUSINESS AND TOURISM | | | | | |
| Local 7 | Increase volume and value of business tourism | n/a | Baseline and future targets to be set | NYA | AWM will be undertaking volume and value research at regional and sub regional level. 2007 data is expected by January 2008 |
| Local 8 | Increase 1.6m visitors by 5% by 2010/11 | 1.6m | | NYA | This data is extracted from the volume and value research (see above) |
| Local 9 | Increase £105m spend by 5% by 2010/11 | £105m | | NYA | This data is extracted from the volume and value research (see above) |
| Local 10 | Increase number of visitors to World Heritage Site | n/a | Baseline and future targets to be set | NYA | Identified the way to collate baseline information and bid to ERDF to pay for study |
| Local 11 | Increase volume of bedspaces by 250 from 2921 to 3171 by 2010/11 | 2921 | 2971 | NYA | Premier Inn are building a new hotel at Donnington, creating 50 bedspaces |
| PROJECTS | | | | | |
| Local 12 | Woodside estate satisfaction levels (bi annual survey) | 63.4% | Biannual | NYA | This is a biannual survey and the next survey is due 2009 |

Annex 2

Progress Priority Plan, Sub Priority 1 Investment, Innovation and Growth - April – August 2008/9

| Actions for 2008/9 – 2010/11 | Timescale | Target for 2008/09 | Comments |
|--|------------------------------|---|--|
| Attract 69 New Investments and 500 jobs by providing an inward investment service | 2008/9 2009/10 2010/11 | Achieve 22 New Investments and 140 jobs | <p>To date we have secured 8 new investments including,</p> <ul style="list-style-type: none"> • Wiltshire Farm Foods moved into a unit on Queensway Link on Stafford Park • Advanced Surface Polymers relocated from Wrexham to Unit D5 Horton Park Industrial Estate • Maxsys Ltd relocated from the Black Country to Telford and moved into Telford and Wrekin new offices at Donnington • Lastar an American company subletting a unit at Hortonwood • KDS Solutions moved into Hortonwood • Smash Rooms moved into Ketley Business Park • Warmflow signed a lease on a unit at Hortonwood • Multisorb signed their lease on a unit in Stafford Park. <p>To date 85 jobs have been created by New Investment companies</p> |
| Gain funding to review and Renew the Telford Economic Development Strategy | 2008/9 | Agree with Telford Economic Development Partnership and TWC the way forward | We will work with Telford and Wrekin and the new Head of Economic Development to take this work forward |
| Support 87 Business Expansions and 340 jobs by providing an investor development service | 2008/9 2009/10 2010/11 | Achieve 28 Business Expansions and 100 jobs | <p>To date we have supported 17 Business Expansions, including:</p> <ul style="list-style-type: none"> • Pandapack expanded into an additional unit at Tweedale Court • Madeley, Press Red Rentals taken a unit at Court 2000 in Tweedale • Ricoh increasing their workforce |

| | | | |
|---|------------------------------|---|---|
| | | | <ul style="list-style-type: none"> • Wenlock Health and Safety and Business Watch Guarding Ltd who have won new contracts • Shropshire UKTI moved into an office at the PTL building • Mitak who have expanded their workforce • Dodd Group and Adendi both won new contracts • Nfocus expanded into a larger office at the e-Innovation Centre • Bowmore Zell moved into the e-Innovation Centre • Mahle Filter Systems relocated their Wiltshire Office to their site in Telford • Excalibur Engineering moved into Queensway Business Park • Windsor Life recruited new staff • Simmonds Transport moved into International House on Stafford Park • Schneider Electric and Borgers who are expanding their workforces. <p>To date 56 new jobs have been created by Business Expansions</p> |
| Identify the Baseline for NI 172 and set targets for 2009/10 - 2010/11 | 2008/9 | No target has been set | This is a brand new data set and data will not be available nationally until 2009. |
| Strategic Company Visit Programme Complete 315 company visits | 2008/9 2009/10 2010/11 | Complete 100 Strategic Company Visits | To date 63 strategic visits have been completed. |
| Gain funding to continue to provide a range of Business Environmental Support Scheme for Telford (BESST) services | 2008/9 2009/10 2010/11 | Secure funding to deliver events programme 2008/9 | Funding secured from the Environment Agency to run the programme for 2008/9. The network successfully ran 2 seminars in April and June, 'BESST Annual Review' and 'Ensuring Legal Compliance' These were attended by 76 delegates from 53 companies. |
| Provide existing level of support for Human Resources Network for Manufacturing companies | 2008/9 2009/10 2010/11 | Run 4 seminars 2008/9 | Organised 3 seminars, Cognitive Behaviour Therapy in May, Performance Management in July and an Update of the changes to the Immigration |

