CABINET

Decision Notices and Minutes of a meeting of the Cabinet held on Tuesday, 26th July, 2011 at 5.00 p.m. at the Civic Offices, Telford

PUBLISHED ON MONDAY, 1st AUGUST, 2011

(DEADLINE FOR CALL-IN THURSDAY, 4th AUGUST, 2011)

PRESENT: Councillors K.S. Sahota (Leader and Chairman), E.A. Clare, S. Davies, A.R.H. England, W.A.M. McClements, R.A. Overton, C.F. Smith and P.R. Watling

ALSO PRESENT: Councillor A. Lawrence (substitute for Councillor Eade) and Councillor C.B.A. Elliott (Cabinet Support Member)

CB-16 CHRIS CORBETT

The Chairman (and Leader of the Council) stated that this would be the last meeting to be minuted by Chris Corbett, Democratic Services Officer.

Chris had been employed by the Council for the last 37 years, and following the restructure of the Governance Service, would be leaving the Council.

The Chairman, and other Cabinet Members wished Chris very best wishes for the future.

CB-17 MINUTES

RESOLVED – that the minutes of the meetings of the Cabinet held on 21st June 2011 and 7th July, 2011 be confirmed and signed by the Chairman.

CB-18 APOLOGIES FOR ABSENCE

Councillors H. Rhodes, and A.J. Eade (Conservative Group Leader) and W.L. Tomlinson (Lib Dem/Independent Group Leader)

CB-19 DECLARATIONS OF INTEREST

None

CB-20 100 DAY REVIEW OF THE 2011/12 SERVICE & FINANCIAL PLANNING STRATEGY

Key Decision identified as **Budget Strategy** / **Service & Financial Planning Process** in the Forward Plan published on 16th June 2011
Council decision - not subject to call-in

Councillor W.A.M. McClements, Cabinet Member: Resources & Service Delivery, presented the joint report of the Assistant Chief Executive and the Head of Finance, that set out proposals to revise the Council's capital programme and the revenue budget for 2011/12, following a review initiated by the Council's new administration after the May Borough elections.

The review had focussed on delivering further savings in both the current year (2011/12) revenue budget and four year capital programme in order to reduce the future service impact of government grant cuts. The changes proposed would also feed into the 2012/13- 2014/15 service & financial planning process for which an overall strategy and specific proposals were currently being worked on for consultation.

The Council's existing strategy was framed around a number of guiding principles. Those principles had been reviewed and revised. The Council's guiding principles, that should inform and direct its strategy, were now proposed as being:

- To develop spending plans that are based on and address the community's needs and priorities;
- Be open and transparent in how resources are spent across the Borough, but target spend at issues and areas where needs are greatest;
- As a Co-operative Council, work with our community to identify creative new ways of delivering services and ensuring that needs in the Borough continue to be addressed;
- Seeking to minimise the level of Council Tax increase, balanced against growing demands for Council services and protecting services from cuts (NB. This budget review is not considering levels of Council Tax in 2011/12 or beyond);
- Deliver efficiencies and savings, as far as possible minimising the impact on the quality of services, particularly through improving our approach to procuring goods and services;
- Look for external investment e.g. Government grants, to address priorities;
- Set aside some additional money to deal with any unforeseen circumstances caused by the current economic situation;
- Taking a responsible approach to the use of Council reserves that balances the need for financial prudence and sustainability with the need to maintain and protect important frontline services;
- Where possible cut the Council's reliance on borrowing for some capital schemes so that expenditure on debt repayments can be reduced;

- Sell some of the Council's land and property to reduce borrowing, cut running costs, and – where there is a strong business case – to fund priority facilities and schemes**.**

A review of the capital programme had been undertaken to identify spending which was not contractually committed, in order to identify projects which could be cancelled, scaled back or deferred with the aim of reducing the levels of borrowing planned by the previous Council. Significant changes to capital projects ware proposed, particularly in relation to Civic Offices Accommodation. The plan to build Civic Offices in the Southwater area of the Town Centre would not be progressed, and the report set out an alternative accommodation strategy. A review of the Building Schools for the Future programme was being undertaken, and there were proposed revisions to schemes in Hadley and Oakengates. It was also proposed to delete a £3.9m capital project for a Waste Bulking Station pending the outcome of a review of the Council's overall waste strategy. A separate report on the Cabinet agenda included proposals for revisions to the Telford Town Centre investment package. The report set out the anticipated savings on the revenue budget as as a result of the proposed changes to the capital programme.

In terms of the Council's Revenue Budget for 2011/12, a number of service revisions were proposed, including

- Allocation of a sum of up to £0.6m in order to support employees facing compulsory redundancy.

- Reinstatement of free swimming for Under-16s who have a Flex Card. - £30,000 cost to be funded from a reduction to the Community Fund Budget.

- Creation of a small Co-operative Council initiatives budget for pump-priming relevant community projects.

- The Community Fund (formerly ££s for Projects) to operate, following the changes outlined above, at a level of £54,000, allocated on the basis of £1,000 per ward member.

- Contribution of £25k to Small Business Loans Fund

- Appointment of a Director of Children's Services**-** a key commitment of the new administration.

Over the next few months, the Council would undertake a widespread programme of consultation and engagement with the community.

Councillor McClements stated that the revised budget had been completed within some 61 days following the recent election and had rescheduled the town centre development to be £1.1m less than had been proposed by the previous administration. There would be £0.5m revenue savings per year, a community hub would be developed with some 200 car park spaces together with prime cost effective private sector services.

Councillor Lawrence replied by stating the he considered the budget identified savings that would inevitably be made in the current economic circumstances.

Councillor England commented upon the new administration's emphasis upon putting the people of the Borough to the forefront of its proposals.

RESOLVED – that the proposals set out in the report, for consultation with the community, be approved including:-

(a) The cancellation of the planned building of new Civic Offices to generate ongoing revenue savings of over £1.1m p.a.

(b) The development of a Community Hub in the Southwater area of Telford Town Centre which will provide customer access to Council services and a new library. The Community Hub could also provide space for community groups/organisations, and other public sector bodies – making the Community Hub a Cooperative Council centre.

(c) Changes to other capital projects and the generation of additional capital receipts generating ongoing revenue benefits of over £1.75m pa

(d) A much stronger emphasis on improved procurement processes referred to in section 7.10.ii of this report in order to deliver savings which reduce the overall impact of grant cuts on front-line services.

(e) Increased investment in the maintenance of roads and pavements of a further £1.3m capital in 2012/13 and £0.25m in 2013/14 over and above the existing approved capital programme;

(f) Investment of £2.3m in a regeneration scheme for Hadley and £1.9m for Oakengates;

(g) Creation of a capital budget of £45k to match fund projects of up to £7.5k in each of the 6 Borough Town areas;

(h) Reinstatement of free swimming for under 16s with a flex card

(i) Allocation of up to £0.6m one-off funding to provide additional support for employees facing compulsory redundancy;

(j) Contributing £25k one off funding to a small business loans fund;

(k) Creation of a Co-operative Council initiatives budget of £15k;

(l) Carrying forward revenue benefits identified in the report of around £1.6m as a one-off benefit to help support the budget for 2012/13 together with any unspent element of the contingency at year end and any further service efficiencies that can be implemented during 2011/12;

CB-21 2011/12 FINANCIAL MONITORING REPORT

Key Decision identified as **Budget Strategy** / **Service & Financial Planning Process** in the Forward Plan published on 16th June 2011

Councillor W.A.M. McClements, Cabinet Member: Resources & Service Delivery, presented the report of the Head of Finance, which commented that revenue spending for the year was projecting to be within budget at year end.

Although within budget, the main pressures requiring close monitoring were:

- The cost of Adult Social Care purchasing which was projected to be up to £0.5m overspent even after offsetting additional NHS grants against the impact of the PCT's withdrawal of funding for some cases of continuing healthcare needs. Most of the cost of supporting those people then fell on the Council.
- The cost of Specialist Education – projected overspend of £0.482m which mainly related to statemented provision
- Income shortfalls – a projected shortfall of £0.5m, the majority relating to PIP rentals, planning fees and licensing fees
- Contractual Inflation – inflationary pressures totalling £0.595m have been identified

The cost of Looked After Children was projecting to be within budget, based on the current numbers and mix of placements. Benefits from active treasury management and the insurance renewal process were highlighted. Members were aware that the council would have an extremely challenging position for next year and it was essential that very tight control on spend was exercised during 2011/12.

The capital programme approved as part of the Service & Financial Planning Strategy for 2011/12 totalled £105m and re-phasing of schemes from 2010/11 totalled £22.8m giving a total programme of £127.8m. Robust programme management and monitoring was in place to ensure schemes were delivered.

The report, however, did not take in to account the changes proposed in the 100 day review of the Council's service and financial planning strategy which were described in a report earlier on the agenda and as approved would result in very significant revenue savings.

The capital programme funding included around £80m of receipts anticipated to be delivered over the period 2011/12 to 2014/15. Failure to achieve, or delays to, the receipts would have financial implications for the Council and the position was being closely monitored and indications were that higher levels of receipts would be generated over the medium term than had been anticipated.

The Council had applied for a capitalisation direction which would allow one off severance costs associated with the delivery of ongoing savings to be spread over a number of years.

Collection levels for NNDR were ahead of target at the end of May; Council Tax collection was slightly behind target for May but ahead of performance at the same time last year; and sales ledger outstanding debt was outside target.

This report included details of one-off benefits in the current year totalling £1.331m resulting from the New Homes Bonus grant which was announced after the budget for 2011/12 had been set, savings on insurance premiums following a re-tendering exercise and treasury management benefits mainly resulting from slippage of expenditure from the previous financial year. It was proposed that those benefits should be rolled forward to create a one-off sum available to support the budget strategy for 2012/13. That figure would be increased by the further net revenue benefit in 2011/12 arising from any changes agreed to the capital programme following the consultation period on the 100 day review of the service and financial planning strategy.

After making provision for the rolling-forward of £1.331m underspends to create a one-off benefit to help support the budget for 2012/13, around £1.75m of the contingency was needed to balance the budget in the current year. That left more than £2m available in the contingency for the current financial year.

RESOLVED –

(a) that 2011/12 revenue spend projecting to be within budget at year end be noted

(b) that the use of £0.595m of the contingency to meet contractual inflation pressures being experienced detailed in section 6.1 of the report, be approved;

(c) that income collection is ahead of target for NNDR and slightly behind target for Sales Ledger outstanding debt and Council Tax be noted;

(d) that robust arrangements are in place to monitor the capital programme and capital receipts be noted;

(e) that the roll forward of £1.331m to help support the budget strategy for 2012/13 be approved.

CB - 22 SCHOOLS CAPITAL PROGRAMME 2011/12

Key Decision identified as **School Organisation/Capital Financing/Borough Towns Initiative/Building Schools for the Future/Planning School Places** in the Forward Plan published on 16th June 2011.

Councillor P. Watling, Cabinet Member: Children, Young People & Families, presented the report of the Head of Family & Community Services, which

identified the proposed planned capital programme for schools for financial year 20011/12, in accordance with the budget strategy 2010/11 – 2011/12.

The Schools Capital Programme for 2011/12 had been reduced as part of the settlement from Central Government from the levels received in previous years. The number of funding streams has also been reduced and there were now only two main sources, basic need funding and modernisation funding.

The 2011/12 capital allocations had seen the removal of separate funding streams which were previously available including the access initiative, early years and extended schools allocations. As a result of that decision, funding had been prioritised from the modernisation allocation specifically to support pupils individual access needs in order to address statutory Disability Discrimination Act (DDA) requirements.

The Council had a statutory duty to ensure the sufficiency of school places across the Borough and consequently a proportion of the basic need allocation has been prioritised to address this specific requirement. The Council also had a statutory duty to address serious Health & Safety priorities and funding has been identified in the programme to undertake essential asbestos removal work, replacement boiler schemes and the replacement of large items of heavy duty kitchen equipment, as well as undertaking demountable class base and roof replacement schemes.

In order to meet the requirements of the Private Finance Agreement (PFI) the Council was required to meet the cost of any 'notice of change' obligations. Therefore funding was required to be set aside in order to meet this obligation. In addition, for those schools benefiting from the Building Schools for the Future programme a sinking fund had had to be established to ensure that essential lifecycle replacement and high level repairs & maintenance work could be undertaken. Whilst the schools themselves would contribute both their own capital and revenue to the fund, there would be a need for a significant contribution from the Council in order to bridge the funding shortfall over the lifetime of the programme.

Members supported the report.

RESOLVED – that the 2011/12 schools capital programme as identified in the report, and detailed within Appendix A of the report, be approved.

CB - 23 CO-OPERATIVE COUNCIL

Key Decision identified as **Performance Management, Value-for-Money and Best Value (inc the Council Plan)** in the Forward Plan published on 16th June 2011.

Councillor S. Davies, Cabinet Member: Co-operative Council and Partnership, presented the report of the Assistant Chief Executive that set out a proposed approach to becoming a Co-operative Council.

Members were reminded that the Council was one of a number of Councils, such as Lambeth, Rochdale and Oldham, who were committed to becoming Co-operative Councils. Telford & Wrekin was the first Council in the West Midlands to make that commitment.

Being a Co-operative Council was about working together with local residents, partners and other local organisations to collectively deliver the best that the Council could with the combined resources available.

In Telford & Wrekin, the aims were to:

- Build a new partnership between local people and public services where power and responsibility is more balanced by agreeing what we will provide and what communities will control for themselves;

- Ensure that public services are of the best quality, offer value for money, are designed around people's lives and are 'joined up' so that residents get what they need at the right time and the right place;

- Involve the community and employees in planning services and support employees, local people and organisations to organise and run services differently;

- Enable people to do more to help their own communities and at the same time to help themselves by gaining new skills and experience.

The first step to becoming a Co-operative Council had been to identify some practical Early Adopter projects that would put co-operative working into action as soon as possible. Those were summarised in Appendix 1 of the report.

At the same time as delivering the Early Adopter Programme, the Council would also work with local people and organisations and its employees to develop a longer-term Co-operative Settlement and Delivery Plan.

The Co-operative Settlement would be a shared agreement that would clearly set out what the Council would do and what others would do. Each part of the Settlement would include a Delivery Plan, which would set out in detail a programme to deliver co-operative working in the community and within the Council. A specific time plan would be developed, however it was expected that it would take 10 years to become a fully Co-operative Council and importantly a Co-operative Borough. To help develop the Co-operative Settlement and Delivery Plan, the Council was to set up a Co-operative Commission to bring together a wide range of community and business leaders with the Cabinet and other members. Membership of the Commission was outlined in a document tabled at the meeting and it was explained that Commissioners would be volunteers and would not receive any payments.

The Council was also proposing to establish a Citizens' Group, which would run collaboratively with Rights and Fairness Telford (RAFT), and an Employee

Commission involving representatives from existing employee groups, trade unions and Employee Champions.

Councillor A. Lawrence (representing the Conservative Group Leader) commented that he thought that the report contained some merits in that it paralleled the Government's Big Society initiative. However, he considered it to be "not fit for purpose", needed to be enhanced to contain suggested Terms of Reference of the suggested discussion bodies contained therein, and no reference was made to the involvement of community interest companies.

In reply, Councillor S. Davies, Cabinet Member: Co-operative Council and Partnership, expressed disappointment that the Conservative Group on the Council had not responded to the invitation to become a member of the Community Commission as proposed in the report and disagreed that the report was not fit for purpose.

RESOLVED –

(a) that the proposed approach and next steps set out in Sections 4 and 5 of the report be approved

(b) that delegated authority be granted to the Assistant Chief Executive following consultation with the Cabinet Member: Co-operative Council & Partnership to take all steps necessary to progress the Co-operative Council approach as outlined in the report and in particular to progress and deliver the Early Adopter Programme set out at Appendix 1;

(c) That delegated authority be granted to the Assistant Chief Executive following consultation with the Cabinet Member: Co-operative Council and Partnership to approve any expenditure within the £15,000 fund allocated for Co-operative Council initiatives.

CB - 24 2010/11 END OF YEAR PRIORITY PLAN PERFORMANCE MONITORING SUMMARY

Non-Key Decision

Councillor W.A.M. McClements, Cabinet Member: Resources & Service Delivery presented the report of the Assistant Chief Executive that set out 2010/11 performance against the Council's corporate priorities via the Priority Plan actions and performance measures from April 2010 to March 2011.

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Each of the Council's 7 Priority Plans set out actions and performance measures to drive and understand progress against the Council's Priorities in 2010/11. The actions were required to be completed during the 12 month period. The performance measures were both local and national indicators. These actions and performance measures were the focus of the Council's corporate performance framework for 2010/11.

During the year the coalition Government commenced a programme to review the number of statutory returns local government must make, including abolishing the National Indicator Set from March 2011.The report focused on performance against both the actions and performance indicators in Priority Plans from April 2010 to March 2011.

Members emphasised the issues of Intermediate Care, Child & Family Poverty, Crime Rates and Adult Skills as areas that needed to be focussed upon.

RESOLVED –

(a) that the overview of performance against Priority Plans be noted

(b) that the areas/issues for targeted improvement activity as identified above be subject to further analysis to understand current performance.

CB-25 EXCLUSION OF PRESS AND PUBLIC

RESOLVED - that the press and public be excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in paragraphs 3 & 7 of Part 1 of Schedule 12A of the Local Government Act 1972.

CB-26 COMMUNITY MOBILE TRANSPORT GRANT/TRANSFER OF DIAL-A-RIDE BOOKING SYSTEM

Key Decision identified as **Community Mobility Transport Grant** / **Transfer of Dial a Ride booking system** in the Forward Plan published on 16th May 2011.

Councillor C.F.Smith, Cabinet Member: Housing, Regeneration & Economic Regeneration, presented the report of the Head of Environmental Services which sought approval of the payment of a grant to Community Mobility Transport (CMT), a subsidiary charity managed by Council for Voluntary Services (CVS), in order to support the delivery of community transport delivered by CMT in 2011/2012 and to agree the transfer of the Dial a Ride booking system from CVS to the Council.

RESOLVED –

(a) that, under Section 2 of the Local Government Act 2000, a new level of grant payment to Community Mobility Transport be approved,

(b) that the Head of Environmental Services be granted delegated authority, following consultation with the Cabinet Member, to authorise payment of the annual grant and negotiate and agree the terms of the grant agreement with CMT.

(c) that the transfer of the Dial a Ride booking service from CMT to the Council be agreed

(d) that delegated authority be granted to the Head of Environmental Services to take all steps necessary to give effect to the transfer.

CB-27 TRANSFER OF LIGHTMOOR WILDLIFE SITE, AND LEASE, TO SHROPSHIRE WILDLIFE TRUST

Key Decision identified as **Transfer of Lightmoor Wildlife Site and Lease to Shropshire Wildlife Trust** in the Forward Plan published on 16th May 2011.

Councillor C.F.Smith, Cabinet Member: Housing, Regeneration & Economic Regeneration, presented the report of the Head of Property & ICT which sought approval from Cabinet for the transfer of the Lightmoor Wildlife site from the Homes and Communities Agency (HCA) to the Council.

Property & ICT had negotiated with HCA to transfer the site together with a commuted sum to fund the costs of maintaining the asset.

Approval was also sought to enter in to a 5 year lease with Shropshire Wildlife Trust to manage the site.

RESOLVED –

(a) that delegated authority be granted to the Head of Property & ICT in consultation with the Cabinet Member for Housing, Regeneration and Economic Development to acquire and enter into a 5 year lease with Shropshire Wildlife Trust relating to the Lightmoor Wildlife Site, as shown at Appendix 1 of the report, upon terms to be agreed;

(b) that the requirement to obtain 4 formal tenders in accordance with Paragraph 7 of the Contract Procedure Rules of the Constitution to enable the lease to be granted to Shropshire Wildlife Trust., be waived;

(c) That the Head of Governance be authorised to agree and execute all necessary documentation.

CB-28 CONTRACT FOR THE PROVISION FOR AN EMERGENCY RESPONSE SERVICE FOR CARERS

Key Decision identified as **Community Mobility Transport Grant / Transfer of Dial a Ride booking system** in the Forward Plan published on 16th May 2011.

Councillor E.A. Clare, Cabinet Member: Adult & Social Care, presented the report of the Head of Care & Support which sought Cabinet approval, subject to formal competitive tender in accordance with the Council's constitution and

procurement rules, to enter into contractual arrangements with a preferred provider identified through the tendering process.

Members were informed that The National Carers Strategy entitled 'Carers at the Heart of 21st century families and Communities' which was updated by the Government in November 2010 set out the Governments vision for carers and a key element of this strategy is the promotion of emergency support services for family/ informal carers.

The Cabinet was informed of a tender process for the provision of an emergency response service for carers, that would provide a home based care and support service when a crisis or unplanned incident occurs in the carers life. The service would be free to registered adult carers living within the Borough of Telford and Wrekin for up to a period of 72 hours until the crisis was over or alternative care and support arrangements could be made. The important service would provide 24/7 emergency response to ensure carers have peace of mind in the event of crises or emergency situations to ensure the person they care for receives the necessary care and support .

RESOLVED –

(a) that the award of tender for the provision of a emergency response service for carers following a competitive tendering process be endorsed

(b) that a three year contract (with the option to extend for a further two years subject to satisfactory performance) be awarded to the preferred provider(s) in accordance with the Council's Constitution and appropriate contractual documentation subject to the terms and conditions approved by the Head of Governance be entered into.

(c) that delegated authority be granted to the Corporate Director/Head of Care & Support to enter into the contractual agreement , following consultation with the Cabinet Member for Care & Support.

(d) that delegate authority be granted for the Common Seal of the Council to be affixed to the resulting contractual documentation as, in the opinion of the Head of Governance, was appropriate under Article 14.06 of the Constitution.

CB-29 OPTIONS FOR THE FUTURE OF WEST MERCIA SUPPLIES

Key Decision identified as **Capital Strategy and Capital Programme Decisions within the agreed Capital Programme** in the Forward Plan published on 16th May 2011.

Councillor W. McClements, Cabinet Member: Resources & Service Delivery, presented the report of the Head of Governance which outlined options for the future of West Mercia Supplies.

West Mercia Supplies (WMS) was a purchasing and distribution consortium owned by Worcestershire County Council, Shropshire Council, Herefordshire Council and Telford and Wrekin Council and managed by a Joint Committee of Members from the four authorities. The Joint Committee on 28 March 2011 authorised the Chief Executives of the owning authorities to explore the sale and Management Buyout options (including testing the market). Ernst and Young were engaged via a competitive tendering process to undertake a feasibility study on behalf of the four owning authorities, and a summary of their findings was included as an Appendix to the report.

In the light of the Ernst & Young report the three other owning authorities obtained authority from their respective Cabinets in June to progress and conclude the sale option with a view to the business being marketed in September 2011.

Cabinet Members and Councillor A Lawrence commented that they were in favour of the sale as the preferred option giving best value for the citizens of the Borough.

RESOLVED –

(a) that the potential options for the future of West Mercia Supplies and the summary of the feasibility study at Appendix 1 of the report conducted by Ernst & Young be noted

(b) that approval be given to the sale of West Mercia Supplies;

(c) that the Head of Governance be authorised, after consultation with the Cabinet Member for Resources and Service Delivery and the other three owning authorities, to progress and conclude the sale of West Mercia Supplies in whole or in part; and

(d) that delegated authority be granted to the Head of Governance after consultation with the Cabinet Member for Resources and Service Delivery to take all steps necessary and agree all arrangements (including financial arrangements between the owning authorities) to give effect to a sale and in connection with the future operation of the West Mercia Supplies Joint Committee.

CB-30 TELFORD TOWN CENTRE

Key Decision identified as **Telford Town Centre area** in the Forward Plan published on 16th May 2011.

Councillor C.F.Smith, Cabinet Member: Housing, Regeneration & Economic Regeneration, presented the report of the Head of Property & ICT which provided an update on the Town Centre Project and sought approval for its continued implementation.

The project team had been reviewing the master plan and "Phase 1" developments (identified in the 12 January 2010 Cabinet report) in response to a number of factors.

Those factors were reflected in a revised "Phase 1" delivery strategy which was described in detail in the report. The proposed revisions had implications for the allocation of funding across developments, that had been approved in principal by partners Homes & Communities Agency (HCA) on the basis that outputs, including quantum of development and jobs created, remained unaffected.

During discussion of the report, and its appendices, Members commented that the proposals had merit, gave more revenue for the Council and were supported by other Town Centre Partner Organisations.

RESOLVED –

(a) that adjustments to the existing funding package set out in Appendix 2 of the report, for the delivery of the revised Phase 1 programme of works be endorsed;

(b) that the inclusion within the Budget Strategy of the revenue expenditure set out in Appendix 2 of the report, be endorsed;

(c) that delegated authority be granted to the Head of Property & ICT in consultation with Cabinet Member for Housing, Regeneration and Economic Development to market and dispose of assets identified in Appendix 5 of the report, together with additional land within the Southwater area to facilitate the continued regeneration of the Town Centre including exploring opportunities and agreeing and concluding terms for occupants of the Community Hub Building as detailed at paragraph 1.1.5 of Appendix 1 of the report.

(d) that delegated authority be granted to the Head of Governance to seal or sign any documents required to give effect to the recommendations contained in the report.

(e) that delegated authority be granted to the Head of Property & ICT in consultation with Cabinet Member for Housing, Regeneration and Economic Development to award any contracts necessary for the delivery of Phase 1 works outlined in the report.

CB-31 COUNCIL ASSET DISPOSALS & ACQUISITIONS

Key Decision identified as **Operational Property Disposals** in the Forward Plan published on 16th May 2011.

Councillor W.A.M. McClements, Cabinet Member: Resources & Service Delivery, presented the report of the Head of Property & ICT which sought Cabinet approval to the disposal of Operational Property within the Property

Investment Portfolio (PIP), which were surplus to requirements and the reinvestment of the capital receipts generated from the PIP properties in modern premises to support a sustainable revenue position

Members considered that the proposals made proper use of the Council's land & property assets.

RESOLVED –

(a) that delegated authority be granted to the Head of Property & ICT in consultation with Cabinet Member for Housing, Regeneration and Economic Development, for the disposal and acquisition of various assets as identified in section 4 of the report, on terms to be agreed by the Head of Property & ICT;

(b) that delegated authority be granted to the Head of Governance to execute any documents necessary to give effect to the above recommendation.

CB-32 CRUDGINGTON PRIMARY SCHOOL - PURCHASE OF LAND ADJACENT TO THE SCHOOL.

Non - Key Decision

Councillors W.A.M. McClements, Cabinet Member: Resources & Service Delivery and P Watling, Cabinet Member: Children, Young People & Families, jointly presented the report of the Head of Property & ICT that sought Cabinet approval to acquire land and rights adjacent to Crudgington Primary School

The Council had over the past year been in discussion with the Head teacher and Governors of Crudgington Primary school over the future of its playing field and car park. The facilities had for a number of years been leased from a local landowner and the current lease was due to expire in July 2012. Following initial discussions with the school, further meetings had been held between Council representatives and the legal representative of the landowner with a view to reaching an agreement regarding the future use of the land by the School. Those meetings to date had failed to reach a solution which satisfactorily secured the land for School uses and it was now considered that the Council needed to begin the process of compulsory acquisition in order to secure the school's future.

Members supported the proposals that would enable the school to meet National Curriculum requirements.

RESOLVED –

(a) that the Council continue to seek to acquire the land and rights described in paragraph 4.4 of the report by agreement with the landowner.

b) that, whilst the negotiations to acquire the said land and rights by agreement were continuing, the Council proceed to process and make a compulsory purchase order in respect of the land and rights.

c) that, in the event of the negotiations to acquire the said land and rights failing to achieve acquisition by agreement, the Council should acquire the land and rights pursuant to the said compulsory purchase order.

d) that the Head of Property & ICT be authorised to acquire the said land and rights by agreement and to undertake all required steps and processes to make a compulsory purchase order in respect of the said land and rights.

e) that, in the event of the Head of Property & ICT deciding that there is no prospect of acquiring by agreement within a reasonable time, the Head of Property & ICT be authorised to undertake all required steps and processes to acquire the said land and rights pursuant to the said compulsory purchase order in accordance with the approved budget relating to the school's capital programme.

CB-33 REGULATION OF INVESTIGATORY POWERS ACT 2000 AND CCTV CODE OF PRACTICE

Non - Key Decision

Councillor S. Davies, Cabinet Member: Co-operative Council and Partnership, presented the joint report of the Head of Governance and the Head of Family & Community Services which informed Members of a recent inspection, to seek approval of the updated Policy in respect of the use of Regulation of Investigatory Powers Act 2000 (RIPA) powers, to report on RIPA usage during 2010/11 and to seek approval of a revised CCTV Code of Practice.

The Council was recently inspected by the Office of Surveillance Commissioners (OSC) which resulted in a positive inspection report with a finding that the use of powers had been appropriate. As a result, minor changes to both the Council's CCTV Policy and RIPA Policy were submitted for Members' approval.

RESOLVED –

(a) That the revised RIPA Policy document be noted and approved.

(b) That the contents of the report be noted.

(c) That the CCTV Code of Practice, as appended to the report, be approved.

The meeting ended at 6.06 p.m.

Signed for the purposes of the Decision Notices

Jonathan Eatough
Head of Governance
Date: 1st August 2011

Signed: ……..

Date: ……

TELFORD & WREKIN COUNCIL

CABINET – 22ND SEPTEMBER 2011

SERVICE & FINANCIAL PLANNING 2012/13 – 2014/15

REPORT OF THE INTERIM CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report updates the financial projections for future years and sets out the process and key dates for the agreement of the Service & Financial Planning Strategy 2012/13 – 2014/15.

2. RECOMMENDATION

That Members note the updated projections for the period 2012/13 – 2014/15 and the proposed timetable and consultation activities summarised in the report.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes/ No	*The service and financial planning strategy underpins the delivery of the Council's objectives.*
	Will the proposals impact on specific groups of people?	
	Yes/No	*This is a contextual report seeking to update members on the financial outlook facing the Council.*
TARGET COMPLETION/DELIVERY DATE	*The timetable for the development of the Council's 2012/14 – 2014/15 Service & Financial Planning strategy is set out in the text of the report.*	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	*The financial impacts are detailed throughout the report.*
LEGAL ISSUES	Yes/No	*None directly arising from this report. The S.151 Officer has a statutory duty to monitor income and expenditure*

		and take action if overspends/shortfalls emerge.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	No	*Borough-wide impact*

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 Current Grant Settlement.

