

Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: Thursday, 18 February  
2016

**Committee:**  
**Health and Wellbeing Board**

**Date:** Friday, 26 February 2016  
**Time:** 9.30 am  
**Venue:** Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,  
Shropshire, SY2 6ND

You are requested to attend the above meeting.  
The Agenda is attached

Claire Porter  
Corporate Head of Legal and Democratic Services (Monitoring Officer)

**Members of Health and Wellbeing Board**

Karen Calder (Chairman)	Dr Helen Herritty
Lee Chapman	Dr Julian Povey
David Minnery	Jane Randall-Smith
Professor Rod Thomson	Brigid Stacey (Vice Chairman)
Andy Begley	Paul Tulley
Karen Bradshaw	Rachel Wintle

Your Committee Officer is:

**Karen Nixon** Committee Officer  
Tel: 01743 257720  
Email: [karen.nixon@shropshire.gov.uk](mailto:karen.nixon@shropshire.gov.uk)

# AGENDA

## **1 Apologies for Absence and Substitutions**

To receive apologies for absence and notification of any substitutions.

## **2 Disclosable Pecuniary Interests**

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

## **3 Minutes (Pages 1 - 6)**

To approve as a correct record the minutes of the previous meeting held on 4 December 2015, which are attached.

Contact Karen Nixon 01743 257720.

## **4 Public Question Time**

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14.

## **5 Whole System Approach Including Sustainable Transformation Plan (STP) and HWB Strategy.**

A presentation will be made.

Contact: Clive Wright, Chief Executive, Shropshire Council, Tel 01743 252007 or Brigid Stacey, Acting Accountable Officer, Shropshire CCG, 01743 277581.

## **6 Health and Wellbeing Strategy - Final (Pages 7 - 34)**

A report is attached.

Contact: Rod Thomson, Director of Health, Shropshire Council, Tel 01743 252003.

**7 Better Care Fund Finance, Performance and Delivery Report (Pages 35 - 42)**

A report is attached.

Contact: Sam Tilley, Head of Partnerships and Planning, Shropshire CCG, Tel 01743 277545 or Andy Begley Director of Adult Services, Shropshire Council Tel 01743 253704.

**8 Mental Health Transformation Plan (updated) (Pages 43 - 52)**

A report is attached.

Contact Dr Julie Davies, Director of Strategy & Service Redesign, Shropshire CCG Tel 01743 277500 or Fiona Ellis, Commissioning & Redesign Lead - Women & Children, Shropshire CCG, Tel 01743 277500.

**9 Transferring Care Partnership Board (Pages 53 - 64)**

A report is attached.

Contact: Ruth Houghton, Head of Social Care, Efficiency and Improvement, Shropshire Council, Tel 01743 253093.

**10 Primary Care Strategy**

A report WILL FOLLOW.

Contact: Paul Tulley, Chief Operating Officer, Shropshire CCG, Tel 01743 277500.

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## Committee and Date

Health and Wellbeing Board

26 February 2016

### **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 4 DECEMBER 2015 9.30AM – 12.10PM**

**Responsible Officer:** Michelle Dulson  
Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

#### **Present**

Councillor Karen Calder (Chairman)  
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Stephen Chandler,  
Karen Bradshaw, Dr Helen Herritty, Jane Randall-Smith, Sam Tilley (substitute for Paul  
Tulley) and Rachel Wintle.

#### Also in attendance:

Miranda Ashwell, Penny Bason, David Coull, Jan Ditheridge, Janet Gittins, Sally Halls,  
Peter Latchford, George Rook, Madge Shingleton and Mandy Thorn.

#### **52 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies for absence were received from Dr Julie Davies, Ruth Houghton, Dr Julian Povey, Brigid Stacey, Paul Tulley and Simon Wright.

Sam Tilley substituted for Paul Tulley.

#### **53 DISCLOSABLE PECUNIARY INTERESTS**

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

#### **54 MINUTES**

**RESOLVED:** That the minutes of the meeting held on 23 October 2015 be approved as a correct record and signed by the Chairman.

Arising thereon;

At Minute 48 it was confirmed that the links being built and developed across Adult Social Care, Health and Housing were ongoing.

At Minute 49 it was confirmed that the winter messaging campaign would be ongoing throughout the winter period. The Director of Adult Services informed the meeting

that Heatsavers had been nominated in two categories of the prestigious Local Government Chronicle Awards and had been invited to attend the Awards Ceremony in January.

## 55 PUBLIC QUESTION TIME

Four public questions were received from Mr David Sandbach. A full copy of each question and the formal responses were circulated at the meeting (copies attached to the signed Minutes). As Mr Sandbach was not in attendance the Chairman requested that the responses be sent to him together with a request for him to submit any supplementary questions.

## 56 WHOLE SYSTEMS TRANSFORMATION - FUTURE FIT, COMMUNITY FIT, RESILIENT COMMUNITIES, BETTER CARE FUND

**RESOLVED:** that this item be deferred to the 22 January 2016 meeting.

## 57 BETTER CARE FUND UPDATE AND PERFORMANCE

A report which highlighted activity and performance to date and set out the planning that was currently underway to develop the Better Care Fund (BCF) plan for 2016/17 was introduced and amplified by the Director of Adult Services (copy attached to the signed minutes).

The Head of Planning and Partnerships, Shropshire CCG reported that the Q2 variance from target for reducing Non Elective (NEL) admissions to hospital was 1049. It was reported that the performance measures had not been circulated with the agenda however they were displayed on screen.

The Director of Adult Services drew attention to two indicators which had not performed well; unplanned admissions and delayed transfer of care together with two positive areas; reablement and mental health. He explained that NHS England had requested that the NEL target for Q4 2015/16 be revisited in order to allow greater opportunity to make credible progress whilst allowing payment by performance funds to be available to support transformation activity.

The Director of Adult Services felt it would be helpful to establish what level of detail/information the Board required in order to gain an understanding of the issues. The Chairman suggested that information about the plans that were in place, if they did not work, why not and what could be done better etc. would be useful. The Director of Public Health felt that the numbers did not give a feel for where the real issues were and what this meant for individuals.

The Director of Adult Services explained that it would be very challenging to bring all that information together as it was two ends of a spectrum. He would take it away and reflect on how best to provide confidence at a granular level together with ensuring sufficient strategic information was provided.

Concern was raised whether the funds committed to the BCF were adequate to have any real impact for transformation change especially as the payment by performance funds had not been realised. A query was raised about whether any patterns were emerging but it was felt not as straight forward as that.

The Head of Planning and Partnerships drew attention to Appendix 1 which had been circulated and which set out the focus of the BCF for 2016/17. Concern was raised that not all activity was captured within Appendix 1 and that if the Board wished to take a strategic approach to improve services they could not just focus on BCF but needed to look at all activity across the system. However it was felt that the BCF could be whatever the Board wished it to be if Members were willing to do the work.

**RESOLVED:**

- a) That the contents of the report be noted.
- b) That the contents of the performance submission be noted.
- c) That the principles of the planning to date for 2016/17 set out in Appendix 1 of the report be supported.

**58 STRENGTHENING FAMILIES THROUGH EARLY HELP**

The Troubled Families Strategic Co-ordinator gave a presentation on strengthening families through early help (copy attached to the signed Minutes), which covered the following areas:

- Identifying families in need of support
- Objectives of new programme
- Troubled Families Phase 2 – Aims to reach more families
- The families supported by the original programme
- Growing evidence of local cost savings
- The new evaluation / An evaluation based around you
- Supporting transformation change
- Principles of working and joining things up
- Challenges
- Aims of and key messages from Locality Meetings
- E-CINS Web based case management system
- Information sharing

The Troubled Families Strategic Co-ordinator felt that information sharing was really important but that it was difficult to change the culture of not wishing to breach confidentiality. In response to a query, the Troubled Families Strategic Co-ordinator explained that the E-CINS web-based case management system could be used extensively for reports and action plans and allowed those professionals assisting the family to access information and to communicate securely.

Concerns were raised about information sharing versus creating a relationship with the family and the dis-benefits of working on prevention to the detriment of early intervention.

It was agreed to take Agenda Items 10 (Draft Annual Report of the Shropshire Safeguarding Children's Board 2014/15) and 9 (Everybody Active Everyday Year of Physical Activity) next.

## 59 **DRAFT ANNUAL REPORT OF THE SHROPSHIRE SAFEGUARDING CHILDREN'S BOARD (SSCB) 2014/15**

The draft Annual Report for the Shropshire Safeguarding Children Board (SSCB) 2014/15 was received (copy attached to the signed minutes) which covered the reporting period between April 2014 and March 2015 and evaluated the work and impact of the Board whilst identifying priority areas of work for the period 2015-2016.

The Independent Chairman of the SSCB introduced the report and gave a presentation which covered the following areas:

- Local Safeguarding Children Board (LSCB) objectives
- Context for safeguarding children in Shropshire
- Performance and effectiveness of local arrangements / LSCB
- Conclusion and assessment of effectiveness of multi-agency safeguarding arrangements
- Priorities for 2015-16

In conclusion, the Chairman of the SSCB informed the meeting that based on the evidence, agencies in Shropshire were generally very effective at keeping children safe.

**RESOLVED:** That the report be noted.

## 60 **EVERYBODY ACTIVE EVERYDAY YEAR OF PHYSICAL ACTIVITY**

A report which updated the Board on progress with the Everybody Active Every Day Year of Physical Activity was received and amplified on by the Physical Activity Programme Lead (copy attached to the signed minutes). In 2015 society was 20% less active than in 1960 and if the current trend continued by 2020 society would be 30% less active. It was therefore hoped to create a cultural shift where physical activity became the norm.

Organisations in the public sector were looking at what they could do to create long term action plans that could be delivered within existing budgets in order to optimise opportunities for physical activity. The Physical Activity Programme Lead drew attention to two examples of Action Plans, attached at Appendices A and B to the report.

The Director of Public Health informed the meeting that The Shrewsbury and Telford Hospital NHS Trust had won Employer of the Year at the recent 2015 Energize Awards which recognised the work that it does to make sport more accessible for all through all of its work streams. The Physical Activity Programme Lead explained that it was not just about sport but about how often people actually move.

The Chairman felt that this was just the start of raising the profile of the dangers of physical inactivity and to turn around the direction of travel.

**RESOLVED:**

- a) That the Health and Wellbeing Board continues to lead a cultural turnaround in attitudes to physical activity amongst partners, raising the profile of physical activity in health and wellbeing, and the role all sectors play in creating a more active society.
- b) That the Health and Wellbeing Board expect, encourage and support organisations, services and departments yet to complete their EAED action plan to do so.
- c) That EAED action planning continue beyond 2015.
- d) That Bi-yearly reports go to the Health and Wellbeing Board on EAED action planning progress and actions delivered.
- e) That physical activity be included as part of the work of Health and Wellbeing Board Sub-groups, Better Care Fund etc.
- f) That physical activity be embedded into key Health and Wellbeing strategies and plans e.g. carers strategy, mental health strategy etc.

**61 SHROPSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TRANSFORMATION PLAN**

A report which provided an update in relation to the current position for child and adolescent mental health services in Shropshire was introduced and amplified by the Health and Wellbeing Coordinator (copy attached to the signed minutes).

The transformation plan included six key areas for development and included funding to allow some of the initiatives recommended in the Autism Needs Assessment to be undertaken. Progress reports would be received through the Children's Trust.

Concerns were raised about the difficulty accessing the service and ensuring that the emphasis was correct ie not focussing on higher level interventions at the expense of lower level interventions.

The Director of Public Health explained that the paper was exploring how to spend the additional funding however any additional concerns could become part of the discussion.

**RESOLVED:**

- a) That the report be noted.
- b) That the Health and Wellbeing Board receive progress reports through the Children’s Trust.
- c) That the issues of concern be discussed at the next meeting.

The Chairman informed the Board that this was possibly the last meeting that the Director of Adult Services would attend and she thanked him for his contribution to the work of the Board and wished him every success in his new post.