| | | | |
|--|------------------------------|---------------------------|---|
| | | | Regulations in August. These events were attended by 39 delegates from 30 companies. A further two events are planned for 2008/9. |
| Deliver Telford Business Partnership (TBP) contract with AWM for 2008/9 | 2008/9 | Deliver contract targets | TBP have recruited 14 new members and membership currently stands at 130. TBP have run 3 networking events, Power of the Media Workshop held in May, Wrexham and Shropshire Railways held in July and Tax Efficiency Workshop also in July. These events were attended by 158 delegates from 111 companies. |
| Attract New Investors from hi-tec companies to Lakeside, Telford Technology Park and the Town Centre | 2008/9 2009/10 2010/11 | Develop Project Proposals | Building Strong relationships with partners through monthly 'Lakeside Development Project group' and Telford Technology Park project' which include English Partnerships, AWM, T&WC, Corridor, the University and regular liaison meetings held with private sector partners. Feasibility study being commissioned to look at options for 'technology' centre on either of the 2 sites. See Project Reports |
| Deliver Collaborative Agreement with EP to bring forward 10 acres of employment land | 2008/9 2009/10 2010/11 | Bring Forward 3.33 acres. | Formal quarterly meetings are held with English Partnerships to update on progress and strengthen relationships. Negotiations are currently in place on 5 sites which will bring forward approximately 17 acres of employment land. |

Annex 3

Priority Plan, Sub Priority 2 Business and Tourism – April – August 2008/9

| Actions for 2008/9 – 2010/11 | Timescale | Target for April – August 2008/09 | Comment |
|--|------------------------------|--|---|
| Gain funding to identify the Business Tourism baseline and set targets for 2009/10 – 2010/11 | 2008/9 | Establish baseline for Business Tourism | Marketing Birmingham are taking the lead on the Volume and Value study for the region in Business Tourism. Results expected September 08 |
| Provide existing level of support for Telford and Shropshire Conferences | 2008/9 2009/10 2010/11 | Achieve 100 Event Enquiries and report on Return of Investment (ROI) | To date 49 event enquiries have been received April – August 2008, with a Return of Investment of £948,286 to the Destination |
| Gain funding to develop services for 2008/9 | 2008/9 | Secured funding to support sector | A full application led by Marketing Birmingham has been submitted to AWM and results will be known by mid September |
| Provide existing level of support for Telford and Shropshire Marketing Partnership. | 2008/9 2009/10 2010/11 | Ongoing Delivery of Marketing Plan | Run three networking events, '2009 Anniversaries' in May, the AGM in June and 'Local Produce' with the Heart of England Fine Foods in July. These were attended by 87 delegates from 64 companies. |
| Gain funding to develop and up date tourism services | 2008/9 2009/10 2010/11 | Secure Funding to support Leisure Tourism | Bid made to ERDF funding for Xk to support Autumn Leisure Tourism Campaign. Secured £14k from Ironbridge Task Force to promote WHS map and update www.visitironbridge.co.uk |
| Establish baseline of visitors to WHS | 2008/9 2009/10 2010/11 | Baseline Data gathered targets set for 2009/10 and 2010/11 | Identified way to collate baseline and bid into ERDF to pay for study |
| Support development of an additional 250 bed spaces | 2008/9 2009/10 2010/11 | Increase bedspace by 50 to (2971) | Premier Inn are building a new hotel, creating 50 bedspaces. Working with English Partnerships on the release of 2 sites (Rampart Way and Lawley) and Castle Farm LLP (Lakeside) for future hotel development. |



Transforming Telford
Month 5 Project Reports

April - August 2008

1. Background

1.1 Telford and Wrekin Council have established Priority Plans to support the Community Strategy. The key Priority Plan for the Transforming Telford projects is 'Strengthening the Land, Economy and Skills', five sub-priorities are to be achieved over the next three years:-

- Sub Priority 1 – Encouraging Involvement, Innovation and Growth
- Sub Priority 2 – Promoting the Area as a Business Tourism destination
- Sub Priority 3 – Improving local skills to meet the demands of a growing Modern Local Economy
- Sub Priority 4 - Renaissance of Telford Town Centre
- Sub Priority 5 – Revitalising the Borough Towns
- Sub Priority 6 – Regenerating Committees