The Council's Service & Financial Planning strategy for the period 2011/12-2013/14 was approved by full Council on 3rd March 2011. This strategy was set in the light of the most challenging Government grant settlement ever received by the Council. Following the local Council elections in May the new administration then put forward '100 day budget' proposals to revise both the current year revenue budget and 4 year capital programme in order to make savings and reduce the level of service cuts required in future. These proposals are currently out for consultation.

Shortly after the General Election, the Government cut the Council's revenue grants for 2010/11 by £3m (with a further £1m cut to capital grants). The final grant settlement for the period 2011/12 – 2012/13 was announced on 31st January 2011 when grants received by the Council were cut by £13.6m in cash terms for 2011/12 with a further cut of £5.3m in 2012/13 – in addition to the £3m cut already announced in June 2010. The system of grant damping was continued resulting in over £4m of grant that the Government calculate should come to Telford & Wrekin being withheld and allocated to other parts of the country in 2011/12-this is reflected in the above grant cut figures.

4.2 Local Resource Review

When the Government announced the results of the Comprehensive Spending Review (CSR) in October 2010 they also announced that the local government finance system would be subject to a fundamental review. This review is known as the Local Resource Review and is likely to see the return of business rate income to local control. Whilst this general principle is supported by the Council the draft proposals have some potential risks for the Council including:-

- The grant settlement for 2012/13 would be frozen as the basis for future funding of the Council for many years. This means that the damping of grant in 2012/13 of over £3m (down from £4.3m in the current year) would be frozen and not unwound which would happen over time under the current system representing a permanent loss to this area of funding which should be available to support the provision of services to local people.
- Similarly, the Council would not benefit from the growth in population which we suspect the 2011 census will confirm compared to the population projections used by ONS and which also significantly reduces the level of Government funding allocated to the people of this area.

- The risk of reduced income from business rates arising from future recessions, the loss of major businesses from the area or significant appeals against rateable values (which can be back-dated for several years) would fall on the Council rather than being managed nationally which currently enables issues that would be significant in a local area to be smoothed over a much wider pool. The Government are aware of the potential volatility and therefore potential impact on services that individual councils provide, and may build-in some kind of mechanism to prevent major shocks to local funding levels. However, increased volatility and risk for Councils is inevitable compared to the current system making future projections of income levels just as difficult, if not more difficult, as under the current system.

In spite of this, overall the proposed changes are to be welcomed as they reinforce the importance of investment in the local economy and this needs to be a key determinant of future investment decisions by the Council. The uncertainty arising from the Local Resource Review, does however, make projections of the likely level of resource available to the Council after 2012/13 very difficult and any projections beyond this year consequently have a high degree of uncertainty.

4.3 <u>Financial Outlook 2012/13-2014/15.</u>

The report approved by Council in March 2011 and updated by the '100 day budget' in July included projections of the financial position for the period through to 2014/15. Grant projections beyond 2012/13 were based on the Departmental Expenditure Limits for Communities & Local Government announced in the October 2010 CSR as no further information was available. These imply a further reduction in grants in cash terms of around £5m bringing the total cash reduction in grants (including the "mid-year" £3m reduction in June 2010) to an estimated £26.7m at a time when inflation is running significantly above the Bank of England's target. In "real" terms the cut to grants during this period is nearer to £40m as we would normally expect the total grant to be increased to meet inflationary pressures rather than cut in cash terms.

Due to the scale of the cuts to local authority grants and the heavy front loading of those cuts, the strategy for 2011/12 included the use of £9.2m of one-off resources. This allowed time for ongoing proposals to be developed but it is now essential that those savings proposals are brought forward for extensive consultation with the local community to shape the Council's medium term service and financial planning strategy.

The strategy agreed at Council in March 2011 assumed reductions of 20% were made to all staffing and non-staffing spending budgets and also suspended the £2.8m contribution to the single status provision for a one year period. Additional investment of £1.4m in services for looked after children and of £2.95m in adult care services were built in to the projections as was the £1.4m council tax reduction grant (equivalent to a 2.5% tax rise) which is payable until the end of 2014/15.

After adjusting for the use of £9.2m one-off measures used to alleviate pressures in the current year, smoothing the projected further grant cuts in 2013/14 and 2014/15 and rolling the projections on from 2011/12, the budget gap reported in the March Council report translates to:-

2012/13 £m	2013/14 £m	2014/15 £m
19.7	**24.7**	**28.0**

These figures represented the base budget deficit that was projected as needing to be addressed, but a number of factors have changed since this report was considered by Council in March and these projections now need to be updated.

100 day Budget Review

One set of key changes are the proposals currently being consulted upon in the "100 day budget review" approved for consultation by the Cabinet in July 2011. These proposals identify significant changes to the capital programme, including not building new civic accommodation. These changes, if approved following the consultation period, would generate savings to protect front line services of:-

2012/13 £m	2013/14 £m	2014/15 £m	Ongoing £m
1.2	1.6	2.7	2.9

Other key changes now to be considered include:-

Inflation

Whilst the budget approved by Council in March 2011 included an element for contractually committed inflation, it did not make provision for general inflation or for any pay awards. Given the current comparatively high levels of inflation and pressure on budgets it is considered prudent to make an allowance of 3% for general inflation (including on income budgets) in 2012/13 and 2% for the following 2 years. An allowance of 2%pa has also been built in for 2013/14 and 2014/15 pay costs. It is however recommended that any allowance for inflation that is agreed is held centrally and only allocated by the Cabinet on the basis of clear need.

Continuing Health Care Cases & Demography

Adult Services budgets are under considerable pressure from the reduced PCT funding of local people with continuing healthcare need, which are then costs falling primarily on the Council along with the impact of a growing population of older people. The budget projections included in the March Council report did include an element for additional Adult Care

pressures (£2.95m over the 3 year period) but this is now considered to be insufficient so an additional allowance has been built in to the projections.

West Mercia Supplies
Whether a sale of the Council's interest in WMS proceeds or not, it seems likely that the current level of dividend and interest budgeted from WMS will reduce significantly.

Single Status
The base budget assumptions include an ongoing allowance of 4% for the additional costs arising from the single status agreement. This amount has been set aside as a provision to meet the expected increased costs since 1st April 2007. The budget for 2011/12 was agreed on the basis that sufficient funding had been set aside and that no further contribution to this provision needed to be made during 2011/12 but that the position would be reviewed for 2012/13 and 2013/14. However, it is still considered to be the case that sufficient funding has been set aside and therefore that no further contribution to the provision is required in 2012/13 or 2013/14.

New Homes Bonus
Projections have been made to reflect what grant the Council may receive in future years.

SUMMARY POSITION
After adjusting for these factors and the saving on insurance premia previously reported through financial monitoring, the updated funding shortfall projections increase to £31.4m by 2014/15:-

2012/13 £m	2013/14 £m	2014/15 £m
21.1	27.3	31.4

School Budgets
Compared to local authorities, school budgets have been comparatively protected, with a cash frozen per pupil budget in 2011/12 supplemented by a pupil premium of £430 for each pupil eligible for free school meals and £200 for each pupil from a service family. However, whilst pupil numbers are stabilising in Telford &Wrekin's primary sector, they continue to fall in the secondary sector, resulting in some comparatively small and shrinking schools having to cope with year on year reductions in funding

The future outlook for Telford &Wrekin school funding will also be dependent upon the results of the government's changes to national school funding. Phase 2 of a national funding consultation is currently underway, the results of which are expected later in the year. Given the comparatively low level of funding per pupil currently allocated to Telford &Wrekin, changes may potentially lead to a better settlement for schools in

the area although without more detailed proposals this cannot be certain. In the expectation of a change in the funding arrangements for schools the Government gave all Local Authorities a one year Dedicated Schools Grant in 2011/12 however, there is now a possibility of any change being put back to as late as 2015/16 with the likelihood of damping arrangements reducing the impact for some years after the new system is introduced.

In the meantime, the DfE continues to encourage schools to convert to academies. The reduction in funding for Local Authority school functions associated with conversions, which the DfE is proposing to increase in the future, represents a further pressure on the Authority, the scale of which will depend upon the number of converting schools

4.4 Process and Timetable

Restructuring.
Work is continuing on the organisational restructuring process with the objective of reducing total employee costs by 20% with the emphasis on natural wastage, voluntary redundancy and redeployment within the organisation wherever possible. The budget approved for 2011/12 includes ongoing savings already achieved of over £4m from organisational restructuring. The 100 day budget review proposals identified a sum of £0.6m to be made available to help support employees facing compulsory redundancy. A capitalisation direction of £2.9m has been received from the Government enabling statutory redundancy payments to be treated as capital expenditure in line with the application made to Government and a further review of the senior management structure, which has already been reduced by around 50%, is in progress.

Non-staff Expenditure.
Initial proposals for savings on non-staffing budgets are currently being developed with an emphasis on generating efficiency savings, the elimination of waste and savings from better procurement. As well as taking a more business-like approach when entering new procurements the Council is also applying more stringent contract management procedures and will seek to reduce prices paid to suppliers where-ever possible whilst safeguarding the quality of service purchased on behalf of local people. Considerable work has also been undertaken to rationalise office accommodation and reviewing the way that services are delivered in order to generate further savings. The budget agreed for 2011/12 includes ongoing savings of £5.5m from non-employee budgets.

However, given the scale of the cuts to Council grants and inflationary and other pressures, it is inevitable that many savings proposals will have service impacts. It is intended that much more extensive consultation on these proposals will be undertaken than in previous years to enable the community to shape the Council's budget for future years.

Council Tax

If, through consultation with the community some of the choices on service cuts are considered too unpalatable, an alternative option would be to consider some limited increases in council tax. Inflation is currently running at around 4.5% to 5.2% pa depending on the indicator used. This could form a benchmark against which any increase in council tax to offset service cuts could be assessed. Average council tax payable to the Council for the services provided is currently £854pa so each 1% increase in council tax would cost the average household around £8.54 pa or 16 pence per week.

Consultation Activities.

1. Budget Review Survey – A survey on the 100-day budget review proposals is available online at www.telford.gov.uk/budgetsurvey , in hard copy and for use face to face.
2. "Suggestion Box" – gives people the opportunity to have their say on how the Council could do things differently to save money. You can submit your views online at www.telford/gov.uk/suggestionbox and there are suggestion boxes displayed in the main receptions at Civic Offices and Darby House. So far we have received over 300 suggestions for savings.
3. Budget Calculator – an online consultation tool that we have developed in house and is available from the Council's website at www.telford.gov.uk/budgetcalculator. It is aimed at local people, to give them more of a say on how the Council's budget is spent. Using a simplified version of the Council's budget for 2011/12 users can have a go at balancing the budget to reflect their own priorities, seeing what impact any changes will have on service delivery and Council Tax levels. Over 80 responses have been received so far.
4. Face to face engagement at locations throughout the borough, including community events
5. A 'Your Views Matter' leaflet has been sent to all households with the electoral forms, promoting current engagement activities, including all our budget consultation.
6. A letter to ward members to make them aware of current engagement activities.
7. Focus groups will be held with representative groups of our community to gain views on the initial savings proposals and particularly views on the potential impacts of the proposals
8. Discussions will be held with users of specific services affected by proposals to identify the potential impacts of the proposals
9. A comprehensive programme of discussion and engagement with community and special interest groups will be undertaken when the final proposals are released for formal consultation.

Key Dates.

October/November – Consultation on initial savings options, particularly with service users, in order to develop a programme for further consultation in December

Cabinet 10th November 2011 – 100 Day Budget Review consideration of consultation responses and agreement of final recommendations to Council
Council 24th November 2011 – Approval of 100 Day Budget Review
Cabinet 8th December 2011 – 2012/13-2014/15 Budget Strategy proposals launched for consultation including a savings programme, any tax increases and use of balances
Cabinet 23rd February 2012 – final recommendations on strategy for 2012/13 – 2014/15
Council 1st March 2012 – Final strategy for 2012/13 – 2014/15 approved, council tax set, capital programme, treasury management strategy and prudential indicators approved.

5. PREVIOUS MINUTES

- Council 3rd March 2011
- Cabinet 26th July 2011

6. BACKGROUND PAPERS

- Service & Financial Planning 2011/12-21013/14 report to Council 3rd March 2011
- 100 Day Review of 2011/12 Service & Financial Planning Strategy

Report prepared by Ken Clarke, Head of Finance, Telephone: 01952 383100

TELFORD & WREKIN COUNCIL

CABINET - 22 SEPTEMBER 2011

LOCAL SUSTAINABLE TRANSPORT FUND

REPORT OF HEAD OF ENVIRONMENTAL SERVICES

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 The purpose of this report is to confirm the recent announcement from the Department for Transport (DfT) regarding the Local Sustainable Transport Fund (LSTF). It also seeks approval for implementation of the associated bid 'Telford Future: Local Action for Sustainable Growth'.

1.2 The LSTF is a fund set up by DfT to support sustainable transport projects that deliver economic growth and reduce carbon emissions. The Council's bid to the LSTF was for two elements; the first element is a Large Project which covers Telford town centre and is key to the delivery of the adopted Central Telford Area Action Plan and the release of land for development. The second element is a Key Component which is a package of smaller scale sustainable transport initiatives to help distribute the economic and environmental benefits of the Large Project throughout the rest of the Borough.

1.3 The total cost of the Large Project is estimated to be £11.819m.The cost of the Key Component Project is £6,522,615. The DfT has now confirmed an offer of £3,525,920 in grant towards the Key Component Bid; the balance of funding is made up of £2,996,979m of match funding from existing Council programmes and third parties' programmes such as Network Rail. For the Large Project the Council has been shortlisted to submit a full business case to DfT by the 20th December, with a decision expected by the end of June 2012. The Council is one of 13 authorities invited to submit a business case for Large Project funding.

1.4 The report seeks approval for acceptance of the Key Component Grant of £3,525,920 and for the preparation of the Large Project Transport Business Case. Further reports on the latter will be submitted in due course.

2. RECOMMENDATIONS

That Members approve: -

a) The acceptance of £3,525,920 of DfT Local Sustainable Transport Funding (LSTF) to deliver the Key Component projects as set out in the Council's submission to the DfT's LSTF over the period 2011/12 – 2014/15.

b) The development and submission of a full business case for funding for Telford Town Centre to support the redevelopment of the Box Road; with delegated authority to the Head of Environmental Services in consultation with the Cabinet Member for Environment, Transport and Community protection, Cabinet Member for Housing, Regeneration and Economic Development and Cabinet Member for Resources and Service Delivery to agree the content of the full business case for submission by 20th December 2011.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	*Housing, Regeneration and Prosperity Priority* *Environment and Rural Area Priority* • *Protect and enhance the Green Network and Promote a Sustainable Community for Local People:* - *Protect and enhance the green network and biodiversity of the Borough* - *Reduce use of energy, amount of waste produced and CO_2 emissions through the operations and services of the Council* - *Ensuring a sustainably designed environment*

		• *Maintaining a Clean, Quality Environment and Public Realm* - *Improve and maintain the condition of roads, footways, rights of way and the street scene* • *Improving Mobility around the Borough:* - *Design, deliver and manage a transport network which supports sustainable economic growth and promotes travel for all* - *Minimise increase in levels of congestion* - *Optimise accessibility to local facilities including healthcare, education and employment in Telford Town Centre, Borough Towns and the rural area* *<u>Active Lifestyles</u>* • *Actively encourage people to do more, enjoy more and feel better* - *To develop services that meets the needs of the community*
	Will the proposals impact on specific groups of people?	
	No	
TARGET COMPLETION/DELIVERY DATE	*Target Completion - March 2015* *Large Project Milestones* • *Completion of Transport Business Case – December 2011* • *DfT decision on large project – June 2012* • *Completion of statutory procedures – December 2012*	

	• *Completion of detailed design – May 2013* • *Construction starts – November 2013* • *Works complete – March 2015* *Key Component Milestones* • *Completion of improved linkages to Telford Central Railway station – April 2013* • *Completion of improvements to Silkin Way – April 2014* • *Completion of improvements to Stafford-Telford Cycle Route (NCN 55) – March 2015* • *Completion of Gorge Connect park and ride – April 2012* • *Low Carbon Life skill training for schoolchildren, area travel planning and personalised journey solutions – all operative during the period 2011/12-2014/15*	
FINANCIAL/VALUE FOR MONEY IMPACT	Acceptance of the bid will significantly enhance the Council's Local Transport Plan Integrated Block allocation over the next four years. The bid also provides much needed revenue support for the Forward Capital Programme. The monetary transport and road safety benefits of the LSTF strategy outweigh its cost by a factor of more than 3:1, based on cost benefit analysis	
LEGAL ISSUES	*Yes*	The Council has the powers to carry out the recommendations contained within this report. The offer of grant for the key component is made pursuant to Section 31 of the Local Government Act 2003 and is likely to be conditional upon the Council accepting full responsibility for the project going forward. There are also likely to be conditions relating to monitoring and accountability. With respect to the large project a further report will be brought back to Cabinet if the bid is successful detailing any

		conditions which are applicable prior to acceptance.
OTHER IMPACTS, RISKS & OPPORTUNITIES	*Yes*	***Other Impacts*** The LSTF strategy will help transform the town centre and will have a wide reaching environmental, economic and social impact throughout the Borough. In particular the project will support the following objectives: • Create a vibrant and sustainable heart for Telford Town Centre • Support the improvement of cultural, leisure and event facilities as well as the provision of new homes, offices and retail developments • Deliver and promote high quality buildings and public realm which will transform the image of Telford • Attract new jobs, new opportunities and inward investment • Create a place in which people want to work, live and which people can visit and enjoy • Create a place to be proud of ***Risks*** *Satisfactory completion of outstanding statutory procedures and identification of match funding. These will be addressed as part of the preparation of the Transport Business Case and at the detailed design stage.* ***Opportunities*** *The LSTF strategy provides a vital opportunity to secure additional funding towards the continued implementation of the transport infrastructure set out in CTAAP. It helps bring forward the delivery of Council owned land for development. It gives the Council the opportunity to reduce carbon emission and to create a significant number of new jobs in the Central Telford area.*
IMPACT ON SPECIFIC WARDS	*Yes*	The regeneration of Telford Town Centre will have a Borough wide impact. Specific associated regeneration activities will be undertaken in the following wards:

		• Malinslee Ward – Cllr K Sahota and Cllr S Davies, • The Nedge Ward – Cllr N England, Cllr B McClements and Cllr C Turley, • Lawley & Overdale Ward- Cllr J Greenaway and Cllr R Picken *The key component will have a Borough wide impact*

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 Background

4.1.1 The Local Sustainable Transport Fund is a major initiative that was launched by the Department for Transport (DfT) in January 2011 in support of the Local Transport White Paper 'Creating Growth, Cutting Carbon: Making Sustainable Local Transport Happen.'

4.1.2 Nationally it will provide £560m over the next four years to enable local highway authorities to implement measures to create jobs and cut carbon emissions, with the fund split 60% revenue funding and 40% capital funding.

4.1.3 For Telford our LSTF submission outlined a strategy based around a large project to transform the Town Centre Box Road, supporting the Council and local community's aims to regenerate Telford town centre; and a programme of 'Key Component' projects and initiatives across the borough to complement the large project bid but to help distribute the associated economic and environmental benefits throughout the rest of the Borough.

4.1.4 The Key Component and larger project bids were submitted to the DfT on 18 April and 6 June respectively. The Key Component submission includes projects to upgrade the Silkin Way through the borough, improvements to the cycle route between Stafford -Telford (NCN 55), implement a Park & Ride scheme for the Ironbridge Gorge World Heritage Site, improve walking links between Telford Central railway station and Telford town centre, and a range of sustainable transport

support programmes to help businesses and individuals switch to sustainable transport modes in the borough.

4.1.5 In July the Council was notified that its Key Component submission had been successful (DfT chose not to fund one project to improve walking and cycling links to the Wrekin as the project was considered not to provide enough benefits in terms of economic growth). The total value of the Council's approved Key Component LSTF package is £6,522,615; consisting of £3,525,636 DfT LSTF monies and £2,996,979 in match funding (with funding contributions set out in section 5.2 of this report). The Council is putting in place delivery arrangements to ensure successful delivery of the projects outlined in the Key Component submission and will be required to work closely with DfT in reporting the progress and outcomes from those projects.

4.1.6 The Large Project bid is vital both for the successful delivery of the Central Telford Area Action Plan (CTAAP) and will enable the release of privately owned and Council owned land for development purposes. The proposed project consists of making the Box Road a two-way road, with associated junction improvements. The focus on design will be to enable vehicle movements to support access to the town centre, but supporting much easier pedestrian and cycling movement around Telford, through at grade crossing points and a focus on quality urban design. The scheme is integral to link existing development sites such as the Shopping Centre with new development sites such as the Southwater Development area. The LSTF proposal is in accordance with the transport strategy set out in the Central Telford Area Action Plan.

4.1.7 The total value of the large project submission is £11.819m, made up of a maximum of £8.791m from DfT and an estimated £3.028m from council and development contributions. The Council has been asked to work up a full business case which include doing further design and modelling work on the preferred proposal, further option appraisal, demonstrating that the project supports economic development and carbon reduction and that the Council has clear procedures in place to ensure successful delivery of the scheme, including financial management and appropriate procurement methods. This business case will need to be submitted by 20th December 2011 and a decision on whether it is successful or not is expected by June 2012.

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5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

5.1 Community Impact

5.1.1 The Council's Core Strategy Development Plan Document, which was adopted in December 2007, recognises the key role that central Telford has to play in improving the vitality and viability of the town and its position at the heart of the Borough.

5.1.2 The supporting Central Telford Area Action Plan (CTAAP) confirms that the town centre is key to realising the wider vision for Telford as a sustainable 21st century town. Indeed ongoing development of a vibrant and forward looking town centre is deemed crucial to the future economic success of the whole Borough. The town centre acts as a central hub to all of the surrounding communities as well as providing the retail and business core for continued housing expansion throughout the district.

5.1.3 CTAAP was considered by an Independent Planning Inspector at an Examination in Public in September of last year and was subsequently adopted as Council policy in March of this year.

5.1.4 The plan sets out extensive development proposals covering the retail, office, residential, leisure, conference/hotel and cultural sectors and provides the appropriate framework for the recent Southwater, ASDA, Telford International Centre (TIC) and Red Oak planning applications.

5.1.5 CTAAP proposes significant improvements to the public realm, particularly along Coach Central, in order to facilitate the sustainable expansion of the Primary Shopping Area (PSA) and to help create a more pleasant and safe environment for pedestrians and cyclists alike. This involves the conversion of the Town Centre Box Road to two way working.

5.1.6 A bid was subsequently submitted to the Local Sustainable Transport Fund in support of the above measures entitled Telford Future: Local Action for Sustainable Growth'. The strategy will help to distribute the economic and environmental benefits throughout the Borough.

5.1.7 In total the overall number of jobs associated with CTAAP is estimated to be over 4000. However, not all the CTAAP developments are likely to take place during the LSTF period and the number of jobs associated with the first phase of development has initially been estimated at over 1300.The anticipated carbon savings are estimated to be over 37,000 tonnes per year from the large project alone.

5.1.8 In addition to the large project, the LSTF strategy incorporates several high profile schemes including improved links to Telford Central Railway Station, improvements to the Green Network, including Silkin

Way and the Stafford - Telford national cycle route (NCN 55), low carbon life skill training for schoolchildren, Gorge Connect Park and Ride as well as Area Travel Plans and personalised journey solutions.

5.1.9 In summary the benefits of the strategy are as follows:

Supporting Economic Growth	Benefits of the large project alone in transport and safety terms have been calculated to be more than 3 times the cost of the scheme. It supports the creation of over 1300 jobs and construction of over 2500 dwellings. The LSTF strategy will also improve access and travel choice to key destinations, including Telford town centre, Telford Central railway station, industrial estates and leisure and business tourism destinations such as Ironbridge Gorge World Heritage Site and the Telford International Centre.
Reducing carbon emissions	It reduces carbon emissions through a mixed strategy of providing better strategic links between residential, commercial, industrial, retail and tourist destinations and a strong emphasis on programmes to encourage a cultural shift towards sustainable modes.
Promoting Equality of Opportunity and Social Inclusion	Investment in low carbon, low cost transport choice will help improve travel horizons and opportunities especially for groups such as the young and unemployed through measures such as easier to use, cleaner, safer cycle routes and transport programmes tailored to bespoke needs such as Wheels 2 Work.
Contributing to Better Safety, Security and Health	Key additional benefits of the bid will include road safety and sustainable travel promotion as well as the health benefits of active travel. These benefits will be achieved through integrating safety and health into the development, delivery and promotion of programmes; examples include child pedestrian training (sustainable, active and safe travel).
Improving Quality of Life and a Healthy Natural Environment	Investment in infrastructure and the public realm supported by programmes to encourage up take of low carbon travel will help reduce the impact of transport on the natural environment. The additional benefits of low carbon travel such as better air quality and less congestion especially outside key attractors such as work places, schools and tourist destinations will help improve quality of life.

5.2 Financial Comment

Key Component Scheme

5.2.1 The total cost of the Key Component scheme is £6,522,615, of which £3,525,636 grant has been offered under Section 31 of the Local Government Act 2003. The allocation between capital (£4,751,520), Table 1, and revenue (£1,771,095), Table 2, programme costs and their funding is show in the tables below.

Table 1: Key Component Scheme Expenditure and Capital Funding

Cost (£)	2011/12	2012/13	2013/14	2014/15	Total
Telford Central Interchange Project	1,255,000	585,156	0	0	1,840,156
Silkin Way Multi-User Route	0	454,580	392,580	0	847,160
Telford - Stafford cycle route	0	205,000	100,000	100,000	405,000
Gorge Connect Park and Ride	549,460	329,744	0	0	879,204
Low Carbon Life Skills	70,000	70,000	70,000	70,000	280,000
Area Travel Plans (ATPs)	120,000	80,000	60,000	40,000	300,000
Personalised Journey Solutions	45,000	60,000	50,000	45,000	200,000
	2,039,744	**1,784,480**	**672,580**	**255,000**	**4,751,520**

Funding (£)	2011/12	2012/13	2013/14	2014/15	Total
Local Sustainable Transport Fund	594,744	986,217	437,580	110,000	2,128,541
National Station Improvements Programme	1,000,000				1,000,000
Network rail	35,000				35,000
LTP3	290,000	580,000	235,000	145,000	1,250,000
Parks for People Project		158,000			158,000
NHS Funding	120,000	60,000			180,000
	2,039,744	**1,784,217**	**672,580**	**255,000**	**4,751,520**

Table 2: Key Component Scheme Expenditure and Revenue Funding

Cost (£)	2011/12	2012/13	2013/14	2014/15	Total
Telford Central Interchange Project	27,000	96,166	17,555	0	140,721
Silkin Way Multi-User Route	0	34,700	52,895	10,127	97,722
Telford - Stafford cycle route	0	20,500	18,000	13,000	51,500
Gorge Connect Park and Ride	42,979	169,551	126,346	143,276	482,152
Low Carbon Life Skills	118,000	153,000	133,000	68,000	472,000
Area Travel Plans (ATPs)	38,000	63,000	63,000	168,000	332,000
Personalised Journey Solutions	35,000	60,000	60,000	40,000	195,000
	260,979	**596,917**	**470,796**	**442,403**	**1,771,095**

Funding (£)	2011/12	2012/13	2013/14	2014/15	Total
Local Sustainable Transport Fund	174,979	495,917	354,796	371,403	1,397,095
Shropshire Council		20,000	20,000		40,000
NHS Funding	60,000	55,000	70,000	45,000	230,000
Council revenue Budgets	26,000	26,000	26,000	26,000	104,000
	260,979	**596,917**	**470,796**	**442,403**	**1,771,095**

5.2.2 A formal offer letter is awaited for this grant which will confirm the full terms and conditions. It is anticipated that TWC will be the accountable body for this grant and as such will be required to evidence all match and third party contributions.

5.2.3 The Department for Transport has stated that there will be no opportunity to carry forward any unspent funds into subsequent financial years, therefore robust monitoring procedures will be established including the evidencing of third party contributions. The 2011/12 programme includes £1m from the National Station Improvements programme, which must be spent in this financial year. Financial support will be provided to the project as appropriate to ensure financial reporting requirements of the grant are met.

5.2.4 There will be ongoing revenue operating costs associated with the Gorge Connect Park and Ride Scheme. Sponsorships and other sources of income to fund these costs will be investigated during the implementation period.

Large Project Bid

5.2.5 The total cost of the Large Project Scheme is £11,819,000 of which £8,791,000 funding contribution was sought from the Department for Transport. The programme costs and funding are shown in Table 3 below.

Table 3: Large Project Bid Estimated expenditure and funding

Cost (£000's)	**2012/13**	**2013/14**	**2014/15**	**Total**
Town Centre Shared Scheme Space (Capital)	271	2,874	8,554	11,699
Town Centre Area Travel Plan (Revenue)	40	40	40	120
	311	**2,914**	**8,594**	**11,819**

Funding (£000's)	**2012/13**	**2013/14**	**2014/15**	**Total**
Local Sustainable Transport Fund	40	1,255	7,496	8,791
LTP3	59	59	440	558
Developer Contributions	212	1,600	658	2,470
	311	**2,914**	**8,594**	**11,819**

5.2.6 On 3 August, the DfT announced that the Large Project bid had been successfully shortlisted for further consideration, and it will now be necessary to prepare a full Transport Business Case. This will need to be submitted to DfT by December 2011 with a final decision being made in June 2012. The cost of developing the business case is estimated to be up to £100,000 (dependent upon DfT requirements) which will be met from one off in year underspends within the Highways and Transport service area.

5.2.7 Financial support will be provided in the preparation of this business case, and the monitoring systems which will need to be established should the bid be successful, and further reports will be brought forward as necessary.

5.3 Legal Comment

5.3.1 As above

5.4 Opportunities

5.4.1 As outlined above, the LSTF bid provides the Council with a significant opportunity to support the redevelopment and regeneration of Telford town centre, in accordance with the strategy set out in the Central Telford Area Action plan. For a bid to be successful it is important that it demonstrates delivery of economic growth and reduction in carbon emissions.