<TRAILER\_SECTION>

Signed ..... (Chairman)

Date:



## Health and Wellbeing Board 26<sup>th</sup> February 2016

### HEALTH AND WELLBEING STRATEGY - FINAL

#### Responsible Officer

Email: Penny.bason@shropshire.gov.uk      Tel: 01743 253978      Fax:

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#### SHROPSHIRE HEALTH AND WELLBEING BOARD

- 1.1 Appendix A is the Final Draft of the Shropshire's Health and Wellbeing Strategy. The strategy has been developed by the HWBB, with partners, and in consideration of what people in Shropshire have been saying about their health and wellbeing over recent years. The Board is keen to develop a whole system approach to developing health and wellbeing in the county; and the strategy is intended to be an accessible document that will speak to providers, commissioners, other stakeholders and interested members of the public.
- 1.2 A consultation on the draft strategy closed on 29<sup>th</sup> November 2015, following which updates to the document have been made. Some highlights include:
  - 1.2.1 Separating the Executive Summary from the main document
  - 1.2.2 Removing duplication and simplifying language
  - 1.2.3 Stronger commitment to integration and joining up of services
  - 1.2.4 Changing the Healthy Weight and Diabetes Care to Healthy Weight and Diabetes Prevention
  - 1.2.5 Including the principle of Social Value, Social Action and Personal Budgets
  - 1.2.6 Adding the governance structure
- 1.3 Further work to simplify the document will be carried out when it is developed into digital format. Examples of this include being able to click and reveal for more explanation; and making a better job of visually representing the life course approach.
- 1.4 The main crux of the consultation was regarding the 3 exemplar projects:
  - Healthy weight and diabetes prevention
  - Mental health
  - Carers

- 1.5 The exemplar areas were chosen in line with the JSNA and through consultation and engagement with stakeholders over recent years and through the strategy development process. The strategy consultation asked for input from the public regarding how to develop a whole system approach to improve these three areas.
- 1.6 The results of the consultation on the exemplars will be fed into the exemplar development process to help highlight key issues for the public regarding mental health, carers and healthy weight and diabetes prevention.
- 1.7 The governance for the exemplars is as follows:
  - 1.7.1 Healthy weight and diabetes prevention will be developed and reported through the Prevention subgroup of the HWB Delivery Group
  - 1.7.2 Mental health will be developed and reported through the Mental Health Partnership Board – subgroup of the HWB Delivery Group
  - 1.7.3 Carers will be developed and reported through the Carers partnership board – this partnership board will report to the Delivery Group on this item
- 1.8 The HWB Delivery group will receive reports regarding Exemplar Development as required and the Delivery Group will report to the HWBB by exception and by agreed scheduled reporting.
- 1.9 The process to develop the exemplars will involve developing working groups to establish achievable actions, as well as establishing a long list of stakeholders who we can work with to develop and influence actions across sectors.
- 1.10 In addition to this the LGA has launched a design in the public sector offer for the West Midlands. This offer includes working with the design council to design/redesign a key area of work/commissioning. We have been successful in gaining support through this programme for the Healthy Weight and Diabetes Prevention strand. Work will commence on March 10<sup>th</sup> and involves a project group of Public Health, Help2Change, and the CCG.
- 1.11 Current stage of development for each exemplar:
  - 1.11.1 Carers – new local strategy and action plan development is underway. A working group has met twice with members from the CCG, local authority and the VCS. The Care Act Lead chairs this group and an outline plan has been developed. The outline plan will be taken to the Carers Partnership Board for input. Following which, a longer list of stakeholders will be asked to contribute to its development.
  - 1.11.2 Healthy Weight and Diabetes Prevention – A small working group has met in order to draw together a bid for the LGA Design in the Public Sector opportunity. Further

meetings are planned to develop the actions and action planning for Healthy Weight and Diabetes Prevention.

1.11.3 Mental Health – 2 key pieces of work locally will feed into this exemplar – i) 0-25 Transformation Plan and ii) the Dementia Action Plan development. The Mental Health Partnership Board will report to the Delivery Group on this Exemplar. An initial working group meeting has been scheduled for March.

## 2. Recommendations

2.1 Approve the final draft HWB Strategy (Appendix A and B); or

2.2 Approve the final draft HWB Strategy subject to comments/ additions/ deletions.

## REPORT

### 3. Purpose of Report

The purpose of the report is to gain agreement to finalise the HWB Strategy and to update the Board on the progress of the Exemplar projects.

### 4. Background

The HWBB received the draft HWB Strategy in September.

The final draft is attached, with a separate attachment for the HWB Strategy Executive summary (Appendices A and B)

### 5. Engagement

The HWB Strategy has been developed using consultation and engagement information and has been consulted on for a period of 8 weeks.

### 6. Risk Assessment and Opportunities Appraisal (including Equalities, Finance, Rural Issues)

One of the key objectives of the HWBB's is to reduce health inequalities in Shropshire.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Karen Calder
<b>Local Member</b>
<b>Appendices</b>

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## Shropshire HWBB Strategy Executive Summary



### Our Aim:

***To improve the population's health and wellbeing; to reduce health inequalities that can cause unfair and avoidable differences in people's health; to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.***

### Our Vision:

***For Shropshire people to be the healthiest and most fulfilled in England***

The Health & Social Care Act 2012 requires every Council area to have a Health & Wellbeing Board (HWBB). This Board brings together key leaders from local health and care organisations to work together to improve health and wellbeing and reduce health inequalities.

The HWBB believes we need a new approach to health and care that nurtures wellness and encourages positive health behaviour at all stages of people's lives, across all communities and across all the places and organisations in which we work and live. We need to:

**Start Well** – parents will make good choices for their bumps and babes; early years and schools support good mental and physical health and wellbeing; services are available when and if they are needed;

**Live Well** – we make good choices for ourselves as we become adults to keep well and healthy,

both physically and mentally; accessing support from services when and if they are needed;

**Age Well** – making good choices as an adult means that as Shropshire people age they are as fit and well as they can be; people continuing to make good lifestyle choices throughout their lives can prevent many long term conditions such as dementia and heart disease.

### Our Priorities:

#### PREVENTION

##### A. Health promotion and resilience

Health promotion and resilience are about encouraging people to make good choices at every stage of life. Prevention is also about making sure that the right support is available when it is needed and that services are there not only to help us to feel better, but to help stop illness or physical difficulty from happening again.

#### SUSTAINABILITY

##### B. Promoting independence at home

Promoting independence at home will involve planning support so that people are able to stay in a place that is familiar to them as well as having the assistance of their community in keeping well and living their daily life.

##### C. Promoting easy to access and joined up care

The HWBB commits to developing better joined up services and better access to services and information through integration. Promoting easy to access and joined up care means that people experience care that best meets their individual needs. Care will not feel disjointed and people will have the right information about where to go and what to expect. People will also receive the right information to help them make informed choices.



### **System leadership and taking a whole system approach to our strategy delivery:**

*System leadership involves decision making that empowers individuals, empowers communities, and leads and influences services & policy*

In realising this strategy the HWBB will put Shropshire people at the heart of decision making. On behalf of Shropshire people the Board will make decisions and influence decisions across the whole system, not just care and wellbeing, but other services and decision making that have an impact on all factors of our wellbeing, including economy and jobs, education, housing and the environment. The Board will use evidence that is gathered through data and through talking to Shropshire people and it will develop a common purpose and agreed outcomes for people and with people. Through this, the Board will enable social change that improves the health and wellbeing of local people and reduces inequalities.

Improving the health and wellbeing of our population is therefore the responsibility of our Board and its members, as well as every person and organisation in Shropshire.

### **Developing Actions: Exemplars**

To embed this new approach within the mindset and at the core of the planning of all our partners and Shropshire people, the Board intends to establish exemplar/ development projects in three key areas. Through these, we will focus on reworking the whole system along the principles and objectives set out in this strategy. These projects will form the HWBB Action Plan and are:

- **Healthy weight and diabetes prevention**
- **Carers**
- **Mental health**

To deliver these actions and make a real difference to these areas, we need to make sure that everyone plays a part in working together to improve health and wellbeing. This means making sure that this thinking and action is embedded in existing health and social care work including programmes such as the Better Care Fund, Future Fit & Community Fit and work through the Children's Trust and implementation of the Care Act (see page 13 of the full strategy for more information on these programmes).

We need everyone to understand that they have an important role in making a difference to Shropshire's health and wellbeing and that we must work together in order to achieve the best results.

If you wish to be involved in working with the HWBB and/ or our partner programmes, please contact Shropshire Together at [shropshiretogether@shropshire.gov.uk](mailto:shropshiretogether@shropshire.gov.uk).





### **What is a health and wellbeing strategy?**

The Health and Social Care Act 2012 requires each council area to have a Health and Wellbeing Board (HWBB). This Board is in place to bring together key leaders from local health and care organisations to work together to improve the health and wellbeing of Shropshire people and to reduce inequalities that are the cause of ill health. HWBB members work together to understand their local community's needs, agree priorities, and make decisions to improve the health and wellbeing of local people in Shropshire.

The HWBB must produce a strategy that describes the key local health and care issues and explains what the Board is going to do to make improvements to these issues.

### **How does the HWBB work?**

The Board carries out its responsibilities in a number of ways, it can both influence decision making and make decisions to better the health and wellbeing of Shropshire people. For example it can influence decision makers by working with planning services to influence planning decisions on things like 'fast food takeaways', and decisions with regard to ensuring there are green spaces located in local housing developments. It can also make decisions such as ensuring the development of integrated working that supports people as they are discharged from hospital with the right care and support from an integrated team; this is called Integrated Community Services (ICS).

### **Are people in Shropshire Healthy?**

Overall the health and wellbeing of people in Shropshire is good and life expectancy is higher than the national average. However, as more of us live longer, we want to ensure that we are able to maintain good health, and the quality of our lives, for longer: adding life to years as well as years to life. Currently in Shropshire the difference between healthy life expectancy and life expectancy is 15 years for men and 18 years for women. This means that on average men will spend the last 15 years of their life in ill-health. Ideally we want to reduce the gap between healthy life expectancy and life expectancy.

Many people in Shropshire can expect to live a long life, have a good education, earn a decent wage and live in appropriate accommodation. However this is not the case for everyone, health inequalities do exist meaning that some of us do not have the same life chances due to where we live, the jobs and education we have, or other factors such as having a physical or learning disability. Other influences that can affect our health and wellbeing are the lifestyle choices we make such as smoking, drinking alcohol and levels of physical activity.

Each HWBB must produce a Joint Strategic Needs Assessment (JSNA) which details the state of Shropshire's health and the factors that influence health. In Shropshire we are working on developing our JSNA to understand key issues affecting our health and wellbeing at a local level. Please click [here](#) to read the Shropshire JSNA.

Our JSNA tells us that our key health issues in Shropshire include:

- **Mental health, including dementia**
- **Rising obesity**
- **Child Poverty**
- **Ageing population**

In addition, the rural nature of our county requires us to think carefully about how we organise services, influence policy, and support communities to make certain that Shropshire people are able to access the right support at the right time.

### **How did we develop this strategy?**

For a number of years we have been talking to Shropshire people about their health and wellbeing priorities. For example, through the NHS Future Fit Programme, Locality Commissioning, the HWBB priority focus groups, Making it Real, the Stakeholder Alliance and so on. Building on these conversations the Board developed its vision for improving the health and wellbeing of local people. People have told us that some of their key concerns are about:

- **Access to services and information** – including clear diagnosis pathways, mental health support, support for carers supporting community activity and provision, transportation, communication and information provision, and person-centred planning with joint decision making.

People have also told us that:

- **They want to be empowered** so they can remain autonomous and independent, even when they are ill. People want trustworthy information to be readily available and to have easy access to help from sources they understand. People want to self-manage their long term conditions and work as partners with carers and professionals.

The Board has considered the context in which we are working, what people have said about their health and care in Shropshire and have agreed that the HWBB needs to:

- Demonstrate strong systems leadership to promote the health, wellbeing and social

change needed to improve health in Shropshire;

- Work with communities and community assets to create and support health and wellbeing;
- Support people to make good decisions for their health and fulfillment.

### **What do we mean by systems leadership?**

The HWBB will put Shropshire people at the heart of decision making. The Board will use evidence that is gathered through data and through talking to Shropshire people and it will develop a common purpose and agreed outcomes for people and with people. On behalf of Shropshire people the Board will make decisions and influence decisions across the whole system, not just care and wellbeing, but other services and decision making that have an impact on all factors of our wellbeing, including economy and jobs, education, housing and the environment. Through this, the Board will enable social change that improves the health and wellbeing of local people and reduces inequalities.

***System leadership involves decision making that empowers individuals, empowers communities, and leads and influences services & policy***

### **What do we mean by health and wellbeing/ fulfillment?**

‘Health’ covers physical and mental health; both the absence of disease or illness and the degree to which a person is well and able to go about their daily life. ‘Wellbeing’ encompasses some of the more social elements of health and considers how social relationships alongside ‘health’ can be affected by a range of social, economic and environmental factors such as employment, education and housing (see wider determinants of health). The HWBB has described wellbeing in terms of personal contentment, fulfilment and

ability to remain resilient in difficult times, in addition to having good health.

### **What do we mean by community assets?**

When we talk about assets, we don't just mean buildings and equipment, we consider an asset to be any factor (including people and their skills and abilities) or resource which increases the ability of individuals and communities to improve and maintain their health and wellbeing. By taking this approach, we can consider how well our communities support each other; what is available for people to support and develop their own health and wellbeing; and how services can help to support the development of our assets.



### **How will this strategy make a difference?**

These are challenging times with increased pressure on public sector budgets, and the income of individuals and families. This strategy will make a difference because it aims to bring together and align services and decision making across sectors to unify and support decision making at a local level, within the communities of Shropshire.

This strategy focusses on whole system leadership. We know that it takes time and stability to evolve leadership, achieve social change, develop resilience and improve systems. With this in mind, we will aim for this strategy to be a 5 year strategy, with an action plan that is

reviewed and updated annually. The Health and Wellbeing Board cannot deliver this agenda alone.



### **Our Aim:**

*To improve the population's health and wellbeing; to reduce health inequalities that can cause unfair and avoidable differences in people's health; to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.*

### **Our Vision:**

***For Shropshire people to be the healthiest and most fulfilled in England***

The HWBB believes we need a new approach to health and care that nurtures wellness and encourages positive health behaviour at all stages of people's lives and across all communities.

**Start Well** – parents make good choices for their bumps and babes; early years and schools support good mental and physical health and wellbeing; services are available when and if they are needed;

**Live Well** – we make good choices for ourselves as we become adults to keep well and healthy, both physically and mentally; accessing support from services when and if they are needed;

**Age Well** – making good choices as an adult means that as Shropshire people age they are as fit and well as can be; people continuing to make good lifestyle choices throughout their lives can prevent many long term conditions such as dementia and heart disease.

In order to support the people of Shropshire to start well, live well, and age well, the HWBB believes that we must work with people, communities, and with services (developed and delivered by a wide range of partners) to support the people who live and access services in Shropshire.