1.2 Projects include:

Sub Priority 4
Town Centre

Sub Priority 6
Woodside and Sutton Hill
Lakeside
Telford Technology Park (Nedge Hill)
Employment Areas (Industrial Estates)

2. Month 5 Project Report

2.1 This report covers the period for April - August 2008 of Transforming Telford's performance in the named capital projects as set out in the Contractual Service Level Agreement with Telford and Wrekin Council

3 Project Overview

3.1 Renaissance of the Town Centre

Transforming Telford support the delivery of the Strengthening of the Local Economy and Skills Priority Plan, including the renaissance of the Town Centre (Sub Priority 4)

Intensive work has been carried out on the Economic Case (Green Book Review) for the Town Centre to ensure its completion for consideration by the Town Centre Partnership Board on 20 August 2008. This will support the work for investment to Advantage West Midlands, English Partnerships and Telford and Wrekin Council in the autumn 2008.

The Memorandum of Understanding has been redrafted to provide the framework for joint working by and investment by Advantage West Midlands, English Partnerships and Telford and Wrekin Council.

Telford and Wrekin Council Cabinet gave approval on 28 July 2008 to market the Civic Quarter site for regeneration. The proposals include new 'landmark' offices, residential, retail, leisure, community and restaurants.

Progress continues to be made with Benoys on the Masterplan for the Town Centre and the Southwater area in particular.

Table 1 Progress against actions in sub-priority 4

| Action | Timescale | Target Progress for 2008/09 | Actual Progress | Comment |
|--|-----------|--|--|--|
| Appoint development partner in provision of media and learning centre | 2010 | Advance proposal as part of Phase I Southwater | Included in Phase I proposals. 7 August 2008. Business Case provided by TWC to Amion for Economic Case | Forms central element of Investment Fund and Economic Case |
| Complete financial and economic appraisal – “Green Book” | 2008 | Amion to complete Green Book Review Q2 | Presented to Town Centre Partnership Board for support on 20 August 2008 | To present to Transforming Telford Board 4 September 2008 for consideration. On to funding partners for appraisal and consideration Sep/Oct |
| Complete Memorandum of Understanding | 2008 | TT/TWC has redrafted Memorandum of Understanding | Revised Memorandum of Understanding circulated to EP and AWM. | AWM, EP, TT, TWC to Finalise Memorandum of Understanding, September 2008. On to funding partners for appraisal and consideration Sep/Oct |
| Seek relevant public sector approvals. Cabinet approval for Telford and Wrekin Council (T&WC). | 2009 | Green Book Review and Options Appraisal to be considered by founding partners Q3 | Economic case recognition by TCPB 20 August 2008 | To present to Transforming Telford Board 4 September 2008 for consideration. On to funding partners for appraisal and consideration Sep/Oct . |

| | | | | |
|---|------|---|---|---|
| Commission and deliver design options | 2009 | Proposals being incorporated in planning brief for Southwater Core Masterplan Q2 Appoint consultants Q3 Submit application Q1 (09/10) | Agreement secured for TT to submit Planning Application August 2008. Approval to produce Planning Application 28 July 2008. | Approval from TCPB to make Planning Application. Planning brief to provide for outline Masterplan and detailed design for public square Q2.08/09 |
| Appoint development partner for Southwater Square | 2010 | Southwater Square as part of first phase of development of Southwater | To be considered by the partners Q3 | To be determined once Green Book Review considered by founding partners in Q3 |
| Deliver first phase of public realm | 2013 | Prepare detailed design for Southwater Square by Q4 | Planning brief to be agreed Q2 Planning/design team to be appointed Q3. | Detailed Design Scheme to be worked up as part of Planning Application. TT/TWC Steering Group will be established for planning consultants Q3 |
| Commission/deliver design proposals | 2009 | To be addressed as part of Planning Application process. | Green Book Review Economic case presented and recognised by TCPB Q2 | Detailed Design Scheme to be worked up as part of Planning Application. TT/TWC Steering Group will be established for planning consultants Q3 |
| Finalise key elements within development package and secure agreement of partners (Town Centre/Town Park) | 2009 | Complete Green Book Review and Options Appraisal | Considered proposals 20/08/08 | To present to Transforming Telford Board 4 September 2008 for endorsement. On to funding partners for appraisal and |

| | | | | |
|---|------|---|---|---|
| | | | | consideration Sep/Oct |
| Commission and deliver design proposals in line with Town Park strategy (Town Centre/Town Park) | 2009 | TWC project Jonathan Rowe to comment | TWC project Jonathon Rowe to comment | TWC project Jonathon Rowe to comment |

