

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

Date: Wednesday, 16 April 2014

**Committee:  
Health and Wellbeing Board**

**Date: Friday, 25 April 2014**  
**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
Ann Hartley	Dr Bill Gowans
Lee Chapman	Paul Tulley
Professor Rod Thomson	Jane Randall-Smith
Stephen Chandler	Graham Urwin
Karen Bradshaw	Jackie Jeffrey
Dr Caron Morton (Vice Chairman)	

Your Committee Officer is:

**Karen Nixon** Committee Officer  
Tel: 01743 252724  
Email: [karen.nixon@shropshire.gov.uk](mailto:karen.nixon@shropshire.gov.uk)

# AGENDA

## **1 Apologies for Absence and Substitutes**

To receive apologies for absence and any substitutes that may be notified.

## **2 Minutes (Pages 1 - 12)**

To confirm the minutes of the meetings of the Health and Wellbeing Board held on the 21<sup>st</sup> March and 28<sup>th</sup> March (Special meeting) attached.

## **3 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.

## **4 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.

## **5 JSNA - Health of the Population Update: EVIDENCE**

To receive a presentation by the Public Health Specialist.  
Contact: Emma Sandbach, Tel 01743 253967

## **6 Better Care Fund and Final 256 Agreement: QUALITY & PERFORMANCE (Pages 13 - 48)**

A joint report will follow.  
Contact: Dr Julie Davies 01743 277580 and Ruth Houghton 01743 253093.

## **7 Future Fit Update: QUALITY & PERFORMANCE**

To receive a verbal update from the Shropshire Clinical Commissioning Group.  
Contact: Dr Caron Morton 01743 277580.

**8 Equalities Charter: FOR DECISION (Pages 49 - 52)**

A report will be made by the Director of Public Health. Copy attached.  
Contact: Prof. Rod Thompson 01743 253934.

**9 Physical Inactivity: FOR INFORMATION/DISCUSSION**

Please click on link

<http://parliamentarycommissiononphysicalactivity.files.wordpress.com/2014/04/pcopa-final.pdf>

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Committee and Date  
Health & Wellbeing Board  
25 April 2014  
9.30 am

Item  
  
Public

## MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON FRIDAY 21 MARCH 2014 AT 9.30AM IN THE SHREWSBURY ROOM, AT SHIREHALL, SHREWSBURY

**Responsible Officer** Karen Nixon  
Email: karen.nixon@shropshire.gov.uk

Telephone: 01743 252724

### PRESENT

#### Members:

Karen Calder	Portfolio Holder for Health (Chairman)
Lee Chapman	Portfolio Holder for Adult Services
Ann Hartley	Portfolio Holder for Children's Services
Helen Herritty	Shropshire CCG
Ruth Houghton	Head of Social Care, Efficiency and Improvement (as substitute for Stephen Chandler, Director of Adult Services)
Nicola McPherson	substitute for Jackie Jeffrey, Chairman VCSA
Jane Randall-Smith	Chairman, Shropshire Healthwatch
Prof. Rod Thomson	Director of Public Health
Paul Tulley	Shropshire CCG
Graham Urwin	Director Shropshire and Staffordshire Area Team, NHS England

#### Officers and others in attendance:

Neil Adams	Screening and Immunisation Lead, NHS England
Tim Barker	Portfolio Holder for Performance
Penny Bason	Health & Wellbeing Co-ordinator
Gerald Dakin	Chairman of Health Scrutiny
Dr Julie Davies	Director of Strategy and Service Redesign
Lynn Deavin	Local Pharmaceutical Committee
Madge Shineton	Shropshire Councillor
Sam Tilley	Shropshire CCG

### 64. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

64.1 Apologies for absence were received from Karen Bradshaw, Director of Children's Services; Stephen Chandler, Director of Adult Services, Dr Bill Gowans, Vice-Chairman Shropshire CCG; Jackie Jeffrey, Chairman VCSA and Dr Caron Morton, Accountable Officer, Shropshire CCG.

64.2 Substitutions were notified as follows:

Ruth Houghton for Stephen Chandler, Director of Adult Services  
Nicola McPherson for Jackie Jeffrey, Chairman VCSA.

## 65. MINUTES

### 65.1 Arising thereon;

#### 24 January 2014 Minutes

Winterbourne View (Minute 51.4. d); It was reported that this work was had started and was in hand. It was requested that as part of this work a map of people placed out of county be included

Deprivation of Liberty Safeguards (Minute 52.5. e); To update the meeting Graham Urwin stated he was not aware of any outstanding issues at this time.

JSNA Health Inequalities (Minute 53.5 e); This matter had been considered at a Green Paper meeting. It was agreed that an update would be made to future meeting of the Health & Wellbeing Board; to note.

### 65.2 Subject to the foregoing, the minutes of the Health and Wellbeing Board meeting held on 24 January 2014 and the minutes of the Special meeting of the Health and Wellbeing Board meeting held on 12 February 2014 were both approved and signed by the Chairman as a correct record.

## 66. PUBLIC QUESTION TIME

### 66.1 The Chairman welcomed Mrs A McKittrick, a Shrewsbury resident, to the meeting and thanked her for submitting a public question to the Board.

### 66.2 Mrs A McKittrick, asked a question about the Quarry pool and fitness centre, in Shrewsbury, and why at a time when we are told to do more exercise and not be a burden to our overstretched NHS service, why would the Council consider closing or selling the centre rather than providing more visible support to the long term future of the town's fitness facility (a copy of full question and answer are attached to the signed minutes).

In response, the Chairman said that Shropshire Council recognised the importance of physical activity for Shropshire residents and visitors and was committed to getting more people, more active, more often working with its partners across the county. Shropshire Council had already publicly stated it was committed to the ongoing provision of a swimming pool for Shrewsbury and would not be closing any pool facility it has responsibility for in the town.

By way of background, Shropshire Council has pulled together a list of the 10 top investment sites in the county for perspective investors, which has been forwarded onto the UKTI (UK Trade & Investment). Within that list is the site that is currently occupied by the Quarry Swimming Pool.

The Quarry Swimming Pool facility whilst acknowledging that it is tired and well used is still operational - the most recent condition survey (undertaken in December 2011) did not identify any major structural problems. As one would imagine the building, because of its age, is not as energy efficient as any new build would be. Any potential new build, should funding become available in these difficult financial times, would be based on what is needed for the area, factoring in schools use, existing public use and future demand. No decision has been taken on this due to the financial challenges currently faced in the public sector.

Shropshire Council would consider any offer made for the site as it would any asset it holds however, as has already been stated, would not do this without continuing to provide swimming pool provision for the town.

### 66.3 By way of a supplementary question Mrs McKittrick asked if the Council would consider the setting up of a Community Trust to run the facility in the future and

maximise its use. The Director of Public Health agreed that a joint approach made sense and cited the swimming pool at Wem as an example of the local community getting involved. The Chairman endorsed this and agreed to feedback Mrs McKittrick's comments.

## **67 DISCLOSABLE PECUNIARY INTERESTS**

67.1 There were none.

## **68. HEALTH & WELLBEING STRATEGIC REVIEW**

- 68.1 The Board received a report (copy attached to signed minutes) which was a strategic review of the work of the Health and Wellbeing Board for 2013/14; basically a stock take of where the Board is and how far it had come since it began its statutory duties on 1 April 2013. It was generally agreed that the Board had come a long way and developed into an effective board.
- 68.2 It was agreed that there was a need to formally tie up the Memorandum of Understanding between the Health and Wellbeing Board and the Health Scrutiny Committee. There was a forthcoming scrutiny meeting on Monday 24 March and it was agreed that this should be raised there.
- 68.3 There was now a need try and include the public more, to make a difference. Whilst the Better Care Fund emphasised Adult Services, members were also mindful to include and promote children's health services too.
- 68.4 It was noted that a more structured format was now being developed to measure what the Board had achieved and to monitor work programmes in the future; this was welcomed.
- 68.5 In order to be clear and informed about matters it was requested that all H&WB members receive the minutes of the Health and Wellbeing Executive Committee (now Delivery Group), which the Director of Public Health undertook to arrange.
- 68.6 It was noted that the Board needed to evolve over time, especially in light of the new statutory duties (e.g. Better Care Fund).
- 68.7 In order to simplify things it was requested that a clear flow chart be made so that it was easy to see who did what. The CCG were commended on their work elsewhere in developing a 'Plan on a Page'. It was agreed that this type of template be used to work up a simple diagram for the H&WB's work.
- 68.8 **RESOLVED:** The Board agreed and confirmed that during 2014/15 the Health and Wellbeing Board's development would include the following;
- a) Through partnership working and collaboration of all Board members, the further development of the Boards governance and delivery mechanisms for the HWB Strategy and statutory functions, including reviewing and updating the Terms of Reference of all groups as appropriate;
  - b) Through partnership working and collaboration of all Board members, the further development of the collective understanding of the HWBB role in Quality and Performance of Health and Social Care in Shropshire and its role in supporting the Communication and Engagement around key transformation programmes;
  - c) The development of an induction pack for new members of the Health and Wellbeing Board to ensure that newly elected members from both Shropshire

Council, the CCG and the VCSA have a smooth induction into the Board in the future;

- d) The progression of the Board's engagement and consultation processes to include streamlining information collected across the Health and Social Care economy for input into the JSNA and decision making processes.
- e) That a joint communication strategy be developed to ensure the work of the Health and Wellbeing Board be publicised more effectively.