**Working with people:** to make sure that services put people at the heart of decision making. As well, people also need to make good choices for their own and their family's health to prolong or prevent ill health and extend the number of healthy years lived.

**Working with communities:** taking a community-based approach to shaping the factors in the local environment that have an impact upon health in order to prevent ill health. Neighbourliness, volunteering, philanthropy and community spirit are still present in abundance, but require support and enabling in order to flourish. Social change must grow from communities.

**Services and policy making:** Health and care services need to make changes that better support preventing ill health. New models of services and care, workforce and commissioning must consider the whole journey of service users and patients. Services and providers will need to adapt, integrate and collaborate so that service users and patients experience seamless services and care. Equally, our other public service partners, businesses, voluntary and community sector and all organisations who work with people need to consider how they encourage wellbeing

and health through the services and support they offer.

The work we do must include and permeate through all sectors and all Shropshire communities.

### **Why is the economy important for health and wellbeing?**

Employment and socio-economic status are fundamentally linked to health. For individuals, long-term worklessness is harmful to both mental and physical health. For communities a vibrant economy also helps to deliver essential health, care and wellbeing services that enables participation by everyone.

Furthermore, organisations have a responsibility to invest in staff health and wellbeing. This will result in better outcomes from a workforce, and for people and communities.

### **Why is education important for health and wellbeing?**

Education and the ability for the people of Shropshire to improve knowledge and skills is vital for improving health and wellbeing. We want Shropshire people to have the best opportunities to access education. Poverty, deprivation and socio-economic status can affect an individual's opportunities to access education and their level of attainment, the Board would like to support people to break through these barriers, especially children and families. Education will also bring better understanding of people's own wellbeing and how to develop and maintain good health. We are increasing access to higher education in Shropshire and the Board is keen to promote continuous learning for those who live and work in Shropshire.

### **Why is housing important?**

Housing is important to health and wellbeing. Issues such as cold, damp or poor quality housing can have a negative effect on an individual's mental and physical health. Living in poor housing can lead to increased risk of cardiovascular and respiratory disease as well as anxiety and depression. Those living in poor housing are also likely to be more deprived and have less access to resources to improve their health and wellbeing.

### **Why are environment and planning important for health and wellbeing?**

A healthy environment contributes to a healthy population. For example, clean air from reduced vehicle and other emissions helps to reduce respiratory ill health. Encouraging active travel through activities such as walking or cycling increases levels of physical activity. Rich biodiversity both encourages individuals to engage with their environment and is linked to positive mental wellbeing. When planning housing or other developments, considering how the environment can be best shaped to encourage active play and physical activity, reduce social isolation and encourage community resilience is important to improve health and wellbeing.



### **Our Outcomes:**

All Shropshire Health and Wellbeing partners will work to the following outcomes and principles. The outcomes are based on the Public Health Outcomes Framework. They are high level outcomes that will allow partners to consider how

they can have an impact upon improvements to health and wellbeing:

**1) Reduce health inequalities:** must be at the core of everything that we do. This is not only about ensuring equal access to health and care services, it is about raising the standards of health and wellbeing particularly for the most disadvantaged. To do this we need to work with all our partners to address factors such as education, employment and wages, housing and environmental considerations which all have an impact on our health and wellbeing.

**2) Increase healthy life expectancy:** Life expectancy is currently measured in a number of ways; including Life Expectancy and Healthy Life Expectancy. Measuring **healthy life expectancy** adds a quality of life understanding. According to the Office of National Statistics, Healthy Life Expectancy estimates lifetime spent in “Very good” or “Good” health based on how individuals perceive their general health. And while our overall life expectancy has risen significantly over recent decades, the difference between living in good health and living in less good health is broadening. In Shropshire the difference between healthy life expectancy and life expectancy for men is 15 years and for women it is 18 years. To improve quality of life as we age we need to ensure that we live well at all stages of life – **start well, live well, age well**. We request that all partners consider how we support our population to achieve and maintain good health and wellbeing through healthy lifestyles, maintaining good mental health and wellbeing, and accessing appropriate services when needed at all stages.

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### **Our Principles:**

In the development of the Health and Wellbeing Strategy we recognise that some matters need to be embedded in every part of the strategy, we call these our principles.

**Empowerment:** all Shropshire people must feel empowered to make good choices for their own health and the health of others. Health and Care professionals must feel able to develop, offer and deliver good services; and be proud of the work that they do.

**Respect:** The HWBB and all of its partners, stakeholders and the public must recognise our differences, both personally and within organisations, and promote each other to best effect and for best results for the people of Shropshire.

**Communication and engagement:** Good communication with the public and across partners is vital to ensuring that everyone has the information that they need to support their health, the health of their community and to make sure that services are used in the right way. The HWBB is committed to working with the people of Shropshire to develop and design services, support community development and create a common language and understanding of health and wellbeing.

**Evidence:** The HWBB is clear that part of being a system leader includes using evidence gathered through data and through service user and patient experience. The Joint Strategic Needs Assessment (JSNA) is where this information is gathered. Going forward the JSNA will consider the health of individuals, communities and the population and will take a community and asset based approach.

**Compassion:** The HWBB would like to cultivate an environment enabling all people who live and

work in Shropshire to act with compassion in everything that we do. Compassion involves our ability to take the perspective of, and to empathise with the emotions of, another person and turn those thoughts into a desire and willingness to help.

**Flexible infrastructure:** In recognition that both individual needs and technological advances change at varying paces, the HWBB is keen to make sure that any infrastructure and service developments (including facilities and the way people receive help) are flexible to change and grow as needed. This will be particularly important when considering investment in information technology (IT) and capital infrastructure (such as buildings or equipment).

**Governance and accountability:** The members of the HWBB will hold each other to account for making improvements to health and wellbeing in Shropshire. Processes will be in place to allow the Board to challenge its members and other organisations to ensure that they are acting in line with the HWBB priorities and principles and that they deliver the outcomes that they say they will. These processes will not be over-complicated, nor will they get in the way of allowing organisations to make progress in improving Shropshire's health and wellbeing.

**Social Value:** Shropshire HWBB aims to utilise opportunities around social value to tackle health inequalities and improve health outcomes for all. Locally the following definition of Social Value has been adopted "A process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits to society and the economy, whilst minimising damage to the environments"

The Social Value Charter for Shropshire will set out how public sector commissioners, service providers, voluntary, community & social enterprise organisations and businesses aim to improve the social, economic and environmental wellbeing of Shropshire.

**Social Action:** The Health and Wellbeing Board's Strategy recognises the importance of social action, enabling people to work together to improve their lives and solve local problems. It highlights the asset based approach to community development and the importance of locally based solutions that can reduce demand on public services. More recently our public and VCSE partner organisations have been following the work of the Cabinet Office and New Economics Foundation under the Enabling Social Action Programme designed to enable the commissioning and implementation of social action across local public services.

Shropshire's Change and Compact Group is leading work within the county to learn from the Enabling Social Action national research, trials, and from our own local case studies and experiences. Membership of the group links strongly to the Health and Wellbeing Board and groups such as our Resilient Communities Group.

Shropshire has a strong culture of social action, cross sector working, collaboration and coproduction but recognises that there are opportunities to use the commissioning process to enable greater social action. We recognise the influence that public sector partners can have, including:

- Devolving power and resources so people are able to take action and design their own solutions
- Accelerating the development of projects through support and local influence

- Co-designing services with social action a core consideration
- Supporting the infrastructure behind social action (such as volunteer recruitment, management, training and skills).
- Encouraging and enabling more people to volunteer and take part in social action

#### **How will the HWBB work to deliver the vision?**

In order to keep people well at all stages of their lives the Board needs to focus on prevention and providing sustainable services. As system leader, the HWBB will work to influence our partners (local, regional, and national) to include health and wellbeing priority areas in all the work that they do, igniting social change needed to improve the health and wellbeing of Shropshire people.

The Board will drive change across organisations to make improvements to the delivery of health and care in Shropshire; these include programmes such as:

- The Better Care Fund
- NHS Future Fit
- The Care Act
- The Special Educational Needs & Disability Reforms (SEND)

The Board will work with all of our partners to use a whole system approach to addressing our priority areas. This includes every part of our wellbeing system, not only health and care, but also including our business partners, education and learning, the voluntary and community sector, and people and communities. Everyone has a part to play.



In order to deliver our vision, the Board believes that it, along with our partners, need to focus on prevention and developing sustainable services that are fit for purpose and able to provide and sustain health and care well into the future.

### **Our Priorities: Prevention & Sustainability**

#### **PREVENTION**

##### **A. Health promotion and resilience**

**The HWBB and partners will focus on prevention and wellbeing. Health promotion and resilience are about encouraging people to make good choices at every stage of life. It is also about making sure that the right support is available when it is needed and that services are there not only to help us to feel better, but to help stop illness of physical difficulty from happening again.**

**Prevention is about making good choices for our lives at every stage and when we need support, as everyone will from time to time, services are there not only to help us feel better, but to help to stop illness or physical difficulty from happening again.**

A lot of chronic illness is preventable. Yet, most healthcare services are focused on treating illness rather than on promoting good health; this is a missed opportunity. Evidence suggests that we would enjoy much better health and avoid significant healthcare costs, if we were to invest more in prevention. So how can we achieve this?

- strengthen the community resources (buildings, people, groups) that underpin health;
- invest in services and programmes that reduce the risk of disease (e.g. walking for health or healthy eating classes);
- supporting people through community development to make positive behaviour changes such as being more physically active and stopping smoking;
- work closely with our GPs, other primary care services such as pharmacies, and our hospitals to improve the health and wellbeing of Shropshire people.

Support from health and care services doesn't just help individuals to overcome a problem, but helps to stop it from happening again. This might mean supporting people who have had a fall to increase their physical activity and strengthen their balance so that they are less likely to fall in the future. In order to prevent ill health we need to take action at an earlier stage.

#### **SUSTAINABILITY**

##### **B. Promoting independence at home**

**The HWBB sees home and the community as the first place to look for enabling care and support. A key role of a community is to support itself and its members.**

**Shropshire services and people already work hard to keep people independent in their own homes. We understand from speaking with local people that individuals want to stay at home wherever this is possible and we want to facilitate this. This means planning for services that can be delivered around the person, in a space that is familiar to them, as well as the assistance of a supportive community. When it isn't possible to keep people in their own homes, we would like the homes that people make in**

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**residential settings to be the best they can be for those people.**

Some people have lifelong conditions which mean that they need ongoing extra support; this often comes from family carers or carers in the community as well as services. The HWBB recognises the very important role of carers. Every individual is different; care needs to reflect this and be flexible in the way that people are supported. Shaping care and support around the individual, their carer(s), and their community will ensure the help that people need and receive is continuous, seamless and will produce the best outcomes for that person.

For example, we want the support offered by family and neighbours, by the community, and by services to be able to allow a person with dementia to stay at home and in familiar surroundings for longer, rather than be admitted to a residential or care home. Whilst domiciliary care can help with care-based tasks, family and neighbours can help to support the individual with everyday tasks. Assistive technology such as GPS tracking devices can be used by family to keep an eye on the person whilst enabling them to stay an active part of their community for as long as possible. Dementia Friendly communities that offer schemes such as Safe Places can offer support to an individual with dementia who feels vulnerable and needs help.

Just as individuals have a responsibility for their health, communities have a responsibility to support their members. Supporting each other should be at the heart of every community. For some communities, this sense of responsibility and cohesion is already strong, whereas others will need to build their resilience and find their own solutions to be able to best support their individuals.

**C. Promoting easy to access and joined up care**

**The HWBB commits to developing better joined up services and better access to services and information through integration. The Board views integration is the means by which continuity of care is delivered across time and care settings; focussing on delivering services designed around individual needs. Joining up services (or integration of services) won't look the same for each service area, but will have flexibility to develop as needed and with the input from service users, professionals and carers.**

**The Board will have oversight of key programmes of infrastructure development (buildings and services) in Shropshire. This will ensure that all developments take into account the full picture of services and ongoing service development across the county.**

Service users have told us that access to services is a key priority. Barriers to accessing services have included lack of information about services and where to access them, waiting times, and services not working in a joined up way (meaning that service users are passed from one service to another).

The HWBB will support new models of working where services and information about services can be accessed from a variety of sources that are clear and well communicated to people; and from places where it would make sense to access services. For example, are there services that could be accessed from a GPs surgery, but not necessarily delivered by a GP? What role can Community Pharmacies play in providing important services to people and their communities? What about community centres

and indeed, what role do and can housing associations play?



### **System Enablers:**

Along with our priority areas, the Board needs to make certain that the foundations of our organisations are properly developed in order to support transformational change. These include workforce, finance, information technology (IT) and partnerships.

#### Workforce

The HWBB will support the development of our workforces to meet future health and care needs. This may mean taking a combined workforce approach, enabling those in health and care roles to use a greater breadth and range of skills that cut across the various needs of Shropshire's people. For example, developing health workers to have better knowledge of social work and social workers to have better knowledge of health. Developing our workforce will mean that Shropshire people feel supported when they need it, communities are able to come together and mobilise to support each other, and services of good quality are accessible and work well in partnership.

#### Finance

The HWBB will work to use available finance to the best effect. It has been recognised both locally and nationally that we will not be able to continue 'doing what we do' currently and make the

savings that we need to make; we simply do not have the resources. Despite this, we need to support the health and wellbeing of Shropshire people and therefore we need to consider all options and innovations available. Our community and economy needs the collective 'courage to change'. We need to develop an understanding across all sectors not that we are doing things differently, but that we are going to do different things. This will involve a more entrepreneurial approach, working in close partnership with the public, voluntary & community groups and working with business. The approach will require a different way of thinking about how we develop our workforces, how we work with our communities, how we make decisions, and how we deliver services.