3.2 Regenerating Communities

Transforming Telford support the delivery of the Strengthening the Local Economy Skills Priority Plan, including the Sub Priority 6: Regenerating Communities

3.3 Woodside

The second phase of the estate re-modelling work, to 435 properties in the area known as West 2, is working towards its planned completion in October 2008. The overall scheme cost is between £7.5m and £7.7m, which is below the original scheme budget of £8.0m. This project is jointly funded by EP and TWC. A resident satisfaction survey will be undertaken at the end of the scheme to inform the design and procurement of subsequent contracts.

On 11 June 2008, Bellway Homes secured consent for amended conditions and a minor revision to their scheme for 191 properties on the site of the Courts in Park Lane. Bellway has indicated that they intend to start work on site later in the year, though the scheme will be affected by the current housing market uncertainty. EP and TWC are working to finalise the details of the S106 agreement associated with the scheme approval.

The Wrekin Housing Trust Extra Care housing scheme in Park Lane started in January 2008 but has ceased on site, following the contractors, Chase Norton, going into administration. The scheme will provide 53 units of high quality accommodation for older people. A new contractor is actively being sought by Wrekin Housing Trust - a PQQ process is underway and contractor selection is due at the end of August 2008. As a consequence, the construction work may not re-start until September.

Work has been on-going to bring forward the redevelopment of the Woodside local centre. A full application was made to AWM for scheme funding and this is currently being appraised. AWM has indicated that it may recommend taking the project forward in two phases. AWM has also indicated that it would wish to work with Telford and Wrekin Council and Transforming Telford to review the provision of the new retail units, in order that the scheme fits within its funding rules.

A number of social regeneration projects continue to support the overall objectives of the project. Woodside has benefited from a number of positive stories in the local press during 2008. In the last two months there was positive reporting, of a "Team Sweep" operation, in the Shropshire Star and on local radio stations.

The key priorities in the coming months are to:-

- Progress the redevelopment of the local centre by working with TWC and AWM to resolve outstanding issues and chart a way forward.

- Secure agreement from Advantage West Midlands, English Partnerships the Housing Corporation and Telford and Wrekin Council to a preferred option and funding package for new ways of advancing the regeneration of North and South Woodside.
- Subject to the outcome of the above, to develop consultation and procurement strategies for the proposed works in Wildwood and Willowfield, North Woodside.

Table 2 Progress against actions in sub priority 6

| | | | |
|---|------|--|---|
| Woodside – Complete West 2 remodelling scheme | 2008 | New shop unit due to be occupied in August 2008 | Scheme due for completion end October 2008. Satisfaction survey to be carried out on completion |
| Meet/negotiate with potential development partners for Woodside local centre | 2008 | Full application submitted to AWM, which is being appraised. Potential revised scope of the scheme to be agreed between TWC and AWM | Draft marketing documents prepared for procurement process |
| Consult with residents on first phase of remodelling North Woodside | 2008 | Consult with residents once overall funding strategy established and agreed by partners (see below) | Unlikely to complete consultation in 2008. Move to 2009 to help shape planning for the area. |
| Procure contractor for the first phase of remodelling North Woodside | 2008 | Meeting arranged between TT, TWC, Housing Corporation and EP – 12 th August 2008. Procurement will follow funding being secured and committed. | Need to agree the funding strategy with partners. Unlikely to procure contract in 2008. Move to 2009. |
| Commission and manage preparation of a plan to attract additional resources into the Sutton Hill Estate | | Initial meetings with TWC to establish way forward. It is proposed that a Project Team approach is adopted, with TT to be invited to lead a physical regeneration and TWC leading a community and social regeneration. | Discussing funding opportunities with TWC in context of developing a brief for an Action Plan for the estate. |
| Commission and manage preparation of a plan to attract additional resources into the Brookside estate | 2008 | TWC project. | TWC project. |

The work on the remaining three projects of the Priority Plan encompassed within the Sub Priority 1 of the Priority Plan, Encouraging Involvement, Innovation and Growth, is set out:-

3.4 **Lakeside**

Whilst the Government Office for West Midlands confirmed in June that the Secretary of State will not intervene by calling in the planning application, the Highways Agency have not yet withdrawn their holding objection to Castle Farm Telford LLPs planning application despite much communication. Following our past written representation to the Agency, Transforming Telford continues to work closely with the applicant and Telford & Wrekin Council in resolving the outstanding issues to enable determination. Dialogue continues with the Highways Agency in this matter.