## **69. NHS ENGLAND – LOCAL PRIMARY CARE**

- 69.1 An update on dentistry in the County was given first; all units of activity would be delivered by the end of March 2014. This included additional dental activity in Cleobury Mortimer this year and expanding services in Bridgnorth for people with special needs, which was welcomed.
- 69.2 A presentation on the General Medical Services that existed in the Shropshire County Area was then given by Graham Urwin, Director of Shropshire and Staffordshire Area Team, NHS England (copy attached to the signed minutes). This covered an overall summary, showing little change and a good GP to patient ratio in Shropshire of 1,948. Contractual actions in Shropshire practices were reported as generally well performing.
- 69.3 Positive updates were given for Shropshire including a new Cambria practice in Oswestry, work on a new surgery for Cleobury Mortimer and the resolution of a long standing partnership dispute at Bishops Castle.
- 69.4 Primary Joint Commissioning Board has 5 key programmes over the next year (see presentation attached to signed minutes).
- 69.5 **RESOLVED:** That the update be welcomed and noted and that a further report be made to the H&WB around August/September 2014 time.

## **70. IMMUNISATION & SCREENING UPDATE**

- 70.1 A verbal report was given by Neil Adams, Screening and Immunisation Lead, NHS England, on the various strands of work being undertaken by a team of Public Health Specialists, both nationally and more importantly at local level across Shropshire on immunisation and screening.
- 70.2 Major achievements were highlighted in the following immunisation programmes;
  - Measles emergency programme
  - Progress made on the MMR 'catch up' campaign in Shropshire was welcomed, and it was noted that new programmes were being introduced, such as
    - Rotavirus
    - Seasonal Flu vaccinations, including the introduction of secondary school age children in the future (Years 7 and 8)
    - Meningitis B



- 70.3 In respect of screening the following programmes continued and it was noted that Shropshire performed well;
- Cancer screening; for Breast/Cervical/Bowel cancers
  - Diabetic Eye Screening
  - Triple A (Abdominal Aortic Aneurysm) Screening
  - Neonatal screening
  - Bowel screening
- 70.4 On the assurance side it was explained that regular meetings with the Directors of Public Health at both Telford and Wrekin Council and Shropshire Council were being made. In addition to this, a Quarterly Assurance Group had also been set up. It was pleasing to note that at a local level there was good close local working, but sadly there was frustration at national level, largely due to the inability to access data because of national restrictions.
- 70.5 In response to whether or not there was an opportunity to analyse the information by individual care home, it was confirmed that unfortunately this was not possible at this time. However, a piece of work was to be undertaken by Irfan Ghani around care homes and vulnerable groups and Neil Adams confirmed that he would be happy to share this information with Ruth Houghton in due course.
- 70.6 **RESOLVED:** That subject to the above, the verbal report be welcomed and noted.

## **71. TERMS OF REFERENCE: HEALTH & WELLBEING BOARD**

- 71.1 Members received a report (copy attached to signed minutes) on the work of the H&WB which needed to be developed and reviewed in the light of the introduction of large scale transformation programmes being introduced throughout the health and social care economy in Shropshire.
- 71.2 **RESOLVED:** That Appendix A be accepted by the Board as its revised Terms of Reference.

## **72. BETTER CARE FUND**

- 72.1 A verbal update was given by Dr Julie Davies. Work on this was ongoing. A draft had been shared with the area team last week and another workshop had been held earlier in the week which had been positive. It was hoped to look at this whole topic in detail at the special meeting of the H&WB next week (28 March), where it was hoped to finalise the draft.
- 72.2 The Chairman expressed her thanks to Dr Davies and all those others involved in this huge piece of work and very much looked forward to receiving the final report ahead of next week's meeting.

## **73. QUALITY PREMIUM**

- 73.1 It was reported that the draft Quality Premium was discussed at the Green Paper meeting held on 21 February 2014 (a copy of this report was attached as an Appendix to the report). The final report was now for approval by the Board. In introducing the report, Dr Julie Davies amplified the measures outlined on pages 1 and 2. The Chair asked that on page 8 of the report it suggested that more work might be required and asked that if this was so, what was Plan B? Dr Davies

replied that it had been demonstrated that we could measure locally and therefore no plan B was required.

73.2 **RESOLVED:** that the following recommendations be supported:

- a) Measure 1 Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people - **that the minimum further reduction of 3.2% is set for this target.**
- b) Measure 4. Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in their local health economy in 2014/15 and showing improvement in a selected indicator from Domain 4 of the CCG Outcomes Indicator Set - **that the indicator chosen is the one for acute inpatient and A&E and that the percentage improvement in 2014/15 should be 5% to take the target average score for positive responses from 75% in 13/14 to 80% in 2014/15.**
- c) Measure 5 Improved reporting of medication-related safety incidents - **that the local providers chosen are Shrewsbury & Telford Hospitals Trust, Robert Jones and Agnes Hunt Orthopaedic Hospital and Shropshire Community Trust. The increase in reported incidents related to medication is to be set at 10% for all providers.**
- d) Measure 6 The local measure agreed by each CCG with their local Health and Wellbeing Board and with NHS England is - **People with COPD and Medical Research Council Dyspnoea Scale  $\geq 3$  referred to a pulmonary rehabilitation programme. The target is a 20% increase in the number of this type of patient who is referred in year for a programme over and above the baseline measured for 2013/14.**
- e) Quarterly progress against all these measures will be taken formally to the Health & Well Being Executive with an exception report sent to the Health & Well-being Board for information.

## 74. FUTURE FIT

74.1 Paul Tulley described the Future Fit programme progress to date. The programme is being managed through five principal work streams. The clinical design work stream outputs are feeding into the development of the CCG 5 Year Plan (which will be brought to the next Health and Wellbeing Board meeting).

74.2 The Future Fit is governed by its own Programme Board which reports to the Boards of the sponsoring organisations: Shropshire CCG; Telford & Wrekin CCG; Powys Local Health Board; Shropshire Community Health NHS Trust; and Shrewsbury and Telford Hospital NHS Trust. These governance processes will ensure that priorities across the health economy will be fed into the five work streams.

74.3 It was agreed that the Health and Wellbeing co-ordinator would liaise with the Future Fit programme to ensure that the key points at which the Future Fit programme would need to engage with the Health and Wellbeing Board were planning into the Future Fit programme and into the work programme for the Health and Wellbeing Board.

**75. DATE OF NEXT MEETING**

**75.1 RESOLVED:**

It was noted that a Special meeting of the Health and Wellbeing Board had been arranged for Friday 28 March at 10.30 am, in the Oswestry Room at the Shirehall, Shrewsbury, primarily to sign off the Better Care Fund work.

In addition to this, the original diared meeting of the Health and Wellbeing Board would still be held on Friday 25 April at 9.30am in the Shrewsbury Room at Shirehall, Shrewsbury, SY2 6ND.

Chairman : .....

Date : .....

The meeting finished at 11.30 am

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Health and Wellbeing Board
25 April 2014
10.30 am

Item
<b>2</b>
Public

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING  
HELD ON 28 MARCH 2014  
10.30 AM - 1.40 PM**

**Responsible Officer:** Karen Nixon  
Email: karen.nixon@shropshire.gov.uk Tel: 01743 252724

**Present**

Councillor Karen Calder (Leader)  
Councillors Lee Chapman, Professor Rod Thomson, Stephen Chandler, Paul Tulley,  
Jane Randall-Smith and Jackie Jeffrey

**76 Apologies for Absence and Substitutes**

76.1 Apologies for absence were received from Karen Bradshaw, Director of Children's Services; Dr Bill Gowans, Shropshire CCG; Ann Hartley, Portfolio Holder for Children's Services; Helen Herritty, Shropshire CCG; Dr Caron Morton, Accountable Officer, Shropshire CCG; Prof. Rod Thomson, Director of Public Health and Graham Urwin, NHS England.