5.5 Risks

5.5.1 The project is subject to normal risks associated with large transport schemes such as ensuring all statutory processes are complete and that the project can be successfully delivered within the timescale set out. These risks will be addressed as part of the development of a full business case. A particular risk for Telford's large scheme is to ensure that there is a sufficient local contribution to demonstrate local commitment to the project and that developer contributions are available in line with the spend profile for the delivery of the large project on site.

5.5.2 For the Key Component submission the key risk relates to the fact that funding cannot be carried forward between years so as a minimum the Council must deliver the Key Component projects in line with the programme set out in section 5.2; DfT have indicated they would be willing to allow early delivery of projects and therefore early release of funds for future years. The Council will need to ensure that the Key Component projects deliver the outcomes set out in the Council's submission, as the programme will be monitored and evaluated by DfT.

Ward Impact

As above.

5 PREVIOUS MINUTES

6.1 None

Report prepared by Geoff Kitching, Transport Planning Team Leader & Stuart Freeman, Highways and Transport Service Delivery Manager: 01952 384601

TELFORD & WREKIN COUNCIL

CABINET - 22 SEPTEMBER 2011

HIGHWAYS MAINTENANCE – WINTER SERVICE REVIEW

REPORT OF THE HEAD OF ENVIRONMENTAL SERVICES

PART A) – SUMMARY REPORT

1.0 SUMMARY OF MAIN PROPOSALS

1.1 Review the operation and effectiveness of the Winter Service with regard to operational issues encountered during the 2010/11 winter season arising from the prolonged cold spell and national pressures in the delivery of road salt.

2.0 RECOMMENDATIONS

2.1 That the recommended changes to the Winter Service outlined in **Appendices 1 and 2** of the report be adopted, namely:

- The existing above regional average coverage for salt treatment of our road network to remain the same for 2011/12 with the addition of one location-the access route to Harper Adams College.
- Existing Grit Bin Policy to remain for 2011/12 but to continue close working with Parishes and community groups for local co operative opportunities
- To provide greater resilience and efficiencies – revise our rate of spread of salt from 15g per m2 to 10g per m2 for frost prevention and from 30g per m2 to 20g per m2 for snow events, which will meet DfT guidance and will be the same rate of application as all other regional Council's and the Highways Agency
- Continue to improve communication channels and access to information for residents and businesses within the Borough

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	*Environment plan – Winter resilience*
	Will the proposals impact on specific groups of people?	
	No	*Borough Wide*
DELIVERY DATE	*Winter Maintenance season commences 1st October 2011*	
FINANCIAL/VALUE	Yes	*The proposed changes to the rate of salt*

FOR MONEY IMPACT		*spread will reduce salt costs per call out. As detailed within the main report expenditure on winter maintenance in recent years has been significantly higher than the base budget available. A reduction in salt costs should help to contain costs. Expenditure on this service is, of course, heavily dependent upon the weather conditions. As in previous years any additional costs will have to be met from any available under spending in other service areas or from corporate contingency. Costs will be monitored throughout the winter period and reported as necessary.* *JAC 250811*
LEGAL ISSUES	Yes	*The Council has a duty under the Highways Act 1980 to ensure, so as is reasonably practicable, that safe passage along a highway is not endangered by snow or ice.*
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	*The scope of the actions of the Winter Maintenance Service will impact on many aspects of life in the Borough including the environment, economy and community cohesion. The actions all impact on the Council's reputation.*
IMPACT ON SPECIFIC WARDS	Yes	*Borough-wide impact.*

PART B) – ADDITIONAL INFORMATION

3.0 REPORT SUMMARY

3.1 In October 2003 the Government introduced an amendment to the Highway Act 1980 which placed a duty on Local Authorities to ensure, so as is reasonably practicable, that safe passage along a highway is not endangered by snow or ice.

3.2 In light of this legislation change the Council acknowledged that the previous policy fell short of the new Code of Practice and in September 2006 approved a new Policy for the forthcoming winter maintenance season. This policy extended precautionary salting routes to include schools, transport interchanges, industrial estates and strategic footways and cycle ways. The Policy has been further amended and strengthened in July 2009 and September 2010.

3.3 Due to the national shortage and distribution problems with road salt, the council in order to protect its network has increased its storage capacity from 1400 tonnes to 2700 tonnes over the past two years. This has led to increased storage costs and in some cases in order to maintain stocks, having to pay premium rates for salt deliveries during

the winter season. At the start of the last Winter Maintenance season we were at full storage capacity of 2700 tonnes.

3.4 The winter of 2010/11 was at its most severe during the months of November and December, temperatures of minus 16 degrees being experienced in some areas. December was the coldest in the area since 1890 and together with early snowfall in November resulted in a significant increase in snow treatments to ensure the network remained in operation. Our existing salts stocks were put under significant pressure due to a shortage of national salt supplies and orders not getting through.

3.5 For the second winter in succession, it has been necessary to reduce salt usage in the Borough by introducing a revised 3 parts salt to 1 part grit mix. This resilience measure ran from 22 December through to the end of the winter season on 30 April 2011 in order to maintain stock levels. It was also necessary to reduce gritting to 5 primary routes only during the period of 22 December 2010 to 4 January 2011 to further preserve stocks. See Appendix 3 for records of turnouts

3.6 For the third year in succession, expenditure on winter maintenance has far exceeded normal levels. The 2010/11 service cost £653,487 against a budget of £425,440 resulting in an overspend of £228,047 which reflects the additional snow event and salt treatment of routes, grit and call out costs associated with the extreme winter weather conditions. This overspend was funded from specific service reserves and corporate contingency.

3.7 A more detailed performance review of the 2010/11 Winter Maintenance season is summarised in **Appendix 2** and identifies a series of service strands and conclusions, including:

- Salting Operations
- Grit Bins
- Salt storage.
- Communication and advice and guidance

Each service strand element carries a **service improvement recommendation.**

3.8 Each year the Council receives many requests to grit roads that are not included on the primary or secondary gritting routes. When considering any additions to gritting routes it is important that the current policy is rigorously applied. If the Council are to allow roads to be added to the existing gritting network that do not fall within the policy, it will be extremely difficult to decline further similar requests year on year. The Council will run a high risk of having inconsistencies within the policy and this carries a high probability of the Council having difficulties in defending its actions in Court as well as unsustainable increases in service costs.

3.9 Parish Charter: Parishes will be informed of any changes to treatment routes and other changes that affect their areas. During the winter season contact will be via the nominated Parish Council snow liaison representatives.

3.10 The grit bin inventory has been shared with Parishes to consider 'added value' grit bin locations. Any Parish can choose to provide additional grit bins if they should require them for local sites other than those provided for by Telford & Wrekin Council. Parishes will be expected to pay for the provision and salt replenishment of any additional bins.

4. BENCHMARKING

4.1 Having undertaken a recent benchmarking exercise with Midland Service Improvement Group (MSIG), it was found that our current Winter Maintenance Service route coverage is 41% compared to an average of 39% for the group. Also, as a local comparator – our network coverage of 41% is in contrast to Shropshire Council who cover 28% of their network.

4.2 Further benchmarking with MSIG identifies that we are the only Council out of 19 members who apply a higher rate of spread of salt per m2 i.e. 15g per m2 for frost prevention and 30g per m2 for snow events. The regional norm is 10g per m2 and 20g per m2 respectively.

4.3 The lower application rate ties in with DfT guidance on salt usage reductions and increased resilience. Existing salt stocks at the start of the Winter season stand at 2700 tonnes, if the lower application rate is adopted, we would be using 900 tonnes less per normal winter season, equivalent to an overall stock level of 3600 tonnes. Therefore we will not have to consider a further increase of our stocks with the resulting increase in appropriate costs i.e. procurement, storage facility costs and land rentals etc. It will also benefit the environment with less mining, transport costs and fuel costs.

Procurement of a further 900 tonnes of salt including storage costs over and above existing stocks of 2700 tonnes would amount to an additional cost of circa £40,000. Should existing salt stock levels be retained and we don't purchase additional salt, but we continue to add grit stone at existing spread rates, as part of the treatment process, this would result in an additional cost of circa £87,000 for the 900 tonnes of grit stone required. This figure covers procurement costs, the resulting additional sweeping and landfill disposal costs.

4.4 We have shared this thinking with local emergency services and PCT and based on regional comparable service standards they are comfortable with a recommendation to apply the new spread, subject to review should difficulties arise during any severe weather events.

Report prepared by David Bell, Public Realm Group Manager, telephone 01952 384810

Appendix 1 - WINTER SERVICE POLICY STATEMENT

1 INTRODUCTION

The Borough of Telford and Wrekin is the Highways Authority for all the adopted roads in the Borough except for the M54 Motorway and A5 Trunk road from the end of the M54 at Cluddley to Preston Roundabout.
The Highways Authority is responsible for work relating to snow, frost or ice on these roads.

The aim of the Winter Service is to provide so far as is reasonably practicable for the safe movement of road users along the highway network during wintry conditions. The Service operates between the 1st October and the 30th April i.e. the Winter Season.

A review of Winter Service Operations is undertaken each year before the start of the next Winter Season.

2 FORECASTING & TREATMENT OF ROADS

Two weather monitoring stations operate in the Borough, which with information from surrounding areas' stations and forecasting from the Met Office are used to determine the most appropriate action delivered at the best possible time.
We employ the Vaisala weather monitoring and bureau service who advise our experienced staff on optimising the salting of the roads at the most effective and economic times. However with the variable conditions we experience in this maritime climate it is not always possible to complete salting before freezing starts but we endeavour to complete salting as soon as is practicable within the constraints of our resources.

Roads to be treated

The main activities of the Winter Service are treating the highway to:

1. Try to prevent ice forming known as "precautionary salting"
2. Melt ice and snow already formed, "post-salting"
3. Remove snow

All the roads are divided into the "defined network" and the "non defined" roads dependent on their priority. The service aims to prevent ice forming (precautionary treatment) on the "defined network" which consists of main through roads and those serving centres of activity such as commercial, retail, employment, administrative and leisure. These are known as the "frost routes".

Frost Routes

The "frost routes" should be salted prior to the formation of frost by the fleet of gritters provided by Telford & Wrekin Services.

Primary Routes:

- A & B roads
- Roads serving fire, ambulance, police establishments
- Main bus routes in the following centres: Telford Town Centre, Dawley, Madeley, Newport, Ironbridge, Oakengates & Wellington.
- Access roads to transport interchanges

Secondary Routes:

- Other regular bus routes (The regular bus routes are defined as Monday to Friday routes with a minimum of one bus per hour during the main part of the day).
- Feeder roads to schools/colleges (roads linking main salting routes to main entrances)
- Main access roads on industrial estates (Halesfield, Stafford Park, Hortonwood)
- One access route to main villages/hamlets and minor sections of road for continuity.

Priority will always be given to ensuring that the Primary routes are treated before the Secondary routes.

The remainder of the roads are “non defined” and are not treated for a forecast of frost. However grit bins are provided at high risk sites such as steep hills, severe bends, etc.

Snow and ice routes

Roads to be treated at times of snowfall or prolonged icy periods following snow (post-treatment) are known as the “snow and ice routes”. The “snow and ice routes” consist of the “frost routes, the remaining main and secondary distributor roads and high risk sections of the local network.

In times of snow and prolonged icy conditions the “snow and ice routes” are ploughed, cleared or salted with the frost routes being treated as priority. This work is undertaken under our instruction by Telford & Wrekin Services, farmer operated snowploughs and if necessary local contractors. These activities are aimed at providing safe movement around the Borough between major centres and at least one access route to each hamlet.

When resources allow they will then be deployed onto the “non defined” routes dealing with problems in priority order.

3 TREATMENT OF FOOTWAYS AND CYCLETRACKS & DISTRICT CENTRES

Frost Routes

Footpaths/cycletracks and district centres that will be treated when frost is forecast are the “defined footway routes” at the following locations:

1) Adopted footpaths in Telford Town centre.

2) Footpaths serving the main shopping areas of:
   a) Wellington
   b) Dawley
   c) Madeley
   d) Newport
   e) Ironbridge
   f) Oakengates

Snow & ice

In the event of prolonged snow or ice strategic footway/cycletracks will be treated in a priority order. The order starts with town centres, local district centres etc. It is not possible to clear all the footpaths within the Borough during these wintry conditions.

4 GRIT BINS

Grit bins in general are only provided on "non-defined" roads at high risk sites such as steep hills, severe bends, etc and only on the adopted highway. Their provision is determined by on-site risk assessments using a standardised set of criteria and then prioritised based on available resources. Grit bins are provided on the basis of self-help by the public and the service is limited to refilling the bins with salt and replacing damaged bins.

A limited number of grit bins are provided at key locations on the footway/cycleway network defined as routes promoted as Safe Routes to Schools.

Requests for new grit bin locations are considered only from Ward members, Parish & Town Councils or community organisations and contributions will be sought from these groups for provision and maintenance.

5 STAKEHOLDER REQUESTS

Local roads which have been highlighted for consideration for adding to the gritting routes and assessed against our policy and **do not** comply are:

Location	Comments
Ellerdine Heath to A442	This is a C Road and therefore does not fall within the Policy. It was suggested that Shropshire Council grit their section of this road. Having investigated the matter further – it is confirmed that it is not on their defined gritting routes and is dealt with on an ad hoc basis when the weather dictates. Could be added to our ad hoc list at times of severe persistent weather if salt stocks are adequate.
A41 to Puleston	This is a C Road and therefore does not fall within the Policy. It was suggested that Staffordshire County Council grit their section of this road. It is not on their defined gritting routes and if there has been any gritting it has been on an ad-hoc basis. Could be added to our ad hoc list at times of severe persistent weather if salt stocks are adequate.

Rodington to B5063	This is a C Road and therefore does not fall within the Policy. The main bus routes are from the B5062 through Rodington to the B4394 at Walcot. The 822 only uses the road from Rodington to the B5063. Could be added to our ad hoc list at times of severe persistent weather if salt stocks are adequate.
Cherry Tree Hill	This is a C Road and therefore does not fall within the Policy. This is used as a short cut by drivers which is why traffic speed is restricted with traffic calming measures e.g. speed humps. The defined route is the Queensway and Jiggers Bank primary routes. Numerous requests received from residents, should this road be added, existing grit bins would be removed, they would no longer be required. Could be added to our ad hoc list at times of severe persistent weather if salt stocks are adequate.
School Road, Hillside and Flatt Road, Edgmond	These are unclassified roads and there is no justification for them to be included on the gritting routes. Edgmond is well served by two gritting routes through the village including to and from St Peters Primary School.

Roads which have been highlighted for consideration for adding to the gritting routes and assessed against our policy and **comply** are:

Location	**Comments**
Caynton Mill Road, Edgmond	Unclassified road, **however it is the access road to Harper Adams College and therefore covered by policy**. Please note that the B5062 past the college is gritted.

Appendix 2 - WINTER SERVICE STANDARDS AND PERFORMANCE:

1. SALTING OPERATIONS

Winter Maintenance Service Policy – salting

The main activities of the Winter Maintenance Service are treating the highway to:

1. Try to prevent ice forming known as "pre-salting"
2. Melt ice and snow already formed, "post-salting"
3. Remove snow

1.1 Roads:

The service aims to prevent ice forming (precautionary treatment) on the "defined network" which consists of main through roads and those serving centres of activity such as commercial, retail, employment, administrative and leisure (which in the main are serviced as part of school sites or district centres. These are known as the "frost routes".

Defined network:

Primary Routes:

- A & B roads
- Roads serving fire, ambulance, police establishments
- Main bus routes in the following centres: Telford Town Centre, Dawley, Madeley, Newport, Oakengates, Wellington and Ironbridge
- Access roads to transport interchanges

Secondary Routes:

- Other regular bus routes (The regular bus routes are defined as Monday to Friday routes with a minimum of one bus per hour during the main part of the day).
- Feeder roads to schools/colleges (roads linking main salting routes to main entrances)
- Main access roads on industrial estates (Halesfield, Stafford Park, Hortonwood)
- One access route to main villages/hamlets and minor sections of road for continuity.

1.2 Turnouts in 2010/11

Roads:

The total number of turnouts in 2010/11 was 92 compared with 154 in 2009/10.This compares with the 5 yearly averages for previous years of 95. It must however be noted that we conducted 22 double spread rates for snow events compared to a season average of 13.

Footways:

The total number of turnouts in 2010/11 was 41 compared with 38 in 2009/10.This compares with the 5 yearly averages for previous years of 25.

1.3 Salt usage

National Salt Shortage Impact:

Due to national salt demand and delays in deliveries, the council followed the national directive to conserve salt stocks. In turn, for the second year in succession we reverted to a 75/25 salt/grit mix. This took effect from mid December through to the end of March. The use of grit provided extra traction for vehicles but does cause maintenance problems in relation to street sweeping and gully emptying. It also causes a burden on disposal costs as the collected grit has to be dried before it is disposed of.

General Comment

It is evident that the last three concurrent cold winters have seen a significant increase in the use of salt and the numbers of turnouts have resulted in a significant increase in the year end costs for the Winter Service. This increase has been met from corporate funds given the service priority.

Benchmarking Standards:

It is recognised that our current Winter Maintenance Service Policy is to a higher standard than that of other Councils and is above the national average in terms of expenditure.

Having undertaken a recent benchmarking exercise with the Midland Service Improvement Group(MSIG), it was found that our current Winter Maintenance Service route coverage is 41% compared to an average of 39% for the group. Also as a local comparator our network coverage of 41% is in contrast to Shropshire Council who cover 28% of their network.

Further benchmarking with Midland Service Improvement Group (MSIG) identifies that Telford and Wrekin are the only Council out of 19 members who apply a higher rate of spread of salt per m2 i.e. 15g per m2 for frost prevention and 30g per m2 for snow events. The regional norm is 10g per m2 and 20g per m2 respectively.

The lower application rate ties in with DfT guidance on salt usage reductions and increased resilience. Should we adopt the lower application rate we would be using 900 tonnes less per normal winter season and will therefore will not have to consider further increase our stocks with the resulting increase in appropriate costs i.e. storage facility and land rentals etc. It will also benefit the environment with less mining, transport costs and fuel costs.

1.4 Feedback from Community stakeholders

Feeder roads to schools and colleges
Despite the prolonged period of cold weather conditions during the 2010/11 winter season, the salting of feeder roads to schools has been successful in ensuring that schools have remained open.

Comments by the Capital & Facilities Manager were:
The winter maintenance programme proved very effective last year and as a consequence there were no school closures which resulted directly from road closures or dangerous surfaces caused by the ice or snow.

A request from Harpers Adams College has been received requesting gritting of the access road to the college.

Access roads to transport interchanges: Bus companies

Comments by the Area Manager, Midland Arriva (Telford) were:

I would have to commend the efforts of the council and say that we were very pleased with all your hard work in keeping roads open. Apart from locations with inclines, which where affected by the worst of the weather, our services continued to run

Main access roads on industrial estates
Halesfield, Stafford Park, and Hortonwood – all routes were kept open during the frost and snow events.

1.5 Conclusion: salting operations

Feedback from key stakeholders suggested that the gritting routes used in 2010/11 provided a satisfactory level of protection to road even with the salt/grit mix being introduced. It is however encouraging to confirm there were minimal reported accidents as a result of wintry conditions on the road network.

Formal complaints to the council increased compared with previous years. Regretfully this was to be expected, considering the severe and long period of weather experienced meant that snow lay on many untreated estate roads, particularly over Christmas. Between 1 November 2010 and 31 March 2011 we received eleven compliments and sixteen formal complaints relating to the winter maintenance service.

Feedback from customers would suggest that a mixture of increased information on the Councils web site, national & local media coverage including a series of radio & television interviews, public understanding and the excellent service delivery from the council and contractor throughout the prolonged period all helped to ensure public frustration were contained to a relative minimum.

Recommendation: Defined network

Given the overall effectiveness of the service performance across the current defined network, it is prudent for the routes to remain unchanged with the exception of the access road to Harper Adams College.

2. GRIT BINS

2.1 Current grit bin policy

The Council continues to provide in excess of 460 grit bins on non-treated roads that are considered high risk locations. These sites have been subject to a risk assessment criteria or they remain in situ due to historical placement reasons. The number of grit bins we currently provide far exceeds the average compared to other Councils.

All high risk sites are now accommodated, however future requests for grit bins for community/pubic use provision can be on the basis of a co operative approach and/or financial contributions from community groups such as Parish Councils which the Council will assist in relation to purchasing and replenishing on their behalf.

Prior to the commencement of the 2010/11 and the forthcoming winter season, all Parish and Town Councils have been written to regarding local provision of grit bins and to seek their views on providing grit bins at their expense. This is only the case when the Council criteria for sighting a bin are not met. This has led to a successful take up with several Parishes wanting to engage.

Grit bins are provided on the basis of self help by motorists for use on the public highway. There is evidence from community feedback that grit bins are sometimes

requested and used for the gritting of private footpaths & driveways. We also receive complaints from residents regarding the siting of them near their properties and Parishes are mindful of this.

During 2010/11 as in past years there continued to be a number of 'one off' requests for grit bins which were made generally during snow events where drivers experienced difficulties with traction on untreated estate roads.

Some Parish Councils have enquired about the locations of grit bins in their area so that they can review whether they are meeting the needs of the community. An up to date inventory list and location maps will again be circulated to all Parishes prior to the start of the 2011/12 winter season. All grit bins will be numbered and have the prefix 'P' where Parish owned.

2.2 Conclusion: Grit bins

The number of grit bins installed and serviced is much higher than many other council's. Further consultations are in process with Parishes on the locations of grit bins in their specific areas so they may consider local demand and provision.

Recommendation: Grit bins

Given the current provision it is recommended that the Grit Bin Policy remains unchanged for 2011/12 and a co operative approach is more widely publicised on the website.

3. SALT STORAGE/USAGE

3.1 Effectiveness of changes to salt storage

Members may recall the difficulties experienced during the 2008/9 season and as a result of a national shortage, additional salt storage of 350 tonnes was created at the Granville House depot prior to the start of the 2009/10 season. This extended the total storage of salt to 1700 tonnes. Prior to 2010/11 permission was given to acquire a further 1000 tonnes, which was stored locally at a facility owned by Jack Moody on Redhill Way, Telford. Therefore at the start of the 2010/11 winter season salt stocks were at the maximum of 2700 tonnes

The 2010/11 prolonged winter weather conditions started earlier than previous years and as with every council in the country, we again experienced problems with salt deliveries similar to that encountered in 2010/11. The cold snap and snow falls in November and December together with extremely low temperatures for that period created a national shortage of salt requiring the reintroduction of the Government led Salt Cell.

This brought about resilience actions being imposed on all councils to reduce salt usage by up to 50% but for the majority of the time we were able to maintain a near normal service without any reduction to the gritting routes by introducing a 75% salt:

25% grit mix. However for the period 22 December 2010 to 4 January 2011 in order to maintain rapidly dwindling stocks of salt, it was necessary to reduce our gritting routes to the 5 main primary routes.

Following the severe winter of 2009/10 in order to increase resilience the DFT set up strategic reserve stocks of salt, from which authorities could request supplies. Salt deliveries were restricted by the DFT with priority being given to those authorities in a critical situation. Telford and Wrekin Council requested and received a total of 1084 tonnes. In addition due the uncertainties surrounding this process and the ongoing lack of domestic supplies it was necessary for the Council to be proactive and we sought deliveries from other sources.

- 200 tonnes Mutual Aid from Shropshire Council
- 1000 tonnes from JC Peacock (marine salt from Australia)

Further measures to preserve salt also included filling salt bins with grit and using grit for footways.

3.2 Impact of prolonged cold winters and the national salt shortage

The previous two winters had seen a significant increase in the amount of salt being used. In 2009/10 there were 5,345 tonnes used and 5,160 tonnes in 2008/9. However milder weather from the beginning of February 2011 through to the end of April 2011 resulted in total salt usage of 3964 tonnes. This compares to the 5 yearly averages for previous years of 3916 tonnes. Though it must be noted, during the time of national shortage, we had to pay a premium for winter salt orders and deliveries, including that from the strategic reserve stock. There are currently only three main suppliers of road salt in the UK

Salt Union (current supplier)
Cleveland Potash
Irish Salt

The salt barn at the Granville House depot now has the facility to accommodate some 1700 tonnes of salt which is equivalent to approx 40 turnouts for frost and 20 for snow. The additional stock of 1000 tonnes stored at Moody's will provide approx 24 turnouts for frost and 12 turnouts for snow.

In total this allows for 64 turnouts for frost turnouts and 32 for snow,

In normal circumstances this level of stock should be more than capable of providing resilience, however the last two severe winters have proved, despite the increased resilience that this may not be the case. The Government recommendation is to maintain not less than 6 days stock. If we were to have a really bad spell of snowfall, we could provide 16 days of double treatment twice a day which is far in excess of the Government recommendation.

3.3 Conclusion: Salt storage/Usage

Given the benchmarking findings highlighted in section 1 above, in order to further increase resilience for the Council and without the need to increase storage capacity and costs, consideration should be given to reduce the rates of spread of salt.

Reducing the rate of spread from 15 grams per sqm to 10 grams per sqm when pre treating for ice and from 30 grams per sqm to 20 grams per sqm when pre treating for snow, would result in the equivalent of 900 tonnes of salt being saved per average season. Therefore resilience would be increased to the equivalent of 3600 tonnes with no increase in procurement or storage costs.

The revised rate of spread is used by many other Local Authorities and the Highways Agency without any adverse effects, including locally both Shropshire Council and Staffordshire County Council. This proposed spread rate also falls within suggested national guidelines.

Recommendation: Salt storage/Usage

It is recommended that the current salt storage capacity remains unaltered for the 2011/12 winter season but in order to increase winter resilience the rates of spread of salt be reduced 15 grams per sqm to 10 grams per sqm and from 30 grams per sqm to 20 grams per sqm for the 2011/12 winter season.

4. COMMUNICATIONS

4.1 Positive Actions undertaken

In order to assist Elected Members, Parishes, the media and the community as a whole, the council provided access to a series of information channels which were available on the council website, in relevant customer services teams and electronically available to all Members & Parishes.

The information included:

- Borough wide maps indicating defined gritting routes
- Winter maintenance: Frequently Asked Questions
- Winter Maintenance – Facts and Figures
- Who to contact
- Daily service disruption information i.e. refuse & kerbside collections, schools, leisure sites etc.
- Notification of ‘real time’ gritting operations to all Ward Members, Parish and Town Councils.

There was also a series of meetings with Parish representatives which also assisted in developing the information above.

During the peak of the national salt shortage the council maintained daily contact with the media, GOWM Regional Resilience Team and a local 'virtual' Silver Command Group involving key emergency & public service representatives

4.2 Conclusion

Due to 'round the clock' monitoring and actions the council maintained effective communication throughout the very testing set of circumstances and received praise for its actions and approach

Recommendation: Communication

It is recommended that in future the same approach is adopted and a more proactive style of communication is developed with a particular emphasis on the council website and information to Parishes and co operative opportunities particularly around grit bins. This is to include up to date records and plans highlighting local grit bins.

Appendix 3- Winter Service: Record of turnouts

	2005/6	2006/7	2007/8	2008/9	2009/10	Ave over past 5 years	2010/11	Comments
Normal gritting 15gms	58	32	53	83	105	66	**68**	Most turnouts occurred during the months of November and December 2010 and January 2011
Double gritting 30gms	17	6	6	19	16	13	**22**	Salting for snow is at double the spread rate on all routes
Wet spots e.g. drainage problem	15	3	11	18	33	16	**2**	Reduced gritting operation to conserve salt stocks on known wet areas
Total turnouts for roads	**90**	**41**	**70**	**111**	**154**	**95**	**92**	
Footpaths	22	14	20	32	38	25	41	
Total salt used in tonnes	3991	2074	3008	5160	5345	3916	3964	

TELFORD & WREKIN COUNCIL

CABINET - 22 SEPTEMBER 2011

TELFORD AND WREKIN'S JOINT MENTAL HEALTH AND WELL-BEING COMMISSIONING STRATEGY 2011-2015

Karen Kalinowski, Head of Service Care & Support

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This joint strategy and associated action plan sets out how Telford and Wrekin Council and NHS Telford and Wrekin plan to commission services to improve the mental health of people living in Telford and Wrekin and to improve outcomes for those with poor mental health.

1.2 It is structured around six shared, cross Government and multi-agency objectives. These are consistent with outcomes set out in social care, public health and NHS outcomes frameworks. Further information regarding objectives and outcomes can be found in the Executive Summary (Appendix One) or within the body of the main document. The associated action plan can be found in Appendix Two.

1.3 The joint strategy was developed in consultation with a range of stakeholders including third sector organisations, service users and carers. Monitoring of progress will be undertaken by the Mental Health Partnership Board.

1.4 The joint strategy supports the Councils' priority objectives within Adult Care and Support:

2. RECOMMENDATIONS

2.1 That Cabinet endorses the Joint Mental Health and Well-Being Commissioning Strategy.

3. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="4">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to specific Priority Plan objective(s)?</td></tr>
<tr><td>Yes</td><td>Adult Care & Support Priority Plan:

• Adults who are old, ill, disabled, or vulnerable have choice and control over their lives

• Vulnerable Adults are safe from harm</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>The whole joint strategy is focused on a model of personalisation which is centred on individual need. In addition, services are no longer structured around age but on need.

Although the joint strategy focuses on mental health, it takes a universal approach to mental wellbeing and prevention. On this basis, the joint strategy has population wide impact.</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">This is a 5 year joint strategy; the implementation of which will be monitored by the Mental Health Partnership Board on a quarterly basis. In addition the joint strategy will be reviewed accordingly in light of any changes to related policy.</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>The strategy does not make further financial commitments. It is written on the basis of a constant review of existing services to ensure we continue to meet need, and that any new services can only be delivered by readjusting current allocations.

However all Council services are facing the impact of Government grant cuts requiring at least 20% reductions in service spending so the strategy will need to be kept under close review to ensure affordability. In particular the Council will need to</td></tr>
</table>

		monitor the impact of the changes to ensure that there is no unintentional transfer of funding responsibility from the NHS to the Local Authority without matching funds transfer.
LEGAL ISSUES	No	The Local Authority's statutory duties are as set out in Schedule 1 to the Local Authority Social Services Act 1970.In relation to mental health ,the primary legislation is set out in the Mental Health Act 1983 [as amended], with Regulations made there under and issued guidance ,including the revised 2008 Code of Practice. The Regulatory Impact Assessment published on 2nd February 2011 in relation to the "No health without mental health" cross Government strategy at Annex 1 indicates that no legislation is proposed.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	This joint strategy demonstrates the commitment of both Telford & Wrekin Council and NHS Telford & Wrekin to promote wellbeing, support a preventative approach to poor mental health, encourage the early detection of mental health issues and to improve the quality of mental health services.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 This information below sets out how the attached joint mental health strategy and action plan has been developed. Development has included user and carer feedback; stakeholder feedback from the public consultation and the national direction as outlined in the national mental health strategy 'No Health without Mental Health'. The draft joint strategy was also presented to the Mental Health Commissioning Partnership Board for their support.