#### IT solutions

The right IT improves communication and information sharing across all health and care organisations. Assistive technology tools can empower individuals to remain independent and receive care and support when they need it, where they need it. Integrated care records, remote consultations, along with other web based tools are solutions that have the potential to underpin and provide much better access to services for Shropshire people.

#### Partnerships

The HWBB will support working in partnership, especially in partnership with Shropshire people. People want to be involved in all decisions about themselves and their lives. This requires a move away from the 'professional knows best' towards a high trust and equal partnership. Professionals can experience limited joint-working with other organisations and do not get to see detail about a service user's journey. Direct communication and active partnership between organisations and

people working at all levels within organisations will be vital to achieving the HWBB priorities.



**NHS Future Fit (FF) and Community Fit** are two work programmes being delivered by our local NHS Trust that aims to improve acute and community health services in Shropshire. Clinicians and patients are working together to determine how best to provide healthcare for local people; this includes urgent and emergency care, planned care and community care. Redesigning hospital and community services will be vital for ensuring sustainable services for Shropshire. Please see [here](#) for more information.

**How will we deliver our vision and strategy?  
What does our governance look like?**

The Board will deliver our vision and strategy in a number of ways, it plans to influence all our partner organisations to include the HWBB priorities in their organisational strategies and work plans. The Board intends to embed the whole system approach in all our transformation work programmes which include:

**Better Care Fund (BCF)** – The [Better Care Fund](#) is a government initiative, bringing resources from the NHS and local authorities into a single pooled budget. Each area has developed a plan to demonstrate how this will be done locally. In Shropshire the priorities of the BCF are as follows:

- Prevention
- Early Intervention
- Supporting People in Crisis
- Supporting people to live independently for longer

Please see [here](#) for the Shropshire Better Care Fund Plan.

### **The SEND reforms and Children's Trust**

The Special Educational Needs Reforms (SEND) were brought into effect in 2014. These changes are designed to simplify arrangements for identifying and supporting children with SEND by ensuring greater participation of children, young people and families in decision making, focus on better outcomes for children and focus on better joint working. Please click [here](#) for more information.

### **The Shropshire Children's Trust**

The Children's Trust wants all children and young people to be happy, healthy, and safe and reach their full potential, supported by their families, friends and the wider community. The Children's Trust works closely with the HWBB to draw together services to support children and their families. Please click [here](#) for more information.

### **HWBB Exemplars**

In addition, the Board intends to establish exemplar or development projects in 3 areas focusing on reworking the whole system along the principles/ objectives set out in the strategy. These exemplars will form the HWBB Action Plan. These are:

- **Healthy weight and diabetes prevention**
- **Carers**
- **Mental health**

To deliver these actions and make a real difference to these areas, we need to make sure that everyone plays a part in working together to improve health and wellbeing. We need everyone to understand what an important role we all have in making a difference to Shropshire's health and wellbeing; working together will achieve best results.

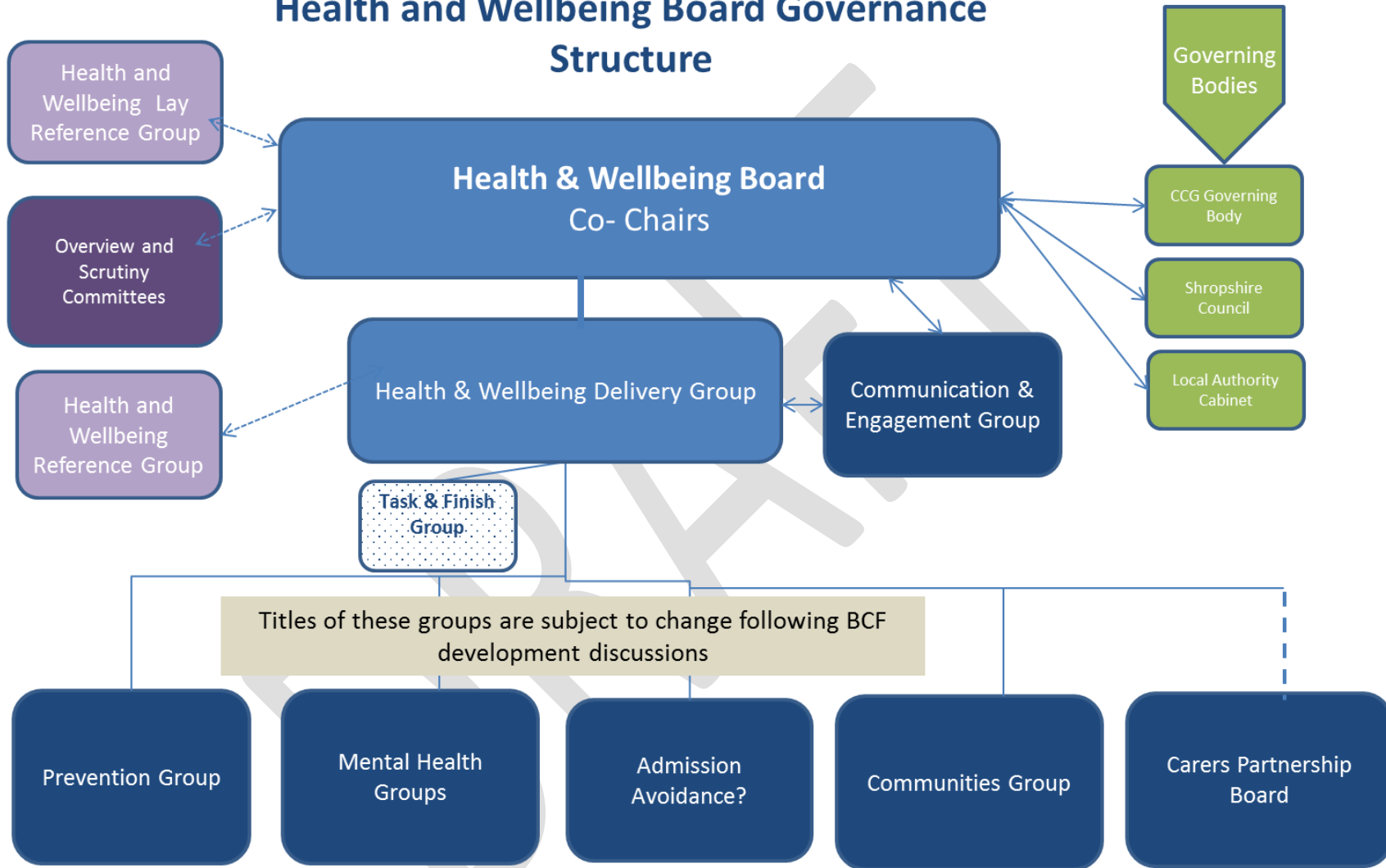
Appendices B give a starting point for individuals and organisations to think about how they must help in improving Shropshire's health and wellbeing.

**The Care Act** - is the biggest change to English adult social care law in over 60 years, reforming the law relating to care and support for adults and their carers. Local authorities now have a general responsibility to promote people's wellbeing, focusing on prevention and providing information and advice. Other changes include (but are not limited to):

- the introduction of a consistent, national eligibility criteria.
  - new rights to support for carers, so they have the same rights as the people for whom they care
    - legal right to a personal budget and direct payment, for those who are eligible, to support their wellbeing and help them to remain independent for longer
- Please click [here](#) for more information



# Health and Wellbeing Board Governance Structure



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## **Appendix A: Glossary**

**Access to services** – this can include a range of factors including; the location of services, the times they are open, the ability of individuals to travel to services, individuals’ understanding of what services are available and how they would access them.

**Assets / Community resources** – assets are the positive resources that individuals or communities hold. They are strengths that can be used to make things better. These strengths might be people themselves or their skills and relationships, physical resources such as buildings or tools, or services that are of value in a community such as schools and clubs.

**Asset-based approach** - encourages communities to come together and use people, their skills and their resources (see assets) to bring about positive change and improve the lives of the people in their community. It involves focusing on the positive features of a community and maximising the use of these resources.

**Assistive technology** – a range of tools, products and services that allow individuals with disabilities or difficulties to function and lead lives as independently as possible. It includes things like medication dispensers, memo reminders and electronic location devices.

**Community** – communities can be formed in a number of ways but are based around a group of people that share a common interest or a common factor. This may be living in the same area, enjoying the same recreational activities or sharing an interest or experience. Communities also exist online.

**Compassion** - involves our ability to take the perspective of, and to understand the emotions of, another person and turn those thoughts into a desire and willingness to help.

**Enable/ Enabling** – to make possible. In terms of community development or improving health this might be helping groups to be able to take responsibility and take action to improve their own health and wellbeing. To do this people may require support or new skills before they are able to do it on their own.

**Governance** – is the system of practices and procedures used to hold each other to account and to ensure that people are acting in the way that they should. This can include holding to account over behaviour, decision-making and reaching targets.

**Health and wellbeing** – ‘health’ covers physical and mental health; both the absence of disease or illness and the degree to which a person is well and able to go about their daily life. ‘Wellbeing’ encompasses some of the more social elements of health and considers how physical and mental can be affected by a range of social, economic and environmental factors such as employment, education and housing (see wider determinants of health). The HWBB has described wellbeing in terms of personal contentment and ability to remain resilient in difficult times, in addition to having good health.

**Health Inequalities / Inequalities in health** – this refers to the uneven distribution of health across different groups of people. For example, people with physical disabilities may experience greater inequalities in health compared to people without physical disabilities as their disability might mean that they need more support to carry out day-to-day tasks or they may find it more difficult to participate in activities.

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**Integrated care / Integrated care records** – Integrated care means that the individual is put at the heart of their care and that they experience services and support in a way that is joined up. **Integrated care records** will combine all of your records across health and care organisations so that professionals can access the right information in order to make sure that your care is appropriate, timely and feels joined-up.

**Joint Strategic Needs Assessment** – The Joint Strategic Needs Assessment (JSNA) uses evidence to identify the population's health needs. This information is used in the planning and commissioning of services to ensure that we tackle the most important areas of health and wellbeing. The JSNA is regularly updated with new information.

**Making it Real** – Shropshire's Adult Services team committed to the Making it Real programme by working with people who use adult services and their carers to ensure that support services are personalised around individuals. They enable people to have choice and control in order to live their lives as independently as possible.

**Resilient communities / resilience** – Resilience refers to the extent to which an individual or community is able to withstand negative situations and be able to continue to function, or to create positive experiences for themselves. It is the ability of the community to use its resources and come together with a sense of cohesion in times of need.

**Stakeholders** – People who have an interest or concern about a subject. Everyone in Shropshire is a stakeholder in topics around health and wellbeing as we will all experience good or poor health and require access to services, care and support within our lifetime.

**Stakeholder Alliance** – The Stakeholder Alliance was used between 2012 and 2014 as a method of engaging people across Shropshire with an interest in health and wellbeing. Users' comments and feedback were reported to the HWBB.

**Sustain / sustainability** – In terms of health & wellbeing we mean the ability for services, care and support to be resilient, to be able to continue and to be reliable for Shropshire people. This includes service design, funding and ensuring the health and care workforce can meet the needs of the population. It requires people to take care of their own health and make good decisions to keep well for the future.

**Systems leadership / Systems leader** – The HWBB provides direction and alignment of services across Shropshire. It encourages development and positive change for Shropshire people; this involves putting the person at the centre of decision making about their care; using evidence to make good decisions; encouraging people to take responsibility for their own health as well as the health of others.

**Wider determinants of health** – this refers to all the factors that can have an influence upon an individual's or population's health and wellbeing, this can include social, economic and environmental conditions such as access to jobs, level of education or strength of social ties with family, friends and communities.



**Template for a worked example:**  
**Working across the health and wellbeing system –things to consider**

Organisations and groups	Some questions to ask ourselves and others			
<b>Business and employers</b>	Do employers give due priority to the health and wellbeing of their employees?	Are businesses and employers engaged and actively involved with the work of the Health and Wellbeing Board and its partners?	Do employers support their employees to engage in positive lifestyle behaviours; are they working to reduce sedentary behaviour and promote physical activity?	Do businesses and employers recognise the needs of a community and aim to support and facilitate positive health and wellbeing?
	Are local businesses working with other local services (including schools) to promote healthy lifestyle behaviours?	Are organisations within the Local Economic Partnership, working together to share best practice in maximising the health and wellbeing of employee?	Businesses are encouraged to sign up to the Public Health Responsibility Deal and other more localised schemes such as 'Shropshire Welcomes Breastfeeding'	
<b>Voluntary and community sector</b>	Are voluntary and community organisations able to engage and participate in decisions around health and wellbeing and service design and policy?	Does the VCS support and provide advocacy for vulnerable people?	What can be done to encourage more people to volunteer in areas of low participation?	Are VCS organisations able to promote themselves to those who would benefit from their support?
	Can the VCS play a role in delivering health and wellbeing messages into communities and amongst groups that may be considered 'hard to reach'?	How can we ensure that volunteers feel appreciated and want to continue their roles?	Are VCS organisations able to access up-to-date information around health and wellbeing and health advice?	Are we facilitating community groups to grow in new ways – online or through other technology?