76.2 A substitution was notified as follows:

Dr Julie Davies for Shropshire CCG

**77 Disclosable Pecuniary Interests**

77.1 There were none.

**78 Better Care Fund: Governance Structure**

78.1 The Board received two documents (copy attached to signed minutes) clearly showing the Better Care Fund Proposed Governance Structure and the Service Transformation Group including the Task and Finish groups coming under this (as at 1 April 2014). Members agreed that the 'Health and Wellbeing Executive' be renamed the 'Health and Wellbeing Delivery Group'.

78.2 It was noted that both documents were 'work in progress' and would undoubtedly change and evolve over time. The Plan on a Page of the Better Care Fund was welcomed.

78.3 It was suggested that in future a standing item on the Better Care Fund may be introduced onto the Health and Wellbeing Board's agenda. After some discussion it was agreed that 'Better Care Fund Performance' be put onto the H&WB agenda as a standing item.

78.4 It was agreed to develop a collective understanding and appropriate H&WB governance via a workshop. This would allow the Board to agree priorities and monitor performance.

78.5 **RESOLVED:**

- a) That the 'Health and Wellbeing Executive' be renamed the 'Health and Wellbeing Delivery Group'.
- b) That 'Better Care Fund Performance' be put onto future H&WB agenda's as a standing item.
- c) That appropriate governance of the Board be developed, incorporating the Better Care Fund and that priorities be agreed and performance monitored.

## 79 **Better Care Fund: Terms of Reference for 3 Sub Groups**

79.1 The Terms of Reference for each of the three sub groups were noted by the H&WB (copy attached to the signed minutes);

- The Better Care Fund Service Transformation Group
- The Better Care Fund Finance, Contracts and Performance Sub-Group
- The Health and Wellbeing Delivery Group

79.2 It was noted that the Chairs of each group were still to be confirmed, though it was acknowledged that they would probably be senior officers. It was also noted that there were many existing groups and it was agreed that they should be informed as soon as possible that they should now report to the Transformation Group; they may even need to refresh the membership and aims of each group

79.3 A discussion ensued about how to make the patient representative meaningful. It was agreed that Dr Julie Davies would to pass this on the PPEC and ask how this could be taken forward.

79.4 At page 7, terms of reference for The Better Care Fund Finance, Contracts and Performance Sub-Group, it was agreed to delete the last objective listed 'Coordinate the service transformation...'

79.5 **RESOLVED:** That subject to the foregoing, the terms of reference be approved.

## 80 **Better Care Fund Co-ordinator**

80.1 A job description (copy attached to signed minutes) for the post of Better Care Fund Manager was noted by Board Members. It was proposed to advertise this post internally within both Shropshire Council and the Shropshire CCG as a secondment opportunity initially. If this was not successful, then an interim post would be

created whilst a substantive recruitment process could be undertaken. This recruitment strategy was duly endorsed by the H&WB.

80.2 **RESOLVED:** That the recruitment strategy outlined above be endorsed by the H&WB.

## 81 Better Care Fund Plan

81.1 The final draft of the Better Care Fund Plan (copy attached to the signed minutes) had been prepared for final submission to NHS England on 4 April 2014.

81.2 It was noted that there were two areas within the submission that required more work;

- 7 day services to support discharge, and,
- 7 day working

81.3 It was agreed that this part of the submission should be revised and this was duly delegated to Stephen Chandler and Paul Tulley who were asked to be flexible in their language/wording. After some discussion it was agreed that the wording should be explicit and kept under review as further guidance came out.

81.4 The Chair requested more information about what was going to be decommissioned and the impact of this for JSR and the CCG.

81.5 **RESOLVED:** subject to the foregoing;

- a) That the final Better Care Fund Plan for submission to NHS England on 4 April 2014 be noted and agreed. In particular it was agreed that the section relating to 7 day services could be finalised once the Service Delivery and Improvement Plans had been received from provider organisations following the Extraordinary Health & Wellbeing Board meeting, but prior to 4 April submission date.
- b) That the Better Care Fund Outcomes and Finance spreadsheet be noted and agreed. In particular to note and agree the proposed local outcome measure.
- c) That the following be noted and agreed:
  - i. Better Care Fund Governance Structure
  - ii. Terms of Reference – Health and Wellbeing Delivery Group. In particular to agree the recently ratified Terms of Reference for the Health & Wellbeing Board to be updated to reflect the role of the Delivery Group
  - iii. Terms of Reference – Service Transformation Group
  - iv. Terms of Reference – Contracts and Performance Sub Group
  - v. Better Care Fund Manager Job Description
  - vi. Better Care Fund Plan on a Page
  - vii. Better Care Fund Assurance Framework

- d) That quarterly performance reporting be presented to the Health & Wellbeing Board with updates on progress of the Better Care Fund being a regular agenda item.

**82 CCG 5 Year Plan**

82.1 Paul Tulley introduced and amplified a report on the Draft Strategic Plan 2014/15 to 2018/19 (Version 4). It was noted that the long term vision was coming from the Future Fit programme, which was also appended to the report – Future Fit shaping healthcare together: Clinical Design Workstream, A Report of Output November 2013 to March 2014, (copy of both documents attached to the signed minutes).

82.2 At page 15 of the Draft Strategic Plan, paragraph 37, Workforce Issues, it was requested that the word ‘crisis’ be removed and replaced with something less emotive. It was also agreed that this section of the draft plan be cross referenced to page 24 of the Future Fit document, Paragraph 8.3, which had been approved by the Future Fit Programme Board and was now in the plan.

82.3 It was generally agreed that a glossary was required.

82.4 This Draft Strategic Plan document would come back to the H&WB in June 2014 in final draft for approval by the H&WB.

82.5 Dr Peter Clewes was present at the meeting to give a Powerpoint presentation on Future Fit with recognition that the 5 year plan would transform the NHS Future Fit clinical design. There were 3 slides (copy attached to the signed minutes). The first slide was clinician led and contained Acute/Episodic – Identifying Flows. Members noted that it was really important to understand patient flows at all levels and to put things in the right location. Research was currently going on in respect of the 111 service. Slide 2 was about integrated care records and slide 3 covered planned care.

82.6 The Chair commented that any feedback received on the draft submission would be welcome and that an assurance process would be good. It was agreed to circulate to Board members and a verbal update to be given if required.

82.7 **RESOLVED:** That the Draft Strategic Plan and Future Fit appendix, plus the presentation be noted

Signed ..... (Chairman)

Date:





<u>Committee and Date</u>
Health and WellBeing Board
28 April 2014

<u>Item</u>
<b>6</b>

## SHROPSHIRE HEALTH AND WELLBEING EXECUTIVE

### UPDATE ON ACTIVITY AND MONITORING OF S256 FUNDING TRANSFERRED FROM SHROPSHIRE CCG TO SHROPSHIRE COUNCIL

#### 1. Introduction

Following agreement on a set of outcome measures for the use Section 256 monies by the Health & Wellbeing Board, the attached report provides the second performance update in relation to these measures.

#### 2. Recommendations

- Note the activity to date against each of the expenditure allocations.
- Agree that annual performance activity against the suite of Local Authority performance indicators (both national and local indicators) are reported to the board in the Autumn of each year once validated and published by the information centre.
- That the Health and Wellbeing Board prioritises areas for in depth review as part of the forward plan to include preventive services and locality commissioning.

## REPORT

#### 3. Purpose of Report

This report provides an update on the use of funds transferred during 2013/14 from NHS England on behalf of Shropshire CCG to the local authority under a section 256 agreement.

The transfer from NHS England to the Local Authority of funds totalling in the region of £4.9 million and the areas it is to be spent against was agreed by the Health and Wellbeing Board in September 2013

The funds were allocated to both existing expenditure as well as to areas that strengthen adult safeguarding and prevention and to new initiatives such as the development of locality commissioning.

Some areas of expenditure have well established national performance indicators from the Adult Social Care Outcomes Framework (ASCOF) which on an annual basis are comparable against the performance of other Local Authorities whereas others have a suite of local indicators allocated to them e.g. safeguarding which measure local performance and are for internal use.

#### 4. Background

Traditionally, in line with the National Health Service Act 2006, annually under a Section 256 Agreement, health monies have been transferred to Local Authorities to support Adult Social Care in relation to activities carried out by the Local Authority which relate to the health of individuals, the provision of health services or are of benefit to the wider health and care system in the area of the Local Authority. In the future this funding will become part of and included in the Better Care Fund (BCF).

#### 5. Engagement

Not applicable for the reporting of performance and activity, but will be applicable going forward as the use and plans for the Better Care Fund are developed locally.