Stakeholder Feedback – including service user and carer feedback

4.2 A range of stakeholder events took place in 2010/2011 in order to gain the views and opinions of users, carers and other stakeholders to shape the development of the joint mental health strategy and action plan. These included a large scale consultation event as well as a series of engagement and consultation sessions that were regularly attended by local service users.

4.3 As part of the development of the joint strategy, a public consultation ran for 13 weeks between September 2010 and December 2010. This gave an opportunity for the general public and other stakeholders to comment and give their views on the joint strategy as well as on the Shropshire-wide mental health modernisation proposals to strengthen community services and redesign inpatient services.

4.4 Consultation feedback relating to the joint mental health strategy included strong local support for:

- Improved access to counselling and psychological therapies
- Ease of access into services and support for 'a single point of access' into mental health services. This included the desire for a single assessment followed by appropriate care and support
- Intensive support within an individual's permanent home rather than the need for a residential placement in providing rehabilitation.
- Equity of care and support for those living in rural areas
- Improved community services for dementia care including support for those in residential care
- More support for carers
- Training of staff
- Larger, integrated teams with services delivered and configured locally in Telford & Wrekin
- Services more closely aligned to GP practices
- Stronger links to the voluntary sector such as satellite working and shared premises in order to streamline the care pathway.

National Mental Health strategy 'No health without Mental Health'

4.5 The joint mental health strategy has been informed by a new national strategy for mental health*: No Health Without Mental Health: a cross-Government mental health outcomes strategy for people of all ages (DH: 2011)*. This is a cross-government strategy that focuses on the future for mental well-being and mental health care.). It is built around a two-track life course approach that aims to improve outcomes for people with mental health problems and build individual and community resilience and wellbeing in order to prevent illness

4.6 The strategy is structured around six shared, cross Government and multi-agency objectives. These are consistent with those set out in the social care, public health and NHS outcomes frameworks.

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

4.7 The Mental Health Commissioning Partnership has the responsibility for overseeing the implementation and monitoring the progress of the Joint Mental Health Strategy and associated action plan.

Modernisation of mental health services

4.8 In line with the direction of the mental health strategy, the modernisation of mental health services is a programme of transformational change across Shropshire and Telford & Wrekin that will lead to a significant improvement in clinical care.

4.9 The aim of the programme is to enable earlier, preventative interventions carried out by strengthened and integrated community teams. This enables a more co-ordinated and effective response to users and carers and better control over care planning, thus reducing the need for inpatient stays. When inpatient stays are needed, a new, purpose-built inpatient facility 'The Redwood Centre' will provide a safe, therapeutic environment for care that promotes dignity and respect. This site is due for completion by Autumn 2012.

4.10 The programme will see an additional 35 staff working in the community in Telford & Wrekin supporting people with mental health issues. The majority of these roles will be to support older adults and people with dementia. Twenty two beds will be commissioned in this facility for use by people of Telford & Wrekin. Twelve beds will continue to be funded at Castle Lodge, which is an inpatient facility in Dawley.

4.11 A package of efficiencies and remodelling of services were approved in January 2011 by the NHS Telford and Wrekin Board which enables strategic investment in the modernisation programme over the next three years.

4.12 The Mental Health Modernisation Sub Committee, established by both PCT Boards, with membership from the Local Authorities and both LINks continue to oversee implications of changes locally and nationally relating to the health and care economy, partner organisations, local authorities and other governmental policy drivers. It is believed that the proposals remain the most resilient way of responding to mental health demands.

4.13 The Joint Health Overview and Scrutiny Committees (JHOSC) also have a role in providing a statutory oversight and scrutiny in relation to the modernisation programme. At the July 2011 JHOSC, an update was provided by Telford and Shropshire commissioners and South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT).

4.14 There are currently five work stream leads who each co-ordinate and manage the modernisation of service provision. These leads are in place against Primary Care Mental Health, Community Care, Acute Care, Dementia Care and Rehabilitation and Recovery, however, all work stream programmes are inter-linked.

4.15 Progress has been made with regards to the building of the new inpatient facility and, in line with the bed reductions planned on the Shelton site, staff have been systematically deployed into specific areas of in patient and community mental health. Additional investment has been made into Acute Care, the Crisis Resolution/Home Treatment (CR/HT) service and Services for Older People (SfOP) teams. A specialist Dementia Care service is now established within the Telford and Wrekin area. Ongoing service development is planned across Telford and Wrekin with work stream leads remaining in place who will continue to manage and co-ordinate the process of change. This is in order to provide care which is closer to home and to reduce the average length of hospital stay.

4.16 Many of teams providing these services are integrated with Council Mental Health staff working alongside SSSFT staff. These arrangements will be subject of Care & Support's phase 2 service redesign and staffing proposals to be launched on 13 September 2011. Integrated working is considered best national practice and is the preferred local option.

Risks and Mitigation to the modernisation of mental health services

4.17 Risks identified within the modernisation of mental health services are included within a risk register with the SSSFT and include buildings, clinical, operational, reputation and financial risks. The risks are monitored closely. An update is provided below:

- Improved community services - Improved links between SSSFT and SATH, GPs and Telford LINk have been developed so that feedback can be given directly, or issues can be raised and responded to immediately.

- Timeliness of bed reductions - the project plan ensures that this is scheduled appropriately to ensure community teams are strengthened prior to linked bed closures. At each stage clinical sign off will be required from the relevant consultant for that practice area.

- Workforce development - Assurance checks were carried out by both PCTs regarding the Management of Change plans to confirm that the

changes were in line with agreement made by SSSFT in the Full Business Care.

- Care beds and domiciliary care services – direct discussions with SSSFT are taking place regarding access to care beds and domiciliary care. There is ongoing commitment by all stakeholders to pathway improvement across the local health and social economy.

4.18 At the July 2011 JHOSC, an update was provided by commissioners and SSSFT. The Committee concluded that they were able to continue to support this programme and were assured that the commitments given following consultation are being fulfilled.

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

5.1 There has been significant engagement and consultation undertaken in the development of this joint strategy. We have made use of national guidance and policy as well as evidence-based best practice. We have used local population data as evidenced by the Joint Strategic Needs Assessment (JSNA)

5.2 An Equality Impact Assessment screening has also been undertaken and no negative or adverse impacts were identified.

5.3 The approach of the joint strategy is that mental health services focus on the needs of the population and a personalised approach. On this basis, no individual should be disadvantaged based on age, disability, gender, or religious belief for example.

6. PREVIOUS MINUTES

6.1 Cabinet – 27 April 2010 - Shelton Modernisation
http://apps.telford.gov.uk/demservice/agenda.asp?reference=793

6.2 Joint Health Scrutiny – 8 October 2010 – JHOSC7 – Next Steps for Mental Health Care in Shropshire, Telford & Wrekin
http://apps.telford.gov.uk/demservice/agenda.asp?reference=844

6.3 Joint Health Scrutiny – 11 February 2011 - Next Steps for Mental Health Care in Shropshire, Telford & Wrekin
http://apps.telford.gov.uk/demservice/agenda.asp?reference=881

7. BACKGROUND PAPERS

7.1 An Executive Summary is included in Appendix One; the Action Plan is included in Appendix Two.

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Appendix 1

Executive Summary
Telford & Wrekin Mental Health and Wellbeing Commissioning Strategy
2010 – 2015

Introduction

This joint strategy describes the commissioning intentions of Telford and Wrekin Council and NHS Telford and Wrekin over the next five years. It is based on the requirements of national policy, comprehensive local needs assessment and a clear understanding of what is important to local people.

It details how Telford & Wrekin Council and NHS Telford and Wrekin plan to best use its resources to improve the mental health and well-being of people living in Telford and Wrekin and to improve outcomes for those with poor mental health. Rather than being based on age, services will be based around individual need and effective outcomes.

This joint strategy will provide direction and structure for both health and social care provision within Telford and Wrekin as well as for other services such as employment, housing, leisure and education

Policy

The joint strategy is informed by key statements of national policy. This includes No Health Without Mental Health: a cross-Government mental health outcomes strategy for people of all ages (2011) structured around the following shared, cross Government and multi-agency objectives.

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

These are consistent with those outcomes set out in the social care, public health and NHS outcomes frameworks.

Outcomes for Telford and Wrekin

In Telford and Wrekin a set of outcomes have been developed in partnership with service users and carers, and include the following:

- More people feel good about themselves
- Fewer people experience discrimination and stigma as a result of poor understanding of mental health
- More people know about the signs and symptoms of poor mental health and where to go for help
- More people with better mental health including veterans and those at risk of offending or who are in contact with the criminal justice system
- More people experience better physical health
- Fewer people with mental health issues who smoke, misuse alcohol or use illicit drugs
- Fewer people with mental health issues are living in temporary accommodation
- More people are in voluntary or paid work
- Fewer people are off sick because of stress
- More people are able to manage their debt

- More children and young people who experience better mental health and experience a better transition.
- More people receive care appropriate to their needs
- More people will be able to access services in primary care
- More people being treated in their home resulting in fewer admissions to hospital and a reduced length of stay.
- More people with dementia experience better quality of life
- More carers experience improved quality of life
- Fewer people will suffer unavoidable harm
- Fewer people who take their own lives

Commissioners will be responsible for leading implementation of the action plan. Monitoring of progress against outcomes will be undertaken by the Mental Health Partnership Board.

Consultation

A range of stakeholder events took place in order to gain the views and opinions of users, carers and other stakeholders to shape the development of the joint mental health strategy and action plan. These included a large scale consultation event as well as a series of engagement and consultation sessions that were regularly attended by local service users.

This evidenced strong local support for:

- Improved access to services with support for 'a single point of access' followed by appropriate care and support
- Care at home when possible rather than inpatient admission or rehabilitation placement.
- Improved community services for dementia care
- Services delivered and configured locally

Demography

Details of the demographics and mental health prevalence are contained within the main document. It is however recognised that we are all living longer. Due to the influx of young families into the area in the 1970's and 1980's, there is an even greater expected older age population in Telford and Wrekin than other areas in the country. By 2026, the 65+ age group is estimated to increase by 62%. The most dramatic increase is projected to be in the 90+ age band. This will have a significant impact on the incidence rates for dementia.

Our model for the future

Our commissioning priorities for the next five years have been informed by national policies and drivers, local priorities, needs analysis, local population demographics and the views of all stakeholders.
These include:

- people be able to access an appropriate level of care to meet their needs and aspirations with clear pathways of care in place
- services that actively promote recovery and are evidence based
- stronger emphasis on physical health needs
- commissioning decisions that improve quality and result in increased choice and control
- strengthened community based services

- a new psychiatric inpatient facility commissioned together with Shropshire County PCT and Powys Health Board
- increased focus on working in partnership from co-ordinated efforts across local integrated teams to shared working at a local, county-wide and regional basis.

Future Commissioning Intentions

The current economic climate means that we must ensure value for money, by providing the best services for mental health but in the most cost effective way. Through a joint commissioning approach, Telford and Wrekin Council and NHS Telford and Wrekin can commission quality mental health services which focus on ensuring the delivery of government and local priorities within budget.

NHS Telford and Wrekin and Telford and Wrekin Council currently invest more than £14m in mental health services. This includes funding for children and young people, adults, older people and those in out of county placements. Additional investment has also been made available to support mental health modernisation during 2010/11 and 2011/12 as part of the Full Business Case. This includes the strengthening of community services and the reconfiguration that has already been agreed by all parties concerned.

New national outcomes frameworks have been developed connecting social care, public health, and the NHS. They have been designed so they work together towards shared outcomes and goals. Importantly, all three frameworks accord equal importance to mental health and physical health outcomes as a measure of effectiveness. Performance will be assessed both nationally and locally.

We will undertake comprehensive review of existing commissioned services to help inform future decisions about levels of investment and where that investment should be targeted. This will identify core services that need to be maintained, ensure that services are effective in terms of quality, outcomes and value for money, engage in a process of service improvement and redesign of services and identify and tender services that could be de-commissioned and provided in a different, more cost effective way

APPENDIX TWO Action Plan

The purpose of this strategy and associated action plan is to set out how NHS Telford and Wrekin and Telford & Wrekin Council plan to use its resources to commission services to improve the mental health of people living in Telford and Wrekin and to improve outcomes for those with poor mental health.

This strategy has been informed by the national policy for mental health*: No Health Without Mental Health: a cross-Government mental health outcomes strategy for people of all ages (DH: 2011)*. This is a cross-government strategy that focuses on the future for mental well-being and mental health care.). It is built around a two-track life course approach that aims to improve outcomes for people with mental health problems and build individual and community resilience and wellbeing in order to prevent illness
The strategy is structured around six shared, cross Government and multi-agency objectives. These are consistent with those set out in the NHS, social care and public health outcomes frameworks.

1. More people with have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

Rating system  On target against milestones  Started but behind anticipated schedule  Under developed

Outcomes	**How will we do it?**	**Lead**	**Milestones and metrics**		**Primary National Objective**	**Rating**
Wellbeing						
More people feeling good about themselves	Work with partners to ensure a variety of information is available and in a multitude of settings to raise awareness of mental health.	Public Health	The metrics are outlined in the service level agreements / contracts with providers and are monitored through the contract review framework at a frequency determined by the contract framework.		**Objective 1** **More people will have good mental health**	
Information						

More people know about the signs and symptoms of poor mental health and where to go for help. The information should be available in a variety of formats at the right time in the right place.	Develop a project/task group to look at what mental health information already exists, what information is required, identify developments that may be underway and ensure that all stakeholders who need access to information can do so, including carers. Make sure that service users and carers are involved in this project. Agree an action plan to take this forward in a co-ordinated way in order to develop a comprehensive information system.	Information Task Group	Establish task group June 2011 to begin this work		**Objective 1** **More people will have good mental health**	A
	Use the contract review process to look at how each organisation provides information and to highlight where improvements can be made.	JCT, Providers	The metrics are outlined in the service level agreements / contracts with providers and are monitored through the contract review framework at a frequency determined by the contract framework.			G
Preventing stigma and discrimination						
Fewer people experience discrimination and stigma as a result of poor understanding of mental health	Tackle the stigma and discrimination experienced by people with mental health difficulties by supporting national and local 'reducing stigma' campaigns such as Time to Change. Recognise the impact of this stigma on those people who are experiencing problems with their mental health. Use the Provider forum to make sure that Telford's response to national and local anti-stigma campaigns is well co-ordinated.	All	'Preventing stigma and discrimination' as a theme will appear on the Provider agenda at least once per year. It is currently scheduled for October 2011.		**Objective 6** **Fewer people will experience stigma and discrimination**	G
	Use the Contract Review process to discuss how each organisation addresses stigma and whether improvements can be made	JCT, Providers Public Health	This will be ongoing and will form part of the agenda for all contract reviews. Audit of contract review agenda to take place in October 2011			G
	Encourage local employers to actively engage with initiatives such as Mindful Employer scheme and offer support through training and policy development. Work with the Community Learning Partnership to agree future actions	JCT, Providers	The metrics will be determined and reviewed as per the Community Learning partnership timetable.			A

Good physical and mental health						
More people are experiencing better physical health	Develop a single point of access at First Point Telford so that people can receive information, advice and support to stay healthy and avoid preventable disease. This includes emotional health and wellbeing.	Public Health	Pilot work to commence Spring 2011. Evaluation of the pilot to take place mid 2012. Further actions to be decided on basis on evaluation/.		**Objective 3** **More people with mental health problems will have good physical health**	G
	Ensure that people's physical health care needs are identified and met as part of their care pathway and monitor this as part of the Quality Monitoring process with SSSFT. This includes good nutrition and weight loss advice	JCT, SSSFT & Public Health	This will be addressed in a number of ways including CQUINs, review of physical care pathways. Quality meetings take place monthly.			G
Fewer people with mental health issues who smoke	Making sure that providers ensure there is appropriate advice available to people who want to give up smoking.	All providers JCT	Commissioners to monitor. This will form part of contract review processes and the monthly Quality meeting with SSSFT. Audit of contract review agendas to take place in October 2011.			G
Fewer people with mental health issues who misuse alcohol or use illicit drugs	Make sure that services develop and maintain closer relationships with alcohol services to ensure the provision of appropriate interventions.	JCT and Service Managers	2 Dual Diagnosis workers in place by April 2011. Development of joint protocol by October 2011. Explore the potential in establishing a joint working group between substance misuse and mental health providers by July 2011.			A

Preventing suicide						
Fewer people take their own lives	Review local Suicide Prevention Strategy and Action Plan in light of recent audit and pending refresh of the national Suicide Prevention strategy. Implement refreshed action plan. Develop an effective suicide prevention partnership including the wider community e.g. Samaritans.		Established working group to look at strategy and review against national refresh to be established. Once national refresh has been published, review and implementation will commence. Monitoring of action plan to be carried out by Mental Health Commissioning Partnership to be identified by working group once in operations. Terms of Reference of the Suicide Prevention partnership to be established and will indicate frequency of meeting.		**Objective 5** **Fewer people will suffer avoidable harm**	A
	Increase staff awareness around suicide through training and awareness raising.		STORM training tender awarded by March 2011. Training to commence May 2011. Work to be overseen by Suicide Prevention Group.			G

Making services personalised

More health and social care services are designed around the person and the outcomes they identify	Work with partners to ensure that individuals and organisations understand what personalisation means and are ready to respond.	JCT & appropriate local authority teams.	The metrics are outlined in the service level agreements / contracts with providers and are monitored through the contract review framework at a frequency determined by the contract framework. Provider development as a standard agenda item in contract reviews. Contract review agenda to be audited in October 2011.		**Objective 4** **More people will have a positive experience of care and support**	A
	Identify how many people using mental health services receive Direct Payments and how they have been used.		Information received from the Council by September 2011.			A
	Review processes by which services currently promote personalisation to ensure staff working in terms have up to date information about all aspects of the personalisation agenda.		Understanding of current position and any gaps or areas for improvement have been identified by October 2011.			A
	Make sure that people understand their right to independent advocacy and that they know how to access advocacy services.	JCT, Service Manager LA & SSSFT	Increased take up in advocacy across all service provision. Establish baseline data by November 2011.			A
	Ensure mental health advocacy providers and commissioners participate in the advocacy review being carried out within the local authority.	JCT Mental Health and Physical Disabilities	Take part in the assessment exercise to inform the Advocacy strategy. Strategy completed and formally signed off.			G

	Make sure that providers involve service users and carers in the planning, development and review of their services and that this is evidenced via contract reviews.	JCT, Providers	Develop this as a standard agenda item in contract reviews. Contract review agenda to be audited in October 2011.			G
	Explore the use of technology in mental health care.	JCT & Assistive Technology Lead	Workshop will place which explore how technology may support mental health care (September 2011). One year pilot project to be explored with opportunity for non-recurring funding from WM SHA. To start by October 2011.			A
Preventing homelessness for people with poor mental health						
Fewer people with mental health issues living in temporary accommodation	Review the Mental Health and Housing worker role in line with Telford and Wrekin Homelessness Strategy and wider housing and mental health developments (for example rehabilitation).	JCT, Service Manager	Comprehensive review undertaken of the role and opportunities for development fully explored (Autumn 2011).		**Objective 2** More people with mental health problems will recover	A
Rehabilitation, housing and supported living options						
More people with mental health issues in accommodation that meets their needs	Establish a task group to map existing rehabilitation provision, the scope of services and outcomes against expenditure. Assess the rehabilitation needs of Telford and Wrekin (this also includes those people currently in out of area placements or in Secure Services). Agree a model of care taking into account the Mental Health Act, personalisation, the economic climate and QIPP targets to reduce out of area placements. Implement new service developments or change in provision or pathways accordingly. This may include the de-commissioning of services. Improve the process of admissions to PICU. This may include giving consideration to commissioning a PICU bed from the local provider.	JCT & Task Group	Review task group established December 2010. Review to be complete by August 2011. Changes to be implemented post review and once sign off have taken place. Achievement of QIPP targets around out of area placements.		**Objective 2** More people with mental health problems will recover	A

	Promote a recovery model of service that focuses on individual needs. Services must demonstrate through their actions and through outcomes for the people they work with that they are promoting the principle of recovery.	JCT, SSSFT, voluntary and, independent sector providers	All contracts and SLAs with the voluntary sector will include the promotion of recovery focused practice by October 2011. Make sure that the promotion of recovery focused practice is embedded in induction practices. Front line staff are offered support to increase their understanding of the principle of recovery.			G
Using mainstream services						
More people feeling good about themselves	Support a partnership approach to encourage the use of universal mainstream services. Ensure that opportunities to participate in the Southwater development are offered to and taken up by the mental health community. Review the work of the community development workers (CDWs) in order to ensure that people from black and minority ethnic communities can access both mental health and mainstream services.	JCT	Provide networking opportunities to mental health providers. Complete a review of all psychological therapies in Telford and Wrekin which will include the work of the CDWs. This will commence once all teams are relocated to Longden House.		**Objective 1** More people will have good mental health	A
Employment - the positive impact of employment and training						
More people are in voluntary or paid work	Identify and improve services that assist people with mental health difficulties (both practically and emotionally) in accessing and maintaining opportunities in employment, training, education and volunteering to ensure service users and carers can achieve their goals and aspirations in these areas.	JCT	Distribute Communities 4 Health money (non recurring funding) to successful employment bids. Employment projects commence (May 2011). Undertake quarterly reviews. Monitor and evaluate outcomes from projects (April 2012). Develop baseline for following year (2012/13).		**Objective 2** More people with mental health problems will recover	A

Fewer people take time off sick because of stress	Support the ongoing work of the Telford @ Work group and the Employment forum.	JCT	Regular attendance at groups.		**Objective 2** **More people with mental health problems will recover**	G
Reducing debt						
More people will have improved mental health as a result of being able to manage their debt	Ensure that local debt reduction agencies are aware of the needs of people with mental health problems and their carers. Check that pathways are place to ensure appropriate referrals. Make sure that mental health services encourage service user uptake of debt counselling and financial capability education.		Debt reduction project in place and outcomes are monitored and evaluated. This will include referrals. CAB workers receive training around mental health needs. Evidence via audit that services identify and encourage service users to seek specialist advice.		**Objective 2** **More people with mental health problems will recover**	A
Children and Young People						
More children and young people experience better mental health	Conduct CAMHS review. Implement refreshed Psychological Health & Emotional Wellbeing (PHEW) strategy.	JCT	Timeframes will be in accordance with the PHEW Strategy. The metrics are outlined in the service level agreements / contracts with providers and are monitored through the contract review framework at a frequency determined by the contract framework. Monitored by PHEW Strategy group.		**Objective 4** **More people will have a positive experience of care and support**	A

Transition						
More people experience better transition	Develop integrated care pathways so that people can move through services easily as their needs change. Ensure that adult mental health services are for all ages so that people do not have to move needlessly between services.	JCT, SSSFT & LA	Evidenced by the successful implementation of the modernisation project plan (April 2012). Evidenced by the successful Phase 2 of Telford and Wrekin restructure.		**Objective 4** More people will have a positive experience of care and support	A
	Ensure that service specifications developed with all providers must address transition, admission, and discharge procedures. This means that people are appropriately supported until proper transfer has been identified.	JCT, SSSFT & LA	Service specification will be revised as services are reviewed.			A
Improved Access to Services						
More people receive care appropriate to their needs	Work with partners to ensure that care pathways and care plans include robust crisis plans.	JCT, SSSFT and LA	Evidenced by the successful implementation of the modernisation project plan (April 2012). Evidenced by the successful Phase 2 of Telford and Wrekin restructure. Improved integrated governance arrangements between the LA, SSSFT and commissioners maximising the use of local resources, shared expertise, data collection, info sharing protocols and IT systems. Implement and evaluate pilot for e-clinics.		**Objective 4** More people will have a positive experience of care and support	A

Primary Care Mental Health services						
More people will be able to access services in primary care	Review all commissioned psychological therapies.	JCT, Service Manager SSSFT	Pathways are in place which maximise our local resources in the current climate ensuring that this is an all age service. This will be completed by April 2012.		**Objective 2** **More people with mental health problems will recover**	A
	Pilot and evaluation the use of Recovery star tool to measure outcomes in primary care mental health services including GP Counsellors and IAPT.	Service Manager SSSFT	Findings of the pilot have been evaluated. The outcome of this will indicate how benefits may be realised.			A
Secondary Care Services & Inpatient Care						
More people being treated in their home resulting in fewer admissions to hospital and a reduced length of stay.	Complete the modernisation of mental health services including the provision of a new hospital and strengthened community services, hospital and enhanced community services.	JCT, SSSFT	Evidenced by the successful implementation of the modernisation project plan (April 2012). Evidence of increased activity by community teams and more people being treated at home. Evidence of reduced length of stay.		**Objective 4** **More people will have a positive experience of care and support**	A

Supporting People with Dementia						
Improved quality of life for people with dementia	Implement the Joint Commissioning Strategy for Dementia & Deep Dive for Dementia actions.	JCT - Older Adults	Refer to Dementia Strategy.		**Objective 4** More people will have a positive experience of care and support	G
Supporting Carers						
Improved quality of life for carers	Implement recommendations from the local Carers Strategy and Action Plan that relate to mental health.	JCT - Carers & Mental Health	Refer to Carers Strategy.		**Objective 4** More people will have a positive experience of care and support	G
	Ensure that carers are offered information and guidance in relation to the mental health condition of their cared for, advice and assistance with regards to what to do in the event of a crisis and their views and comments are listened to and taken into consideration.		Understanding of where gaps exists in terms of carer support, information and inclusion (December 2011). Develop an integrated approach to ensuring that carer's needs are met (by April 2012).			A
People with an Autistic Spectrum Condition						
More people with better mental health	Develop commissioning plan to address the needs of people with an Autistic Spectrum Condition (ASC). This will include a model of care that gives consideration to National Autism Strategy and statutory guidance for health and social care organisations.	JCT, LA	Refer to ASC strategy once developed by March 2012.		**Objective 4** More people will have a positive experience of care and support	A

Working in Partnership						
More people with good mental health	Robust contact monitoring will make sure that commissioned services continue to meet need.	JCT	Evidence provided by regular reviews and audits at frequencies determined by the contract.		**Objective 1** **More people will have good mental health**	G
	Telford & Wrekin Mental Health Commissioning Strategy and action plan will be monitored by the Mental Health Commissioning Partnership with regular reports to the Health & Wellbeing Partnership.	JCT	Review will take place at quarterly Mental Health Commissioning Partnership meeting. Service user and carer forums will review progress at regular interviews.			G
	Make sure that providers engage in service user involvement in the development of their services and include the wider health and social care agenda.	JCT, Providers	Evidenced through regular review and reporting. The metrics are outlined in the service level agreements / contracts with providers and are monitored through the contract review framework at a frequency determined by the contract framework.			G
	Maintain and develop the Telford wide Mental Health Provider Forum to ensure that there is a clear role for providers in development and commissioning processes and are able to share good practice.	JCT, Providers	Regular meetings of the provider forum through 2011.			G

Improved mental health for people at risk of offending or who are in contact with the criminal justice system	Work with partner agencies locally and regionally to improve support available for offenders with mental health needs. Development and local implementation of Mental Health Act Section 136.	JCT, LA and SSSFT	Attendance at WM Mental Health Criminal Justice Board. An agreed local policy that ensures appropriate admissions to Place of Safety and the completion of physical and mental assessments by appropriate person.		**Objective 1** More people will have good mental health	A
Improved mental health for veterans	Work with partner agencies locally and regionally to improve support available for veterans with mental health needs.	JCT, SSSFT	Evidence of the IAPT service extending its caseload to include veterans.		**Objective 1** More people will have good mental health	A
Safeguarding						
Fewer people will suffer unavoidable harm	Make sure that all providers have robust safeguarding processes in place and that they are able to provide evidence to support that these can are used.	JCT, LA	Safeguarding processes including POVA, Child protection and CRB will be evidenced by providers via the contract review process.		**Objective 5** Fewer people will suffer avoidable harm	A

TELFORD & WREKIN COUNCIL

CABINET - 22 SEPTEMBER 2011

PROPOSAL FOR THE TRANSFORMATION OF REHABILITATION AND RE-ABLEMENT SERVICES WITHIN TELFORD & WREKIN

REPORT OF HEAD OF CARE AND SUPPORT

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report sets out a vision for rehabilitation and reablement services in Telford & Wrekin. National evidence suggests that with the appropriate services in place the numbers of people requiring ongoing care and support and the amount of support they require can be significantly reduced and their quality of life improved.

1.2 A Strategy has already been endorsed by the shadow Health and Wellbeing Board and the model will also be presented to NHS Telford & Wrekin Board for approval on 14 September 2011

1.3 This paper seeks member approval and acknowledgement of the need to work in partnership with NHS colleagues to deliver the vision and jointly work towards a re-direction of investment into this area.

2. RECOMMENDATIONS

2.1 Endorse the model for rehabilitation and re-ablement and continue to build constructive relationships with potential partners including SaTH, GPs, NHS Telford & Wrekin, The Shropshire Community Health NHS Trust and the Voluntary Sector

2.2 Acknowledge shifts to community rehabilitation will require partnership commitment to resources. An element of funding will be the Department of Health monies allocated under Section 256 (£488,000) and transferred to Telford & Wrekin Council.

2.3 Support the implementation of this model in collaboration with relevant stakeholders.

2.4 Support the use of funding transferred to the Council by the PCT under a Section 256 agreement to develop rehabilitation services.

3. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="4">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to specific Priority Plan objective(s)?</td></tr>
<tr><td>Yes</td><td>Adult Care and Support Priority Plan
(a)Improve quality of life
□
Continuing to develop good quality and effective prevention services by supporting local people who require assistance to maintain good health and independence longer
□
(b)Maintain health & wellbeing
□
Increase support to people to maintain or regain their independence through early intervention, preventative services and re-ablement so that people can continue to live at home
□
(c)Ensure dignity and safety
□
Continue to ensure vulnerable people are safeguarded from harm</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>The model will predominantly impact on older people and adults with a physical disability/long term condition</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">A Project Steering Group and implementation plan will be established setting out key milestones</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>The transformation program for Social Care has identified prevention as a strategy which could lead to an overall reduction in the cost of longer term support for vulnerable adults,although it is difficult to model the potential savings until the scheme provides some data to base a financial model on.
The move to preventative services has already begun and has been a major consideration in service redesign.
Therefore the funding for ongoing costs is built within existing resources, though these will soon be affected by the impact</td></tr>
</table>

		of Government grant cuts which will require reductions of over 20% in Council service spending in future. The Government announced additional funding for PCTs to share with Councils on healthcare services in 2011/12 totalling £2.536m for our area with the intention of £0.428m of the funding facilitating working together with Councils on prevention in Adult Social Care. The balance of the funding has been more than absorbed by cost switches from the PCT. It is intended therefore to fund the costs of the strategy from within existing resources, and modelling will be undertaken to identify the potential for savings once sufficient data is available.
LEGAL ISSUES	Yes/No	The Local Authority's social services responsibilities are set out in Schedule 1 of the Local Authority Social Services Act 1970 Under Section 256 of the National Health Service Act 2006, a PCT may make payments to a local authority or registered social landlord (and under section 257 to the voluntary sector) in connection with the provision of social services, educational functions performed for the benefit of disabled people, housing, meals and recreation for old people and any other local authority functions that : have an effect on the health of any individuals; have an effect on, or are affected by, any NHS functions ; are connected with any NHS functions. The Secretary of State issued Directions for Local Authorities and PCT's in March 2000 ,which are still relevant and have transferred to the 2006 Act ,namely Directions by the Secretary of State as to the conditions governing payments by health authorities to local authorities and other bodies under Section 28A of the National Health Service Act 1977. Formal agreements between the Council and the PCT are required to be entered into under Section 256 and the Secretary of State's Directions
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	• Lack of accurate cost data relating to existing services within

		the acute sector. • There are a number of budget pressures where over performance can clearly be identified and is critical to rehabilitation e.g. community equipment. It is important that in progressing this work a clear financial position statement is agreed, which is realistic to enable reconfiguration to progress. • Success depends on strong leadership and governance arrangements. • Implications in relation to the rapidly changing landscape; the establishment of the new Shropshire Community Trust, the reconfiguration of services at SaTH, the Council's restructure, the abolition of PCT's in 2013 and the introduction of GP led Commissioning.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 The draft Rehabilitation and Re-ablement Strategy (Appendix 1) was endorsed by the Shadow Health and Well- being Board on 16 June 2011. This report provides a strategic vision for the development of rehabilitation and re-ablement services within Telford & Wrekin (Appendix 1).

4.2 The overall aim of rehabilitation and re-ablement is to actively promote the restoration and improvement of a person's physical, emotional or social state, lost or impaired through the effects of disability, disease or injury.

4.3 Rehabilitation services cover a wide range of essential support, from short – term interventions to longer term support for older people. For example, helping adults return to work after an illness and older people to live as independently as possible in their own homes.

4.4 Re-ablement can be described as an approach or a philosophy within home care services – one which aims to help people do things for themselves, rather than having things done for them. Home care re-ablement services provide personal care, help with activities of daily

living and other practical tasks for a time-limited period (normally up to a maximum of six weeks). Support is provided in such a way that individuals are enabled to develop confidence and practical skills to carry out activities themselves.

4.5 The Council's Service Transformation Programme – Putting People First has put a greater emphasis on prevention and re-ablement. Phase one of the service re-modelling has been completed and phase two will commence in early September. There is a commitment to the Rehabilitation and re-ablement Strategy in phase two of the revised model of service delivery for Care and Support. Service redesign has shifted resources to support the strategy and all people who have the potential for rehabilitation will receive rehabilitative support for a period of up to six weeks.

4.6 The Strategy provides a position statement of progress to transform rehabilitation and re-ablement services in Telford & Wrekin. It proposes a model of community based service provision which is reflective of national policy and is supported by evidence drawn from a series of local service reviews, audits and mapping of current service provision.

4.7 The main findings demonstrated pockets of good practice, however, services are not always joined up, they are often complex to navigate and provision is inconsistent. Consultation with service users and their families has resulted in a recurring message for a single point of contact, telling their story just once with a quick and responsive service from professionals who communicate with one another on a regular basis. The proposed model aims to develop co-ordinated and effective pathways for community based rehabilitation and re-ablement services.

4.8 Evidence tells us this is best achieved through health and social care services working together across professional and organisational boundaries with sign up to a core set of principles;

- Co-located Health and Social Care Teams
- Multi-disciplinary working
- A local Telford & Wrekin Focus
- Aligned Management and Budgets
- Resources focused on rapid, intensive re-ablement
- Constructive relationships
- Common aims and pathways

4.9 This model has been proven to achieve a number of outcomes including;

- Promote and maintain independence and improve quality of life
- Prevent the unnecessary admission of people into hospital
- Reduce the number of people admitted to long term care
- Facilitate speedy and coordinate discharges from hospital
- Reduce the number of readmissions to hospital or inappropriate referral to community services

4.10 In order to progress to implementation of the proposed model, endorsement is required from the key players including Telford & Wrekin Council. The model will also be presented to NHS Telford & Wrekin Board for approval on 14 September 2011.

4.11 Appendix 2 sets out more detail in the Report on the Proposal for the Transformation of Rehabilitation and re-ablement services within Telford & Wrekin which went to the Shadow Health and Well-being Board on 16 June 2011.

4.12 In recognition of the importance of this vision and strategy the Council and T&W PCT have agreed that resources should be made available to develop services in line with the strategy. T&W Council will make available £500,000 from monies transferred to the Council under a Section 256 agreement. T&W PCT have agreed to invest an additional £488,000 to compliment the Council's investment.

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

5.1 An Equalities Impact Assessment has been completed as part of the development of this strategy and no significant issues have been highlighted. The strategy has been progressed in collaboration with key stakeholders and reflects a partnership approach across the Health and Social Care economy taking in to account evidence of best practice and the local context**.**

6. PREVIOUS MINUTES

6.1 None

7. BACKGROUND PAPERS

7.1 Rehabilitation & Reablement Strategy – Appendix 1

7.2 Report to Health & Wellbeing Board, 16 June 2011 – Appendix 2

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Appendix 1

DRAFT STRATEGY FOR REHABILITATION AND RE-ABLEMENT WITHIN TELFORD & WREKIN

Purpose

This draft strategy sets out the proposed developments and changes to rehabilitation and re-ablement services in Telford & Wrekin. The overall aim is to provide a range of services that improve the quality of life for people and enable them to live as independently as possible. To achieve this, services must be timely, accessible and organised to meet individual needs.

This is a draft strategy. The NHS Telford & Wrekin and Telford & Wrekin Council welcome the views, comments and proposals from people in Telford and Wrekin, voluntary and independent organisations, public sector organisations and staff. Views of people who use the service and their carers are particularly important.

Contents:

Definitions

Rehabilitation:

The Department of Heath 'Transforming Rehabilitation Services' states:

"Rehabilitation services cover a wide range of essential support, from short interventions to longer term support for older people. For example, they help adults return to work after an illness and older people to live as independently as possible."

Historically services for people have been thought of in terms of the provision of health and social care services to look after those who have become ill, frail or disabled. It is only in recent years that the emphasis has shifted to focus more on promoting good health and sustaining independence. Coordinated multi agency rehabilitation is relatively new (the definition of rehabilitation can be traced back to post World War 2 years when there was a need to return service men to as near to a pre-war state as possible).

Re-ablement:

Home care re-ablement services provide personal care, help with activities of daily living and other practical tasks for a time-limited period, in such a way as to enable users to develop both the confidence and practical skills to carry out these activities themselves. Re-ablement can be described as an 'approach' or a 'philosophy' within home care services – one which aims to help people 'do things for themselves', rather than 'having things done for them'.

Home care re-ablement services fall into two broad groups:

'Discharge' re-ablement works predominantly or exclusively with people who have been discharged from hospital. Services can be selective, accepting only people likely to benefit from a re-ablement approach.

'Intake' re-ablement for people who meet local Fair Access to Care (FACS) eligibility criteria and are referred for home care services.

Home care re-ablement services are normally offered for up to six weeks, with some flexibility to continue for longer if the service user would benefit from this or if appropriate longer-term support services are not immediately available. Re-assessments and referrals for on-going home care and other services are made at the end of the period of re-ablement.

Overall Aim:

The overall aim of rehabilitation and re-ablement is to actively promote the restoration and improvement of a person's physical, emotional or social state lost or impaired through the effects of disability, disease or injury.

The Rehabilitation Council state: 'When individuals face challenges to their physical or mental wellbeing, they experience an impact on their quality of life. Rehabilitation (and re-ablement) is fundamentally about enabling and supporting individuals to recover or adjust

during this time, achieve their full potential and – where possible – to live full and active lives'.

Principles

This Strategy has been developed in keeping with the agreed principles and vision for all services in Telford & Wrekin. The principles that guide the development of rehabilitation and re-ablement can be summarised as:

1. Putting people at the heart of planning and developing services.
2. Adopting a person centred approach to service planning.
3. Integrating services across departments and organisations.
4. Increasing choice and control.
5. Prevention - supporting people before the point of crisis.
6. Flexible and inclusive– being able to change to meet diverse and changing needs of people.
7. Treating people and their carers with respect and dignity
8. Accessible – being clear about what services are available and how these are accessed.

Adopting these principles will help ensure services are designed and delivered to meet the needs of people while making the best use of all resources (staff time, equipment, buildings and funding).

These principles drive the overall proposals aimed at improving services for people:

1. Having a strategy and implementation plan for rehabilitation. This will set out the coordinated range of services that actively promote the restoration and improvement of a person's physical, emotional or social state while at the same time making the best use of all resources (staff time, equipment, buildings and funding).

2. Ensuring partners in health and social care are encouraged and enabled to deliver integrated rehabilitation in a variety of settings. This should include rehabilitation at home (including a residential or nursing home) to improve outcomes for the people who need the service, their families and carers.

3. Providing clear access criteria for services and information tailored to people's needs. This will help staff plan and manage care more effectively, ensure equity of provision and enable people who need the service to exercise choice and control.

4. Ensuring rehabilitation and re-ablement is person centred with a focus on maximising independence, health and wellbeing. The service must ensure people receive the right level of rehabilitation and re-ablement, in the right place at the right time.

People using the service.

All people have the same range of needs. The factors necessary to ensure independence and a good quality of life for everyone include:

Basic Needs**:**	Good physical and mental health Food and drink Housing Warmth Adequate income
Safety**:**	Protection from harm Law and order
Belonging**:**	Family/friends Love and affection Companionship and shared interests
Being Valued**:**	Development and achievement Respect and recognition Contribution Ability to make and carry out own plans Status and responsibility
Enjoyment**:**	Learning and knowledge Appreciation of art, drama, dance, the written word, sport etc
Fulfilment**:**	Reaching full potential Being a member of the community Citizenship

The above list demonstrates that, people have needs much wider than just health and social care. The focus of all services should be to encourage and support people to remain active citizens within their communities while ensuring the right services are available to people at times of need.

Rehabilitation can be required at any age in life. However, the majority needing the service are older people. Older people make an important contribution to the life of our local community. They are the mainstay of many community and voluntary groups and play a vital role in supporting family and friends as carers. However, their contribution often goes unrecognised and stereotypes of old age, as a time of dependence and incapacity, tend to exclude older people from mainstream activities and devalue their knowledge and views. Although the ageing process presents many challenges, older people are able to live fulfilling lives and enrich the life of their local community.

People are living longer and with this comes the expectation that the period of fulfilling, independent living will increase to match. This can be achieved by the development of approaches which aim to ‘add life to years’ as well as ‘years to life’(Department of Health).

As a new town established in the 60’s, Telford continues to expand and has the fastest

growing population in the West Midlands. At present it has a younger than average population. Telford will over the next 10 – 20 years, have a significantly larger increase in the older population than the national average. For example, over the next 5 years 65 to 69 year olds will increase by 4,000 from 5,900 to 9,900 (68%).

By 2020 over half of the population will be over 50 and there will be fewer young people. In addition the post war generation have higher and different expectations of public services than previous generations. This change in the population has many implications for public services in how services are developed and delivered.

Details of the needs of people in Telford & Wrekin are set out in Appendix 1, under the headings:

The Population
Health and Care
Chronic Health Conditions
Falls and Accidents
Stroke
Dementia
Brain Injuries
Multiple Sclerosis

This list is not intended to exclude people with other conditions who need rehabilitation. The Strategy for Long Term Conditions details the proposals for neurological conditions.

Maintaining Independence

People want to remain independent for as long as they can. Many devote a great deal of time, thought and energy to maintaining good physical and mental health. There are, however, events in people's lives that have an impact on their ability to cope and remain independent. These include:

Internal causes of dependence

Physical and mental ill health and disability can seriously affect a person's ability to go about their everyday life in the way they choose. It is often the direct effects of the illness or disability which restrict a person's ability to do things and also the psychological impact of incapacity, such as depression, low self esteem, demotivation and loss of confidence and self efficacy (the sense of control over your own life).

External causes of dependence

External circumstances can also cause loss of independence and quality of life. These include:

- The environment e.g. poor housing, inaccessible facilities in the home and public places, unsuitable public transport arrangements etc.
- Poverty
- Crime
- Ageist attitudes which devalue older people and have the effect of excluding them from services and denying them the opportunity to participate in and contribute to their community, further impacting on their self value.
- Bereavement

Health, Social Care and the broad range of services available should all aim to promote independence.

Although the risk of illness and disability increases with age, there is much that can be done to prevent or delay loss of health and independence. Services need to be redesigned to place more emphasis on helping people to maintain their health and independence. Put simply, services need to be focused on 3 main areas:

Prevention – to enable people to maintain good physical and mental health and live independent and fulfilling lives as part of their local community.

Rehabilitation and Re-ablement – to assist people who have experienced illness, or other setbacks affecting their quality of life, to return, as far as possible, to their preferred way of life.

Care – to support people whose health and ability have been permanently impaired, whilst maintaining the abilities they still have and ensuring that they retain control over their way of life.

This strategy covers the rehabilitation and re-ablement part of this system.

The Current Position

The position of current services can be summarised as:

Planning Services

Some key joint strategies and plans have been agreed. These include: Strategy for Older People, Long Term Pysical and/or Sensory Disabilities, Acute and Emergency Care and the Health and Well - being Strategy. Taken together these set out the vision, principles and (to some degree) the priorities for development. These are a good basis for joint understanding, commitment and working together.

Overall there has been some good joint work to plan service changes for people and to a lesser extent rehabilitation. This strategy and the implementation plan that follows must make it clear:

- how these plans were implemented
- who was responsible for making it happen
- how the budgets followed/enabled the changes
- how progress was monitored and adjusted in the light of experience.

Community Services

There are a variety of services in the community, including:

- Assistive Technology (eg community alarms)
- British Red Cross 'StayWell' Service
- Community Classes (eg exercises)
- Community Equipment Services
- Community Nursing Team (Including specialist Nurses and Health Visitors for the Elderly)
- Community Physiotherapy
- Domiciliary Care Providers
- Falls Prevention Service
- General Practices
- Headway
- Health Promotion, Community Exercise Classes, 'Women in Motion', Walk-about-Wrekin'.
- Home Improvement Agency and 'Handy-Man' Service to assist with adaptations
- Intermediate Care Services:
- Early Supported Discharge
- Rapid Response
- Community Assessment Support Service
- Intermediate care beds
- Interim care beds (to aid discharge from hospital)
- Independent Living Partnership
- Local Authority Occupational Therapy

- Low Level Services, including Community Meals
- Moving and Handling Service
- Paul Brown Day Hospital
- Stroke group
- Shropshire Enablement Team
- Speech and Language Therapy
- Social Work Assessment and Care Management Teams
- Social Inclusion (prevention and rehabilitation)
- Shropshire Wheelchair Service
- Telford Rapid Access Services for the Elderly (TRASE)

Although these offer excellent patient care, they are not well coordinated, there is lack of capacity and disparity between location and the age of the person who can receive the service.

Shropshire Enablement Team and the Community Physiotherapy Team

Service Reviews of Shropshire Enablement Team (SET) and the Community Physiotherapy Team (CPT) were completed in January 2010. Some common issues emerged from both reviews and these include:

1.Areas of good practice and evidence of standardised quality care being delivered but not being captured or collated through a robust performance management framework.

2.The care pathway through services from Acute – Community requires improvement.

3.Rehabilitation referrals and Care Pathways in the CPS/SET services need further work to ensure the service user gets treatment from the correct rehabilitation service

A stronger focus on collecting and collating feedback from service user's experiences is needed.

Areas for improvement are summarised as:

1. The need to create a stronger local vision for Community Rehabilitation therapy services in Telford and Wrekin.
2. The need to develop a more cohesive localised referral process and clarify clinical pathways to access community rehabilitation in Telford and Wrekin
3. The development of a Performance Management Framework that includes a system for reporting and monitoring service delivery

Inpatient Rehabilitation

The inpatient service is provided by the Princess Royal Hospital, mainly on Wards 15 and 16. The staff on the wards impress as being really committed, helpful and genuinely concerned about patient care.

There are some very positive aspects of rehabilitation on the wards, including:

- The newly introduced stroke care pathway
- The planning meetings held with relatives of stroke patients
- The multidisciplinary team meetings
- The commitment and care of staff
- The assessments and plans and interventions of the therapy services

Other aspects of rehabilitation need to be developed, including:

The involvement of carers in the assessment, care planning and guidance/training to support discharge and post discharge care.

A consistent approach to:

- The psychological and psychiatric needs of patients.
- Personalised care plans for each patient that include actions to address their medical, physical, cognitive and motivational needs.
- Discharge planning from the time of admission.
- Social work involvement in all cases.

View of local people.

In 2008, a Strategic 'Thinking Ahead' project working group was established to steer and coordinate the health and social care review work on rehabilitation and re-ablement. This incentive for re-design was driven by national and local policies, needs-based evidence arising from the Joint Strategic Needs Assessment, and the experience of people and patients living in Telford & Wrekin.

The key findings of the review were:

There are a variety of services that are offering excellent care but these services do not often seem joined up, which creates confusion for the people using the service and staff, as they attempt to navigate a complex system

.

Access to a coordinated pathway for rehabilitation is patchy and dependent on a discharge pathway from the acute hospital and the services that people find themselves referred to.

Some services are not age inclusive and there is disparity between service levels dependent on where patients live within Telford & Wrekin.

Lack of capacity in some services also makes access to certain facilities, either not possible, or time-limited for some patient groups.

There is a sense of missed opportunity in areas that could, with investment and development, ensure a far more coordinated and effective pathway for rehabilitation.

The findings of this review are vital for planning services, as to be effective, the action taken to achieve the best service possible must be rooted in the experience and expectations of people themselves. People requiring rehabilitation and re-ablement are the experts on their needs and are best equipped to identify what should be done to improve their lives.

Planning Rehabilitation and Re-ablement

The White Paper, 'Our Health, Our Care, Our Say', outlined a vision for health and social care services which included:

- High quality support services meeting people's aspirations for independence and greater control over their lives
- Services which are flexible and responsive to people's needs
- The shift to a greater emphasis on prevention

It defined 7 outcomes to be achieved by the services provided:

1. improved health and emotional wellbeing
2. improved quality of life
3. making a positive contribution
4. choice and control
5. freedom from discrimination
6. economic wellbeing
7. personal dignity

The government plans (2010) are set out in the document: 'Equity and Excellence: Liberating the NHS.' This stresses:

1. Patients will be at the heart of everything we do
2. There will be a relentless focus on clinical outcome
3. We will empower health professionals

These ambitions are at the core of all the proposed developments for the NHS. When considering the future of rehabilitation and re-ablement the proposals in 'Liberating the NHS' must be taken into account. These include:

For patients:

Focus on personalised care that reflects individual's health and social care needs, supports carers and encourages strong joint arrangements and local partnership

Enable people to have greater control over their care and support so they can enjoy maximum independence and responsibility for their own lives

"Shared decision making" to become the norm. Involving people in their care and treatment improves their health outcomes

Patients and carers will have far more clout and choice. The NHS will become more responsive to their needs and wishes

Do not see choice as just about where you go and when, but a more fundamental control of the circumstances of the treatment and care you receive

Funding:

Money will follow the patient through transparent, comprehensive and stable payment systems.

Providers will be paid according to their performance

Devolve power and responsibility for commissioning services to the healthcare professionals closest to the patient: GPs and their practice teams working in consortia

Seek to break down barriers between health and social care funding to encourage preventive action

Personal health budgets: evidence shows these have much potential to help improve outcomes, transform NHS culture by putting patients in control and enable integration across health and social care

Joint working:

Critical interdependence between the NHS and adult social care systems in securing better outcomes for people, including carers

NHS Outcomes Framework will span:

Effectiveness of treatment
Safety and care provided
Broader patient experience

Essential for patient outcomes that health and social care services are better integrated at all levels of the system

Achieving the above requires a person-centred approach which focuses on maximising independence, health and wellbeing. This can best be achieved by providing a range of integrated services to ensure people receive the right level of rehabilitation and re-ablement, in the right place at the right time.

Rehabilitation and re-ablement must also:

1. Be provided when needed and before a decision about long term care is made.
2. Cover both physical and psychological needs.

These two requirements are detailed below.

1. Be provided when needed and before a decision about long term care is made:

It has been found that most older people seeking assistance from adult social care do so after a crisis of some kind, which makes them and/or their carers feel that they can no longer cope. The crisis is often an illness, injury or fall or a sudden event such as the death of a partner or experience of crime. This usually represents a low point in the person's life. A period of recovery, rehabilitation and rebuilding of confidence is usually needed before longer term care and support needs can be accurately identified.

This is, therefore, not a good time to finalise an assessment of needs or make decisions about the person's long term future. The first priority should be to put in place the short term interventions to establish the extent to which the person's capacity for self care can be restored. These interventions have a better chance of being effective if they take place as soon as they are needed. This would have a number of advantages:

The ultimate long term care will be the best match for their needs; will be designed with them and their carers and will therefore have a better chance of succeeding

After rehabilitation, It may be possible to remove the need for ongoing care, and to establish independence and coping skills more effectively so future crises can be avoided.

People with ongoing care needs would be in a much better emotional and psychological state to decide for themselves how they want those care needs to be met and would, therefore, be more likely to be satisfied with the arrangements made in the long run.

2. Cover both physical and psychological needs:

To be effective rehabilitation and re-ablement must be based on the individual's experience of the ageing process and the complex interrelationship between physical and psychological processes. Although old age offers opportunities for personal development and growth, it also carries with it increased risk of loss and traumatic events such as outlined above.

There is evidence that:

Older people suffering from ill health and disability are twice as likely as those in good health to suffer from depression. This is usually related to the impact their health problems have on their capacity to undertake every day tasks and maintain their social networks.

The onset of depressive symptoms and anxiety initiate a downward spiral, resulting in further reductions in activity and social interaction, leading to poorer health and a worsening mental state. Depressed older people are at high risk of increased physical disability and functional decline.

Depressive mood together with poor physical function causes progressive impairment in the physical and psychological health of older people.

Mortality and morbidity are more strongly related to the experience of control over

one's own life than exposure to health risks, per se

Rehabilitation should focus on preventing or delaying this downward spiral of increasing dependence, declining physical and mental health and poorer quality of life. Interventions need to address physical aspects (e.g. mobility, physical functioning, pain management etc) and mental health and the factors which promote it (e.g. social relationships and support, self esteem, self efficacy).

This approach has benefits for the individual and the services. Depression impairs social and physical functioning and increases the risk of experiencing other illnesses. This has a cost not only in terms of pain and suffering for the individual, but also for care services. The cost to services is detailed in the Finance Section of this strategy.

Evidence of best practice

The specific actions set out in the section 'Proposals for Rehabilitation in Telford and Wrekin' are based on the evidence of best practice and guidance from:

1. The Department of Health programme 'Transforming Community Services'.

2. The study of short term outcomes and costs of Re-ablement Services.

3. 'Putting People First'.

4. The finding of the local Strategic 'Thinking Ahead' project working group

Appendix 2 details the evidence of best practice set out under the studies and reports:

Transforming Rehabilitation Services:

Finding of The Department of Health programme 'Transforming Community Services' which aims to improve quality and productivity and ensure the best service for patients and their families.

Re-ablement Services:

Findings of a study of English local authorities with responsibility for adult services who are developing short-term, specialist home care-based re-ablement services.

Partnership for Older People Projects:

Findings from the national Partnership for Older People Projects (POPP) programme (DH 2010) provided examples of efficiency savings linked to developing more effective ways of using resources whilst also improving quality.

University of Birmingham:

The University of Birmingham researched rehabilitation services and identified 500 studies of good practice.

Health Service Management Centre:

The Health Service Management Centre (Birmingham University) and the Strategic Health Authority findings in a report entitled: 'Reducing unplanned hospital admissions.

Finance

Efficiency

The Department of Health document "Transforming Rehabilitation Services" states that Quality is fundamentally linked to efficiency: Doing things right the first time so they don't have to be done again.

This not only makes sense in terms of efficiency, but also peoples' experience of the care they receive. That is why quality and productivity must go forward together.

"A common misconception is that quality is expensive. On the contrary, quality can and should be a powerful way of cutting costs, doing things right first time without the need for repetition, and is the most effective way to reduce unnecessary cost. It's when things go wrong they become expensive and inefficient." (Transforming Rehabilitation Services).

Services must be well planed and provided in order to make the best use of all resources (staff time, equipment, buildings and funding). This will ensure people receive the full benefit of the money available to pay for services without seeing any loss through overlap, duplication or inefficiency.

The Value of Rehabilitation

Rehabilitation that helps someone to recover and achieve their full potential is, of course, good for the person concerned and their family. It is also a good investment for health care and social care, including:

Preventing decline.

As detailed in the section 'Planning Rehabilitation and Re-ablement', rehabilitation must be based on the individual's experience of the ageing process and the complex interrelationship between physical and psychological processes.

Depression impairs social and physical functioning and increases the risk of experiencing other illnesses. This has a cost not only in terms of pain and suffering for the individual, but also for care services. It has been found that:

the healthcare costs of depressed medical patients are twice that of non-depressed patients with similar levels of medical morbidity and

those who are depressed have more than twice the number of hospital days over the expected length of stay

depressed older adults in an inner city primary care clinic made 38% more visits than those without depression, leading to additional costs on the service of 61%.

the usage of health and social care services by depressed older people was 3 times greater than for those who are not depressed.

Rehabilitation which addresses the mental and physical state of people at risk of further decline will, therefore**,** improve their independence, health and quality of life and ensure the best use of expenditure on health and social care services.

Long term care (including nursing and residential care).

Following rehabilitation some people may still need long term care either at home or in a residential or nursing home. It has been found that most older people seeking assistance from adult social care do so after a crisis of some kind, often an illness, injury, fall or bereavement. A period of rehabilitation and rebuilding of confidence is usually needed before longer term care and support needs can be accurately identified.

Rehabilitation for these people has a number of advantages:

The ultimate long term care will be the best match for their needs

It may be possible to remove the need for ongoing care

People would be more likely to be satisfied with the arrangements made in the long run.

NHS Continuing Health Care.

Rehabilitation is particularly important in terms of the financial cost of NHS Continuing Health Care. The guidance on Continuing Care stresses that before making the decision that a person meets the criteria for continuing care, consideration should be given to a persons 'further potential for rehabilitation and for independence to be regained, and how the outcome of any treatment or medication may affect ongoing needs'.

An investment in rehabilitation should have an impact on the number of people meeting the criteria for Residential/Nursing care and NHS Continuing Health Care. Rehabilitation can contribute to:

Reducing the risk of people declining further
Reducing the need for long term care/Continuing Care

This would ensure the best use of funding and provide a better service for people.

Current Funding

Rehabilitation and re-ablement are funded by the PCT and the Adult Social Care budget of the LA. These overall budgets for 2010/2011 are:

Primary Care Trust

Income:	Department of Health Allocation		£266 M
Allocation:	Commissioned services	SaTH	£81M
		Other NHS	£49M
		Specialist Services	£27M
		Continuing care	£14M
		Partnership/Grants	£7M
		Other commissioned	
£5M			
	Primary Care	General Medical Service	£22M
		Prescribing/Pharmacy	
£31M			
		Dental	£9M
	PCT Allocation	Corporate Services	£7M
		Contingency/development	£14M

Local Authority Adult Social Care (gross expenditure)

Income:	Council Base Budget	
£35M		
	Specific Grant	
£1.4M		
	Client Income	
£5.8M		
	Miscellaneous Income	£0.08M

This draft strategy emphasises the need to develop community services. This will inevitably require a redistribution of finance. Through joint commissioning, the LA and PCT must ensure that services are commissioned based on:

- Evidence of need
- Evidence of best practice and effectiveness
- Principles of best value
- Clear and transparent financial planning and management
- Locally agreed and determined priorities
- Robust risk management

The overall aim is to:

Maximise the benefit from an effective joint planning arrangement between Health, Local Authority and Voluntary Sector through common focus of work and consistency of approach.

Ensure commissioning arrangements maximise the use of both the Local Authority and Primary Care Trust budgets, and budgets are combined where this adds value and achieves greater benefit.

Proposals for Rehabilitation in Telford and Wrekin

These proposals are based on the principles for Telford and Wrekin, the views of local people, the Governments proposals and the evidence of best practice. They contribute to the Local Authority and Primary Care Trust agreed purpose:

> 'to develop local services which will assist and support people in Telford & Wrekin to remain independent in their own homes for as long as possible, will improve their quality of life and to set out a strategic approach to developing services which are timely, appropriate and accessible for people as and when they need them.'

The actions will improve the services for people who use them by:

1. Improving the service planning arrangements in order to make the best use of all resources (staff time, equipment, buildings and funding). This will ensure people receive the full benefit of the money available to pay for services without seeing any loss through overlap, duplication or inefficiency.

2. Making the best use of health and social care services by delivering integrated rehabilitation in a variety of settings including at home.