<b>Education, learning and training</b>	Are individuals supported to access training and education that allows them to reach their potential?	Do trainers consider the needs and requirements of their students (course topics and content). Are courses flexible to allow for those who have additional requirements to facilitate their participation?	Are individuals supported to continue education or training (including any additional support)? Do providers of education or training work with employers to encourage further study?	Are courses provided for free or are costs appropriate and manageable?
	Are there any new opportunities for different organisations to join forces and share training experiences to improve the knowledge and skills of the Shropshire workforce?	Working with communities to understand skills and knowledge that can be shared?	Are schools and colleges embedding health promotions and promoting positive lifestyle behaviours into the curriculum (Personal, Health and Social Education, physical activity, healthy eating etc.)?	The University of Shrewsbury will enable individuals living in Shropshire, who may not have previously had access, to complete higher education courses. Improving their employability and raising quality of life and health and wellbeing
<b>Housing and registered social landlords</b>	How are housing associations and registered social landlords supporting people to improve their health and wellbeing?	Does housing and services take account of the need to embed physical activity and other positive lifestyle behaviours?	Are positive lifestyle behaviours encouraged through policy?	Are the health and wellbeing needs of vulnerable groups considered?
<b>Environment and planning</b>	Have the wider determinants of health and wellbeing been considered? Including; access (e.g. transport, information and understanding), finance (e.g. benefit provision), housing, education, leisure activities.	Is 'best practice' for encouraging healthy communities shared between organisations?	Do community plans take into account a full range of abilities and the requirements of the population?	Are communities supported to find their own local answers to improving health and wellbeing, and develop resilience, including the development of hubs?

	Is provision made to ensure that services are available in suitable locations (accessibility)?	Are health and wellbeing requirements (of an individual or population) embedded across LA departments (e.g. in Housing, in Planning, in Leisure etc.)?		Are community assets (as well as deficits) recognised and maximised to best effect?, e.g. variety of services are available and accessible in suitable locations?
<b>Local government and NHS</b>	Is information shared in a way that is useful and beneficial to the individual (not having to repeat their story, other partners having access to important information for healthcare)?	Are the wider determinants of health and wellbeing considered in the policy making, specifications and commissioning processes?	Are individuals supported to understand pathways/processes? Are they supported and made aware how to challenge decisions?	Is there good joint working with other key partners to ensure continuity of care and positive outcomes for individuals and communities?
	Do organisations work together to develop community-based approaches, considering the needs of vulnerable groups?	Is best use of technology made to attain best health outcomes, enhance experiences or promote engagement and involvement?	Is 'best practice' for encouraging healthy communities shared and promoted between organisations?	Consider existing pathways and any assessments. Do they take full account of carers and their unique circumstances?
	Is focus given to the needs and requirements of a population, rather than making use of existing provisions	Are LAs demonstrating local leadership to encourage positive lifestyle behaviours from employees and the public to maximise their health and wellbeing?	Is knowledge shared with other health and wellbeing partners to best effect?	Do services and pathways take account of the need to embed physical activity and other positive lifestyle behaviours?
	Are health and wellbeing requirements (of an individual or population) embedded	Are local communities involved in decision making and is the	Do measurements for success take into account an holistic view of the	Are communities supported to find their own local answers to

	across LA departments (e.g. Housing, Planning, Leisure etc.)?)	evidence and information from 'experts by experience' (be that due to having a certain condition, or living in a certain area etc.) given due consideration?	individual or community, i.e. more qualitative indicators.	improving health and wellbeing, and develop resilience? Including the development of hubs?
<b>Health and care providers</b>	Do providers work in partnership with other health and care providers to ensure best outcomes for patients?	Are the needs of individuals considered and mechanisms put in place to provide more flexible care for the individual to remain in their own home?	Do patients understand care pathways – timescales/duration, the care that they will receive. Are expectations managed and is 'good care' communicated clearly?	Are services well promoted to relevant communities?
	Are methods in place to ensure that information held about individuals is as accurate and up-to-date as possible and shared by different organisations appropriately/responsibly?	Are staff provided with appropriate training and have expertise to deliver models of care that maximise outcomes for patients?	Are communities supported to access provisions?	Are staff trained to understand and manage a wide variety of needs and individuals with more complex requirements?
<b>Me and my community</b>	Where do you naturally turn to for support and why?	Do you have any ideas as to how support can be provided differently in your community?	How does your community support one another now? Would you be willing to give up some time to help others in your community?	If there was a need for a specific group or activity in your area what would you need to do to make this happen?
	In an ideal world what would you like to do differently for your own health & wellbeing and how do you think it could be achieved?	Does your place of work promote healthy lifestyles and are they supportive during times of ill health?	When you are trying to find out information relating to your own health and/or wellbeing where do you naturally look for this?	How do you envisage your community playing a role in your health and wellbeing in the future?



Shropshire Clinical Commissioning Group



## Health and Wellbeing Board 26<sup>th</sup> February 2016

### BETTER CARE FUND FINANCE, PERFORMANCE & DELIVERY REPORT

**Responsible Officer** Sam Tilley, Head of Planning & Partnerships, Shropshire CCG  
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#### 1. Summary

The report sets out progress to February 2016 in relation to the finance, performance and delivery elements of the Better Care Fund plan in 2015/16 and outlines planning for the Better Care Fund in 2016/17. The report also includes the draft Q3 NHS England BCF performance submission for review by the Board

#### 2. Recommendations

The HWBB is asked to:

- A. Note the content of the report
- B. Note the performance position. In particular to note that the underperformance on the NEL and DToC metrics and agree any mitigating action required
- C. Agree the content of the Q3 National reporting template and approve its submission to NHSE
- D. Note the progress on implementation and delivery of the key BCF schemes in 2015/16
- E. Note progress on development of schemes for 2016/17
- F. Note the absence of guidance for submission of 2016/17 BCF plans and the key elements highlighted in the BCF Policy Framework
- G. Note the likely requirement for the BCF plan to be approved at pace once guidance has been published
- H. Agree the recommendation from the Delivery Group that the level of delegated authority for BCF budgetary decisions via the Delivery Group sits at £100k and under for 2016/17

### REPORT

#### 3. Report

##### 3.1. Introduction

The June 2013 Spending Round announced that £3.8billion would be utilised to deliver closer integration between health and social care. The Better Care Fund (BCF) in Shropshire has been developed as a conduit for integrated working across health and social care around the delivery of a set of national metrics and utilising a pooled budget arrangement. This report

sets out progress to date and items of note in relation to BCF finance, performance and delivery against plan.

### **3.2. Overall Better Care Fund Financial Position**

#### **Summary**

The Better Care Fund is a pooled budget held between Local Authorities and Clinical Commissioning Groups. Shropshire Council is host to the Shropshire Better Care Fund Pooled Budget.

The following section provides a financial update for the Better Care Fund in 2015/16 and requirements going forward.

#### **BCF – 2015/16**

The fund has been pooled with effect from 01 April 2015 and Shropshire Council is host to the pooled budget for Shropshire. Cash balances are kept to a minimum, in accordance with CCG requirements, with payments and cash reconciliations taking place on a regular basis.

A total of £21.750m is currently allocated to the Better Care Fund in 2015/16 this compares to a minimum prescribed allocation of £21.451m. There has been no overall change to the total of the fund since the mid-year report.

To date the fund is projected to end the year in balance and a detailed review of the budget is underway as part of the planning for 2016/17. No Payment for Performance monies have been released into the pooled budget for transformation activities during 2015/16 as activity on the contingent emergency admissions metric has not been reduced in line with our projected plan. (more detailed performance data is included later in the report)

The CCG is currently undertaking an additional piece of detailed ledger work to ensure compliance with NHS England (NHSE) National Guidance around the preparation of the Statutory accounts for 2015-16

The Integrated Community Services (ICS) projection remains volatile. At this point in the year, we are expecting a possible overspend however, we await up to date monitoring projections from SHOPCOM in order to confirm this. Close monitoring of this project will continue to ensure that significant staffing and domiciliary care costs remain within plan.

It is confirmed that in 16/17 the pay for performance element of the BCF will be replaced by a new system to reward out of hospital care. At present no detail has been provided on how this will function. As such, action may be required in relation to ICS where the Pay for Performance element has supported activity.

#### **Delegated Authority**

In the Autumn of 2015 the Health & Wellbeing Delivery Group requested that the Health & Wellbeing Board (H&WBB) consider giving delegated authority to the Delivery Group for financial decisions relating to the BCF budget. The H&WBB requested a recommendation be made regarding the level of delegated authority for their consideration.

The Delivery Group met on the 5<sup>th</sup> February and recommend that that for the 2016/17 period the level of delegated authority for BCF budget related decisions via the Delivery Group sits at £100k. The H&WBB is asked to approve this recommendation.

## BCF – 2016/17

A working group is continuing to review and plan the 16/17 BCF budget on the following basis:

Rationalised schemes with clear descriptors which can be matched to operational activity.

Clear alignment of funding with the fund performance metrics.

Estimated savings to the system for each scheme

The output of the CCG's detailed ledger work and any implications for the BCF budget

### **3.3. Financial Performance – Other**

BCF budget allocations for 2016/17 have been released by NHSE and the mandated minimum fund for Shropshire has been set at £19,302,000, a reduction of £226,000 from 2015/16 requirements. However it is anticipated that the 2016/17 budget may exceed the mandated minimum amount due to additional contributions to the fund from aligned areas of Local Authority activity.

### **3.4. Contracting Items of Note**

Discussions are taking place between the CCG and its Commissioning Support Unit to ensure that any variations to contracts required to deliver BCF plans are being made

### **3.5. BCF Performance**

The last requirement to make a performance submission to NHSE was 27 November for Q2. To date no formal feedback has been received on this submission. The Q3 performance submission is required by 26 February and is attached for agreement by the H&WBB at its meeting on this date.

The Q3 template remains largely the same as that for Q2. However, of note, changes have been made to Tab 8 "New Integration Metrics" where Integrated Digital Records has been replaced with "Use of NHS number as primary identifier across care settings" and "Use of Risk Stratification" has been replaced with "Availability of Open API's across Care Settings". Reporting on Personal Health Budgets remains, with the addition of two new metrics on "Digital Integrated Care Record Pilots underway" and "Use of multidisciplinary teams". These integration metrics are being piloted and it has not yet been confirmed whether they will feature in the 2016/17 performance framework

Headline information to note from the Q3 submission:

Reducing Non Elective (NEL) admissions to hospital remains a challenge. Shropshire did not meet its BCF target for Q3 with a quarterly variance of 1,199 from target and a cumulative variance of 2,248 from target. The implication of not meeting this target is that the payment by performance funds cannot be released into the BCF pool to support transformation activity but must be retained by the CCG to pay for the NEL activity, a proportion of which will be supported by the work of the Integrated Community Scheme (ICS).

Performance for the Reablement and Admissions to Residential Care metrics have achieved their targets in Q3 and are rated as green. However there is some concern about the trajectory of the residential care metric that is moving towards exceeding the target (where a position on or under target is good).

Local metric: “Admissions to Redwoods with a diagnosis of dementia”. This metric measures the number of people admitted to Redwoods with a diagnosis of dementia as a proportion of the population with a diagnosis of dementia. This is an annually reported target. Data was not available at the time of writing this report but it is anticipated it will be available by the time the H&WBB meets on 26 February.

Service user experience metric: “Use of the mental health out of hours crisis helpline telephone number” is based on an annual patient survey. Results show an improvement on 2014/15 position and an increased rate of responses. However, performance falls short of the 2015/16 target and is rated as amber

The Delayed Transfers of Care metric remains a challenge and continues to be rated red. This area continues to be the subject of focused work to reverse this position and is also linked to the A&E recovery plan.

### 3.6. 2015/16 BCF Scheme Activity

The attached activity summary report gives a snapshot position of implementation to date. The only scheme that has not been implemented in 2015/16 is the Team Around the Practice. This work will be taken forward via the development of the Primary Care Strategy which is under development and regular updates on progress will be reported to the H&WB Delivery Group. The remainder of the schemes are either fully or partially implemented and are RAG rated to this effect.

Once planning work for 2016/17 is complete the tracker will be updated to reflect the adopted primary schemes for the period and exception reporting will commence at the Delivery Group from April 2016.

### 3.7. Planning for 2016/17

- a. The BCF Task & Finish group has developed the themes that were identified during the autumn in planning sessions with key stakeholders these are: prevention, carers, mental health, delayed transfers of care, complex care and housing. A range of new schemes are being developed for inclusion in the 16/17 plan, with an overarching focus on admission avoidance and building community capacity. The full list for 2016/17 is set out in the table below.

Scheme	Status
Falls Prevention	In development. Implementation from April 2016
Integrated Community Service	Roll on scheme from 2015/16
End of Life Co-ordination	Roll on scheme from 2015/16
Alcohol Liaison Service	Scheme currently operational, but new to BCF for 2016/17
High Intensity Users Model	Scheme currently operational, but new to BCF for 2016/17

RAID (Rapid Access & Interface to Discharge)	Scheme currently operational, but new to BCF for 2016/17
Proactive Care Programme	Roll on scheme from 2015/16
Mental Health Crisis Care	Roll on scheme from 2015/16
Dementia Strategy Implementation	Roll on scheme from 2015/16
Community & Care Co-ordinators	Roll on scheme from 2015/16
Resilient Communities	Roll on scheme from 2015/16
Integrated Carer Support	Roll on scheme from 2015/16
CAMHs transformation	Scheme currently operational, but new to BCF for 2016/17
Housing Scheme (linked to admission avoidance and improving discharges)	Scheme in development for implementation in first half of 2016/17
Future Planning ( focused on acute and community based conversations to aid discharge and help individuals and families plan for their future health & care needs)	Scheme in development for implementation in first half of 2016/17
Primary Care Atrial Fibrillation programme (prevention)	Scheme in development for implementation in first half of 2016/17
Strengthening families (learning from the programme that can be applied to other joint work areas)	Scheme in development for implementation in first half of 2016/17

Current schemes that will not continue to be mapped against BCF for 2016/17 are the Care Home Advanced Scheme which has not performed as well as anticipated in 2015/16 and the Team Around the Practice where development will form part of a wider programme of work to create the Primary Care Strategy.