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

Performance monitoring against this funding was not a formal requirement until September 2013. The first iteration of the populated performance and outcome monitoring Framework was presented to the HWBB in January 2014 and the current report gives the full year position. As this arrangement is now superseded by the Better Care Fund the identification and management of risk will be undertaken via that structure and a Better Care Fund Risk Assurance Framework has been developed.

<b>List of Background Papers</b>
(This MUST be completed for all reports, but does not include items containing exempt or confidential information)
<b>Health and Wellbeing Board 24 January 2014: Better Care Funding and Update on activity and monitoring of s256 funding transferred from Shropshire CCG to Shropshire Council</b>
<b>Cabinet Member (Portfolio Holder)</b>
Councillor Karen Calder
<b>Local Member</b>
All – this is a countywide matter.
<b>Appendices</b>
Appendix A – Update report on activity and performance Appendix B – Shropshire RCC Performance Report

**NHS England Payments to Local Authorities 2013/14  
(Shropshire CCG – Shropshire Council)**  
Update report on activity and performance against the different types of expenditure and allocation

Name of Scheme	Service Descriptor	Outcomes	Funding	Outcome Measure	Monitoring update January 2014	Monitoring Update April 2014
Maximising Independence: hospital discharge and admission avoidance	Integrated approach to reablement – including START* supported discharge service, immediate care service & packages of reablement purchased from the independent sector in order to maximise a person's independence and facilitate discharge from hospital	Reduction in delayed discharges  Reduction in hospital admissions	500,000	DTCOC** measures –no more than 3.5% of bed stock at any one time  ASCOF ***measure 2C number of delayed transfers of care aged 18+ attributable to adult social care  Readmissions after 91 days – ASCOF measure 2B proportion of people 65+ who were still at home 91 days after discharge from hospital into reablement	Year to date delays attributable to social care reduced by an average of 3.2 people recorded at the monthly 'snap-shot' and 1762 delayed days.  NI125 data (people who are still at home 91 days after discharge) – is not reported until May 2014 however our results for 2012/13 are:  <b>2B part 1 - Older people, discharged from hospital into reablement services, who are still</b>	<b>Year to date delays as of 28/02/2013:</b> Av. 4.9 delays (per 100,000 population) against target of 3.9 (low is good)  4455 days delayed  <b>Year to date delays as of 28/02/2014:</b> Av. 3.4 delays (per 100,000 population) against target of 3.6 (low is good)  2419 days delayed  <b>NI125 2B part 1 - Older people, discharged from hospital into</b>

				services	<b>living at home 91 days later:</b> We achieved 64.6 in 2012-13, which is the lowest in our comparator group. (latest data available).	<b>reablement services, who are still living at home 91 days later:</b> – is not reported until May 2014
Increased social work capacity – hospital discharge and extended hours	<p>Social work capacity available for extended hours, which will include some late and weekend working, to facilitate hospital discharge</p> <p>Increased social work capacity –to strengthen the current social work capacity across acute and community hospital provision linking also to the virtual hospital and the intermediate care beds ensuring there is dedicated social work capacity for each of these provisions.</p> <p>To support continued involvement of Social workers in hospital ward</p>	<p>Reduction in delayed discharges</p> <p>Improved capacity in acute hospital settings</p> <p>Patients are supported to return home to family and communities earlier</p>	150,000	<p>DTOC measures – ASCOF measure 2C number of delayed transfers of care aged 18+ attributable to adult social care</p> <p>Readmissions after 91 days – ASCOF measure 2B proportion of people 65+ who were still at home 91 days after discharge from hospital into reablement services</p>	<p><b>In 2012/13 2C part 2 - Delayed transfers of care from hospital, attributable to adult social care:</b> We reported a result for 2012-13 of 4.8, per 100,000. This is higher than both the England and comparator group averages.</p> <p>Year to date delays attributable to social care reduced by an average of 3.2 people recorded at the monthly 'snap-shot' and 1762 delayed days.</p> <p>NI125 data (people who are still at home 91 days after discharge) – Not reported until May 2014.</p>	<p><b>Year to date delays as of 28/02/2013:</b> Av. 4.9 delays (per 100,000 population) against target of 3.9 (low is good)</p> <p>4455 days delayed</p> <p><b>Year to date delays as of 28/02/2014:</b> Av. 3.4 delays (per 100,000 population) against target of 3.6 (low is good)</p> <p>2419 days delayed</p> <p><b>NI125 2B part 1 - Older people, discharged from hospital into</b></p>

	<p>rounds</p> <p>Funds will support existing services, which would be terminated or reduced as a result of financial considerations by the Local Authority if the payment was not made</p>				<p>In 2012/13 we achieved:</p> <p><b>2B part 1 - Older people, discharged from hospital into reablement services, who are still living at home 91 days later:</b> We achieved 64.6 in 2012-13, which is the lowest in our comparator group.</p> <p>Year to date delays attributable to social care have reduced by an average of 3.2 people recorded at the monthly 'snap-shot' and 1762 delayed days.</p>	<p><b>reablement services, who are still living at home 91 days later:</b> – is not reported until May 2014</p> <p>Adult Services receives approximately 500 referrals per month to support discharge from acute and community hospitals in the county.</p> <p>Adult Services supports a further 50 people per month with wrap around care to prevent an acute hospital admission.</p>
Handyman scheme	<p>Provision of low level and minor home adaptations such as grab rails, key safes etc</p> <p>To ensure that individuals who need a minor adaption to their home either to prevent hospital admissions as part of a broader falls prevention</p>	Support people to remain living in the own home for as long as possible delaying the need for higher cost statutory	100,000	<p>Quarterly report on number of adaptations undertaken</p> <p>Number of people supported</p>	<p><b>Q3 2013/14 – year to date figures:</b></p> <p>2460 individual adaptations / jobs undertaken</p> <p>1471 households provided with at least one minor adaptation/ job</p>	<p><b>Q4 2013/14 – full year (preliminary results)</b></p> <p>3257 individual jobs / adaptations undertaken</p> <p>1845 households provided with at least one minor adaptation / job</p>

	strategy or to facilitate hospital discharge can access quickly, promptly and effectively a local approved handyman scheme.	<p>services.</p> <p>People are supported to remain in their own homes closer to friends , family and in their local community</p> <p>People are supported to feel safe living independently</p>			<p><b>Category/type of job</b></p> <p>Fit Rails - 37%</p> <p>Steps/ Ramps (outside work) - 7%</p> <p>Joinery - 13%</p> <p>Plumbing - 16%</p> <p>Security - 7 %</p> <p>Other miscellaneous - 20%</p>	<p><b>Category/type of job</b></p> <p>Proportions to be confirmed for end of year but expected to be similar to Q3 figures</p>
Carers support	Support for carers to enable them to continue in their caring role, access leisure and continue in employment. To include peer support, carers assessments, carer specific information and advice and web based support	<p>Carers continuing to maintain caring role</p> <p>Compliance with carers legislation</p> <p>Cared for individuals able to</p>	250,000	<p>Number of carers assessments undertaken</p> <p>Number of carers supported (Crossroads and Community Council)</p> <p>Results of the Annual Carer</p>	<p>Number of carers assessments undertaken (latest data available as at 31 December 2013)</p> <p>There are 4454 carers.</p> <p>866 carers assessments have been completed and 3588 Carer Reviews.</p>	<p>The next Carers' Survey is scheduled to take place in early 2015.</p> <p>Please see Appendix B RCC Carers Report as</p>

