



Date: Thursday, 21 April 2016

Time: 9.00 am

Venue: Ludlow Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Karen Nixon, Committee Officer
Tel: 01743 257720
Email: karen.nixon@shropshire.gov.uk

HEALTH AND WELLBEING BOARD

PRESENTATIONS MADE AT THE MEETING

5 Alcohol Strategy Draft (Pages 1 - 16)

A presentation was made by Jayne Randall and Irfan Ghani Tel 01743 253969.

6 Better Care Fund 2016/17 Submission - Including Quality Premium Metrics (Pages 17 - 28)

A presentation was made by Sam Tilley, Head of Partnerships and Planning Tel 01743 277545.

9 Neighbourhood Life Update (Pages 29 - 38)

A presentation was made by George Candler Director of Commissioning Tel 01743 255003 or Miranda Ashwell Tel 01743 453537.

This page is intentionally left blank

Alcohol Strategy 2016-2019



Shropshire Estimates

- 13.89% of the population in Shropshire are estimated to abstain from drinking.
- There are an estimated 23.9% of increasing and higher risk drinkers in the County.
- 1:5 people aged 16 years and over binge drink.



Alcohol Harms

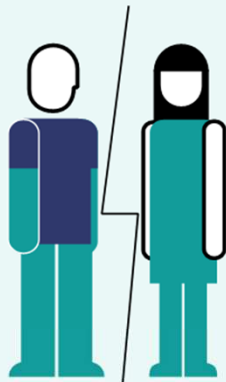


Public Health
England

Alcohol misuse harms families and communities

1
2

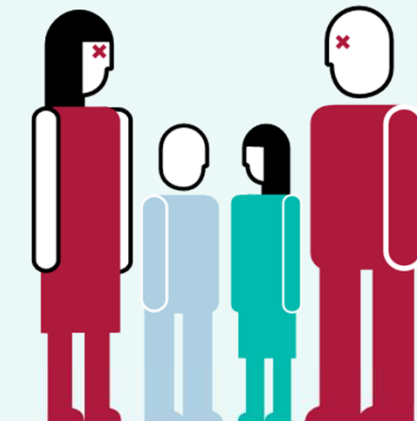
Almost **half**
of violent
assaults



Domestic
violence and
marital
breakdown



27% of
serious
case
reviews
mention
alcohol
misuse



Physical, psychological
and behavioural problems
for children of parents
with alcohol problems