- b. Guidance, templates and deadlines for the 16/17 BCF plan are still awaited from NHS England. Despite an original submission date for first draft plans of 8 February 2016 guidance has not yet been published. Discussion with the Regional BCF manager indicates that delays are predominantly due to ministerial level discussions around tackling DTOC.

Whilst BCF planning guidance is anticipated imminently a BCF Policy Framework has been published, as well as BCF minimum allocations (as set out above). The Policy Framework (which can be found on the NHSE website) states that the Payment by Performance element of the BCF will be removed for 2016/17 but that the same proportion of the funds will be required for investment into “NHS commissioned out of hospital services”. In addition agreement on a local action plan to reduce Delayed Transfers of Care will be required as part of the plan. There will continue to be metrics focused on reablement and admission to residential care, although the detail relating to service user and a local metrics have yet to be confirmed. The plan will need to address the following national conditions, many of which carry forward from 2015/16 planning:

Plans to be jointly agreed;

Maintain provision of social care services;

Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to

acute settings and to facilitate transfer to alternative care settings when clinically appropriate;

Better data sharing between health and social care, based on the NHS number;

Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;

Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;

Agreement on local action plan to reduce delayed transfers of care.

Much of the narrative in the current BCF plan remains relevant and can be utilised in the 2016/17 plan and scheme descriptors have been drafted and refreshed in preparation for the published guidance.

However, given the uncertainty of submission dates and the likely swift turnaround of the draft plan once dates are announced, the H&WBB are requested to anticipate the need for approval of the draft and subsequent final plan at pace.

### **3.8. Recommendations**

The HWBB is asked to:

- A. Note the content of the report
- B. Note the performance position. In particular to note that the underperformance on the NEL and DToC metrics and agree any mitigating action required
- C. Agree the content of the Q3 National reporting template and approve its submission to NHSE
- D. Note the progress on implementation and delivery of the key BCF schemes in 2015/16
- E. Note progress on development of schemes for 2016/17
- F. Note the absence of guidance for submission of 2016/17 BCF plans and elements highlighted in the BCF Policy Framework relating to increasing the focus on DToC, removal of the NEL Payment for Performance element and the introduction of the requirement to invest in NHS commissioned out of hospital services
- G. Note the likely requirement for plans to be approved at pace once guidance has been published
- H. Agree the recommendation from the Delivery Group that the level of delegated authority for BCF budgetary decisions via the Delivery Group sits at £100k and under for 2016/17.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Cabinet Member (Portfolio Holder)**

Cllr Karen Calder

**Local Member**

**Appendices**

BCF Quarterly Collection Data Template

<\\Sw12ssfs01\commserv\Democratic Services\Committee\Health & Wellbeing Board\2015-16\Meetings\16-02-26\7 BCF Quarterly Data Collection Template Q3 15-16 Draft 1.xls>

Final Scheme Tracker

[\\Sw12ssfs01\commserv\Democratic Services\Committee\Health & Wellbeing Board\2015-16\Meetings\16-02-26\7 Final scheme tracker Jan 15 \(002\).xlsx](\\Sw12ssfs01\commserv\Democratic Services\Committee\Health & Wellbeing Board\2015-16\Meetings\16-02-26\7 Final scheme tracker Jan 15 (002).xlsx)

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## Health and Wellbeing Board 26 February 2016

### SHROPSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE TRANSFORMATION PLAN

#### Responsible Officer

Email: [Fiona.ellis@shropshireccg.nhs.uk](mailto:Fiona.ellis@shropshireccg.nhs.uk) Tel: 01743 277500

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#### 1. Summary

- 1.1 This is a joint report from Shropshire Clinical Commissioning Group and Shropshire Council. The report provides an update in relation to the current position for child and adolescent mental health services in Shropshire.
- 1.2 This report summarises the planned programme of transformation for child and adolescent mental health services (CAMHS) in Shropshire in line with government direction set out in Future in Mind<sup>1</sup>.
- 1.3 Clinical Commissioning Groups (CCG) and their Local Authority partners across the country have submitted transformation plans setting out how new investment from government will be spent to transform CAMHS. Shropshire CCG and Local Authority submitted a joint plan with Telford and Wrekin colleagues.
- 1.4 This plan includes the development of 6 programmes. These are detailed in the background section below and are titled:
- 0-25 Emotional Health and Wellbeing Service
  - Redesign of Neurodevelopmental Pathways
  - Development Programme for Workers in Universal Services
  - Eating Disorder Service
  - All Age Psychiatric Liaison Service
  - Improve Perinatal Support
- 1.5 The transformation plans will include funding for the final two quarters of this financial year and as such, along with the long term planning outlined in this report, a number of initiatives recommended in the [Autism Needs Assessment](#) will be undertaken. These include:
- virtual multi-agency steering group
  - improved information for parents concerned about their child/ren;
  - school – parent liaison pilot
  - educational psychology pilot
  - transition planning

#### 2. Recommendations

1. That the report is noted.
2. That the HWBB receive progress reports through the Children's Trust.

## REPORT

### 2 Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

The HWBB works to reduce inequalities and health inequalities in Shropshire.

### 3 Financial Implications

Please see Background below.

### 4 Background

- 4.1 The Shropshire, Telford and Wrekin Transformation Plan for Children and Young People's Mental Health and Wellbeing has been assured by NHS England and the following funding has been released for local investment.

Funding Type	Allocation 2015/16	Recurrent allocation
Eating Disorder	£158,192	£554,164
Transformation	£395,971	
All age-psychiatric liaison <sup>2</sup>	£145,000	£0

- 4.2 The full plan and associated summary documents can be accessed through the Shropshire Council website, using the following link <https://www.shropshire.gov.uk/early-help/childrens-mental-health-and-wellbeing/>
- 4.3 The plan was developed collaboratively with partners across health, social care, early help and education. The content of the plan was drawn from a broad range of data available locally. As well as local statistics about existing services, demographics, demand and prevalence, the information gathered through the following needs analysis exercises was used:
- 2014/15 Review of Shropshire CAMHS (telephone audit with GPs, Case File audit, young person's focus group, face to face interviews with professionals, written feedback from professionals)
  - 2014 TaMHS 'visioning day' (multi-agency workshop involving 19 organisations involved in Targeted Adolescent Mental Health services across Shropshire)
  - 2014 CAMHS Parent/Carer Forum feedback (three workshops with parent/carers and the two parent carer organisations)
  - 2015 Feedback from schools to Shropshire Safeguarding Children Board in relation to CAMHS
  - 2015 Shropshire Autism Needs Assessment
  - 2015 Focus groups with Young Health Champions
- 4.4 Strategic oversight of the implementation of the plan will be provided by the Health and Wellbeing Boards. Delivery of the plan will be driven by the 0-25 Emotional Health and Wellbeing Strategic Group, which is

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<sup>2</sup> Funding for all-age psychiatric liaison is separate from the Transformation Plan funds, but locally is considered as part of the same programme of service improvement.

accountable to the local Health and Wellbeing Boards (delegated to the Children’s Trust in Shropshire). The plan will be refreshed twice a year by the 0-25 Emotional Health and Wellbeing Strategic Group. The most up to date version of the plan will be available on the local authorities’ and clinical commissioning groups’ websites from December 2015.

## 5 Current Position : Shropshire, Telford and Wrekin CAMHS Transformation Plan

5.1 Implementation of each of the six programmes within the plan has begun, with programme lead responsibilities shared across each of the four commissioning organisations. Each programme has a clear project plan, delivery against which is monitored through the governance and reporting structures.

5.2 The plan is centred around 6 key programmes of transformation and a cross-cutting programme of work. These are summarised in the tables below.

<b>Programme One: 0-25 Emotional Health and Wellbeing Service</b>
<b>Which areas of identified need will this programme address?</b>
<p>This programme will improve:</p> <ul style="list-style-type: none"> <li>- access through 7 day service and improved out of hours provision</li> <li>- choice of methods and treatments, including psychology based interventions and evidence based practice including CBT and Systemic Family Therapy</li> <li>- transition through tier-less service with flexible transition to adult services</li> <li>- access to targeted support for looked after children and children in need</li> <li>- availability of crisis support and intensive home treatment</li> <li>- support for and skills within universal services</li> </ul>
<b>What does the programme include?</b>
<p>The programme includes the development of a service specification, transition from the present service to the new model and the embedding of the new model. The new service model will be centred around service user outcomes, promote emotional resilience in children and young people; will provide targeted interventions, assessment, treatment and a response to crisis including intensive home treatment.</p>
<b>What are the key projects within this programme?</b>
<ul style="list-style-type: none"> <li>- Develop seamless 0-25 Emotional Health and Wellbeing Service</li> <li>- Expand hours of ROS team to provide better crisis response</li> <li>- Join CYP IAPT (Children and young people’s improving access to psychological therapies programme)</li> <li>- Mental health training for lead professionals</li> <li>- Improve training and support for universal services</li> </ul>
<b>When will the change occur?</b>
<p>Interim improvements will be made through non-recurrent funding from quarter 3 2015/16.</p> <p>The seamless service will be in place by quarter 4 2016/17.</p>
<b>What outcomes will be delivered?</b>
<ul style="list-style-type: none"> <li>- Improvement in children and young people’s emotional resilience</li> <li>- Improvement in children and young people’s emotional health</li> <li>- Reduction in hospital admissions for self harm and mental health related crisis</li> <li>- Reduction in number of children/young people requiring repeated access to targeted and specialist support</li> <li>- Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings.</li> <li>- Improved access into services</li> <li>- Improved transition between services</li> </ul>

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<b>Programme Two: Redesign of Neurodevelopmental pathways</b>
<b>Which areas of identified need will this programme address?</b>
<p>This programme will improve:</p> <ul style="list-style-type: none"> <li>- Waiting times for assessment and support</li> <li>- Quality of service through reduced caseloads</li> <li>- Clarity of care pathways</li> <li>- Skill mix/expertise</li> </ul>
<b>What does the programme include?</b>
<p>Reconfiguration of existing CAMHS provision to create a separate designated service pathway for neurodevelopmental assessment that delivers evidence based practice and is closely aligned to best practice standards.</p>
<b>What are the key projects within this programme?</b>
<ul style="list-style-type: none"> <li>- Investment in new posts to create a distinct neurodevelopmental service</li> </ul>
<b>When will the change occur?</b>
<p>Changes will commence in quarter 3 2015/16 and be fully implemented by quarter 2 2016/17.</p>
<b>What outcomes will be delivered?</b>
<ul style="list-style-type: none"> <li>- Reduced waiting times for neurodevelopmental assessments</li> <li>- Reduced waiting times for support with neurodevelopmental needs</li> <li>- Improved patient experience in relation to neurodevelopmental assessments</li> <li>- Improved access to services including for professionals in relation to referrals, advice and guidance</li> </ul>

<b>Programme Three: Development programme for workers in universal services (Shropshire)</b>
<b>Which areas of identified need will this programme address?</b>
<p>This programme will improve:</p> <ul style="list-style-type: none"> <li>- Skills and knowledge professionals within universal services</li> <li>- Mental health support available within schools</li> <li>- Availability of early help and targeted support to reduce incidence of self harm</li> <li>- Availability of early help and targeted support to reduce incidence of anxiety and other mental health issues within schools</li> </ul>
<b>What does the programme include?</b>
<p>Roll out of the successful Think Good, Feel Good programme across a wider footprint to non-education based services, including Scouts and Guides groups, Youth Clubs, sports clubs, recreation sites e.g. museums. An enhanced programme will be introduced to include the content of the new national guidance and improve bespoke provision for special schools in relation to strengthening the links between children’s mental health and learning disabilities services and services for children with special educational needs and disabilities (SEND). Think Good, Feel Good currently extends to special schools, however the more specific intervention based programmes will be enhanced. Existing training and programmes will be developed to more specifically address the needs of children with learning disabilities or special educational needs and disabilities.</p> <p>This programme also includes investment in additional youth worker time in order for young health champions to progress their mental health improvement projects with more pace.</p>
<b>What are the key projects within this programme?</b>

- Improved training and support for universal services

#### **When will the change occur?**

Distinct programme from Q3 2015/16 then delivered through the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1)

#### **What outcomes will be delivered?**

- Improvement in children and young people's emotional resilience
- Improvement in children and young people's emotional health
- Reduction in hospital admissions for self harm and mental health related crisis
- Reduction in number of children/young people requiring repeated access to targeted and specialist support
- Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings.

### **Programme Four: Eating Disorder Services**

#### **Which areas of identified need will this programme address?**

- Improved access to services
- Increase in availability of crisis support (through re-deploying resources currently allocated for eating disorders)

#### **What does the programme include?**

This programme will be delivered through a jointly commissioned service between Shropshire CCG, Telford and Wrekin CCG and South Staffordshire CCGs (led by South East Staffordshire and Seisdon CCG). A community eating disorder service for children and young people will be developed as an extension to the already well-established specialist Eating Disorder Service for the adult population. The service will be delivered by Shropshire and South Staffordshire Foundation NHS Trust.