		remain at home and in their local community		<p>Survey</p> <p>Results of Annual Service user Survey</p> <p>ASCOF* measure 1A Social care related quality of life</p>	<p><b><u>Annual Carer Survey:</u></b></p> <p>Results from our 2012-13 Carers' Survey are shown below. Whilst we are pleased with our overall results, there are some areas that highlight areas where we need to improve. Support for carers continues to be one of our key priorities.</p> <p><b>3A % of service users who are satisfied with the care and support they receive:</b> Shropshire reported a result of 62.6% for 2012-13. This is lower than both the England and comparator group averages.</p> <p><b>3B % of carers who are satisfied with the support they receive:</b> Shropshire reported a result of 42.3% for 2012-13. This is lower than the England and comparator group averages.</p>	an example of the carers support provided.
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					<p><b>3C % of carers who felt they had been included in discussions about the person they care for:</b>          Shropshire reported a result of 68.8% for 2012-13. This is below both the England and comparator group averages.</p> <p><b>3D % of users and carers who find it easy to find information about services:</b> Shropshire reported a result of 68.1 for 2012-13. This is below both the England and comparator group averages.</p> <p><b><u>Annual User Survey:</u></b></p> <p><b>4A - % of service users who feel safe:</b> Shropshire reported a result of 62.7 for 2012-13. This placed us below the England average of 65.0, and is an area we have highlighted</p>	<p>Results for the 2013-14 annual User Survey are currently being collated, and will be available by end April.</p>
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					<p>for improvement.</p> <p><b>4B - % of service users who say that the services they receive have made them feel safe and secure:</b></p> <p>Shropshire reported a result of 63.8% for 2012-13. This shows the impact of our care services on this outcome, and is another area we have highlighted for improvement (linked to 4A above).</p> <p><b><u>Overarching Quality of Life:</u></b></p> <p>ASCOF Measure 1A Social care related quality of life is a composite measure covering 8 questions within the User Survey. Shropshire scored 18.8, which is equal to the England average in 2012/13.</p>	
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Telecare	Provision of stand-alone telecare equipment and contribution to a call monitoring system	<p>Support people to remain living in their own home and independently for longer</p> <p>Reducing reliance on high cost care package &amp; reducing reliance on residential admissions</p>	500,000	<p>Numbers/ types of funded telecare equipment provided</p> <p>Evidence of use of call monitoring system</p> <p>Number of staff trained to assess for telecare support</p> <p>Length of use of equipment</p> <p>Number of telecare items supplied to specifically support discharge</p> <p>Patient satisfaction feedback</p>	<p>This is a new contract and issues of equipment will be renewed annually as part of the contract review.</p> <p>A balanced scorecard/performance management system with staff has been introduced to monitor the use of equipment and issues to service users.</p> <p>All social care staff have received training on the use of telecare.</p> <p>The 'just checking' system is used widely to determine if an individual requires residential care.</p> <p>The Assistive Technology provider will monitor feedback from customers and report at the annual contract review meeting.</p>	<p>A range of equipment has been leased under this agreement including 100 'Lifeline' base units, 100 falls detectors, 100 smoke detectors and other peripheral devices</p> <p>The new social care operating model effective 01/04/14 and the focus on prevention will increase the case of assistive technology.</p>
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Crisis resolution	Approved Mental Health Practitioner ( AHMP) and out of hours Emergency Duty Team ( EDT) support to prevent MH admissions to acute hospital settings	Reductions in admissions to acute hospital  People with mental health needs supported	300,000	AHMP/ EDT activity including:  No. of assessments  Outcomes (admission or home support)  Rate of MH admissions in an	A senior practitioner has recently been appointed to co-ordinate EDT and AMPH services.  The AMPH service is co-located with the EDT team.  In the 12 months 1 January 2013 – 31 December 2013 417	In the year 1 <sup>st</sup> April 2013 to 31 March 2014 388 AMPH assessments were undertaken.  Of these 118 were for people aged over 65.  Closer links between EDT & AMHP being developed and policies

		at home		acute setting	AMPH assessments were undertaken.	developed alongside the NHS trust dealing with inpatient admissions and alternatives to admissions.  The AMHP service and EDT now has a single line of management to ensure consistent working.
Enhancing prevention services to support people with long terms conditions	Contribution to a range of preventative services including access to information and advice	Supporting people to self -care and self help  Reducing reliance on Statutory services	150,000	Evidence of preventative services available  number of help at home hours provided	The preventive services provided by CCG and LA have been mapped and work is underway to rationalise and maximise their effectiveness.	The preventive services provided by CCG and LA have been mapped and work is underway to rationalise and maximise their effectiveness – this work continues and Chief Officers are due to meet next in May 2014
Think Local Act personal/  Making it Real	Improve social care outcomes within local communities through roll out of locality commissioning and People 2 People	People are supported in their own local communities reducing reliance on	163,726	Report key milestones on locality commissioning, People2 People and Making it Real	Making it Real Board established and first meeting held in December 2013.  People 2 People roll out on schedule for north	The MiR top 3 priorities were chosen in November using the survey responses and group data that had been collected.  Shropshire's MiR action

		<p>statutory services</p> <p>People 2 people roll out across south Shropshire</p>		<p>Customer views and perception report</p>	<p>Shropshire from April 2014</p> <p>Locality commissioning and ageing well prototype roll out in Wem building on learning from Church Stretton</p> <p>Peer Support and Carer Peer Support embedded in P2P model.</p>	<p>plan was published in Nov 2013. The MiR Ref. Group began working together with the P2P Advisory Group to plan and develop the monitoring techniques that will be used to review the action plan.</p> <p>P2P model rolled out across Shropshire 01/04/14</p> <p>Ageing Well Community Hub launched in Wem. Launch event held with 26 providers and 88 members of public present. To date 200 people have been engaged with 25 of these seeking additional help. Issues arising are around social isolation, carer support and people wanting to 'give back' through volunteering</p>
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						and friendly neighbour initiatives  The new operating model effective 01/04/14 focuses on individuals strengths. 'Lets talk local' community sessions involving voluntary and housing partners support this model and help people to remain independent within their local communities.
Support for an integrated social care and healthcare pathway to avoid hospital admissions and facilitate discharge	An integrated social care and health approach including access to intermediate care services and reablement services including enhanced management capacity  Funds will support existing services, which would be terminated or reduced as a result of financial considerations by the Local Authority if the payment was not	Reduction in hospital admissions  Facilitate hospital discharge  Reduction in delayed transfers of care	675,000	DTOC measures  ASCOF measure 2C number of delayed transfers of care aged 18+ attributable to adult social care  Readmissions after 91 days – ASCOF measure 2B proportion of people 65+ who were still at home 91 days after	Year to date delays attributable to social care reduce by an average of 3.2 people recorded at the monthly 'snap-shot' and 1762 delayed days.  NI125 data (people who are still at home 91 days after discharge) – Not reported until May 2014.  The Local Authority fund a medicines management post to provide support to	<b>Year to date delays as of 28/02/2013:</b> Av. 4.9 delays (per 100,000 population) against target of 3.9 (low is good)  4455 days delayed  <b>Year to date delays as of 28/02/2014:</b> Av. 3.4 delays (per 100,000 population) against target of 3.6 (low is good)

	made. This will include elements of current provision on prevention, domiciliary care that doesn't require START, existing costs for support into care homes and management time to support integrated approaches in particular support to the optimising capacity work stream			discharge from hospital into reablement services  Ratification of an integrated health and social care pathway	Care Homes.	2419 days delayed  <b>NI125 2B part 1 - Older people, discharged from hospital into reablement services, who are still living at home 91 days later: –</b> is not reported until May 2014  Adult Services receives approximately 500 referrals per month to support discharge from acute and community hospitals in the county.  Adult Services supports a further 50 people per month with wrap around care to prevent an acute hospital admission.
Services for people with Dementia to support them	Access to telecare, support for carers, promotion of dementia friendly communities,	People with dementia and their carers are	600,000	Number of support packages offered  ASCOF measure	<b>2A part 1 - Permanent admissions of adults aged 18-64, into residential/nursing care:</b>	<b>2A Part 1 - We have admitted only 22 adults into permanent residential/nursing</b>

<p>living at home for longer and avoid hospital admissions. Residential and nursing placements for people with Dementia who are unable to live at home</p>	<p>short terms residential respite.  Early identification and offer of support to Carers of people with Dementia through memory clinics</p>	<p>supported to live at home in environments that they are familiar with for longer.  When living at home is no longer possible specialist dementia residential and nursing care home settings are available</p>		<p>2A – permanent admissions of older people aged 65+ into residential/ nursing care homes per 100,000 population  Progress on development of dementia friendly communities</p>	<p>Shropshire reported 24.8 per 100,000 population aged 18-64, for 2012-13. This was higher than the England average of 15.0 (good performance is low). We have improved this area of performance this year, and at the end of December 2013 we are reporting 9.9. If we can sustain this level of performance in the last quarter, we will show a good reduction at year end (and will be within our 2013-14 target of 16.6).  <b>2A part 2 - Permanent admissions of older people aged 65+, into residential/nursing care:</b> Shropshire reported 780.7 per 100,000-older population for 2012-13. This was higher than the England average of 697.2 (good performance is low). We have improved this area of performance this year, and at the end of</p>	<p><b>care this year, (2013-14) giving us a result of 12.1 per 100,000 adult population. This is an excellent result, meaning we have achieved our end of year target and is a significant improvement on our result last year.</b>  <b>2A Part 2 - Whilst we have not met our end of year target for permanent admissions of older people (65+) into residential/nursing care, we are showing a big improvement on last year with a result of 744.4 per 100,000 older population.</b></p>
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					December 2013 we are reporting 473.7. If we can sustain this level of performance in the last quarter, we will show a good reduction at year end (and will be within our 2013-14 target of 688.7).	<b>We will continue to work across the Health and Social Care economy, to ensure admissions are kept as low as possible. We will also be mindful of the impacts of the ASC Bill and the Better Care Funding metrics, together with our new operating model for Adult Social Care.</b>
Training and development to support new ways of working including Locality Commissioning	Learning from Locality Commissioning prototypes shared with all stakeholders  To include responsive flexible working with a focus on prevention and reablement.	Learning from prototypes rolled out across county	250,000	Quarterly report on progress of locality commissioning prototypes against key milestones	The ageing well locality commissioning approach in Church Stretton is in the progress of roll out in Wem	Ageing Well Community Hub launched in Wem. Launch event held with 26 providers and 88 members of public present. To date 200 people have been engaged with 25 of these seeking additional help. Issues arising are around social isolation, carer support and people wanting to 'give back' through volunteering and friendly neighbour