3. Establishing a single system for rehabilitation that identifies those people who would benefit from rehabilitation, coordinate their assessments, agrees the most suitable provision and its location (community or hospital)

4. Providing clear information about the full range of rehabilitation services available. This will help staff coordinate care and people/carers to have choice and control

5. Providing access criteria for all rehabilitation services to help people and carers exercise choice and the equitable distribution of resources based on priority of need

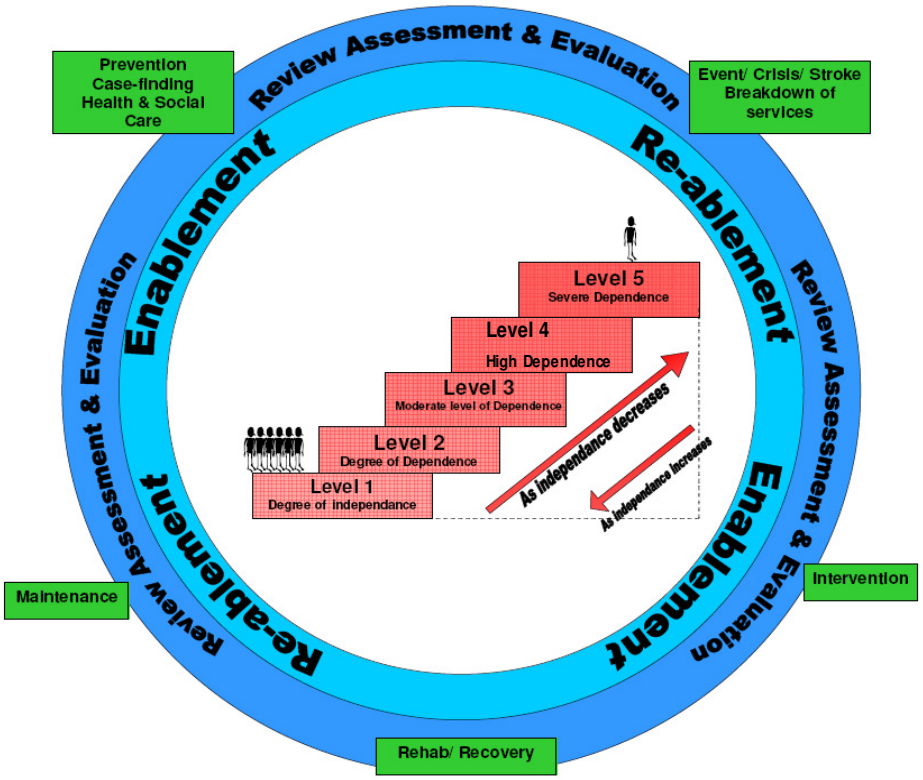
6. Ensuring plans for rehabilitation cover the psychological and emotional needs of people as well as their physical state. Plans will be developed with the patient and their relatives/carers and provide clearer information about proposed plans for rehabilitation and care.

7. Ensuring carers' support is built into the design of the rehabilitation and they will be supported in their role in order to aid a patient's recovery and rehabilitation.

This model for rehabilitation and re-ablement is show as a diagram on the following page.

Illustrative Model

(created following event April 2009)



LEVEL 1
(There is an opportunity to maximise and regain full independence).
- Re-ablement – shopping
- Regaining movement
- Brief Intervention
- Falls – exercise classes
- Meals

LEVEL 2
(Needs some assistance to carry out activities of daily living).
- Minimal deficit
- Cognitive
- Sensory
- Motor
- Speech and language
- Functional well-being

LEVEL 3
(Needs significant assistance to carry out the activities of daily living).
- Significant mobility problems (wheelchair/ equipment).

LEVEL 4
(Without intervention there is little or no choice or control over their daily living).
- Multiple deficits
- Significant impairment
- Unable to stand unaided
- Assistance of 2 to transfer

LEVEL 5
- Maintenance of dignity

Optimising choice at point where people need maximum intervention from services.

Daily Living
- Education
- Relationships
- Leisure
- Work
- Learning
- Volunteering
- Personal / Domestic Routines
- Mobility
- Personal Safety
- Dignity, personal care
- Nutrition

Proposed Actions:

The proposals are set out under the headings:

Planning Services
Working Together
Choice and Control
Care planning and case management

Planning Services

Services must be well planned in order to ensure rehabilitation actively promotes the restoration and improvement of a person's physical, emotional or social state while at the same time making the best use of all resources (staff time, equipment, buildings and funding). This will ensure people receive the full benefit of the money available to pay for services without seeing any loss through overlap, duplication or inefficiency. This may include the redesign, commissioning or decommissioning of services. The specific actions to achieve this are:

1. Service users, carers and the third sector will be directly involved with development of rehabilitation services. Developments must draw on their experience as well as the wealth of knowledge of service providers.

2. A joint group will be given a clear brief to consult on the draft and propose the final strategy for rehabilitation. Public Health and population projections must be taken into account when developing the final strategy and implementation plan.

3. The implementation plan will be prioritised, timed, costed and have clear monitoring arrangements.

4. Based on the strategy and implementation plan, a number of Service Specifications will be agreed between those commissioning the service and those providing the service. These will clearly set out :

   Service aims
   Objectives
   Service requirements
   Funding
   Monitoring

5. The emphasis will be the development of community services to form part of the range of services. The DH state that a number of studies suggest that home based rehabilitation is just as effective in delivering improved functioning. However, it was also noted that home based rehabilitation may place additional demands on carers and therefore

consideration needs to be given to supporting carers and provision of regular respite care

6. The strategy group for rehabilitation will consider how best to:

   involve the local community in rehabilitation
   reach those who may be marginalised from society

7. The use of technology to support and sustain rehabilitation will be included as an integrated part of the rehabilitation strategy.

8. The implementation plan for the strategy must consider the relative priority of sustainable funding for Care & Support Technology if the service is to be maintained and expanded (all provision to date has been via time-limited capital funding)

9. The vital role of education and training will be included as an integrated part of the implementation plan

Working Together

The strategy and implementation plan will enable and encourage partners in health and social care to deliver integrated rehabilitation in a variety of settings. This should include rehabilitation at home (inclusive of care homes, social services settings) to improve outcomes for the service user, family and carers. This will need to identify the competencies required to provide sound services in the home, in hospital and other settings.

People have the right to receive the best service that can be provided. This will be achieved if health and social care services work together across professional and organisational boundaries:

> "Efficiency and prevention are about ensuring that the right person is brought into the right part of the system at the right time. Not only is this the way to deliver greater efficiency and a clearer focus on prevention, it also secures the best outcomes for people." (Department of Health 2009).
>
> "NHS organisations must continue to develop working arrangements with local authorities; partnership is no longer an optional lever – this is absolutely imperative if we are to achieve gains across public services." (Department of Health 2009).

The specific actions to achieve this are:

10. There will be a single system for rehabilitation in Telford and Wrekin that:

    Identifies those people (within the hospital and the community) who would benefit from rehabilitation
    Coordinates their assessments
    Agrees the most suitable provision – including location (community or hospital)
    Oversees the coordination of services
    Ensures services are accessible to those in greatest need

A single system is being considered for prevention/anticipatory care that:

    Indentifies those people who are at risk and would benefit from intervention/prevention.

    Coordinates their assessment.

    Agrees the most suitable provision including the location of the service to be provided.

    Provides or Oversees the coordination of services across health, social care and the independent sector

    Ensures services are accessible to those in greatest need and targeted on those able to benefit most from the assessment and intervention

The advantages and disadvantages of having one single system for rehabilitation/re-ablement and prevention/anticipatory care should be considered and a decision made about the best way forward.

11. There will be clear information about the full range of rehabilitation services available. This will help staff to coordinate care and patients/carers to have choice and improve control.

12. A system will be established to make the best use of rehabilitation specialists across organisations and professions. This will help promote a culture of rehabilitation for all patients and develop the skills and knowledge of non specialist workers. The need for changes in roles/new roles will then be established and implemented.

13. The practice of discharge planning will be reviewed with an emphasis on action required to enable discharge, clarity of responsibility, timescales and patient/carer involvement. Discharge planning should start as soon as possible, ideally on or prior to admission. The recently

introduced stroke care pathway and patient/carer involvement should be evaluated to establish how effective this has been and which features can be used in non stroke rehabilitation.

Choice and Control

The DH state that several studies suggest that helping people to take responsibility for their own rehabilitation and recovery is essential. One way of achieving this is through the provision of clear and accessible information. The specific actions to achieve this are:

14. People and carers will be provided with tailored information. This needs to be easily accessible, inviting and needs to encourage people to apply the skills and actions to their daily activity. Written materials to support self management can help but if used alone they may have little effect on behaviours, health outcomes or service use. Familiarisation or educational sessions to enable self management are also required.

15. The provision of equipment will be reviewed to ensure it is prioritised to meet the needs of those in greatest need who would benefit the most.

16. Access criteria for all the components of the rehabilitation service will be agreed. This will enable:

    The identification/selection of those people (within the hospital and the community) who would benefit from rehabilitation

    People and carers to exercise choice

    Staff to know how the system works and therefore manage patient/user/ care/flows more effectively

    The equitable distribution of resources based on priority

    The identification of gaps and duplication in service

Care planning and case management

Achieving the best rehabilitation requires a person-centred approach which focuses on maximising independence, health and wellbeing. This is achieved by providing a range of integrated services to ensure people receive the right level of rehabilitation, in the right place at the right time. To be effective this must be based on the individual's experience of the ageing process and the complex interrelationship between physical, social and psychological processes. The specific actions to achieve this are:

17. The system for agreeing and recording care plans will be revised to ensure they are specific for each individual. This should greatly aid a clear, timed and effective process for rehabilitation.

18. Assessments and care plans will systematically address the psychological, emotional, social and physical needs of people to ensure they recover or adjust and achieve their full potential and – where possible – live full and active lives

19. Carers' support will be built into the design of the rehabilitation and they should be supported in their role in order to aid a patient's recovery and rehabilitation.

20. The administrative system that support rehabilitation should be designed to avoid duplication, free staff time for direct work with people and provide clearer information about plans and care.

Conclusion

The proposed actions are aimed at improving the services for people who use them by:

1. Improving the service planning arrangements in order to make the best use of all resources

2. Making the best use of health and social care services by delivering integrated rehabilitation in a variety of settings including at home.

3. Establishing a single system for rehabilitation that identifies those people who would benefit from rehabilitation, coordinate their assessments, agrees the most suitable provision and its location (community or hospital)

4. Providing clear information about the full range of rehabilitation services available.

5. Providing access criteria for all rehabilitation services to help people and carers exercise choice and the equitable distribution of resources based on priority of need

6. Ensuring care plans are developed with the patient and their relatives/carers and cover the psychological and emotional needs of people as well as their physical state.

7. Ensuring carers' support is built into the design of the rehabilitation and they will be supported in their role

8. Measuring Progress

It is essential to measure progress over time and use data to inform service changes and commissioning. The data used to measure progress will be agreed with the implementation plan and should include:

Top quartile performance or a strong reducing trend on:

1. Emergency admissions per head of population
2. Admissions to long term care per head of population
3. Achieving independence for older people through rehabilitation/intermediate care
4. Incidents of fractured neck of femur
5. Number of long term placements made straight from hospital
6. Proportion of overall budget spend on institutional care

Maximising Independence Targets:

Measure	Target
No. and % of referrals routed through rehab	80-95% of referrals
No. and % of intake not requiring ongoing support after rehab	60%
No. and % of intake requiring ongoing support after rehab (reduced package)	30%
No. and % of intake requiring ongoing support after rehab (maintained or increased package)	10%
% improvement in outcomes for the individual	To be determined
No. and % of intake who not complete their activity plan	Under 10%
Average cost per person for reablement	£2000
Average duration in reablement service	6 weeks
% of time spent directly with client on reablement activities	60%
Ratio of frontline staff to individuals receiving reablement	1 to 3
Reablement cost per client hour	£41/hr
Reablement cost per hour	£22/hr
Average length of independent living before re-entering support services	Up to 2 years
No. and % of those who receive reablement who return with further service requirements within 4-6 months (breakeven)	Under 10%

Results from client surveys (further work required):
No. of people surveyed/% satisfied/% neutral/% dissatisfied

Appendix 1

People in Telford and Wrekin

There are significant pockets of socio/economic deprivation in Telford and Wrekin with many people living on low incomes and with poor access to services in the more rural areas

The 2001 Census found that there were:

- 19,628 people aged 65+ residents in the Borough
- 14,874 (76%) were aged between 65 and 79 years
- 4,121 (21.0%) were aged 80 to 89 years
- 633 (3.2%) were aged 90+
- There are more females (54.5%) than males (42.2%).

From the 2001 Census to 2016:

- The number of people aged 65+ will grow by some 8,471 (43.2%) and increase as a percentage of the population from 12.4% to 15.5%.
- The greatest change will be in the 65 to 69 year olds who will increase by 4,000 people from 5,900 to 9,900 (68%).
- The greatest relative change will be in the number of residents aged 90+, which will increase by 500 people from 600 to 1,100 – an 80% increase. This is the group of people most likely to require some level of support from services

The age structure of the area's black and ethnic minority (BME) population is younger than the area's total population: just 1.9% of the 65+ population are of a BME background compared to 5.2% for the total population. This rate is also much lower than the national 65+ profile where 2.9% of the population are from a BME background. It is important to establish the ethnic and religious composition of the population because services which are sensitive to the different needs of a range of cultures must be delivered. Different groups will, of course, have different needs.

The number of BME residents aged 65+ will increase from 378 in 2001 to some 665 people by 2016.

Health and Care

Of the 65 years and over population:

- just under a third described their health as "good"
- a further 43.1% as "fairly good"
- just over a quarter (26.6%) "not good".
- men were more likely to report that they had "good" health than women (34.9% and 28.6%).
- just over a fifth of 65 to 74 year olds reporting that their health was "not good" compared to 37.9% of the 85+ group.

- significantly more people aged 65 and over stated that they had a limiting long-term illness Just over a half (55.1%) of the 65+ population had a long-term lifelimiting illness - considerably higher than the area-wide rate of 18.0%.
- 11.3% of the 65+ group provide unpaid care to friends or relatives – this rate is slightly higher than the area-wide rate of 9.9% but the same as the England rate.
- Older people are much more likely to provide a greater number of hours of care: 2.4% of 25 to 65 year age group provide 50 or more hours of care a week compared to 4.8% of the 65+ group.
- Within the 65+ group males are more likely to identify themselves as providing care than females (13.2% and 9.8%). This gender difference was greatest for the 85+ group in which just 1.7% of females provide care compared to 8.4% of men.

Chronic Health Conditions

Chronic diseases are diseases which current medical interventions can only control not cure. The life of a person with a chronic condition is forever altered – there is no return to 'normal'.

- 60% of adults in England report a Chronic Health problem. The numbers of people with chronic health conditions is rising and continues to do so.
- 45% of those with chronic disease are likely to have more than one chronic condition, over 65 this rises to nearly 70% or 19,670 people in Telford by 2016.
- Around a quarter, 7025 will have 3 or more problems making their care needs far more complex. The more diseases you have the more likely you are to have difficulty with usual daily activities.
- The Census reported over 14,000 65+ who identified themselves as having a long term limiting illness
- Xxx % of the population suffer from dementia. The Care Services Minister has said "The current system is failing too many people with dementia and their carers".

Falls and Accidents

The highest death rates from falls and accidents are seen amongst older adults in the 55-64 years and 65+ year age groups. Age specific death rates in people aged 55-64 years in Telford & Wrekin during 1999-2003 are significantly higher than the national average for England & Wales.
Many older adults fall:

- over 30% of people over 65, 8,430 by 2016 have a fall in any one year and the percentage increases with age.
- Falls account for 71% of all fatal accidents to those aged 65 and over, and 54% of all injuries.
- Older adults are often afraid of falling and this can contribute to them reducing their activity, which in turn makes them more vulnerable to falling.
- Although many falls may have no serious consequences they are the leading cause of mortality due to injury in people over 75.

- 20% of older adults who receive a fracture as a result of a fall will be dead within a year.

Stroke

National prevalence data indicates that:

- 4% of people or 1,124 people over 65 in Telford and Wrekin will experience a stroke
- the prevalence is slightly higher in some ethnic groups such as Afro Caribbean and South Asian men - many other factors such as lifestyle will affect prevalence.
- In March 2005 there were 2,255 people on the Telford GP Stroke Registers.

There are two main types of stroke, *ischaemic,* when a clot narrows or blocks blood vessels so blood cannot get to the brain is the most common; and *haemorrhagic* when a blood vessel bursts and leaks blood into the brain.

- Around 30% of stroke patients die in the first month
- after a year 65% of stroke survivors can live independently but 35% are significantly disabled and may need considerable support with daily living tasks, around 5% are admitted to long term residential care.

Dementia

Dementia affects 5% of people over the age of 65 and 20% of those over 80. About 700,000 people in the UK have dementia (1.2% of the population) at any one time.

The National Dementia Strategy (2009) sets out a five year transformation plan for to enable people and their family carers, to 'Live Well' with Dementia.

Two-thirds of all people with dementia live at home and most people want to remain in their own homes, for as along as possible. All too often, people with dementia find themselves on a 'conveyor belt' that takes them into long-term care residential care because it appears that there are no alternatives available – this is especially the case if the person is admitted to hospital after a crisis.

Improving services and the ability of the health and social care workforce to respond to dementia will improve quality of life by supporting independence and well-being and reduce over-reliance on services.

The financial costs of dementia are significant to the NHS, social care, families and society. In 2007, the London School of Economics estimated that the annual cost of dementia in England is £15 billion per year (more than cancer, heart disease and stroke combined). This amounts to an average of £25,000 per person with dementia per year.

In 2008, in a follow-up report, the King's Fund estimated that this cost will rise to £23 billion by 2018 unless work is done to improve the cost effectiveness of dementia services, reducing hospitalisation and use of residential care.

A key recommendation within the National Dementia Strategy includes access to intermediate care and rehabilitation, for people with Dementia. Like any other staff group, staff working in rehabilitation services need core training in dementia and access to advice and support from specialist mental health personnel.

There are currently approximately 1,489 people over the age of 65 living with Dementia in Telford & Wrekin. This is set to rise by 34% by 2019.
There is currently approximately 44 people under the age 0f 65, living with early onset dementia in Telford & Wrekin. This is set to rise by 16% increase by 2019
Pathways out of hospital, such as intermediate care exclude people with dementia because services are often reluctant to offer services for longer than 6 weeks.
There is a false assumption that people with dementia cannot benefit from rehabilitation.
Non-specialist health and social care staff have minimal or no training to understand and treat people with dementia.

Brain Injuries

Acquired brain injury (ABI) is an inclusive category that embraces acute (rapid onset) brain injury of any cause, including:

trauma – due to head injury or post-surgical damage (e.g. following tumour removal)
vascular accident (stroke or subarachnoid haemorrhage)
cerebral anoxia
other toxic or metabolic insult (e.g. hypoglycaemia)
infection (e.g. meningitis, encephalitis) or other inflammation (e.g. vasculitis).

Traumatic Brain Injury (TBI) is by far the largest ABI sub group. It is estimated that about 1 million people in Britain attend hospital each year because of head injuries.

Per 100,000 population between 10 and 15 people suffer a severe head injury, 15 to 20 people suffer a moderate head injury, and between 250 and 300 people a mild head injury. Each year around 11,600 people in Britain have a severe head injury; of these people only around 15% will return to work. Road traffic accidents account for 40% to 50% of all head injuries, and are most commonly associated with severe injuries. The largest incidence of TBI in the UK is among young adult males (mean age 25), whose injury is associated with a road traffic accident and alcohol or drugs.

People with ABI often differ from those associated with other common disabilities (eg physical disability, learning disability or mental health problems) because their problems tend to be cognitive and emotional. Most are independent before injury, most do not have persisting physical disability and the onset is sudden and not predictable. The impact of the ABI on them, their carers, families and friends is often severe and proves a challenge for carers and service providers.

Most people with ABI:

suffer from cognitive and emotional disabilities which are 'hidden' and unattributed to brain injury by the casual observer.

are in the lowest social classes and from areas with a higher social deprivation index.

do not continue in their employment

become socially isolated with friends and family not understanding or correctly attributing changes in behaviour to the ABI.

are often 'lost' to service providers after acute hospital treatment

have difficulty in coping with life events

do not access a range of proven therapies and treatments that can significantly reduce disability and can be preventative.

Multiple Sclerosis

Multiple sclerosis is the leading cause of disability in young adults. People are typically diagnosed at a median age of 30 years. Over time, MS normally becomes progressive, debilitating and causes complex disability. It is not life threatening and consequently management of MS is a long-term team effort. There are no short-term solutions.

MS is a variable condition. However, the majority of patients will develop a range of fluctuating symptoms, both physical and cognitive, which take time to assess and manage. Additionally, significant levels of coexisting conditions such as depression are found in any MS patient population. Consequently, cost-effective management of MS is time-consuming for health professionals.

The MS Service provided by Neurological Consultants and MS Specialist Nurses covers Telford & Wrekin, Shropshire and a large proportion of mid Wales. Anticipated prevalence of multiple sclerosis in the population is 100-120 cases per 100,000. In the local population the expected caseload is 500 however the actual caseload is approaching 900 with approximately 300 MS patients in Telford & Wrekin.

Incidence of new cases referred to the service is in the region of 60 per year, with approximately 50% newly diagnosed. It is anticipated that incidence of new cases will continue to rise. Mortality is 8 per year on average and at present the caseload is growing by 7% year on year

Appendix 2

Evidence of best practice

'Transforming Rehabilitation Services'

The Department of Health programme 'Transforming Community Services' aims to improve quality and productivity and ensure the best service for patients and their families. These standards have been used for this strategy as:

- They have gained support from all those who took part in developing the national guidelines as most likely to have the greatest potential to improve care and achieve the highest quality services.
- They are based on the best research evidence available.
- They have drawn on expert professional opinion and service user experience to provide robustness.

The document states that the NHS concentration on health and wellbeing (as well as treating the sick) will not happen without modern, vibrant and responsive community services delivered by highly motivated and skilled clinicians who really understand what life is like for those in their care.

More than 18,000 studies were analysed by the Health Services Management Centre (HSMC) to examine the evidence for a range of community services. The following are key recommended actions for rehabilitation services, based on evidence and professional consensus. These are for local organisations to consider when planning quality innovation and productivity improvements:

Provide rehabilitation in the community.

> There is some good evidence which suggests that rehabilitation could operate as an outpatient service in the community. Important components of community rehabilitation services include – social support, involving carers, using physiotherapy and occupational therapy, and good links between community and hospital services. However, rehabilitation services provided in the community need to be well organised, include a multidisciplinary team and use venues that are acceptable and accessible to service users and staff

Multifaceted rehabilitation works best.

> Two key messages emerge from the evidence – rehabilitation should begin as soon as possible and rehabilitation that combines many different components is likely to be most effective. The most successful rehabilitation services include personalised care plans, physical and cognitive therapies, regular practice and proactive followup.

Monitor vital signs and use alert systems.

The evidence suggests that alert systems alone are not a form of rehabilitation but that they may play an important part of a wider care package. The most common form of telemonitoring involves automated data transfer and has potential to shift care from hospital settings into the community. However, findings about the benefits of automated data transfer were not consistent. In contrast, telephone support as part of a rehabilitation care pathway has been found to improve clinical outcomes and/ or reduce symptoms.

Use self referral to services where clinically appropriate.

Self referral is a way to widen access and empower service users to seek help in a timely way as their needs change. One study found that open access used fewer acute sector resources, resulted in the same quality of life for service users and was a preferred pathway for service users and GPs. This model could potentially raise concern for demand. Another study found no increase.

Rehabilitation at home improves outcomes.

A number of studies suggest that homebased rehabilitation is just as effective in delivering improved functioning. However, it was also noted that homebased rehabilitation may place additional demands on carers and therefore consideration needs to be give to supporting carers and provision of regular respite care.

Multidisciplinary teams improve rehabilitation.

There is some evidence that multidisciplinary follow up after discharge can reduce reliance on hospital care and shift care closer to home. Several studies have suggested that there are six factors which impact on how well teams work together in healthcare:

team size
multiprofessional composition
good organisational support and equipment
regular team meetings
clear goals and objectives
regular audit and review.

Selfcare models can support rehabilitation.

Several studies suggest that helping people to take responsibility for their rehabilitation and recovery is essential. One way of achieving this is through the provision of clear information. This needs to be easily accessible, inviting and needs to encourage people to apply the skills and actions to their daily activity. Written materials to support self management can help but if used alone they may have little effect on behaviours, health outcomes or service use. Educational sessions to enable self management are also required.

Supporting carers

There is some clear evidence that supporting carers can aid a patient's recovery and rehabilitation. A UK trial recommended that carers' support should be built into the design of the rehabilitation programmes. Supporting carers is acknowledged as important but further work is required to determine the most effective methods for providing their support.

Ensure every service has a clear vision.

Some studies would suggest that a clear service vision is missing among some specific rehabilitation services. Evidence based care pathways are a tool to help provide more integrated and continuous care and to ensure that services have a shared vision.

There is inconsistent evidence that care pathways impact on clinical outcomes but some studies do suggest that simple care pathways can make a difference to people's quality of life and the care they receive are an area for further investigation.

Local ownership of services is beneficial.

Local ownership and involvement may be key to successful community based rehabilitation programmes. This may include consultation, opportunities for volunteering, recruiting local staff and enabling local community groups to make use of the premises.

Work with care homes.

The potential to work with care homes is an area that may be overlooked. They could be an alternative setting for the provision of rehabilitation services. While there is insufficient evidence that care homes either improve or reduce outcomes, one trial found significantly fewer days in hospital over the next 12 months.

Re-ablement Services

English local authorities with responsibility for adult services are increasingly developing short-term, specialist home care-based re-ablement services. Reablement can be described as an 'approach' or a 'philosophy' within home care services – one which aims to help people 'do things for themselves', rather than 'having things done for them'. Home care re-ablement services provide personal care, help with activities of daily living and other practical tasks for a time-limited period, in such a way as to enable users to develop both the confidence and practical skills to carry out these activities themselves.

Home care re-ablement services can take different organisational forms. In some localities, home care re-ablement services are funded and operated jointly with NHS partners. In many local authorities, adult services departments have taken a lead themselves, often as part of the reconfiguration of the authority's home care services. Here, in-house home care staff receive training in re-ablement approaches and teams are often strengthened by the

appointment of occupational therapists (OTs), OT aides and other specialist staff. In any case, easy access to equipment by reablement team members is important.

Home care re-ablement services are normally offered for up to six weeks, with some flexibility to continue for longer if the user would benefit from this or if appropriate longer-term support services are not immediately available. Re-assessments and referrals for on-going home care and other services are made at the end of the period of re-ablement. Unlike intermediate care services, which were developed in the context of policy concerns about inappropriate hospital bed use by older people, re-ablement services are usually available to adults of all ages.

The headline findings of the study of short term outcomes and costs of re-ablement services are (take directly from 2008 publication of findings):

Impact of re-ablement on social care outcomes

> Significant short-term impact on outcomes was evident when we looked at social care outcomes for the whole cohort, both at an overall level and the individual domains.

Impact of re-ablement on dependency levels

> Changes occurring over time in the whole cohort suggest short-term improvements in activities of daily living after receiving a re-ablement service such as the ability to: get out of doors and walk down the road; wash face and hands; have a bath, shower or wash all over; get dressed and undressed; having control of the bladder

Impact of re-ablement on perceived quality of life

> Changes occurring over time in the whole cohort suggest a significant improvement in perceived quality of life after receiving re-ablement services.

Impact of re-ablement on perceived health-related quality of life

> Re-ablement service had a significant impact on health–related quality of life among the whole sample, highlighting the positive impact this service has had on the lives of service users. Post re-ablement phase, service users were reporting fewer problems with mobility, self-care, usual activities, pain/discomfort, anxiety/depression and improvements in their general health.

Impact of re-ablement on perceived health

> Changes occurring over time in the whole cohort suggest a significant short-term improvement in perceived health after receiving re-ablement services. At an individual level around a third of service users reported that their health had improved after receiving re-ablement services

In conclusion, people receiving re-ablement showed a significant short-term improvement in perceived health, quality of life and social care outcomes between the pre- and post-intervention time points. However, as the analyses in this report were not concentrating on comparing outcomes for both the re-ablement and comparison group, we cannot conclusively conclude that the changes were due to the intervention provided. The question of whether changes in outcome over time can be attributed to receiving re-ablement services will be the focus of the final report

The Care Services Efficiency Delivery Programme has also identified as good practice the routine provision of re-enablement before decisions on long term care needs are made. An initial study in 2006 showed that people who received a re-enablement service required, on average, 28% fewer domiciliary care hours than people who had not received such a service. A subsequent study, completed in November 2007, showed that the effectiveness

of re-enablement in reducing the size of care packages was sustained over a period of 2 years following re-enablement, including those for people in the 85+ age group.

In addition to the above, The National Evaluation of Services for re-ablement includes the evaluation of services aimed at prevention and early intervention. The evidence is set out in the evaluation and indicates:

Sites appear to be having a significant effect from reducing NHS hospital emergency bed use

Savings seem to be most pronounced where interventions are specifically focused on hospital avoidance

Preventative interventions and reduced demand for Local Authority funded social care support, particularly long term care placements

Some preventative work can lead to an increase in activity – particularly people who were previously unknown and a slight increase in GP appointments and contacts with practice nurses

Importantly the people receiving the service said they had benefited from re-ablement. There had been a "significant improvement in perceived quality of life" and "a significant impact on health related quality of life for the whole group". About a third of the group reported their health had improved.

Partnership for Older People Projects

Findings from the national Partnership for Older People Projects (POPP) programme (DH 2010) provided examples of efficiency savings linked to developing more effective ways of using resources whilst also improving quality.

In contributing to the Quality, Innovation, Productivity and Prevention (QIPP) agenda, the 29 pilot sites demonstrated the importance of a preventative approach to most areas of the health and social care agenda including rehabilitation. Two thirds of the schemes were aimed at reducing social isolation and exclusion or promoting healthy living among older people. With the remainder directed specifically at avoiding hospital admission or facilitating hospital discharge.

Key outcomes related to efficiencies included:

Interventions across the POPP programme produced an average of around £1.20 saving in emergency bed days for every extra £1 spent on prevention (the range is between £0.80 and £1.60). These efficiency gains are on top of the £1 of additional service benefit from addressing older people's presenting needs.