The current population of South Staffordshire (603,339) plus Shropshire (inc Telford and Wrekin) (467,625) is above the suggested 500,000 all age population for this service. This footprint is therefore large enough to provide a range of evidence based treatments for young people with a range of eating disorders. The current caseload numbers of young people across this geographical area is 119. This is between 3-8% of the total prevalence of eating disorders for this group of young people. Given the size of the population covered the service will be taking in excess of 100 new referrals per year just under half of which will be from Telford and Shropshire.

The service will deliver an initial assessment which will include consideration of any coexisting mental and physical health problems, strengths and resilience capacity and level of motivation. Treatment options will be concordant with NICE guidance including CBT, family interventions, guided self help and pharmacological interventions. Where there are coexisting mental health problems and the eating disorder is the primary representing problem, the service will also manage common coexisting problems such as anxiety and depression. Otherwise the management will be shared between this and CAMHS services. As well as the assessment and treatment service, the team will also include a strong multi agency liaison/education component providing guidance to primary care, school nurses, social care services, schools and secondary care.

The service will be delivered via a 'hub and spoke' model, with hubs located in both Shrewsbury and Stafford, with satellite services provided across a range of other localities dependent upon local needs. This may be from existing CAMHS bases, schools and/or GP or health centres, as appropriate.

The additional investment will increase staffing levels to meet the access and waiting times. The make-up of the team will include psychology, psychiatry, medical cover, therapists, home treatment specialists and dieticians. The Trust have a robust workforce strategy which covers recruitment and retention issues relating to such specialist services. The Trust has been proactive in exploring opportunities for recruitment for a new service during the development phase of this business case in order to ensure the new team can be established quickly.

Professionals will work across the age range, subject to appropriate child and young person specific training. The provision of an all-age eating disorder service will provide a critical mass of clinical staff trained and skilled to manage eating disorder cases. A larger service will mitigate against the risks associated with having smaller specialist services working across the geographical patch. An all-age service will ensure consistency in treatment between children, young people and adults and avoid the disruption to treatment programmes and ensure continuity of care as young people enter adulthood

*N.B. This additional resource in a dedicated eating disorder service will free up capacity within the current CAMHS service to redeploy staff to better support patients in times of crisis and for self harm. The demand and capacity to support this transfer of work has been done between commissioners and the providers of the two respective services.*

#### Access

- Service for Children and Young people (CYP) aged 8 to 18 years
- Provide a 7 day per week service
- Provide direct access to services through self-referral and/or referral from GPs and other professionals / workers.

#### Waiting Times

- CYP referred for assessment or treatment of an eating disorder will access NICE concordant treatment within 1 week for urgent cases and 4 weeks for routine cases (95% compliance achieved by 2020).
- Referrals will be screened within 24 hours to assess urgency, telephone contact may be made with the CYP or parent / carer to clarify risk (e.g. physical, psychiatric, safeguarding and/or other risks)

#### Key performance indicators

These require further development but will focus on 4 areas to develop a dashboard of outcomes for use at an individual and service level. They are likely to include:-

- *Personal goals* i.e. CYP setting goals they wish to achieve ( person focused care)
- *Functional goals* e.g. include national scores
- *Clinical outcomes* based on HoNOS or equivalent to be agreed with provider, BMI, weight, depression, anxiety scores
- *Service outcomes* e.g. patient and carer satisfaction, numbers of individuals seen, length of intervention, readmissions

#### **What are the key projects within this programme?**

- Expand existing adult Eating Disorder Service to create an All Age Eating Disorder Service
- Redeploy generic staff currently seeing ED cases now seen by community team to improve access to self harm and crisis and invest underspend from ED funds

#### **When will the change occur?**

From Q3 2015/16

The Team will be expanding from December. A comprehensive training programme will also be commissioned to underpin this work, using non recurrent available as a consequence of the part year effect of the new service.

#### **What outcomes will be delivered?**

The proposed service model will address the requirements of the Access and Waiting Time Standard which intends to:

- Improve the quality of eating disorder services
- Provide new enhanced community and day treatment care
- Ensure staff are adequately training and supervised in evidence-based treatment and effective service delivery

## Programme Five: All Age psychiatric liaison service

### Which areas of identified need will this programme address?

- Improved access to out of hours assessment and support
- Reduction in hospital admissions/length of stay following self-harm or mental health crisis

### What does the programme include?

The development of a service based in the two acute hospital bases to support children and young people who attend the emergency department, or are admitted to a ward, for an emotionally related disorder.

The present RAID service supports young people aged 16 and over. A CAMHS liaison worker is currently working during the week across the two hospital sites for the under 16s. The new service will capture all age groups. It will provide assessment, initial early treatment and referral to other services in the community.

### What are the key projects within this programme?

- Create all age psychiatric liaison service

### When will the change occur?

Initial increase in support in the hospitals will occur in Q4 2015/16 with the new service commissioned in line with the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1).

### What outcomes will be delivered?

- Reduction in hospital admissions following self-harm/mental health crisis
- Reduction in hospital length of stay following self-harm/mental health crisis
- Reduction in number of children and young people with repeated self-harm/mental health crisis

- Ensure best use of inpatient beds

This service will also deliver:

- Improved access to community and day treatment care
- Reduction in in-patient admissions related to eating disorders

<b>Which areas of identified need will this programme address?</b>
<ul style="list-style-type: none"> <li>- Improved access to services</li> <li>- Improved early help</li> </ul>
<b>What does the programme include?</b>
<p>Training for professionals around recognising the early signs, including; children’s centres, midwives. community support and wider universal services. Enhancing existing Public Health activity. Increase availability of pregnancy related depression groups with lead workers in adult mental health teams to deliver the groups in conjunction with health visitors.</p> <p>Improved ante-natal information for expectant families, including availability of Understanding your Child parenting programme for ante-natal families.</p>
<b>What are the key projects within this programme?</b>
<ul style="list-style-type: none"> <li>- Expand existing perinatal mental health support</li> </ul>
<b>When will the change occur?</b>
Q4 2015/16
<b>What outcomes will be delivered?</b>
<ul style="list-style-type: none"> <li>- To increase professional’s knowledge and skills in relation to perinatal mental health</li> <li>- To provide improved early help to reduce risk/severity of perinatal mental ill-health</li> <li>- To reduce inpatient admissions in relation to perinatal mental health</li> </ul>

<b>Cross Cutting Programme: Needs Analysis, Engagement and Transition</b>
<b>Which areas of identified need will this programme address?</b>
<p>These cross cutting programmes will help to ensure that the needs in relation to the emotional and mental health of children and young people are fully understood.</p>
<b>What does the programme include?</b>
<p>This programme includes developing and implementing a robust needs analysis framework and engagement framework in order to ensure that there is ongoing information gathering across agencies to give an accurate picture of the needs and views of service users and potential service users.</p> <p>This programme will include developing improved systems to record and analyse multi-agency information as well as developing and implementing agreed principles in relation to engagement.</p> <p>One of the guiding principles for all organisations, in the development of the various plans, is to reduce the number of transitions points for service users and minimise the problems associated with any remaining transitions. This has been tackled in a number of ways, several of which are highlighted below:</p> <ul style="list-style-type: none"> <li>• Extension of the upper age limit for children and young people emotional health and mental wellbeing services to 25 years through the commissioning of the new service</li> <li>• Mapping out services where transition points arise. Encourage the development of joint pathways/processes to support individuals through those transitions. An example of this is work between the main provider of CAMHS and the main provider for adult mental health services. Closer working between teams, sharing of information and introduction of multidisciplinary meetings is already beginning to improve the offer.</li> <li>• Joint commissioning between the Councils and CCGs. This has built on the informal relationships which have developed over the past few years. It will help to provide a seamless service by abolishing some of the traditional notions of ‘tiers’ and ‘hand offs’ between services.</li> <li>• The introduction of a single point of access for service users and professionals has removed some of the complexity for people trying to navigate through different services.</li> </ul>

<b>When will the change occur?</b>	
Q4 2015/16	<b>7</b>
<b>What outcomes will be delivered?</b>	
- Improved understanding of the mental health needs and views of children and young people	<b>9</b>
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**Next Steps**

Delivery of each of the programmes will continue to be monitored through the 0-25 emotional health and wellbeing strategic group. Progress will be reported to the Children’s Trust, as required.

*Fiona Ellis  
Commissioning & Redesign Lead (Women & Children), Shropshire Clinical Commissioning Group*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)  
2 <http://www.shropshiretogether.org.uk/wp-content/uploads/2015/07/Final-Shropshire-Autism-Needs-Assessment-2015-updated.pdf>

**Cabinet Member (Portfolio Holder)**  
**Cllr Karen Calder**

**Local Member**

**Appendices**



## Health and Wellbeing Board

Date 26 February 2016

## TRANSFORMING CARE PARTNERSHIP BOARD

### Responsible Officer

Ruth Houghton, Head of Social Care Efficiency and Improvement

Email: [ruth.houghton@shropshire.gov.uk](mailto:ruth.houghton@shropshire.gov.uk) Tel: 01743 253093

### 1. Summary

1.1 This report provides an introduction and overview to the Transforming Care Partnership Board (TCP) which is required by NHS England to implement “Building the Right Support – a national plan to develop community services and close in patient facilities” for people with a learning disability and /or autism.

1.2 “Building the Right Support” has been developed by NHS England who have prescribed “regional footprints” to take this work forward. The regional footprint locally is Shropshire and Telford and Wrekin.

1.3 The Director of Adult Services at Telford and Wrekin is undertaking the role of Senior Responsible Officer (SRO) for this work and is the main contact for national and regional communications to take this work forward. As the SRO he has produced an introductory report to the TCP, and the work it is required to undertake for approval by the following groups:

- T&W CCG Board
- Shropshire CCG Board
- T&W Council Cabinet
- Shropshire Council Cabinet
- T&W Health & Wellbeing Board
- Shropshire Health & Wellbeing Board

The report by the SRO is attached at Appendix A.

### 2. Recommendations

That the Health and Wellbeing Board is requested to:

#### **HWB are requested to:**

A) Note the expectations set out in “Building the Right Support” and letter of 17 November.

- B) Note the arrangements being put in place for a TCP for Shropshire/Telford & Wrekin. These have previously been approved by Shropshire Council Cabinet on 10 February 2016.
- C) Note the delegated authority to the Director of Adult Services to sign off the plan prior to submission in conjunction with their respective TCP representatives as approved by Shropshire Council Cabinet on 10 February 2016.
- D) Note the Cabinet decision of 10<sup>th</sup> February 2016 authorising the Head of Social Care, Efficiency and Improvement to be the Council's representative on the TCP.
- E) Agree that future reporting from the TCP is to the Health & Well Being Board and that reports are jointly produced with Shropshire CCG.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

#### **National Consultation**

- 3.1 The TCP is currently scoping the current position and preparing the draft action plan. As part of this work we will involve the Learning Disability Partnership Board and the Making it Real Board to ensure that service users are involved in informing and shaping future local provision.

Shropshire have an established track record of developing services for people with a learning disability living out of county and in inpatient settings. These services have enabled the repatriation of adults with a learning disability back to Shropshire into community based accommodation. The Learning Disability Partnership Board have been involved in this work to date and with advocacy support people with a learning disability have participated in the recruitment process for support staff.

#### **3.2 Equalities**

A Shropshire Equality and Social Inclusion Impact Assessment (ESIIA) will be completed as the action plan is developed.

#### **3.3 Financial Implications**

There is reference in "Building the Right Support" to £30m being available nationally from NHS England ( NHSE) to support local areas transitional costs and £15m of capital funding available over 3 years. Further information is awaited on this.

Where agreed as part of a relocation package, dowries will be available to local authorities for people leaving hospital after spells in inpatient care of 5 years or more. Dowries will be recurrent, will be linked to individual patients, and will cease on the death of the individual. As we work more closely with NHSE to better understand the length of stay in hospital settings of people currently funded and commissioned through NHSE we may identify eligibility for dowry funding.

Due to the work required by the TCP the partners are of the view that we may need to put in place some specific project support to the TCP in order to achieve the timescales prescribed and the TCP is exploring with the regional lead the availability of funding for this purpose.

#### **4. Background**

4.1 See the report attached at Appendix A.

#### **5. Conclusions**

5.1 Shropshire has a good track record of supporting people to return to Shropshire from out of county and inpatient hospital settings.

5.2 By working closely with colleagues in Telford Council and both Shropshire and Telford Clinical Commissioning Groups through this Transforming Care Partnership there is the opportunity to further enhance and develop services for those people living in inpatient settings.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b>
Councillor Lee Chapman
<b>Local Member</b>
All – this is a County wide matter
<b>Appendices</b>
Appendix A: Transforming Care Partnership (TCP) Shropshire and Telford and Wrekin.

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## APPENDIX A

### Report for the following governance boards:

**T&W CCG Board  
Shropshire CCG Board  
T&W Council Cabinet  
Shropshire Council Cabinet  
T&W Health & Wellbeing Board  
Shropshire Health & Wellbeing Board**

**Transforming Care Partnership (TCP)  
Shropshire and Telford & Wrekin**

### **1. Introduction**

- 1.1 This report has been written to inform the relevant Boards about the progress in establishing a Transforming Care Partnership (TCP) to implement “Building the right support – A national plan to develop community services and close inpatient facilities” for people with a learning disability and/or autism.
- 1.2 The report seeks endorsement from these Boards to the approach being taken to the TCP and asks that delegation is given to the TCP to submit a TCP Plan on behalf of Shropshire and T&W CCGs and Shropshire and T&W Councils to NHS England.
- 1.3 The TCP would also like the Boards to consider the frequency they require feedback on the progress being made by the TCP.