						initiatives.  Age UK and RCC Care held an integrated event in Market Drayton focusing on support for people with long term conditions.
Access to Employment and leisure opportunities	<p>People with learning disabilities are supported in employment and to access leisure opportunities using personal budgets as part of the transformation of social care</p> <p>To add additional capacity and support to people with long term conditions supporting them to remain healthy through enabling daytime activity or support in obtaining and retaining employment.</p>	More people with a learning disability are able to access supported employment (ASCOF 1f)	100,000	<p>Number of ALD &amp; enduring MH clients supported to use personal budgets</p> <p>ASCOF measure 1C Self Directed Support (Personal Budgets)</p> <p>ASCOF measure 1B proportion of users who report they have control over their daily life</p> <p>ASCOF measure 1E helping people with learning disabilities into employment</p>	<p>Between 01/04/13 and 31/12/13 we supported 51 clients <b>with MH needs to use personal budgets.</b></p> <p><b><u>Choice and Control:</u></b> Linking our performance on <b>ASCOF 1C Self Directed Support</b> to <b>ASCOF Measure 1B proportion of users who report they have control over their daily life</b>, shows that, as well as the volume of SDS that we have achieved in 2012-13 (74.2%), which placed us 19<sup>th</sup> out of 150 councils nationally, we also performed well on 1B, the quality aspects of ensuring people have choice and control over</p>	<p>ASCOF 1C – Over 75% of service users and carers have received their social care services via self directed support in 2013-14. This is excellent performance and demonstrates that we are giving people choice and control over their daily lives.</p>

				<p>ASCOF measure 1F Adults in contact with secondary mental health services in employment</p>	<p>their daily life (77.8%). We have sustained this high level of performance during 2013-14 for <b>1C Self Direct Support</b> and we reported at end of December 2013 a figure of 77.5%.</p> <p>For ASCOF 1C There are 623 clients with a Learning Disability recorded as the Primary Client Group broken down by age:</p> <p>Aged 18-64 578 people with a Learning Disability</p> <p>Aged 65+ 45 people with a Learning Disability</p> <p><b><u>Employment:</u></b> We are one of the top performers in England (20<sup>th</sup> out of 150 councils) for <b>1E Helping people with Learning Disabilities into employment</b> with a result for 2012-13 of</p>	
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					<p>12.3%. This is significantly higher than the England average of 7.2%. We are currently below target (reporting 6.2% at end of December 2013), and teams are addressing some shortfalls in reviews which should improve our performance for year end.</p> <p>For <b>adults in contact with secondary Mental Health services (1F)</b>, we are ranked 12<sup>th</sup> highest out of 149 councils with 14.3% in 2012-13 and again, this is significantly higher than the England average of 8.8%.</p>	
Improved care services monitoring in response to	Care home monitoring to ensure contract compliance	Health & Social care are able to respond	50,000	Adult protection indicators Annual	The annual safeguarding report will be reported to the Health and Wellbeing	From the 1 <sup>st</sup> April 2013 Shropshire Council joined the pan West Midlands Adult

<p>safeguarding concerns in care home settings</p>		<p>promptly to safeguarding concerns in care home settings to ensure that vulnerable people receive the level of care they need</p>		<p>safeguarding Board report</p>	<p>Board. We have a range of Local Indicators for Adult Safeguarding which are monitored on a monthly basis. Measures are both quantitative and qualitative and outcomes are reported in the Annual Safeguarding report.</p>	<p>Protection Policy. This means that all authorities in the West Midlands area will have the same processes and terminology.  These changes will mean that for the first time in Shropshire we have Safeguarding Alerts. These can be a concern of any type that is reported into the Council, but does not necessarily meet the criteria for continuing in the safeguarding process. Alerts are recorded on the system and are referred to each time an Alert is made to see if there is a pattern developing which could be indicative of a bigger problem.  This will ensure a series of minor</p>
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						<p>concerns are picked up and dealt with before a more serious concern occurs.</p> <p>We have developed a range of local indicators to support performance against this new policy which will be reported in the annual safeguarding report</p> <p>A new county wide safeguarding team is in place 01/04/14.</p>
<p>Adults with learning disabilities :</p> <ul style="list-style-type: none"> <li>- compliance with response to Confidential Enquiry into premature deaths</li> <li>- Response to Winterbourne View and compliance</li> </ul>	<p>Health and social care services are compliant with the recommendations and requirements of these national reviews</p>	<p>Improved compliance with the health and social care annual health assessment and the measures included within it</p>	<p>300,000</p>	<p>H&amp;W Board to receive three reports on Annual Health &amp; Social Care Self-Assessment, Confidential Enquiry and Winterbourne View Compliance</p> <p>Number of care homes offering</p>	<p>Reports will be scheduled for presentation to HWB.</p> <p>A safeguarding stakeholder event is scheduled for February to assess progress in Shropshire against the confidential enquiry, winterbourne view and the health and social care self-assessment</p>	<p>A Shropshire and Telford wide event took place on the 4<sup>th</sup> February, 2014. This was well attended by service users, senior officers from both the Councils and CCGs and other partners including a GP presentation.</p> <p>In terms of the</p>

<p>concordat - Annual health and social care self-assessment</p>		<p>Advocacy support is available in care homes</p> <p>People are supported in specialist residential placements whilst alternative accommodation is developed</p>		<p>advocacy support</p> <p>Number of people supported in specialist residential placements whilst alternative accommodation is developed</p> <p>Progress report on new accommodation developments</p> <p>Annual report on health and social care assessments</p>	<p>We do not currently collect this information by care home; however advocacy contracts include provision for people in care homes.</p> <p>There are currently 4 people in specialist hospital accommodation.</p> <p>18 people currently living out of county in residential care or specialist hospital accommodation have been identified as possibly able to move to the new supported living accommodation currently being developed in Market Drayton.</p> <p>New accommodation developments are on schedule, completion of first 13 units due spring 2015</p> <p>The annual learning disability health and social care self- assessment has</p>	<p>Confidential Inquiry into the Premature deaths Of people with Learning Disability (CIPOLD). A group has been formed of health, social care and third sector groups to create an action plan to progress improvements that can be made to achieve the 18 recommendations of the Inquiry. The SSSFT health facilitators are working closely with surgeries to increase update of annual health checks. Liaison is taking place with Public Health to increase update of Health screening for cancer for adults with learning disabilities. The LA have agreed to build into their contracts with providers the need to support the update of health checks and the completion of the patient passport, which</p>
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					<p>been submitted. A full report will be submitted to the HWB once feedback has been received.</p>	<p>allows service users and their carers an opportunity to complete a patient held document that identifies important issues about their health and personal needs to be used in health settings. The CCG are seeking improvements in how the acute hospital service providers ensure the reasonable adjustments required when supporting someone with a learning disability by requiring them to undertake an audit of compliance with the 18 recommendations of the CIPOLD report which will then be supported by an action plan.</p> <p>On the 14<sup>th</sup> April NHS England required the second Winterbourne quarterly transformation</p>
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						<p>assurance submission. This is exclusively for patients with a LD, Autism or Aspergers who are in a registered hospital. This report showed that the number specifically in hospital (as opposed to other forms of residential care) reduced from 9 in January to 7 in April and all of these patients have access to advocacy.</p> <p>A new supported housing development to repatriate adults with learning disabilities living out of county is on target for completion in April 2015.</p>
Supported living for those with enduring Mental health and learning disabilities	Revenue contribution for provider support in new supported living developments being built through external capital funding	People with mental health needs and/or learning	600,000	Number of people with mental health needs and/or learning disabilities who are supported to live	<b><u>Settled accommodation:</u></b> We performed well in 2012-13 for <b>1G Adults with a Learning Disability who live in</b>	<b><u>ASCOF 1G – ALD in who live in their own home or with family: Our draft</u></b>