Higher efficiency gains are immediately available from more intensive, targeted interventions, which involve very close joint working between health and social care. (For example, proactive case co-ordination services, which actively seek out

people who may be at risk of deterioration, assess their needs and co-ordinate access.)

As well as reductions in emergency bed days, productivity gains in other areas of health service activity were also indicated. Compared with the use of services before the POPP intervention:

hospital overnight stays reduced by 47%;
accident and emergency attendances reduced by 29%;
clinic or outpatient appointments reduced by 11%; and
physiotherapy/occupational therapy appointments reduced by 8%.

The estimated efficiency gains in the health service appear to have been made without any adverse impact on the use of social care resources.

There is some evidence that improved outcomes for older people are achieved through integrated co-located health and social care teams.

University of Birmingham

The University of Birmingham researched good practice in rehabilitation services and identified 500 studies of good practice. Ten important issues were highlighted as contributing to improvements in community based rehabilitation:

1. using rehabilitation with multiple components
2. providing rehabilitation in community venues
3. testing home based rehabilitation
4. working in multidisciplinary teams
5. encouraging self referral to services when needed
6. teaching people to care for themselves
7. providing extra support for carers
8. working with care homes
9. ensuring community 'ownership' of services
10. using alert systems and other monitoring

Their research showed that specific studied were able to demonstrate savings:

Using alert systems and other monitoring

A case control study in the UK found that a home alert system for people with dementia may help people stay at home and have improved functional status. Another observational study in Scotland compared the costs of a home alert system and call centre for 170 people staying in their homes versus 170 care home places. The estimated cost saving was £1,689,970. Alert systems alone are not a form of rehabilitation but they may be an important part of a wider care package. Locally there are examples of case studies in Telford & Wrekin where evaluation of the use of bed occupancy sensors have

demonstrated significant potential for savings associated with falls prevention, a move to a care home setting and costs assocaited with repsite provision.

Testing home based rehabilitation

A number of studies have emphasised the value of providing rehabilitation and other services at home. Studies in Denmark and Sweden found that moving people out of institutional care and into the home, supported by home based rehabilitation and housing adaptations, could be less costly, improve patient satisfaction and increase independence. Another study found that elderly people receiving long term care at home fared better than those in hospital. Those at home had better quality of life with no evidence of greater stress upon their carers. There were increased costs for social services, but as a whole healthcare costs and costs to society were lower than the long stay hospital option. Case management and generic rehabilitation were integral to this approach.

Teaching people to care for themselves

Educational sessions to help people learn about how to undertake activities or manage their condition more effectively have gained increasing popularity in recent years. For instance, a randomised trial in six US hospitals examined self management rehabilitation education for older women with heart disease. Days in hospital reduced by 46% and inpatient costs were 49% lower than usual care. Hospital cost savings exceeded the cost of self-management education by 5 to 1.

Health Service Management Centre

In 2006, the Health Service Management Centre (Birmingham University) and the Strategic Health Authority published a report entitled: 'Reducing unplanned hospital admissions. They searched 17 literature databases and contacted experts in the field. In total, they assessed 65,812 studies of which 186 met the criteria for the review.

In summary, they state there is some evidence to suggest that the following initiatives may reduce unplanned hospitalisations and readmissions:

- self-management education,
- self-monitoring,
- group visits to primary care,
- broad managed care programmes,
- integrating social and health care,
- multidisciplinary teams in hospital,
- discharge planning,
- multidisciplinary teams after discharge,

• care from specialist nurses,
• nurse-led clinics,
• telecare,
• telemonitoring.

There is some evidence that the following may reduce length of stay in hospital:

• self-management education,
• telecare,
• multidisciplinary teams in hospital,
• discharge planning,
• home hospitalisation,
• educating professionals.

These interventions may reduce length of subsequent hospital stays:

• targeting people at high risk,
• self-management education,
• telemonitoring,
• multidisciplinary teams in hospital,
• multidisciplinary teams after discharge,
• nurse-led clinics and nurse-led follow-up,
• assertive case management,
• home visits.

The report concludes that given the paucity of high quality evidence about which interventions reduce unscheduled admissions most effectively, it is important that organisations implement a strategy to evaluate all current and future initiatives fully.

Appendix 2.

NHS Telford and Wrekin

Telford & Wrekin COUNCIL

Report to the Shadow Health & Well-being Board

Report Title:	Proposal for the transformation of rehabilitation and re-ablement services within Telford & Wrekin
Item Type:	Discussion and essential information sharing
Presented by:	Joint Commissioning & Contracting Team
Date:	16 June 2011

1. Purpose

The purpose of the report is to;

- Provide a position statement of progress to transform rehabilitation and re-ablement services in Telford & Wrekin
- Set this progress and transformation within a national and local policy context
- Propose a model for the future provision of rehabilitation and re-ablement services.

2. Background

2.1 The journey so far

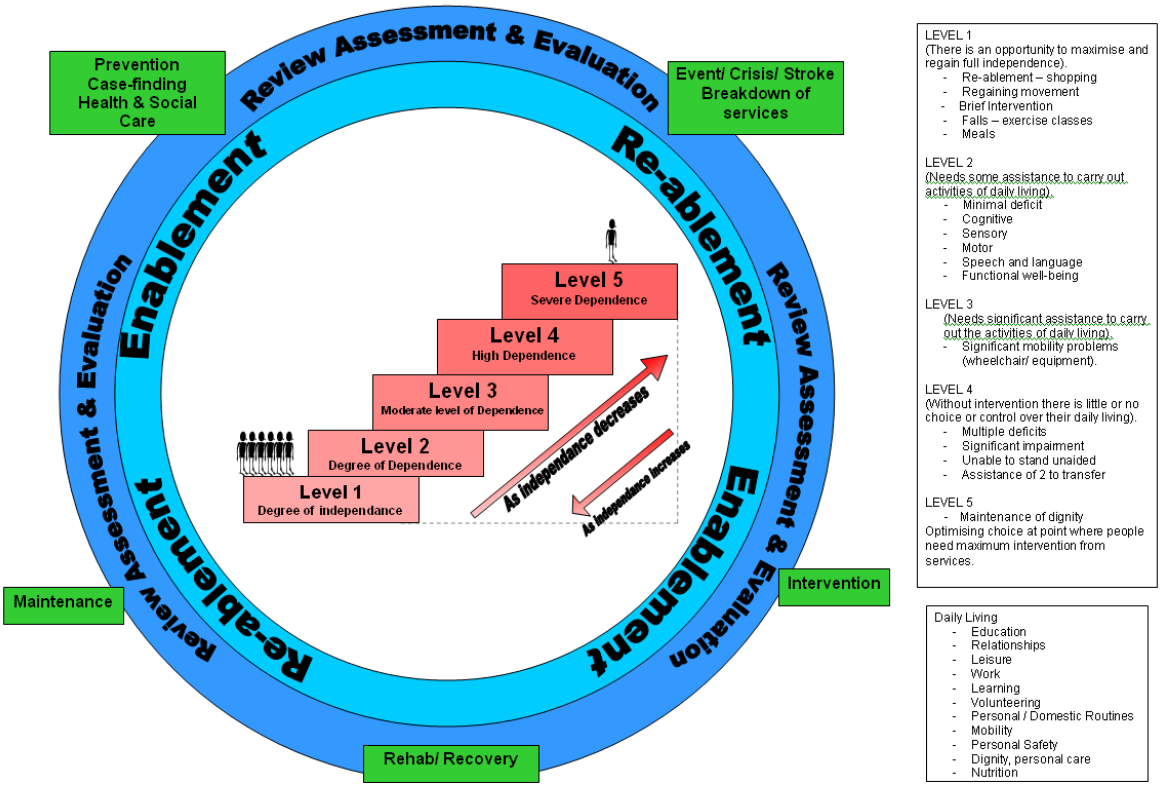
In 2008, driven by national and local policy developments, a Strategic Group was established in Telford & Wrekin to steer health and social care work-streams focusing on rehabilitation and re-ablement towards a cohesive model for the future.

Assisted by the Care Services Improvement Partnership (CSIP), the Strategic Group mapped existing services in partnership with key stakeholders (including Commissioners and Providers), consulted with partner agencies, the public and patients and produced an over-arching review of service provision.

2.1.1 Key Findings of the Care Services Improvement Partnership Review of Community Rehabilitation Services

Key findings of the Service Review
• A variety of services that are offering excellent patient care • Services do not often seem joined up, which creates confusion for the patients and staff navigating a complex system • Access to a coordinated pathway for rehabilitation is patchy and dependent on a discharge pathway from the acute hospital • Some services are not age inclusive and there is disparity between service levels dependent on patients' location across the locality • Lack of capacity in some services makes access to certain facilities, either not possible, or time-limited for some patient groups • There is a sense of missed opportunity in areas that could, with investment and development, ensure a far more coordinated and effective pathway for rehabilitation.
Key opportunities identified in the Service Review
• Access to enhanced community rehabilitation services and specialist knowledge would ensure a clearer pathway for patients and ensure a smooth transition freeing up capacity within the Intermediate Care Team (ICT), enabling it to facilitate discharge and provide more early intervention as part of set-up care. • The proposed model of re-ablement for all social care referrals really supports an integrated community rehabilitation model but should be seen as part of a rehabilitation pathway and not a separate service. • There is a great opportunity to make The Telford Rapid Assessment for the Elderly service (TRACE) a robust element within a community pathway and to link it direct to the rehabilitation and re-ablement services. Stronger links with the Emergency Care Practitioners within the Ambulance Service would also be of benefit. • The facility at the Paul Brown Unit has the potential to become the hub for a stroke rehabilitation pathway, closely linked to the rehab ward and overseeing the transition of patients from the acute into the community-based services. This could be extended to cover other rehabilitation pathways offering the opportunity to develop the unit as a centre of excellence for the economy. This would also offer support to the community-based services and staff groups as well as co-locating specialist rehabilitation knowledge.

These findings created the foundations for transformation of rehabilitation and re-ablement services in Telford & Wrekin, which began with developing a multi-agency model. This diagrammatical model of maximising independence, created the gateway for discussions between health and social care, commissioner and operational staff, the voluntary and independent sector.



On 9th April, 2009, over 60 stakeholders consulted on the maximising independence model and agreed that integration of health and social care was necessary, to deliver the approach.

Since then considerable work has been undertaken to establish a strong evidence-based proposal for transformation and operational delivery. The work and summary of findings is set out below:

Work undertaken	Summary of findings/outcomes
March, 2009, Shropshire Enablement Team commissioned to undertake a Review of Stroke Services	• Investigate utilising community rehabilitation teams within inpatient services • Stroke Wards to be encouraged to maintain contact with Social Services • Maintain continuity of health professionals seen in all capacities • SET to ensure clients receive sufficient contact time with Therapists • SET to investigate follow-up scheme, post discharge
Analysis of current service provision and pathway development for people living with Multiple Sclerosis	• Development of a patient and carer centred pathway for people living with MS
April, 2009, Putting People First in	• Development of a position statement relating to the future

partnership with Joint Commissioning undertake a review of social care re-ablement services	vision of re-ablement services, which encompassed Assistive Technology, Low Level Preventative Services, Independent Care and Support Agencies, current Re-ablement Teams (IC) and Voluntary Sector provision
July 2009, Preliminary Financial Mapping of Rehabilitation and Re-ablement Services across health and social care	• Development of financial dashboard
Acute Rehabilitation Audit November 2009	Findings: There are some very positive aspects of rehabilitation on the wards, including: o The newly introduced stroke care pathway o The planning meetings held with relatives of stroke patients o The multidisciplinary team meetings o The commitment and care of staff o The assessments and plans and interventions of the therapy services There are however other aspects of rehabilitation that falls short of the DH actions required to 'achieve the best' from rehabilitation, including: o The lack of involvement of carers in the assessment, care planning and guidance/training to support discharge and post discharge care. o The inconsistent approach to the sychological/psychiatric needs of patients and the lack of specialist mental health input o The use of standardised care plans rather than a one personalised care plan for each patient that includes action to address their medical, physical, cognitive and motivational needs. o The lack evidence that discharge is planned from the time of admission o The lack of social work involvement in all but a small minority of cases. Even then it is difficult to see if this makes any positive contribution to the rehabilitation of the patient. Recommendations A Strategy for rehabilitation should set out a framework that enables and encourages partners in health and social care to deliver integrated rehabilitation in a variety of settings. This should include rehabilitation at home (inclusive of care homes, social services settings) to improve outcomes for the service user, family and carers. The strategy should also include; o Purpose and Principles for service o Service model – across community and inpatient (including whether age specific services or not) o Funding for current and any service shifts/developments o Implementation plan (prioritised, timed and lead

	responsibilities) o Monitoring and evaluation o Public consultation arrangements (if significant change in service) The recommendations within the report provided an opportunity work with SATH on an action plan for service improvements, which has been achieved and is overseen by a Working Group within SaTH and attended by Commissioners.
Best Value Service Review of Telford Rapid Assessment Service for the Elderly (TRASE), December 2009	Summary of findings • The TRASE service offers a comprehensive medical assessment and review of activities of daily living to a limited number of older people in the Telford and Wrekin area. • It has a very dedicated group of staff whose skills at present do not seem to be fully utilized. • Pathways of referral are unclear with some key referrers choosing not to refer due to uncertainty about access criteria and service received. • Due to staffing and medical cover issues, it is not always possible to provide an appointment within the outlined timescale of 2 days resulting in some patients waiting considerably longer for an appointment. • The main referrer into the service is the IC Team and Rapid Response Service, which creates confusion as the TRASE service is seen as part of the IC service and funding stream. • Funding streams are extremely unclear and complex, which creates significant risk of duplication and failure to obtain value for money. Some service elements are being delivered on a 'good will' basis, which is not reliable for long-term consistency or service planning. Recommendations • The TRASE service should be reviewed as part of an integrated pathway of care focused on early intervention and prevention with emphasis on supporting people with rehabilitation and reablement needs following an acute episode of care or in order to prevent deterioration. • Serious consideration should be given to the development of rehabilitation and early intervention pathways that capitalize on the staff skills and resources available in the Paul Brown unit and within the TRASE team.
Review of Paul Brown Day Hospital, 2009/10	• Draft Service Review of Paul Brown Day Hospital • Stakeholder consultation on initial findings • Draft of position statement on agreed findings, between SaTH and Joint Commissioning
Consultation and development of Falls Prevention Strategy and Action Plan, February 2010	• Stakeholder consultation and development of Falls Prevention and Bone Health Action Plan. • Strategic objectives to be embedded within draft strategy for rehabilitation and re-ablement • Development of revised service specification for the Falls Programme at the Paul Brown Day Hospital •

Best Value Service Review of Shropshire Enablement Team (SET) January 2010 Best Value Review of Community Physiotherapy Team (CPT) January 2010	Findings: • Areas of good practice and evidence of standardised quality care being delivered but not being captured or collated through a robust performance management framework. • The care pathway through services from Acute – Community requires improvement. • Rehabilitation referrals and Care Pathways in the CPS/SET services need further work to ensure the service user gets treatment from the correct rehabilitation service • A stronger focus on collecting and collating feedback from service user's experiences is needed.
Position Statement of Intermediate Care Services 2010	Key findings: • Review and consider options for more robust management infrastructure to deliver service expectations within a multi-disciplinary framework model. • Pursue efficiencies by more effective rota implementation and more flexible employment terms and conditions to make more effective use of available resources. Additional resources from Social Care agreed to purchase electronic system to support the business infrastructure of the Intermediate Care Team. • Map capacity demands and needs to grow intermediate care (agreed with Social Care to increase care and support worked investment by 25%) • Need indentified for additional therapeutic/ specialist support within the team eg physiotherapist, Occupational therapist and rehab nurse. • Need to invest in data quality and recording systems to capture and inform performance reporting. • Recognised need for review of accommodation to support the team.
Development of a Joint, NHS Telford & Wrekin and Telford & Wrekin Council rehabilitation and re-ablement Strategy 2010	• Development of a joint draft strategy
A series of stakeholder workshops held between December 2010-January 2011 to further consider and refine the proposed model within the Strategy	• Discussions within the workshops on what a good local model would look like.

**All referenced reports, reviews and pieces of work can be provided from Joint Commissioning on request*

Throughout these phased pieces of work, cross-cutting themes were identified, namely, the connectivity between anticipatory care of the elderly, holistic assessment, hospital avoidance, (particularly in reference to nursing and residential homes), urgent care, rapid discharge, intermediate care and community rehabilitation and re-ablement services.

2. National Context

The Government translated the vision for Transforming Community Services (TCS) into a series of guides that took account of best practice research. "Transforming Rehabilitation Services" (DH 2009) identified those actions which had the greatest potential to improve care and achieve the highest quality services. The high impact changes summarised included;

- Work towards a philosophy of rehabilitation and re-ablement for *all*, providing a clear vision and strategy for rehabilitation services
- Build and develop multi-disciplinary and inter-agency teams to deliver local person-centred rehabilitation
- Redesign the care pathway promoting high quality, productive services, which will ensure that all individuals have a safe, efficient and effective service, which maximises health and independence.

The TCS programme compliments the Government's commitment to the transformation of Adult Social Care services set out in "Putting People First; a shared vision and commitment" (DH 2007). This followed the White Paper "Our Health, Our Care, Our Say: a new direction for community services". (DH 2006).

More recently the Coalition Government have re-affirmed their continued commitment to the current direction of travel in the White Paper "Equity and Excellence: Liberating the NHS" (DH 2010). This sets out the need for an approach that focuses on personalised care that reflects individual's health and social care needs, supports carers and encourages strong joint arrangements and local partnership. Evidence suggests that achieving the Government's ambitions requires a person-centred approach which focuses on maximising independence, health and wellbeing. This can best be achieved by providing a range of integrated services to ensure people receive the right level of rehabilitation and re-ablement, in the right place at the right time.

In 2010, the Preventative Package for Older People and the Intermediate Care Re-fresh document, Half-Way Home, (Department of Health, 2010) was published and emphasised the need to focus on the following:

- Those at risk of admission to residential care
- Inclusion of people with mental health needs
- Integration with mainstream health and social care
- Access to specialist support
- Joint commissioning of a wide range of integrated services to fulfil the intermediate care function, including social care re-ablement
- Governance of the quality and performance of services.

3.0 Evidence of best practice

Our proposals for rehabilitation in Telford & Wrekin are informed by an evidence base that includes;

- The TCS programme.
- Findings of a study of English local authorities with responsibility for adult services who are developing short-term, specialist home care-based re-ablement services.

- Findings from the national Partnership for Older People Projects (POPP) programme (DH 2010) which provided examples of efficiency savings linked to developing more effective ways of using resources whilst also improving quality.
- The University of Birmingham Health Services Management Centre (HSMC) researched rehabilitation services and identified 500 studies of good practice.
- The Health Service Management Centre (Birmingham University) and the Strategic Health Authority findings in a report entitled: 'Reducing unplanned hospital admissions'.
- The findings of the DH final report on Homecare Re-ablement- Prospective Longitudinal Study (DH 2010).

The evidence tells us the following:

1. **Provide Rehabilitation in the Community**

Rehabilitation can effectively operate as an outpatient service in the community. Important components of community rehabilitation services include; – social support, involving carers, using physiotherapy and occupational therapy, and good links between community and hospital services. Rehabilitation services provided in the community need to be well organised, include a multidisciplinary team and use venues that are acceptable and accessible to service users and staff.

2. **Multifaceted rehabilitation works best**

Two key messages emerge from the evidence; – rehabilitation should begin as soon as possible and rehabilitation that combines many different components is likely to be most effective. The most successful rehabilitation services include personalised care plans, physical and cognitive therapies, regular practice and proactive follow up.

3. **Monitor vital signs and use alert systems**

The evidence suggests that telehealth alert systems alone are not a form of rehabilitation but that they may play an important part of a wider care package. The most common form of tele-monitoring involves automated data transfer and has potential to shift care from hospital settings into the community. However, findings about the benefits of automated data transfer were not consistent. In contrast, telephone support as part of a rehabilitation care pathway has been found to improve clinical outcomes and/ or reduce symptoms.

4. **Use self referral to services where clinically appropriate**

Self referral is a way to widen access and empower service users to seek help in a timely way as their needs change. One study found that open access used fewer acute sector resources, resulted in the same quality of life for service users and was a preferred pathway for service users and GPs. This model could potentially raise concern for demand. Another study found no increase.

5. **Rehabilitation at home improves outcomes**

A number of studies suggest that home-based rehabilitation is just as effective in delivering improved functioning. However, it was also noted that home-based rehabilitation may place additional demands on carers and therefore consideration needs to be give to supporting carers and provision of regular respite care.

6. Multidisciplinary teams improve rehabilitation

There is some evidence that multidisciplinary follow up after discharge can reduce reliance on hospital care and shift care closer to home.

7. Self-care models can support rehabilitation

Several studies suggest that helping people to take responsibility for their rehabilitation and recovery is essential. One way of achieving this is through the provision of clear information. This needs to be easily accessible, inviting and needs to encourage people to apply the skills and actions to their activities of daily living.

8. Supporting carers

There is some clear evidence that supporting carers can aid a patient's recovery and rehabilitation. A UK trial recommended that carers' support should be built into the design of the rehabilitation programmes. Supporting carers is acknowledged as important but further work is required to determine the most effective methods for providing their support.

9. Ensure every service has a clear vision

Some studies would suggest that a clear service vision is missing among some specific rehabilitation services. Evidence-based care pathways are a tool to help provide more integrated and continuous care and to ensure that services have a shared vision.

There is inconsistent evidence that care pathways impact on clinical outcomes but some studies do suggest that simple care pathways can make a difference to people's quality of life and the care they receive are an area for further investigation.

10. Local ownership of services is beneficial

Local ownership and involvement is key to successful community-based rehabilitation programmes. This may include consultation, opportunities for volunteering, recruiting local staff and enabling local community groups to make use of the premises.

11. Work with care homes

The potential to work with care homes is an area that may be overlooked. They could be an alternative setting for the provision of rehabilitation services. While there is insufficient evidence that care homes either improve or reduce outcomes, one trial found significantly fewer days in hospital over a 12 month period.

12. Deliver what people want

- A single point of contact
- Quick and responsive services
- To tell their story once

- Professionals that talk to one another.

We have used this evidence-base, combined with regional partnership work with the CSED and Tom McDonald at the Department of Health, to develop an emerging picture of what looks good, underpinned by the following principles to ensure success:

- **Leadership and governance**
  - Clarity of objectives and outcomes
- **Understand what is happening now**
  - What's the baseline data? What do you want to change?
- **Focus on redesigning ineffective and inefficient services**
  - Re-design functions and pathways.
  - Do not overlay new services upon ineffective services
- **Measure what you are doing so you know whether you have achieved your objectives**

4. The Proposed Model

To enable transformation of rehabilitation and re-ablement services to be a reality, Telford & Wrekin must move towards integration of health and social care teams, which may involve, co-location of teams. This proposition has a strong evidence base (demonstrated earlier) and has been supported through stakeholder consultation and professional option.

Intermediate Care is a good example of how this already works, namely, multiple contracts, budgets and health, social care and mental health professionals, working within one locality.

Vision

Prevention, early intervention and rehabilitation and re-ablement is at the heart of future care and support. Promoting independence will deliver greater efficiencies in health and social care and provides better outcomes for people and carers.

To be most effective, health and social care services must work together. This is particularly important at a time when demand is increasing and there is a reduction in funding.

The overall aim

- Promote and maintain independence and improve quality of life
- Prevent the unnecessary admission to hospital
- Reduce the number of people admitted to long term care
- Facilitate speedy and coordinated discharges from hospital

- Reduce the number of re-admissions to hospital or inappropriate referrals to community services.

Service model

The Maximising Independence Steering Group has been established to co-ordinate all the workstreams associated with rehabilitation and re-ablement. The group supports the co-location of some health and social care teams, working in a multi-disciplinary way. The Group supports a Telford & Wrekin focus for service delivery and the alignment of management and budgets, as a first step.

The service model is defined by two components, namely, a team of health and social care staff whose function is to provide rapid assessment and intervention, for a time-limited period. This front-end component is therefore defined by time-sensitivity and capacity to react, within 4 hours and 'hold' up to 72 hours. This service will build on the good work of Rapid Response and the Enhanced Care Team.

The second component of the service model is defined by a multi-disciplinary team, providing intensive rehabilitation and re-ablement interventions for a time-limited period of approximately 6 weeks. This will largely include building on the capacity of the current Intermediate Care Service, by combining elements of other community-based services. Further work needs to be done, but this may include the following service elements:

- Intermediate Care Team
- Shropshire Enablement Team (SET)
- Community Physiotherapy Service
- Local Authority Occupational Therapy Team
- StayWell (British Red Cross)
- Speech and Language Therapy
- Intermediate Care Beds and Interim Care Beds
- Falls Programme
- Community Equipment
- Assistive Technology
- Stroke Specialist
- Stroke Rehabilitation programme

The Group has identified that medical input is an essential component of the pathway and will need to be able to deliver a falls medical assessment, access to diagnostics, complex holistic assessments of the elderly and clinical leadership. This element is currently provided by TRASE but a number of approaches are being investigated, including the appointment of a Community Geriatrician.

5.0 Measuring success

The data that measures progress towards strategic objectives:

- Number of emergency admissions to hospital
- Number of A&E visits
- Number of ambulatory care sensitive conditions admissions
- Number of admissions where mental health is deemed the primary need?
- Number of admissions to residential care
- Number of admissions to residential care, directly from hospital
- Number of admissions to residential care from short-term care

6.0 Potential health care efficiencies are detailed as follows:

- Many rapid response services are now focussing on preventing hospital admissions for people with specific conditions
  - Ambulatory care sensitive conditions
- Commissioners setting targets relating to these conditions
- Hospital admissions for these conditions significant cost to NHS

7.0 Potential social care efficiencies are detailed as follows

- Diverting from residential care, short and long-term
- Clear pathways to re-ablement
- Key information
  - Number of admissions to permanent residential care from short-term placement
- Diverting from unnecessary hospital admissions
  - Untoward and unexpected events arise in hospital
  - Independence and functionality diminishes rapidly
  - Exposes mental health frailties
  - Risks greater with increasing age
- Key information
  - Number of admissions to residential care directly from hospital
  - Increase in care packages following hospital admission

8.0 Issues/Risks

There are a number of issues that require further consideration and debate prior to progressing the concept of community-based rehabilitation developments:

- Lack of accurate cost data relating to existing services within the acute sector in particular the Paul Brown unit and TRASE.
- The gap in current funding of services e.g. TRASE
- There are a number of budget pressures where over performance can clearly be indentified and is critical to rehabilitation e.g. community equipment. It is important that in progressing this work a clear financial position statement is agreed, which is realistic to enable reconfiguration to progress.
- Lack of clarity to date regarding the requirements of procurement ie are we contemplating service redesign or tendering to reconfigure the services?
- The national evidence is weak in some areas and further work is required to develop more robust proposals.
- The information systems are still developing to inform future commissioning decisions.
- Success depends on strong leadership and governance arrangements.
- Implications in relation to the rapidly changing landscape; the establishment of the new Community Trust, the reconfiguration of services at SaTH, the Council restructure, the abolition of PCT's in 2013 and the introduction of GP led Commissioning.

9.0. Next steps

- Undertake more detailed work in relation to combining appropriate services
- Undertake more detailed work in relation to rehabilitation and re-ablement care pathways
- Develop Third Sector Partnerships to deliver Low Level Preventative work
- Undertake more detailed cost-modelling for shifts in community resources
- Develop more fully, the rapid response and multi-disciplinary team structure, including workforce mapping

10 Recommendations

- Endorse the model for rehabilitation and re-ablement and continue to build constructive relationships with potential partners, including; SaTH, GP's, Telford & Wrekin Council, NHS Telford & Wrekin, The Shropshire Community Foundation Trust (from July 2011) and the Voluntary Sector.

- Acknowledge shifts to community rehabilitation will require partnership commitment to resources

- Acknowledge the gaps in infrastructure and investment in the current system

- Support the recommendation that this model is shared more broadly at relevant Partnership Boards for wider consideration and endorsement.

-ENDS-

TELFORD & WREKIN COUNCIL

CABINET - 22ND SEPTEMBER 2011

SHORT BREAKS STATEMENT

REPORT OF GROUP MANAGER, PROCUREMENT, PLACEMENTS & COMMISSIONING

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

Short Breaks services have been prioritised as an area for development and growth over recent years and a comprehensive programme of short breaks services is now provided for families of disabled children in the Borough. The Council now has a duty to publish a Short Breaks Services Statement as set out in the Breaks for Carers of Disabled Children Regulations 2011.

A Short Breaks Statement has been worked up as presented in this report. With Council approval the Statement would be ready for publication by October 2011 as required as set out in the Regulations.

2. RECOMMENDATIONS

To seek members endorsement of the Short Breaks Statement for Publication by October 2011

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	CYP PRIORITY PLAN OBJECTIVES: Outcome 1: Children and young people have healthy and positive lifestyles Oucome2: Vulnerable children and young people are kept safe from harm and neglect Cross cutting CYP High level action: • Bring together a range of services to support children and young people with SEN, severe or complex behavioural needs and disabilities
	Will the proposals impact on specific groups of people?	
	Yes	• *Disabled Children* • *Parents & Carers of Disabled Children* • *Siblings of Disabled children*
TARGET COMPLETION/DELIVERY DATE	*1st October 2011*	
FINANCIAL/VALUE FOR	Yes	The outturn cost in 2010/11 of providing short breaks was around £700k. The current year budget is also at this level

MONEY IMPACT		and therefore the opportunities for short breaks afforded by the Council should be met from within budgeted resources in 2011/12 .The determination of future year resources will be subject to the availability of funding, as determined by the Council when establishing its overall medium term budget strategy.
LEGAL ISSUES	Yes	Section 25 of the Children and Young Persons Act 2008 placed a statutory duty upon local authorities to provide short breaks. Section 25, The Care Planning, Placement and Case Review Regulations 2010, the Breaks for Carers of Disabled Children Regulations 2011 and Short Breaks statutory guidance came into force on 1st April 2011. Regulation 5 of the 2011 Regulations requires the Local Authority to prepare and publish a "short breaks statement" for carers by 1st October 2011 setting out the information prescribed ,and to keep the same under review. The Local Authority must have regard to the views of carers in their area when preparing and revising the statement.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	No	*Borough-wide impact*

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 Short Breaks is the term used for a range of services provided for families to give carers of disabled children a break from caring and for children to take part in fun activities and have new experiences away from home. This covers a wide range of provision from universal (open to all without the need for any assessment or specialist support) through to specialist (for example hospices and overnight residential care).