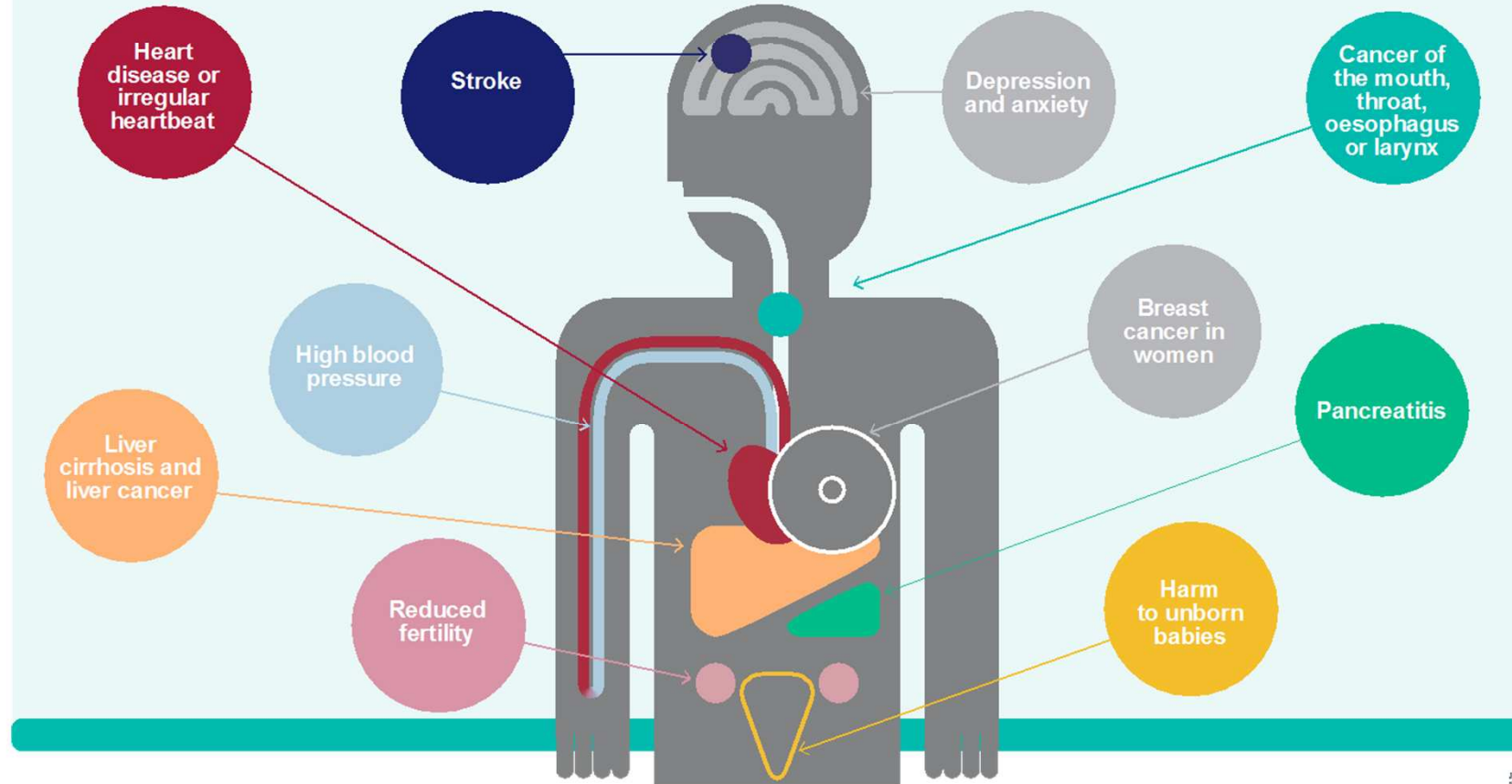


15% of road
fatalities



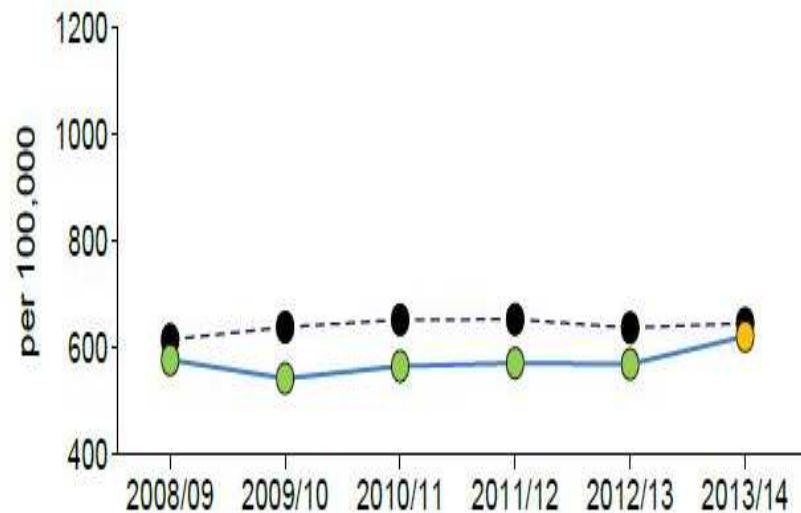
Alcohol Harms

Alcohol misuse damages health

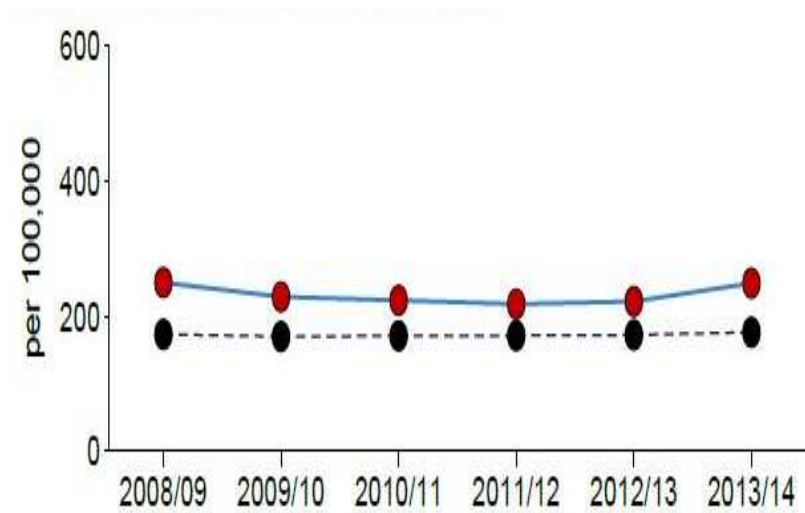


Shropshire Health Need

Hospital Admissions – Alcohol related Conditions

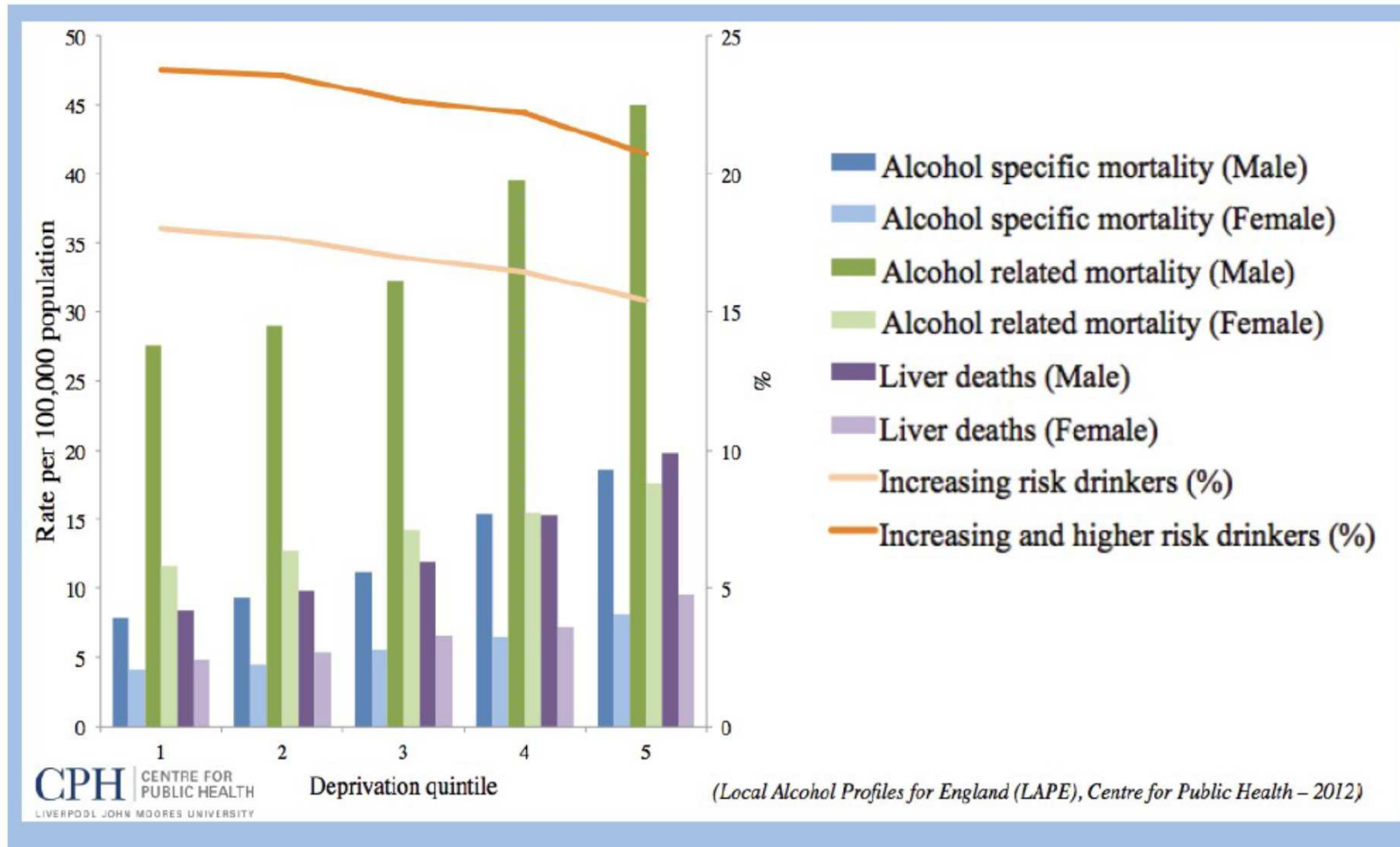


Hospital Admissions – Alcohol related cancers



Alcohol Harms

Page 6





The annual cost of alcohol-related harm



**Total cost
to society:
£21bn**



**Crime in
England:
£11bn**



**Lost
productivity
in UK:
£7bn**



**NHS in
England:
£3.5bn**

Alcohol Strategy 2016 -2019



Promoting safer communities

- Reduce incidence of alcohol related crime and anti-social behaviour.
- Improve management of the night-time economy.
- Promote sensible drinking.
- Extend support for alcohol misusing offenders



Improving health and well-being

- Reduce alcohol related hospital admissions
- Prevent further increase in levels of chronic and acute ill health caused by alcohol



Protecting Children and Young People from Alcohol Related Harm

- Reduce alcohol related harm among children and young people.
- Support and protect children and young people affected by parental substance misuse