<p>issues</p>	<p>Housing support – to support individuals to live independently in tenanted accommodation as opposed to residential placements</p>	<p>disabilities are supported to live independently in local communities (ASCOF 1G)</p>		<p>independently in local communities</p> <p>Progress report on new accommodation developments</p> <p>ASCOF measure 1G – ALD who live in their own home or with family</p>	<p><b>their own home, or with family</b>, with a result of 78%. This placed us 49<sup>th</sup> out of 151 councils and is higher than the England average of 73.5%. We are currently below target (40.2%) at end of December, and teams will update reviews in quarter 4, to improve our performance at year end.</p>	<p><b><u>result for 2013-14 is 79.2%, which is above our end of year target and an improvement on last year's result of 78%.</u></b></p> <p>We have achieved 79.2% which is above our year end target of 79%target, and improved on last year's excellent result.</p> <p>We continue to develop supported living accommodation but this indicator moves only incrementally due to long lead in times and for new developments. However we anticipate this indicator continuing to improve as we develop the shared lives service further, redevelop an internally provided</p>
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				<p>ASCOF measure 1H – Adults with secondary MH services living independently</p>	<p>We also performed well for <b>1H Adults with secondary Mental Health services living independently</b> with a result of 74.1%. This is significantly higher than the England average of 58.5%.</p> <p>We are currently at 42 % which is <b>below our</b></p>	<p>care home into supported living accommodation and see our planned programme of development deliver over 20 new supported living places during 2014 - 2016 .</p> <p><b><u>1H Adults with MH living independently: Our unverified result for 2013-14 is 89.3%. This is a good improvement on last year's result of 78%.</u></b></p> <p>ASCOF 1F – Adults with secondary MH services in paid employment: Our unverified result for 2013-14 is 17.01%, which is well above target and an improvement on last year's result of 13.4%.</p>
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					<p><b>target</b>, of 78% and whilst current performance indicates that we are <b>not on track to meet our end of year target we are confident that following reviews in the final quarter of the year that the target will be achieved . This is a relatively static indicator</b> and Teams are addressing the lists of reviews that are currently outstanding, which will improve our performance.</p>	<p>We anticipate a result above our target of 80%. Data reported so far is only the local data that is reported to CCG. Whilst this may not match what is loaded onto the MHNMDS, it gives us the best estimate of our position. We will continue to try to have on-going discussions with Trust colleagues, in order to secure monthly reporting for 2014-14.</p>
Mental health and learning disabilities respite -	Support for people with mental health problems and learning disabilities with a health need who require respite	People and their carers are able to access respite services	300,000	<p>Number accessing respite services in Oak House, Path House, Oak Paddock, Barleyfields etc</p> <p>Number of referrals/ episodes</p>	<p>The referral data and usage of these services is monitored at annual contract reviews. Interim reviews indicate occupancy of over 80% at each of these services.</p> <p>These services are subject to review by the CCG and LA in 2014.</p>	<p>Oak House underwent a CQC inspection in November 2013 and this is available on request. The service reports that the inspectors complemented the quality of care being received by the service users. An issue was highlighted with regard</p>

						to how capacity was being recorded. Information was available within the notes but required a search to locate it. As such a review of documentation procedures took place assisted by the Mental Health Act manager of the Foundation Trust and a new process is in place to record capacity and Best Interest assessments. The service reports it has now adopted this new process and are monitoring the standard.
<b>TOTAL</b>			<b>4,988,726</b>			

Glossary of Terms:

\*START – Short Term Assessment and Reablement Team

\*\* DTOC – Delayed Transfers of Care

\*\*\*ASCOF – Adult Social Care Outcomes Framework JSNA – Joint Strategic Needs Assessment

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**SHROPSHIRE RCC**

**FAMILY CARERS' SUPPORT SERVICE WITHIN THE  
ADMINISTRATIVE AREA OF SHROPSHIRE COUNCIL**

**PERFORMANCE REPORT (YEAR 3)**  
*including Mayfair Community Centre data*

**1<sup>st</sup> November 2013 to 31<sup>st</sup> January 2014.**

The overall aim of the Carers' Support Service is to enable carers to continue caring for as long as they wish and to prevent the likelihood of carer breakdown by providing information, direct support and linking carers to wider local networks of support.

This report is for the first quarter in the third year of our contract from 1<sup>st</sup> November 2013 to 31<sup>st</sup> January 2014. The data includes information from our delivery partner the Mayfair Centre. Figures in brackets are the previous month's figures for comparison.

	Service Outcomes	Proposed Targets	Activity and achievements during this quarter
1	<p>Carers better informed about services and support giving them greater choice and control over the services they receive, including those not known to statutory services.</p> <p>Carers have a clear point of contact for information and support related to their caring role</p>	<p>Support universally available to all carers [currently approx 3500]</p> <ul style="list-style-type: none"> <li>• Newsletter hard copy and e-booklet distributed 3 times a year to carers and professionals</li> <li>• Dedicated Carers' Support line Monday to Friday during office hours staffed by experienced carers support workers.</li> <li>• Information leaflets widely available &amp; attendance at relevant information events &amp; clinics</li> <li>• Dedicated staff providing information to carers in hospital setting</li> </ul>	<p>Our January newsletter was distributed to 3,497 carers by post and email. Our e-book version was also circulated to professionals and other agencies. We also sent out a number of targeted mailings to carers during this period to publicise events, activities and training.</p> <p>Our team of carers support workers provide a Support Line service between 9am and 4pm Mondays to Fridays. During this period we had 138 calls from carers and others to the support line.</p> <p>We continue to promote our service across the county by attending social work team meetings, giving presentations to carers or service providers about our services.</p> <p>Our new style Coffee and Chat events have been well attended and bring carers together in an informal setting to share information and benefit from peer support. 5 Coffee and Chat events were held during this period.</p> <p>Our dedicated Hospital Link Worker continues to identify carers in the hospital context and link them into our community support after discharge. During this period there have been 46 referrals, of these 6 were new to our service. To strengthen our hospital links we have also met with hospital cancer support services and Macmillan to explore how we might better support carers of cancer patients and survivors.</p>
2	<p>Vulnerable carers identified. Carer support plans developed, with the carer, increasing their coping skills, improving their health and well-being in order to reduce the risk of unplanned admission to long term residential or hospital care</p>	<ul style="list-style-type: none"> <li>• Intervention and support for up to 200 carers who are identified as vulnerable to carer breakdown and provided with a carer support plan.</li> <li>• 60% of vulnerable carers with a support plan self-report a reduction in their level of strain/ stress and improved</li> </ul>	<p>In this first quarter we have been developing the systems to enable us to identify carers who are vulnerable and ensure all members of staff are trained in the use of the Carers Strain Index. We have also developed the assessment and support plan paperwork to support this (see Appendix A). We have designed some promotional literature for distributing to partner agencies to raise awareness of our targeted support for vulnerable carers (see Appendix B). We are arranging meetings with social work teams to encourage timely referral of vulnerable carers to our service.</p> <p>We have adapted our database to enable us to identify potential vulnerable carers already registered. Those who meet our criteria will be contacted in order to carry out an initial assessment their current level of carer stress.</p>



	Service Outcomes	Proposed Targets	Activity and achievements during this quarter
		<p>sense of well-being</p> <ul style="list-style-type: none"> <li>• Carers self-report an increase in their capacity to continue caring</li> <li>• Monitoring tools developed and tested</li> <li>• 50 carers linked into 5 workshops across the county offering stress management for carers or other relevant topics aimed at reducing carer strain/stress.</li> <li>• Recruit 6 volunteers or community organisations across the county to offer direct support to individual vulnerable carers</li> <li>• Increased continuity of support for carers moving from hospital to community settings</li> <li>• 50 carers supported by hospital link worker report to improve their involvement in the discharge planning process.</li> </ul>	<p>We have developed a brief as the basis for contacting Universities about monitoring and evaluating our work. We have also been in touch with a similar project in Hertfordshire and they are sending us a copy of their evaluation of work they have carried out developing carer friendly communities.</p> <p>We are in planning stress management activities and workshops for the next quarter..</p> <p>Our hospital link worker has provided 10 carers with information/advice and 40 carers with emotional and practical support of which 5 were intensive support. Feedback from service users about the support they have received has been very positive. For further details see Appendix C. This service has helped ensure that we can offer carers seamless service between the hospital and community carers support.</p>
3	Improved well-being and resilience of carers, enabling them to continue in their caring role for as long as they wish	<ul style="list-style-type: none"> <li>• Support for approximately 1000 carers per annum provided across these various activity areas.</li> <li>• Minimum of 80 carers supported through groups and peer networks</li> <li>• 150 carers benefit from outings and leisure activities</li> </ul>	<p>408 carers received a service from us during this period and in addition to this Carers received a total of 792 episodes of signposting and emotional support via the telephone</p> <p>107 carers attended our carers support groups across the county</p> <p>123 carers participated in outings and leisure activities</p> <p>469 episodes of telephone support offering signposting was provided</p> <p>323 episodes of telephone support offering emotional support was provided</p> <p>48 carers received a home visit</p> <p>28 carers were referred to specialist agencies</p>