### **2. Background**

- 2.1 Following the Winterbourne View scandal there were requirements to:
  - by spring 2013, the Department of Health will set out proposals to strengthen accountability of boards of directors and senior managers for the safety and quality of care which their organisations provide
  - by June 2013, all current placements will be reviewed, everyone in hospital inappropriately will move to community-based support as quickly as possible, and no later than June 2014
  - by April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice
- 2.2 As a consequence, through this “transforming care” agenda it was expected that there would be a dramatic reduction in hospital placements for this group of people. In reality what happened at a national level was that existing in-patients were reviewed and many moved to community based settings closer to home, but a new cohort of people soon filled the in-patient beds. This is a

generalised summary and here in Shropshire and T&W we were already relatively low users of in-patient beds out of area.

- 2.3 However because of continuing concerns about overall lack of process and following further work undertaken in 6 “fast track” sites, in October 2015, NHS England ( NHSE) together with the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) published:

*“Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – Service model for commissioners of health and social care services”*

<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

and

*“Building the right support – A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition”*

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

- 2.4 “Building the right support” sets out a service model with the expectation that each TCP will adopt the model, to bring some national consistency, whilst recognising the mix of services put in place must reflect local differences. The model is based on 9 principles developed with people with a learning disability and their families:

1. Good and meaningful everyday life
2. Person centred, planned, proactive and co-ordinated care and support
3. Choice and control
4. Support from and for their families/carers
5. Choice of housing
6. Good care and support from mainstream NHS services
7. Specialist health and social care support in the community
8. Support to stay out of trouble
9. Access to high quality assessment and treatment in hospital

For more detail see link above and Appendix 1 below. It needs to be about service transformation and pathway re-design (investing in preventative services/early intervention in the community) – not just ‘resettlement’ of current inpatients into the community.

- 2.5 On the 17 November CCG Accountable Officers and Local Authority DASS received a joint letter from NHSE, ADASS, and the LGA setting out expectations for delivery against these two documents.
- <http://www.local.gov.uk/documents/10180/7586660/Implementing+Building+the+right+support+letter+20151117/31de33e8-6bfd-4563-8497-21834bf100e5>

2.6 The letter sets out a number of key points including:

- National planning assumptions on the need for inpatient beds based on 10-15 inpatients for CCG commissioned beds per 1m population and 20-25 inpatients for NHSE commissioned beds per 1m population.
- The creation of local Transforming Care Partnerships (TCP) to build up community services and close unnecessary inpatient provisions by March 2019, with prescribed footprints.
- Locally to establish a TCP covering Shropshire and T&W by December 2015 and develop a joint transformation plan by the 8 February 2016 with sign off of a finalised plan co-ordinated through NHSE with stakeholders by 11 April 2016.
- Expectation that as part of the plan, CCGs and Councils at a sub-TCP level (Shropshire and T&W) look to align or pool their learning disability budgets. This may include monies released from services commissioned regionally through specialised commissioning, where it may be more appropriate to commission new services on the whole TCP footprint.
- Reference of £30m being available nationally from NHSE to support local areas transitional costs and £15m capital funding available over 3 years. Where agreed as part of a relocation package, dowries will be available to local authorities for people leaving hospital after spells in inpatient care of 5 years or more. Dowries will be recurrent, will be linked to individual patients, and will cease on the death of the individual.

2.7 Officers representing the Councils and CCGs attended a regional “dialogue” event in Leicester hosted by NHSE on 7 December. Whilst useful it was disappointing that the planning templates and additional supporting materials referenced in the letter were not available (They were subsequently published on the 18 December). The experiences of 6 “fast track” TCP sites who had been taking forward this agenda since July 2015 was relayed. These sites were selected because they had particularly high numbers of inpatient commissioned beds.

2.8 Based on the inpatient national planning assumptions set out above it should be expected that:

- Shropshire CCG would be commissioning 4-5 beds and T&W CCG 2-3

And that

- NHSE Specialist Commissioners would be commissioning 6-8 beds for Shropshire people and 4-5 beds for T&W people by 2019.

Currently the figures are:

Shropshire CCG commissions 7 beds at Oak House, (these are respite beds, but are also on occasions used as assessment beds).

Shropshire CCG have three patients currently in in-patient beds out of area and does not ‘commission’ any specific in-patients beds for Learning Disabilities but can spot purchase as required.

There are currently 5 Shropshire adults and one young person ( under 18) with a learning disability in secure placements funded by NHSE specialised commissioning.

Telford and Wrekin - 3 at Church Parade (mainly respite but should be challenging behaviour).

NHSE commissioned beds at present are 8 beds for Shropshire and 9 beds for Telford and Wrekin.

2.9 Following discussions between Accountable Officers and DASS locally, and recognising the tight timescales, Paul Taylor, DASS, T&W Council agreed to take a lead in pulling together our local TCP, which met for the first time on the 16 December with representatives from both CCGs and Councils together with Alyson Taylor, Regional Project Officer, Transforming Learning Disabilities Task Force (Midlands & East), NHSE in attendance. See Appendix 2 for representation.

2.9 This first TCP meeting was positive and agreed as per the key milestones set out in the letter the following:

<b>Milestone</b>	<b>When required</b>	<b>Date achieved</b>
Confirm final partnership organisations and population coverage	December 2015	Agreed Shropshire/T&W footprint and TCP members – 16 December 2015.
Confirm SRO and Deputy	December 2015	Agreed T&W Council provide SRO (PT) and Shropshire CCG Deputy (LI) – 16 December 2015.
Confirm lead CCG for funding purposes	December 2015	Agreed Shropshire CCG – 16 December 2015.
Confirm governance arrangements and board meeting schedule	December 2015	Agreed TCP should meet monthly with next meeting w/c 18 January 2016. This report is seeking to confirm governance arrangements for TCP.
First TCP board meeting	January 2016	TCP met for first time on 16 December 2015.
Draft Plan	8 February 2016	Officers are now working on this, reviewing plans that were already being developed in each locality separately (Shropshire and T&W), ensuring they are consistent with principles of new national model, and developing a whole TCP footprint approach where commissioning at scale is appropriate.
Revise Plan	March 2016	

- 2.10 More generally, whilst there are concerns about the workload this will generate, locally we do appear to be working towards the principles underpinning the national service model and “Building the right support”. There is though consensus that we will need to put in place some specific project support to the TCP and the TCP is exploring with the regional lead the availability of funding for this purpose.
- 2.11 Our approach builds on what already is in place in both Shropshire and T&W in respect of collaborative commissioning arrangements. This will limit the need to develop new pathways to engage with all stakeholders but co-production with people with a learning disability and their families is important. Whilst there is a focus on the reduction of inpatient beds, it is equally important to focus on the development of community based services to underpin this and to enhance the quality of these services.
- 2.12 In respect to the alignment and/or pooling of budgets this will build on the work that has already been done in respect of the Better Care Fund (largely focused on older people) in each of our localities. The TCP plan will also feed into the wider integration plan that Councils and CCGs are expected to develop by April 2017.
- 2.13 Each organisation and locality will need to consider the Governance arrangements for the TCP, giving consideration to each organisation’s expectations in respect of reporting to their respective CCG Boards/ LA Cabinets as well as Health & Wellbeing Boards. Given the timescales set down for submission of the Plan it would be helpful if CCGs and councils could give delegated authority to Accountable Officers and DASS to sign off the plan prior to submission in conjunction with their respective TCP representatives.

### **3. Recommendations**

Respective Governance bodies:

- 3.1 Note the expectations set out in “Building the right support” and letter of 17 November.
- 3.2 Approve arrangements being put in place for a TCP for Shropshire/Telford & Wrekin.
- 3.3 Delegate authority to Accountable Officers and DASS to sign off the plan prior to submission in conjunction with their respective TCP representatives.
- 3.4 Consider future reporting arrangements for the TCP to update respective Governance bodies.

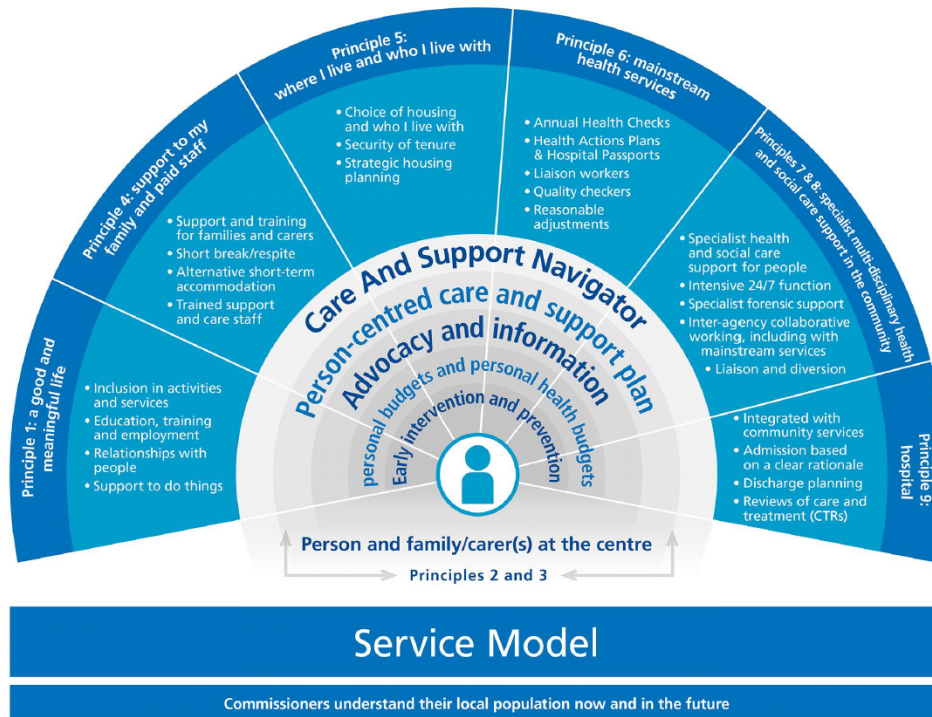
**Report prepared by:** Paul Taylor, DASS T&W Council & SRO for TCP

[paul.taylor@telford.gov.uk](mailto:paul.taylor@telford.gov.uk)

## **Appendix 1**

## The National Service Model

1. People should be supported to have a **good and meaningful everyday life** - through access to activities and services such as early years services, education, employment, social and sports/leisure; and support to develop and maintain good relationships.
2. Care and support should be **person-centred, planned, proactive and coordinated** – with early intervention and preventative support based on sophisticated risk stratification of the local population, person-centred care and support plans, and local care and support navigators/keyworkers to coordinate services set out in the care and support plan.
3. People should have **choice and control** over how their health and care needs are met – with information about care and support in formats people can understand, the expansion of personal budgets, personal health budgets and integrated personal budgets, and strong independent advocacy.
4. People with a learning disability and/or autism should be supported to live in the community with **support from and for their families/carers as well as paid support and care staff** – with training made available for families/carers, support and respite for families/carers, alternative short term accommodation for people to use briefly in a time of crisis, and paid care and support staff trained and experienced in supporting people who display behaviour that challenges.
5. People should have a choice about where and with whom they live – with a choice of **housing** including small-scale supported living, and the offer of settled accommodation.
6. People should get good care and support from **mainstream NHS services**, using NICE guidelines and quality standards – with Annual Health Checks for all those over the age of 14, Health Action Plans, Hospital Passports where appropriate, liaison workers in universal services to help them meet the needs of patients with a learning disability and/or autism, and schemes to ensure universal services are meeting the needs of people with a learning disability and/or autism (such as quality checker schemes and use of the Green Light Toolkit).
7. People with a learning disability and/or autism should be able to access **specialist health and social care support in the community** – via integrated specialist multi-disciplinary health and social care teams, with that support available on an intensive 24/7 basis when necessary.
8. When necessary, people should be able to get **support to stay out of trouble** – with reasonable adjustments made to universal services aimed at reducing or preventing anti-social or 'offending' behaviour, liaison and diversion schemes in the criminal justice system, and a community forensic health and care function to support people who may pose a risk to others in the community.
9. When necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a **hospital** setting, staying no longer than they need to, with pre-admission checks to ensure hospital care is the right solution and discharge planning starting from the point of admission or before.



## Appendix 2 – TCP membership

Paul Taylor (PT), Director, Care Health & Wellbeing T&W Council
Helen Bayley (HB), Risk Mitigation Lead Nurse for Vulnerable People, Nursing, Quality, Patient Safety and Experience, Shropshire Clinical Commissioning Group (CCG)
Manny Jhavar-Gill( MJ-G), Commissioning Specialist / Contracts Officer, T&W Council
Alyson Taylor (AT), Regional Project Officer Transforming Learning Disabilities Task Force (Midlands & East)
Ruth Houghton (RH), Head of Social Care : Efficiency and Improvement , Shropshire Council
Frances Sutherland (FS), Head of Commissioning for Mental Health, Learning Disabilities and Children, T&W CCG
Linda Izquierdo (LI) Director of Nursing, Quality and Patient Experience Shropshire CCG
Anna Hammond (AH), Deputy Executive Planning and Commissioning, T&W CCG
Kerry Smith (KS), PA to Paul Taylor (Notes)