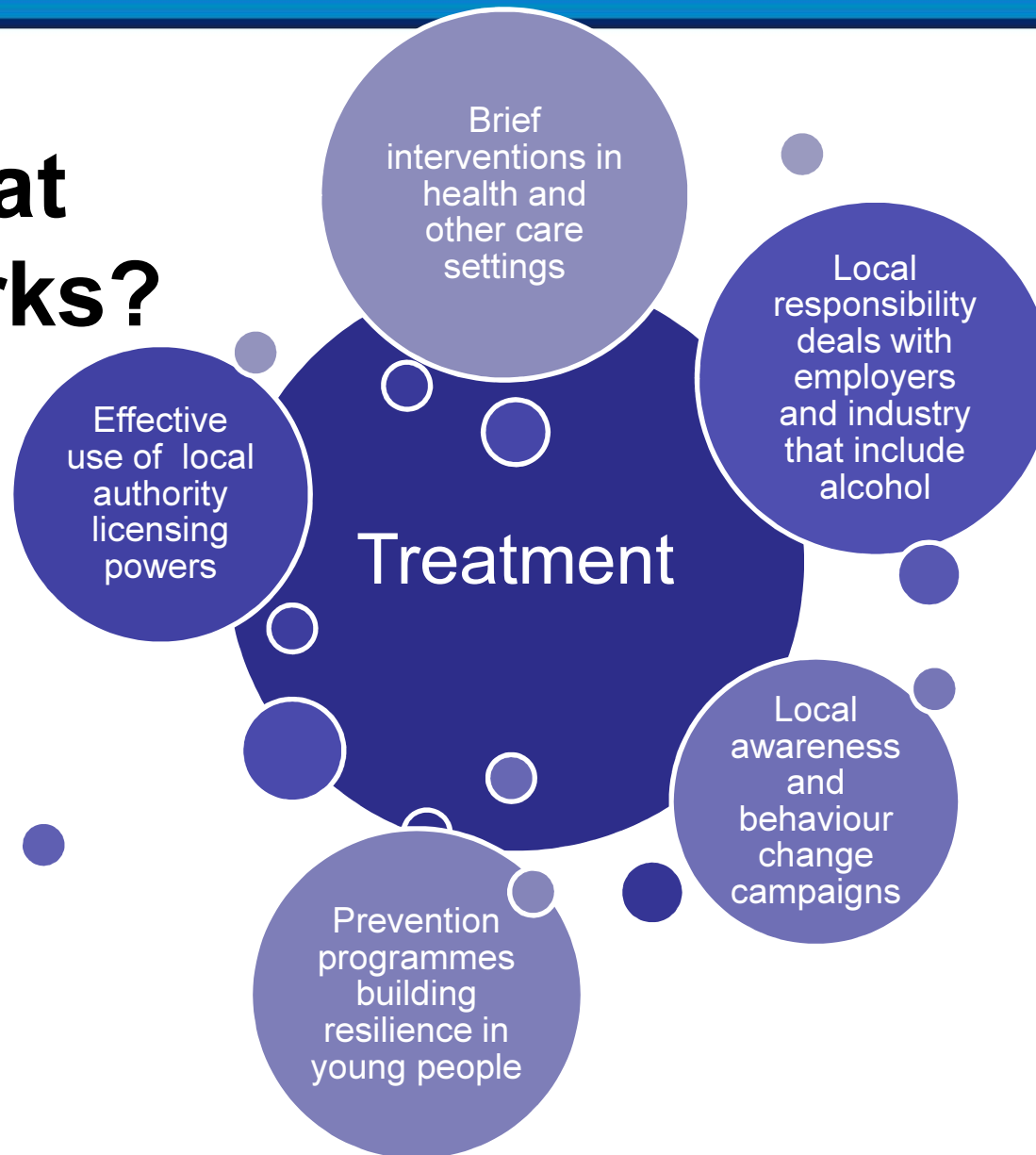


Partnership

- Improve quality of data collection
- Improve information sharing
- Increase capacity through workforce planning and development.



What works?



Governance



Recommendations

- Agree in principle the aims and objectives as presented for the Alcohol Strategy 2016-2019
- Consider alcohol as a future strategic priority for the Health and Well-Being Board
- Support delivery of strategy through Partnership working

This page is intentionally left blank



Better Care Fund Plan 2016/17



NHSE Requirements

- i. A jointly agreed narrative plan including details of how the national conditions are addressed;
- ii. Confirmed funding contributions from each partner organisation;
- iii. A scheme level spending plan demonstrating how the fund will be spent;
- iv. Targets set against the national metrics.

Narrative Plan



The narrative plan has been developed through

- H&WBB development sessions and Board discussions
- H&WB Delivery group sessions and discussions
- Input from all the BCF sub groups including a wide range of partners
- Dedicated, themed focus groups
- Learning from 2015/16
- Feedback from BCF regional support post
- Patient engagement

The narrative plan tells the story of the journey we are taking to becoming a more cohesive system behind a single vision.

Based on the format of the approved 2015/16 plan



Funding



NHSE mandate a minimum allocation from both LA's and CCG's with the option to top this up by adding funds to the pooled budget. Shropshire's budget for 2016/17 is made up as follows:

Shropshire Council mandated allocation	£2,498,000
Shropshire CCG mandated allocation	£19,302,189
Shropshire Council additional allocation	£1,044,419
TOTAL	£22,844,608

The additional allocation is made up of funding from the Council's Public Health Adult Social Care and Commissioning functions

Budget will be iterative, developing throughout the year with a commitment to review budget lines and drive efficiency wherever possible



Funding



The Policy Framework for 2016/17 removes the need for a Payment for Performance Fund to be set aside and instead allows the equivalent sums to be invested in risk sharing arrangements and NHS Commissioned out of hospital services, **or** investment in NHS out of hospital commissioned services only.

Shropshire will be adopting the latter position.

The budget proposal includes an investment in the Integrated Care Service which represents a significant element of the out of hospital services commissioned. Across the combined health and social care aspects of the service the total, of both historic and new investment, by the BCF will be in the order of £4.5m.



Schemes

Development and focus sessions gave a clear message around the on-going commitment to the 4 themes BCF areas:

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

But with a clear acknowledgement of the impact needed on the immediate term – *reducing admissions* and the longer term – *building community capacity*



Schemes



High Impact Schemes for 2016/17 have therefore been identified as follows:

Prevention	
Early Intervention	
Supporting people in crisis	
Supporting people to live independently for longer	

Ref no.	Scheme
A1	Integrated Fall Prevention
A2	Future Planning Scheme
A3	Detection and management of risk factors for Stroke
B1	Proactive Care Programme
B2	Community & Care Coordinators
B3	0-25 Emotional Health & Wellbeing
B4	Housing Scheme
B5	Strengthening Families
B6	Social Prescribing
C1	Integrated Community Services
C2	Mental Health Crisis Care Services
C3	Alcohol Liaison Service
C4	Rapid Access, Interface to Discharge (RAID)
C5	High Intensity Users Model
D1	Resilient Communities
D2	Dementia Strategy
D3	Integrated Carers Support
D4	End of Life Coordination



Metrics



National Metrics:

Non Elective (NEL) admissions –

The data proposed by Shropshire CCG in relation to this target is based on a 2015/16 outturn position of 31,496 emergency admissions for General & Acute. Growth is anticipated at 827 with mitigating activities in place for 327 emergency admissions. The target position for 2016/17 is therefore 32,000

Admissions to residential and care homes – A review of current performance was undertaken and was considered alongside the impact of recent work undertaken to develop domiciliary care capacity across the sector. An annual rate consistent with the previous year was agreed based on this of 463.75



Metrics



National Metrics:

Effectiveness of Re-ablement – A review of current performance was undertaken and considered against the potential impact of schemes introduced in 2015/16 which will continue but have lesser impact in 2016/17. On this basis the target was set at 84.1%

Delayed Transfers of Care - A working group which included the lead commissioner for re-ablement, the lead commissioner for the Integrated Care Service and the Commissioning Support Unit data analysts reviewed current performance on DToC alongside the potential impact of schemes to be introduced or refined in 2016/17. On this basis the quarterly rates submitted in the BCF planning template were agreed as Q1: 1163.2, Q2: 1166, Q3: 1411.1, Q4: 1146.6



Metrics



Local Metric:

A reduction in the number of unplanned admissions to Redwoods with a diagnosis of Dementia as a proportion of those diagnosed with dementia

In 2015/16 there was a 0.37% reduction in admissions (from 1.77% in 2014/15 to 1.4% in 2015/16) as a proportion of the diagnosed population. Whilst unplanned admissions have remained fairly static over the past two years the diagnosed population has increased significantly as a result of focused work to increase diagnosis rates. Whilst this work will continue it is likely that the rate of diagnosis will slow in 2016/17. The H&WB Delivery Group therefore recommends that the level of reduction should be set at 0.2% for 2016/17



Metrics



Patient Experience Metric:

A change from the 2015/16 metric has been necessary.

Options were considered with input from the CCG's Quality team who recommended that it would be consistent with the BCF guidance to use the CQC inpatient survey as a basis for this metric. This survey includes a range of measures regarding "leaving hospital" which align to the current focus on improving our position regarding Delayed Transfers of Care.

It is therefore recommended that the Patient Experience metric for 2016/17 be a composite "leaving hospital" measure from the CQC inpatient survey.



Next Steps



- Final submission of plan and activity and finance template to NHSE on Tuesday 3 May
- Implementation of new schemes
- Budget review
- On going monitoring of progress against budget and metrics
- Continued development of integrated working





Neighbourhood Life

Health and Wellbeing Board 21st April

Page 29

George Candler, Director of Commissioning
Sandra Ashwell, Public Health Programme Lead
Angela Creighton, Shropshire Community Leisure Trust, Serco

Agenda Item 9

Shropshire Neighbourhood Life



Shropshire
County Council

Use of GPPAQ to determine eligibility (inactive)
Catalyst for 'business as usual'

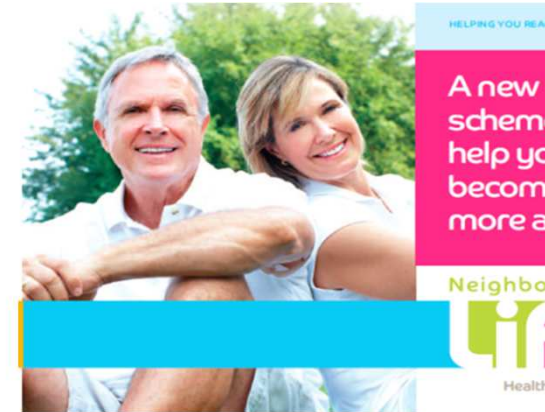
Behaviour change training (motivational interviewing for NL staff)
1 support session, follow up at 3 and 6 months

6 months access to gym, swim and classes @ £10 per month

Behaviour change support from a Neighbourhood Life for first 3 months

an opportunity to take up step up membership on completion of 6 months

Wendover Sports Village (200), Oswestry Leisure centre (200), Ludlow Leisure centre (100)



Enquiry Card

Title _____ D.O.B. _____ Today's Date _____

First Name _____ Gender: Male Female

Surname _____

Address _____ Age Range: 18-24 25-34
 35-49 50-64

Postcode _____

Telephone _____ How Did you Hear About Us?: Leaflet From a Friend
 Flyer Website
 Health Centre Social Media
 Other (Please specify) _____

Email Address _____

Data Protection: Your details may be used and disclosed to Shropshire Community Leisure Trust Limited so that you can be provided with information about products and services offered by Shropshire Community Leisure Trust Limited and other organisations, which may be of interest to you, or for market research purposes. You have provided your email address and mobile number. Shropshire Community Leisure Trust Limited may use an email or text to contact you. If you would like to receive this information, please tick this box.

Sign up

Challenge of a community engagement approach

Support for Community Enablement Team, Sports Development,
Energize STW in engaging inactive groups (voluntary and community
sector)

Employers (supermarkets e.g Asda, JobCentre)

Page 31

Oswestry: Inactive = 107, Mod. Inactive = 77 (total 184)

Shrewsbury: Inactive = 96, Mod. Inactive = 76 (total 172)

Ludlow: Inactive = 64, Mod. Inactive = total 29 (total 99)



Retention



Oswestry: 23% retained to full membership

Returned = 61 Lapsed = 89 Cancelled = 6 Step-Up Membership = 24
Returned to Full Membership = 4 Total = 184

Shrewsbury: 9% retained to full membership

Returned = 35 Lapsed = 105 Cancelled = 19 Step-Up Membership = 9
Returned to Full Membership = 4 Total = 184

Reasons for Cancellation: (Oswestry & Shrewsbury)