Telford & Wrekin Council and its partners have achieved national recognition in the development of the short breaks programme for disabled children and their families to achieve the following outcome:

"All children with disabilities in Telford & Wrekin to be given the choice to access appropriate high quality short breaks to maximise their potential and improve the quality of life for them and their families" (OBA meeting with Parents July 2009)

4.2 Section 25 of the Children and Young Persons Act requires local authorities to provide short breaks for families with disabled children. Regulations relating to this duty which came into force on 1 April 2011 require each local authority to produce a short breaks service statement by October 2011 so that families know what services are available, the eligibility criteria for these services and how the range of services is designed to meet the needs of families with disabled children in the Borough.

4.3 With the support of the Aiming Strategic Partnership Group and in consultation with parents & carers, children & young people, colleagues and other stakeholders we have prepared a Short Breaks Statement which meets the regulatory requirements (Appendix 1: Statement – Short Breaks Services).

The intention is that the Short Breaks Statement will be published on the Council's website and the dedicated site for short breaks: the ICan2 website and our partners will link it to their websites. It will also be made available through various information points across the Borough including the information hub at the integrated disabled children's centre, the family information service and distributed to children and families in pdf leaflet format through the Ican2 newsletter and the parents' forums.

Our community engagement officer is working with a group of young people to design a condensed and young people friendly version of the Short Breaks Statement which should be ready for October 2011.

4.4 As set out in the Short Breaks Statement, the services described in the Statement will be subject to ongoing review and the Statement itself will be reviewed at the end of January 2012.

5. PREVIOUS MINUTES

N/A

6. BACKGROUND PAPERS

Appendix 1: Statement – Short Breaks Services

Report prepared by: Vivianne McKay
Group Manager, Procurement, Placements & Commissioning
Tel: 01952 388892

Appendix 1

Statement - Short Break Services

Short Breaks Outcome:

"All children with disabilities in Telford & Wrekin to be given the choice to access appropriate high quality short breaks to maximise their potential and improve the quality of life for them and their families" (OBA meeting with Parents July 2009)

Background

This statement has been prepared based upon a consultative approach to short breaks provision. A three year programme of development involving parents and carers, children & young people and stakeholders preceded the run up to the requirement to prepare this statement. That development process shaped the delivery of services, the workforce requirements; information and communication processes and products and range of provision to meet local identified need.

Section 25 of the Children and Young Persons Act 2008 requires local authorities to provide short breaks for families with disabled children. Regulations relating to this duty which came into force on 1 April 2011 require each local authority to produce a short breaks service statement so that families know what services are available, the eligibility criteria for these services and how the range of services is designed to meet the needs of families with disabled children in the Borough

How we prepared this statement

This statement has been prepared with the support of the Aiming Strategic Partnership Group which drives forward the strategic plans for disabled children across the partnerships in the Borough. The Council is committed to the short breaks programme as part of its co-operative approach of bringing together services and delivering services that matter to people and develop our community.

The lead officer responsible for preparing this statement is the Group Manager, Procurement, Placements & Commissioning who takes a lead in developing and commissioning short breaks on behalf of the Local Authority. The statement was subject to consultation with partners including the parents and carers forum over the summer of 2011 and will be published by October 2011 following agreement by the Council. The statement will be placed on the Council website, circulated to partners and we will ensure that families are made aware of how to access the Statement.

How will we review this statement?

As required, this statement will be regularly monitored at the Aiming High Strategic Partnership Group (or its successor group) at which Telford Parent Carer Council and the disabled children's parents' forum "Parents Opening Doors" (PODs) is represented. A formal review of this statement will be scheduled for no later than 31 January 2012 to coincide with any future consultation processes, financial and service planning and commissioning cycles to ensure that we proceed with a valid mandate.

What are short breaks services?

Short Breaks is the term used for a range of services provided for families to give carers of disabled children a break from caring and for children to take part in fun activities and have new experiences away from home. This covers a wide range of provision from universal (open to all without the need for any assessment or specialist support) through to specialist (for example hospices and overnight residential care).

Definition of disability and access to short breaks services

The definition of disability that applies to the short breaks regulations is the definition of disability from the Children Act 1989 where a child is disabled if:

"he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed"

Children and young people are eligible for short breaks if they have a physical or learning disability, a hearing or visual impairment. It includes children with autism and Asperger's Syndrome and children who may have challenging behaviour as a result of their learning disability. It also includes children who have complex needs and who may have palliative, life limiting or a life- threatening condition.

Each child is however a unique individual, with their own personality, needs and strengths and wishes and feelings. They are entitled to make the same choices as any other child. In addition family circumstances vary and we aim to ensure that short breaks provision to individual children reflects their particular needs.

We know from talking to disabled children that the one thing they want most is to be able to do the same things as their friends or non-disabled peers. In the development and consultation processes which resulted in the production of a strategy for short breaks we adopted the ICan2 brand for services commissioned with specific short break funding. ICan2 sums up our approach: all short breaks services aim to enable disabled children to choose and enjoy the activities they want to do just like anyone else. We aim to make the full range of leisure activities both sport and culture accessible to all children in Telford and Wrekin.

Principles

In Telford & Wrekin all families with a disabled child are able to receive support. Each child is an individual and family circumstances vary. Support will therefore be proportional to their needs. We aim to encourage children and parents and carers to express their needs as they see them to be.

Only when discussion is needed with professionals to decide the best form the support should take, will assessment processes be required. Choice and control is at the heart of Short Break services and we are committed to developing a wide range of activities so that children and young people can decide what they are interested in and parents can receive the most effective form of support to meet their needs. Short Break services are designed to promote a disabled child's development and be enjoyable and fun. In addition parents can enjoy a well-earned break.

Services will be:

- safe
- run and supported by suitably trained staff
- suitable for the child or young person
- influenced by young people themselves
- reliable

Range of provision

We know from what we have been told is that children want lots of activities to join in with like their siblings and peers and activities which are close to their homes and give them new opportunities and experiences. As a result a wide range of provision is available which is flexible and child centred and a flow chart has been compiled to identify how provision can be accessed. This flow chart can be accessed via the following link: www.ican2.org.uk/downloads/Access%20to%20Short%20Breaks%20Flow%20Chart.pdf

Full information about the range of activities for disabled children may be found in the regular iCan2 newsletter; on the Ican2 website www.ican2.org.uk
the Council website www.telford.gov.uk and from the disabled children's information officer who you can contact on 01952 567300 and are based at the information hub at Stepping Stones Centre, Malinslee, Telford. Information is also available on a range of services from the Family Information Service.

Level One - Universal provision

Many activities in the Borough are open to any child including disabled children for example sports and leisure activities, child minders, groups at children's centres, after school clubs etc. Any family can choose to access these services. Some children may not be able to access these services for a variety of reasons and we are committed to overcoming these barriers wherever resources allow. These may relate to the need for someone to accompany the child or the level of skill and training required for staff to care for the child safely.

Universal services

- After school clubs and holiday clubs
- Sports & leisure centres (a disability keyworker is designated for Council leisure centres) http://www.telford.gov.uk/download/downloads/id/2990/leisure_centre_access
- Youth clubs
- Children centre activities
- Nurseries (Some of these have received specific training in relation to disabilities and have disability resources available)
- Childminders (some of these have been specifically trained to care for children with disabilities)
- Polo (Parents Offering Leisure Opportunities) whole family breaks
- Arthog and Arthog at Shortwood (outdoor activities and education) http://arthog.co.uk/

Universal plus services

- Ican2 sports & leisure activities (computer clubs, sports activities, hydro pool sessions, swimming, sea scooters, specialist go karts and bikes, martial arts, skiing, bowling, Wii games)
- Kreative Kids (Taiko drumming, dance, stories, arts and scultpure, drama & creative movement, music)
- Blue Eyed Soul (dance)
- Club 17 (specialist youth club 11 – 25 yrs)
- Access to Activities (A2A) (day trips and plays activities and cinema outings)
- Sensory Inclusion Facilitator (visually impaired children)

Parents and children have expressed difficulties in engaging well with some groups and activities for example football clubs and youth groups. Those difficulties are often due to a perceived lack of awareness of behavior issues which can impact upon the ability to effective engagement with the group/volunteers/co-ordinators. To support children to access community groups we have set up a small grants fund this year which is being offered to voluntary and charitable groups in the local community. This fund will be co-coordinated by the voluntary sector with a panel comprising parent representatives and Council officers and can be used to enable easier access to those groups through funding for training & equipment etc. The PODs group is also considering the development of a "passport" to provide universal activity co-ordinators with an awareness of the needs of disabled children.

Level Two - Additional support to enable access to activities

Where barriers exist the Short Breaks Programme offers support designed to overcome them. Additional support can be accessed through the Programme using the Common Assessment Framework to identify the need and the most suitable solution. As with any child where a need has been identified, the CAF may be supported by a Team Around the Child meeting (TAC). Advice may be given by the Integrated Service for Disabled Children at this stage. Support will be made available for a specific agreed period, and will be subject to monitoring and review arrangements. This is to ensure that provision reflects changing need. A Support Worker may for example be required only for the period while a young person is getting used to a new activity and the provider learns how best to meet the young person's needs.

Additional support services:

- Support workers supplied via agencies or in house
- Direct Payments
- Outreach service (Action for Children)
- Summer Playscheme (Bridge Special School)

Level Three - Specialist services

Some forms of provision require a higher level of assessment and this will be done whenever a Lead Professional or parents consider that the child's needs are more complex. A Social Worker in the Integrated Service will undertake an assessment using the Children Act 1989. This will take into account the needs of parents and other carers and balance these with an understanding of the best way to meet the child's needs. Overnight care in a Residential or Family-based setting will require this level of assessment to determine the type and level of care which is most appropriate. For children with high level health needs an assessment will be completed for specialist nursing home based respite care. Access to Hospice Care may also be considered for this group of children or those with a life limiting condition (no specialist assessment is required in this case).

Specialist services:

- Children's Community Nursing Respite service. www.ican2.org.uk/downloads/Community%20Children's%20Nursing%20Service.pdf
- Stars Overnight residential breaks (Action for Children)
- Mencap Overnight residential breaks
- Shared Care Service (support overnight or day care with approved foster carers)
- Independent residential short breaks provision (spot placements)
- Hope House Hospice & outreach www.hopehouse.org.uk
- Acorns Hospice www.acorns.org.uk

Assessment

The level of assessment will be proportional to the need and we will always use information already available rather than subject a family to repeated un-necessary information giving. We will always encourage parents to tell us what would be the most helpful form of support, and we will ensure that support is available at a time when it is most needed. When an assessment by a Social Worker or a Health Professional is needed, this will involve a meeting with the family and other professionals who know the child or young person. Providers of care may, for example need to learn how to look after the child correctly in relation to complex medical needs or manual handling.

Resources panel

A panel of people from different services who provide support to disabled children with complex needs meets regularly. The group looks at the best way of providing and paying for short breaks for children with the highest level of need. The group knows about the availability of services as well having information about individual children's needs. When there may be a gap before the preferred choice of service is available the group can offer a higher level of support designed to meet the agreed outcomes on an interim basis.

The group can give approval where Direct Payments are agreed as the preferred option for purchasing a service.

Transport

Support may be offered towards transport where the assessment considers this will be helpful. Although the number of breaks will not be restricted from that offered in the Plan, the number of occasions when transport is provided may be limited and family members may be expected to arrange transport themselves beyond an agreed level. The Panel will consider requests for transport. It is acknowledged that the provision of transport may contribute greatly to the effectiveness of a Short Breaks service. For this reason transport will not be restricted where it is used to access residential overnight breaks.

Workforce development and safe recruitment

The workforce needs of individuals supporting children on short breaks have been identified and all service providers are expected to engage and participate in relevant training to safely and effectively manage and cater for the needs of all children. Where external services are commissioned under a contract, then the contract contains terms and conditions relating to the training and development needs of staff/volunteers and this is reviewed and monitored on a regular basis. Equally, safe recruitment procedures and policies are required to ensure the well being of children in the care of independent agencies and local authority. A workforce development strategy which includes training for carers of disabled children is in place at the Council and offers training opportunities which are also open to our contracted providers.

Equipment

Specialist equipment has been made available to numerous leisure and community centres in order to meet the needs of disabled children and young people. Investment in this equipment has enabled children to join in with activities that would previously have been inaccessible for example by the use of specialist ski equipment and toboggans, specialist bikes and wheelchairs, adapted minibuses and specialist canoes, dance mats and multi media equipment. Individuals using this equipment have expressed benefits such as:

"My son is now able to go down ski slope and toboggan with an instructor and loves every minute of it. We have also got him out of his wheelchair and is now peddling a go-kart on his own around the track and there was no way 6 months ago he would have been able to move a go-kart using his legs but now he can actually go round the track".

Charges

Some short breaks services may apply a charge to the provision, for example sports and leisure services or for trips. However all children and young people will be provided with a free flex card which enables them to access short breaks and other mainstream sports and leisure services and facilities at reduced rates. A family may also choose to make arrangements themselves for transport above the level offered for which they would be expected to self fund.

How do we consult with service users and review service provision?

Universal services can be accessed informally based entirely on the choice of the young person and family. Where additional support through the Short Breaks programme is provided, it is important to keep track of this. Monitoring involves a periodic discussion with the child, the family and the provider to ensure the service is still suitable, and that everyone is entirely happy. Some forms of service, for example overnight breaks, which are provided on a statutory basis involve more formal reviews as required by legislation. The purpose, however is exactly the same. Reviews may mean the service continues in the same form, or can involve a change in the level or frequency or even a complete change to a different service. Reviews also enable a check on the quality of the service, because we insist that all types of short break are safe, reliable and involve high standards of practice.

The majority of short breaks services have been developed and informed by a commissioning strategy which analysed the numbers of children with disabilities in the Borough, the needs and wishes of families, carers assessments and gaps in provision. The short breaks programme and the services developed as part of the preceding three year development programme were subject to a service review which involved consultation with families and stakeholders via questionnaires, forums and regular and ongoing feedback through service providers and contract review data and meetings.

A young people's disability forum is supported to hear the voice of the child in the shaping of services and the parents forum PODs is a key partner in the development of services and represents the voice of parents on many strategic groups, engagement sessions and via their own forum events and activities. Contact: www.podstelford.org

Complaints

Because we are committed to working in partnership with families to enable high levels of choice of service, we hope that there will usually be high levels of satisfaction. Complaints will however be investigated promptly and openly, and may involve the provider's own system to dealing with complaints. We encourage families to help us to design the right services and we will consult the Parents' Forum (PODS) about these matters. We want our Short Breaks Services to continue to improve and all comments, positive or negative will be used for this purpose.

In the event of any queries or comments in relation to this Statement please contact the information officer at ican2information@telford.gov.uk or call 01952 570402

Dated: September 2011

Review Date: January 2012

Reading Advice: If you find this document difficult to read we can supply it in a format better suited to your needs contact us on 01952 567300

CABINET

Decision Notices and Minutes of a meeting of the Cabinet held on Thursday, 22nd September, 2011 at 6.30 p.m. at the Civic Offices, Telford

PUBLISHED ON WEDNESDAY, 28th SEPTEMBER, 2011

(DEADLINE FOR CALL-IN MONDAY, 3rd OCTOBER, 2011)

PRESENT: Councillors K.S. Sahota (Leader and Chair), E.A. Clare, S. Davies, A.R.H. England, R.A. Overton, H. Rhodes and P.R. Watling

ALSO PRESENT: Councillor A.J. Eade (Conservative Group Leader) and Councillor W.L. Tomlinson (Lib Dem/Independent Group Leader)

CB-34 MINUTES

RESOLVED – that the minutes of the meeting of the Cabinet held on 26th July 2011 be confirmed and signed by the Chairman.

CB-35 APOLOGIES FOR ABSENCE

Councillors W.A.M. McClements and C.F. Smith

CB-36 DECLARATIONS OF INTEREST

None

CB-37 SERVICE & FINANCIAL PLANNING 2012/13 – 2014/15

Key Decision identified as **Budget Strategy** / **Service & Financial Planning Process** in the Forward Plan published on 16th August 2011

Councillor R.A. Overton, Deputy Leader, presented the joint report of the Interim Chief Executive and the Chief Financial Officer that updated the financial projections for future years, and set out the processes and timetable for the agreement of the Service and Financial Planning Strategy 2012/13 – 2014/15.

In terms of Government grant, there was some uncertainty arising from the Local Resource Review of the local government finance system, which made projections of the likely level of resources available to the Council after 2012/13 very difficult. The projected base budget deficit had been revised, however, to take account of the proposals currently being consulted on as part of the 100 day budget review. Other key changes to be considered included allowance for inflation, continuing pressures on Adult Care budgets, funding for single status, and the New Homes Bonus. After adjusting for these factors and the saving on insurance premia previously reported through financial

monitoring, the updated funding shortfall projection was £21.1m for 2012/13 rising to £31.4m in 2014/15.

The report also set out the progress in achieving savings through the organisational restructuring process and reductions in non-staff expenditure. A capitalisation direction of £2.9m had been received from the Government enabling statutory redundancy payments to be treated as capital expenditure.

Given the scale of the cuts to Council grants and inflationary and other pressures, it was inevitable that many savings proposals would have service impacts. It was therefore intended to have more extensive consultation on service and financial planning proposals than in previous years, so enabling the community to shape the Council's budget in future years. Details of the proposed consultation activities and timetable were set out in the report.

Councillor Eade referred to the assumptions built into the budget for a large capital receipt from the disposal of land at Newport, and what impact there might be if this receipt was not realised. The Deputy Leader responded that it was usual for anticipated capital receipts to be included in budget forecasts, something the previous administration had done.

RESOLVED – that the updated projections for the period 2012/13 – 2014/15 and the proposed timetable and consultation activities summarised in the report be noted.

CB-38 LOCAL SUSTAINABLE TRANSPORT FUND

Key Decision identified as **Local Sustainable Transport Fund (LSTF) – Small Project** in the Forward Plan published on 16th August 2011

Councillor H. Rhodes, Cabinet Member: Transport & Community Protection, presented the report of the Head of Environmental Services, which confirmed the recent announcement from the Department for Transport (DfT) regarding the Local Sustainable Transport Fund (LSTF). The Fund was designed to support sustainable transport projects that delivered economic growth and reduced carbon emissions. An amended report, containing some minor changes to the detailed funding figures, was tabled. The report had been published before the recent changes in Cabinet designations, and therefore it was proposed to amend recommendation 2b) accordingly.

The Council's bid to the LSTF was for two elements – a Large Project which covered Telford Town Centre, and, secondly, a Key Component which was a package of smaller scale sustainable transport initiatives to help distribute the economic and environmental benefits of the Large Project throughout the rest of the Borough. The DfT had now confirmed an offer of £3,525,920 in grant towards the Key Component Bid. Matched funding of £2.997m from existing Council and partners' programmes made up the balance of the funding for the project.

The Key Component submission included projects to upgrade the Silkin Way, improvements to the cycle route between Stafford and Telford, a Park & Ride

scheme for the Ironbridge Gorge World Heritage Site, and improved walking links between Telford railway station and Telford town centre. Further details of the expenditure and capital/revenue funding for the identified projects was set out in the report.

For the Large Project, the Council had been shortlisted to submit a full business case to DfT by 20 December 2011, with a decision expected by the end of June 2012. The Large Project was vital to both the successful delivery of the Central Telford Area Action Plan, and for enabling the release of privately owned and Council owned land for development purposes. It included making the Box Road a two way road, with associated junction improvements. In relation to recent press statements from the owners of the Town Centre about lack of consultation on the Box Road proposals, The Deputy Leader stated that the proposals were contained in the Central Telford Area Action Plan adopted by Council in March 2011. The Plan had been subject to extensive consultation, including public examination by a Planning Inspector who had concluded that the Box Road proposals were sound. The Cabinet Member added that Officers would be meeting with the Town Centre owners for further discussions.

RESOLVED –

(a) that Council's acceptance of £3,525,920 of DfT Local Sustainable Transport Funding to deliver the Key Component projects, as set out in the Council's submission to the DfT, over the period 2011/12 – 2014/15 be endorsed.

(b) that the development and submission of a full business case for funding for Telford Town Centre (the Large Project) be approved, with authority delegated to the Head of Environmental Services, in consultation with the Cabinet Members for Transport & Community Protection; Housing, Regeneration & Economic Development; and Resources & Service Delivery, to agree the content of the full business case for submission by 20th December 2011.

CB - 39 HIGHWAYS MAINTENANCE – WINTER SERVICE REVIEW

Key Decision identified as **Winter Maintenance Service Review** in the Forward Plan published on 16th August 2011.

Councillor S Davies, Cabinet Member: Environment, Co-operative Council & Partnerships, presented the report of the Head of Environmental Services, which set out recommendations following a review of the operation and effectiveness of the Winter Service in the light of the issues encountered during the 2010/11 winter season.

The winter of 2010/11 was at its most severe during the months of November and December, with extremely low temperatures and early snowfall resulting in a significant increase in salting and clearing operations. Despite having a full storage capacity of 2700 tonnes of salt at the start of the season, stocks

were put under significant pressure due to a shortage of national salt supplies and orders not getting through. A detailed analysis of performance during the 2010/11 winter season was appended to the report. A review of this information had identified some areas where service improvements were recommended.

In terms of requests for gritting roads that were not included on the primary and secondary gritting routes, it was proposed that the access road to Harper Adams College, Newport be added to the defined network. In respect of the rate of spread of salt, benchmarking with the Midland Service Improvement Group had identified that Telford & Wrekin was the only Council who applied a higher rate of spread of salt for both frost prevention and snow events. The lower rates that were the regional norm met Department for Transport guidance, and it was therefore proposed that the Council revise its application rate accordingly. This would potentially result in a reduction of 900 tonnes of salt being used during a normal winter season.

RESOLVED – that the recommended changes to the Winter Service, as outlined in Appendices 1 and 2 of the report be approved, namely:

- **the existing above regional average coverage for salt treatment of the road network to remain the same for 2011/12, with the addition of the access route to Harper Adams College;**
- **existing grit bin policy to remain for 2011/12, and to continue working closely with Parishes and community groups for local co-operative opportunities;**
- **to provide greater resilience and efficiencies – to revise the rate of spread of salt from 15g per m2 to 10g per m2 for frost prevention and from 30g per m2 to 20g per m2 for snow events;**
- **continue to improve communication channels and access to information for residents and businesses within the Borough.**

CB - 40 TELFORD & WREKIN JOINT MENTAL HEALTH AND WELL-BEING COMMISSIONING STRATEGY 2011 - 2015

Key Decision identified as **Telford & Wrekin's Joint Mental Health and Well-Being Commissioning Strategy 2011-2015** in the Forward Plan published on 16th August 2011.

Councillor E.A. Clare, Cabinet Member: Adult & Social Care, presented the report of the Head of Care & Support that outlined the Strategy and action plan for how the Council and NHS Telford & Wrekin planned to commission services to improve the mental health of people living in the Borough, and to improve outcomes for those with poor mental health. Appended to the report were an executive summary of the Strategy and the associated action plan..

The Joint Strategy was structured around six shared, cross government and multi-agency objectives, and was informed by a new national strategy for mental health – "No health without Mental Health". Development of the Strategy had included a 13 week public consultation, and plenty of feedback was received. Much of the Strategy was focussed on the modernisation of mental health services, with the aim of having earlier, preventative

interventions carried out by strengthened and integrated community teams. This would reduce the need for in-patient stays, although 12 beds would continue to be funded at Castle Lodge, Dawley and a new purpose-built in-patient facility – the Redwood Centre – was due to open in Autumn 2012.

Members welcomed the report and the proposed Joint Strategy. In response to a comment about the increased numbers of patients being cared for in the community, the Cabinet Member advised that close monitoring of the Strategy would be undertaken by the Mental Health Partnership Board, and that the project plan ensured that community teams were strengthened prior to linked bed closures. At each stage, clinical sign-off would be required from the relevant consultant.

RESOLVED – that the Joint Mental Health and Well-Being Commissioning Strategy 2011-2015 be endorsed.

(NB: Councillor K. Sahota abstained from voting on this item).

CB - 41 PROPOSAL FOR THE TRANSFORMATION OF REHABILITATION AND RE-ABLEMENT SERVICES WITHIN TELFORD & WREKIN

Key Decision identified as **Proposal for the Transformation of Rehabilitation and Re-ablement services within Telford & Wrekin** in the Forward Plan published on 16th August 2011.

Councillor E.A. Clare, Cabinet Member: Adult & Social Care, presented the report of the Head of Care & Support that set out a vision for rehabilitation and re-ablement services in Telford & Wrekin. Attached to the report was a draft Strategy document.

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The overall aim was to provide a range of services that improved the quality of life for people and enabled them to live as independently as possible. Rehabilitation services provided essential support (either short-term or long-term) to help, for example, adults return to work after an illness or older people to live as independently as possible in their own homes. Re-ablement was an approach or philosophy within home care services that aimed to help people do things for themselves, rather than having things done for them.

The proposed model was based around working in partnership with NHS colleagues to deliver co-ordinated and effective pathways for community based rehabilitation and re-ablement services. The Council and Telford & Wrekin Primary Care Trust (PCT) had agreed that resources would be made available to develop services in line with the strategy. The Council would make available £500,000 from monies transferred to it under a Section 256 agreement, with the PCT investing an additional £488,000. In order to progress implementation, endorsement was required from the key players..

In response to a question concerning the priority this strategy would receive in the face of budget cuts, the Cabinet Member and Head of Service advised that this was part of the wider Transformation programme to re-direct

resources towards prevention and re-ablement.. As well as improving people's quality of life, it would also play a key role in achieving non-staff savings by reducing the need for long-term care (including nursing and residential care).

RESOLVED –

(a) that the strategy for Rehabilitation and Re-ablement Services be endorsed, including the building of constructive relationships with NHS partners and the voluntary sector;

(b) that a partnership commitment to resourcing community rehabilitation be noted;

(c) that the implementation of the model, in collaboration with relevant stakeholders, be supported;

(d) that the use of funding transferred to the Council by the Primary Care Trust under a Section 256 agreement to develop rehabilitation services be approved.

CB-42 SHORT BREAKS STATEMENT

Key Decision identified as **Short Breaks Statement** in the Forward Plan published on 16th August 2011.

Councillor P.R. Watling, Cabinet Member: Children, Young People & Families, presented the report of the Group Manager: Procurement, Placements & Commissioning that sough approval for the publication of a Short Breaks Services Statement.

Short Breaks services had been prioritised as an area for development and growth over recent years and a comprehensive programme of short breaks services were now provided for families of disabled children in the Borough. The Council now had a duty to publish a Short Breaks Services Statement for publication by October 2011. A copy of the proposed Statement was appended to the report. It set out the services available, the eligibility criteria, and how the services were designed to meet the needs of qualifying families.

Members welcomed the report, and that the funding of the service would be at the same level as last year.

RESOLVED - that the Short Break Services Statement be endorsed for publication by October 2011.

CB-43 EXCLUSION OF PRESS AND PUBLIC

RESOLVED - that the press and public be excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

CB-44 DISPOSAL OF LAND OFF STATION ROAD, NEWPORT

Key Decision identified as **Corporate Property Amendments** in the Forward Plan published on 16th August 2011.

Councillor R.A. Overton, Deputy Leader, presented the report of the Head of Property & ICT which sought authority for the disposal of land off Station Road, Newport, and to enter into a Joint Venture agreement for the proposed development in south west Newport.

The Council was the owner of 4.57ha of land off Station Road, which had been identified as being suitable for retail development. The report contained details of bids received for the site, along with proposals to enter into a Joint Venture Agreement with other landowners in South West Newport for the purposes of maximising the development potential of the land. Further detailed financial information was also provided.

Public exhibitions of the development proposals had been held in Newport prior to the submission of a planning application. There would also be a full consultation as part of the planning process.

RESOLVED –

(a) that authority be delegated to the Head of Property & ICT, in consultation with the Cabinet Member: Resources & Service Delivery, to negotiate and enter into a conditional contract for the sale of land off Station Road, Newport as shown indicatively only on the plan appended at Appendix 1 of the report;

(b) that authority be delegated to the Head of Property & ICT, in consultation with the Cabinet Member: Resources & Service Delivery, to negotiate and enter into a Joint Venture agreement to procure development in South West Newport;

(c) that authority be delegated to the Head of Property & ICT, in consultation with the Cabinet Member: Resources & Service Delivery to negotiate and enter into any other agreements necessary to procure development in South West Newport as described in the report;

(d) that authority be delegated to the Head of Governance to execute all legal documentation to give effect to the above resolutions;

(e) that it be noted that an Outline Planning Application for South West Newport and a detailed Planning Application for the land off Station Road would be made shortly, and that these would be dealt with separately by the Council's Plans Board.

CB-45 **PLANNING OF SCHOOL PLACES: SECONDARY SCHOOL PROVISION**

Key Decision identified as **School Organisation/Capital Financing/Borough Towns Initiative/Building Schools for the Future/Planning School Places** in the Forward Plan published on 16th August 2011.

Councillor P.R. Watling, Cabinet Member: Children, Young People & Families, presented the report of the Head of School Improvement regarding proposed revisions to the Council's Building Schools for the Future (BSF) programme.

Following a review of secondary school places in the Borough, proposed revisions to the BSF programme had been submitted by Partnership for Schools for a ministerial decision to be made on whether the scope of the proposed changes was reasonable within the current financial package and in line with current Government initiatives. It had been hoped that ministerial approval would have been forthcoming in time for this meeting, but no decision had yet been received. Should the decision be in the Council's favour, formal consultation would need to take place to consider the views of all key stakeholders and partners. In the meantime, it was proposed to undertake informal consultation on the proposals, which had already received a positive response from Partnership for Schools.

RESOLVED –

(a) that, if there is a positive ministerial decision on the proposals, authority be delegated to the Head of School Improvement, following consultation with the Cabinet Member for Children, Young People & Families, to begin informal consultation with key stakeholders and partners.

(b) that a further report be brought to Cabinet to seek approval to begin a formal consultation process.

The meeting ended at 7.08 p.m.

Signed for the purposes of the Decision Notices

Jonathan Eatough
Head of Governance
Date: 28 September 2011

Signed: ……..

Date: ……