The roadway will support development proposals in the delivery of the objectives of the Technology Corridor. Engineering design work is continuing for the road, with continued stakeholder engagement including landowners, beneficiaries and the Council in its capacity as both Planning and Highways Authority.

The delivery method of the project has been updated to reflect the changing nature of the project. Whereas previously an outline planning application for the roadway and learning campus was to have been submitted by the Council's BSF team, a full detailed planning application for the roadway alone will be submitted following approval of full funding from Advantage West Midlands. The change in project approach will have an impact on programme although Transforming Telford will seek to keep impact to a minimum.

Proposals for a Learning and Technology Centre are progressing to a Project Development funding application to AWM to fund a feasibility study.

Next Steps:

- Withdrawal of Highways Agency holding objection and granting of planning consent for Castle Farm (Telford) LLP development
- Advance Learning and Technology Centre proposals to a funding application for submission to AWM
- Preliminary design and in principle approvals to road extension.
- Submission of full funding application to AWM for procurement of expert support and roadway construction
- Submission of full planning application for roadway extension

3.5 Telford Technology Park (Nedge Hill)

Transforming Telford continues to progress proposals with landowners, English Partnerships for the rebranding and marketing of this gateway site under the Wolverhampton-Telford Technology Corridor.

Transforming Telford are leading a project group comprising EP, AWM and TWC and have now established project parameters and relevant roles and responsibilities of partners through a draft Memorandum of Understanding. This will establish the intentions and commitment of partners to the project. Proposals will complement those at Lakeside, providing a development of grow on space linked to the e-Innovation Centre and potential Learning and Technology Centre. Proposals will entail the remarketing of existing serviced development sites on the lower Phase 1 plateau totalling 9ha, plus masterplanning of the upper Phase 2 plateau.

A planning statement is being agreed amongst partners for the first phase and assist the marketing of the site. It will facilitate the release of a speculative development site to the market and provide the immediately available product for the rebranding and marketing activity. Transforming Telford is working with EP in carrying out soft market testing with private sector developers who have previously expressed an interest in this location. This will inform the targeted marketing strategy and site briefing process.

Delivery mechanisms for this project continue to be appraised with partners and an outline funding application to Advantage West Midlands for WTTC monies to cover new infrastructure will follow.

Next Steps:

- Agree project parameters through Memorandum of Understanding,
- Continue to liaise with TWC Planning on planning statement and early development proposals
- Assist EP in the release of a speculative development site.
- Progress marketing activity
- Submit outline funding application to AWM

3.6 Employment Areas (Industrial Estates)

Ongoing work led by Transforming Telford within the employment areas will support the revitalisation of existing industrial estates as strategic employment sites.

Following the development of the strategy for the improvement of signage across the four key Telford industrial estates by Transforming Telford for a new signing system in accordance with TWC's recently

completed Signing Strategy for the Borough, a full funding application has been completed and submitted to AWM to allow implementation.

English Partnerships and Transforming Telford will collaborate to provide business and development support to EP. This aims to capture investment and bring forward development proposals on a key number of EP employment sites.

Proposals for the establishment of Business Improvement Districts (BIDs) for Halesfield, Tweedale and Stafford Park have been discussed with stakeholders. The potential for establishing BIDs has been further considered in light of the emerging potential for the introduction of Supplementary Business Rates and the current economic climate. Whilst the rationale for BIDs is appreciated, the timing for progressing proposals is not currently opportune.

Initial discussions by TWC Assets and Property on behalf of Transforming Telford for a potential strategic site acquisition for future redevelopment at Halesfield, are on hold pending confirmation of the freeholders intentions. The position is continuing to be closely monitored whilst alternative potential opportunities for acquisition are being sought and discussed with AWM.

Next Steps:

- Continued monitoring of freeholder intentions on identified strategic acquisition at Halesfield, and identify/assess alternative opportunities with AWM.
- Continue to work closely with EP on supporting inward investment and development proposals within the employment areas
- Receive full funding approval with AWM for signage proposals