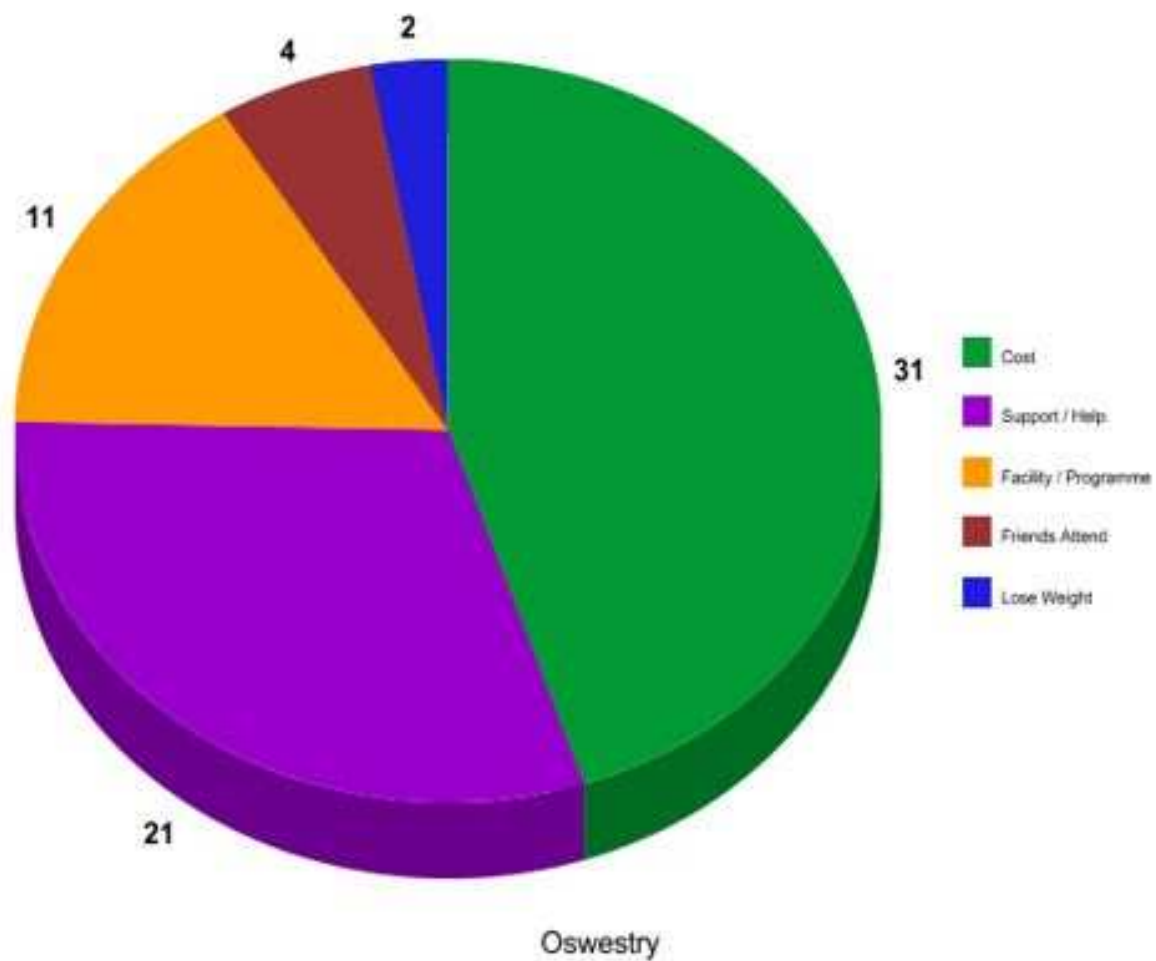
Medical x7	Joint Different Gym x4
Cancelled Direct Debit x 2	Moved Away x4
Lack of Time x3	Lack of Use x 5

Flow:

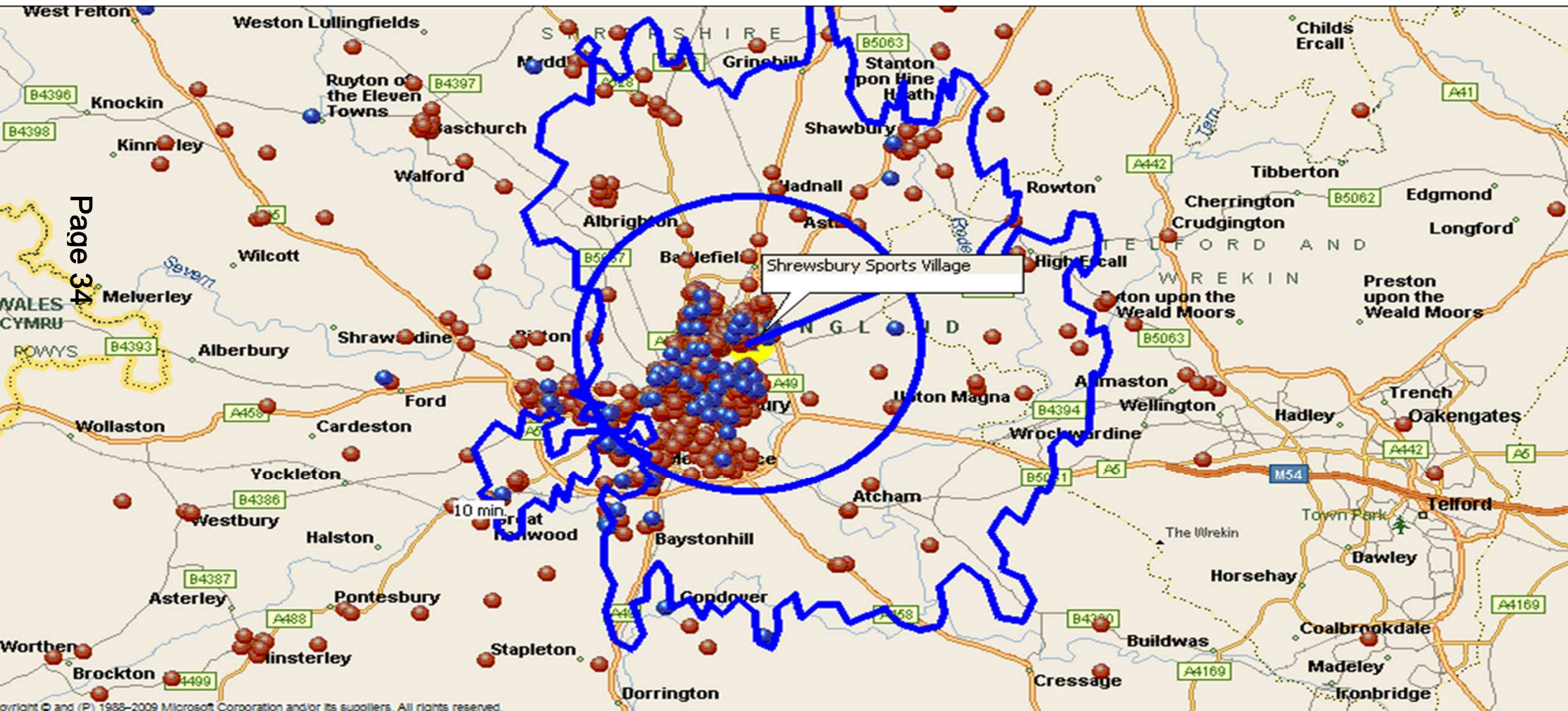
100% of the customers move to the second 3 month phase of the scheme going from the £10 fee to the £20 fee.

77% retained to full Membership (over 60's to £27 and under 60 to £31)

What appealed?

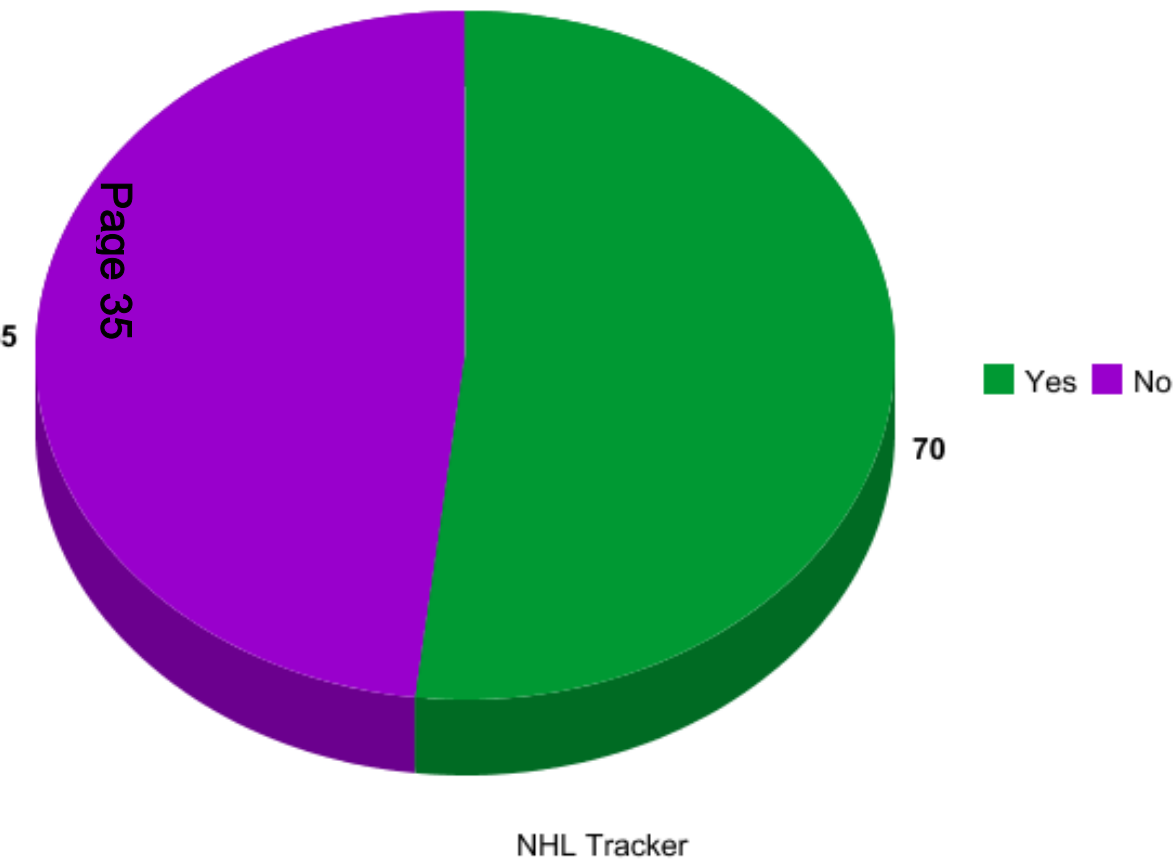


SHREWSBURY – Postcode Mapping



Follow up: How active are they now? – NHL Oswestry

How many are doing the recommended 150mins?