	<b>Service Outcomes</b>	<b>Proposed Targets</b>	<b>Activity and achievements during this quarter</b>
		<ul style="list-style-type: none"> <li>• 80 carers receive skills based training</li> <li>• 500 carers receive telephone support</li> <li>• 180 carers receive a home visit to offer practical support</li> <li>• 50 carers are referred to other specialist agencies</li> <li>• 30 carers receive help with emergency and future planning</li> <li>• 8 carers are involved with the service as volunteers</li> <li>• 150 carers received information about carers support services while in hospital setting</li> </ul>	<p>10 carers received emergency and future planning support</p> <p>32 carers received skills based training</p> <p>83 carers received published information</p>
4	To develop 'carer aware and carer friendly' communities in areas identified as higher risk of carer breakdown Shropshire Council share data on areas where high level of carer breakdown	<ul style="list-style-type: none"> <li>• 1 CCG funding proposal submitted</li> <li>• 30 vulnerable carers referred by GP practices</li> <li>• 30 vulnerable carers referred via Hospital Link Worker</li> <li>• 200 carers registered on I Care Card Scheme</li> <li>• 60 businesses offering discounts or other benefits to I Care Card holders</li> </ul>	<p>We submitted two bids to the CCG to continue funding the work of our hospital link worker and expand its remit to community hospitals and a new project to develop carer friendly communities, links with GP's and support for vulnerable carers.</p> <p>We have 125 carers currently registered on our I Care Card scheme and continue to promote this as widely as possible</p> <p>We have 45 businesses supporting the scheme at present including some mobile services which will increase accessibility for carers who are not able to be away from home. The list of businesses will be published in the May newsletter.</p>
5	Increased carer involvement in shaping and developing key services.	<ul style="list-style-type: none"> <li>• CAP to meet 3 times a year</li> <li>• Annual survey distributed with the Carers' Newsletter.</li> <li>• Carers involved in the Hospital Link Worker project</li> </ul>	<p>The Carers Advisory Panel will be meeting in March/April.</p> <p>Our annual carers survey will be sent out with our October newsletter</p> <p>We have 2 carers on the Hospital Link Worker project steering group.</p>

	<b>Service Outcomes</b>	<b>Proposed Targets</b>	<b>Activity and achievements during this quarter</b>
		steering group	
6	Improved recognition of carers' contribution among professionals and the wider public	<ul style="list-style-type: none"> <li>• 3 events held across the County for Carers' Week</li> <li>• One event for Carers' Rights Day.</li> <li>• Features and information in local media including Shropshire Radio, Shropshire Life, Shropshire Star, area journals, parish magazines and other agency publications</li> </ul>	<p>Our Carers Rights Day event on the 29<sup>th</sup> November was a success with 38 carers attending the day together with 10 staff from various organisations. Our keynote speaker was Moira Fraser from the Carers Trust talking about the new carers' rights in the Care Bill and Jane Randall-Smith from Healthwatch Shropshire. Feedback on the day was very positive. We are currently in the process of planning Carers Week activities.</p> <p>We continue to promote our services through the press and social media. There have been 4 press releases sent out and 3 articles published in the local press.</p>
7	Provision of meaningful local data on carers' contact and needs through bespoke carers' database.	<ul style="list-style-type: none"> <li>• 4 performance reports submitted</li> <li>• All funder data performance and information requirements agreed in advance as part of the contract.</li> </ul>	This is the first performance report of our 3 <sup>rd</sup> year.
8	New funding drawn into the County for the benefit of carers.	<ul style="list-style-type: none"> <li>• £20,000 income from funding bids, sponsorship and fundraising</li> <li>• Local fundraising to coincide with Carers' week and awareness raising activities.</li> </ul>	<p>We continue to raise funds for carers through our appeal. We are charity of the year for Jigsaw Choir who are expecting to raise £5000 for the appeal. We have submitted a funding bid to the CCG to continue our work in hospitals and extend our work with supporting vulnerable carers. We are in the process of developing funding bid to WM Cadbury for counselling support, life coaching and on-line mindfulness courses for carers.</p> <p>We have had continued funding from Telford &amp; Wrekin Council to deliver carer training</p>
9	Wider and more informed understanding of carers' needs through increased partnership working	<ul style="list-style-type: none"> <li>• Administrative support provided for Carers Forum for up to 6 steering group meetings a year and 2 events</li> <li>• Opportunities for joint work with local voluntary sector agencies explored.</li> </ul>	<p>We continue to organise bi-monthly meetings of the Carers Forum Steering Group and supported the organisation of the Carers Forum event in November 2013.</p> <p>We have met with the Alzheimer's Society, Crossroads Care, Age UK and the British Red Cross to look at ways in which we can work more closely together in supporting carers.</p>

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Shropshire Clinical Commissioning Group



## EQUALITIES CHARTER

**Responsible Officer** Rod Thomson  
e-mail: [penny.bason@shropshire.gov.uk](mailto:penny.bason@shropshire.gov.uk)

Tel: 01743 252767

### 1. Summary

- 1.1 As a follow-on from the Health and Wellbeing Board in January 2014, this paper highlights an amended Equalities Charter for the approval of the Health and Wellbeing Board.
- 1.2 In January we asked the Board to consider a range of options for supporting the reduction of inequalities through considering the wider determinants of health and through prevention programmes across organisations, partnerships, and sectors. Some of these included:
  - § Supporting the voluntary and community sector by endorsing the Compact and encouraging all relevant statutory and provider organisations to sign up to the Compact
  - § Working more closely with Providers, the Business Board and the LEP to encourage fair wages across Shropshire (some possibilities include earning ratio threshold and a living wage)
  - § Supporting VCS and capacity building within communities for schemes like bulk buying of fuel (for heating), car shares and community transport
  - § Linking partners, providers and stakeholders into the development of a Social Value Framework;
  - § Adopting an Equalities Charter (Appendix A) as a starting point for all partner organisations to build their work around equalities.
- 1.3 The Board had a lengthy discussion and made a number of recommendations, including the adoption of the Equalities Charter with some amendments.
- 1.4 Appendix A is the amended Equalities Charter for approval.

### 2. Recommendations

- A. That the Health and Wellbeing Board adopt Equalities Charter and endorse it for ratification across the Health Economy (Appendix A);

## REPORT

### 3. Risk Assessment and Opportunities Appraisal

3.1

<b>Risk</b>	<b>Impact</b>	<b>Mitigation</b>
Reduction in budgets may reduce ability and focus on inequalities and prevention.	An increase in requirement for public services in the long run.	Continue to work collaboratively in partnership to make decisions that reduce the public's need and reliance on public services.
<b>Opportunity</b>	<b>Impact</b>	<b>Action</b>
To work together and across partnerships to address inequalities and health inequalities.	Improved health and outlook for those living in Shropshire.	Discuss and agree some form of the actions listed above and any other actions partners bring to light.

### 4. Financial Implications

4.1 There are no financial implications directly associated with this report.

### 5. Stakeholder Engagement

5.1 See above.

## APPENDIX A

### Shropshire's Equalities Charter



We are committed to working in partnership to identify, understand and address the different needs and experiences of our communities to tackle inequality and promote respect and tolerance;



We shall work in partnership to address health inequalities, socio-economic inequalities and to address the impact of rural isolation;



When making important decisions about local public services we will work jointly to engage and involve local residents and communities to ensure that all plans are coproduced;



We will provide accessible information on our services, community activities and events we support and sign post services and support provided by the voluntary and community sector;



We will work hard to empower children and adults to make a positive contribution and to improve social mobility;



We are committed to tackling discrimination and inequality in all service areas and in our role as employers and work together to provide job opportunities and training.

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

<http://www.kingsfund.org.uk/projects/improving-publics-health>

[Public Services \(Social Value\) Act 2012](#)

[HWBB Report January 2013](#)

**Cabinet Member (Portfolio Holder)**

Councillor Karen Calder

**Local Member**

All

**Appendices**

A attached (Charter)