135 Active 74%

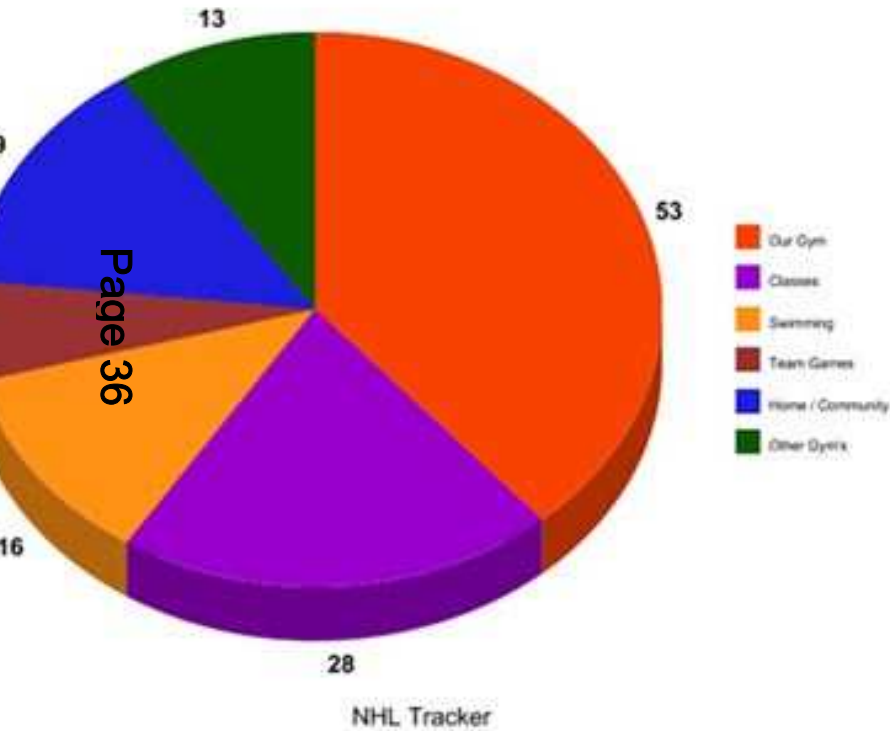
34 Non Active 18%

15 Non Contactable 8%

35 Outside of the Leisure Centre

Where are they active now?

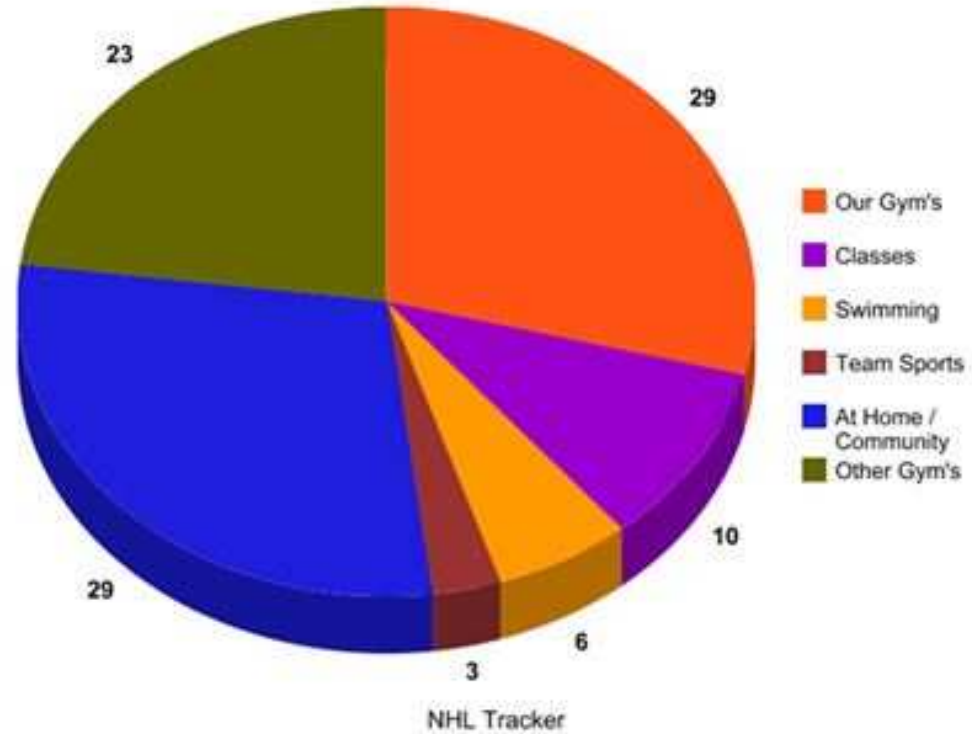
Where are our 135 still active participants keeping active? Oswestry



Page 36

Active 74%
 Non Active 18%
 Non Contactable 8%

Where are our 100 still active participants keeping active? Shrewsbury



100 Active 58%
 28 Non Active 16%
 44 Non Contactable 26%

Next steps



Model embedded in Shrewsbury and Oswestry

Discussion on-going Ludlow

Shropshire Community Leisure Trust 'Everybody Active

Everyday action plan includes MI (behaviour change)
staff training and engagement of 'inactive people'

Inclusion of activity measure in new member induction

Learning from community engagement approach
e.g. businesses

This page is intentionally left blank