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

Date: 14 March 2014

Committee:
Health and Adult Social Care Scrutiny Committee

Date: Monday, 24 March 2014
Time: 10.00 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
Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Adult Social Care Scrutiny Committee

Gerald Dakin (Chairman)	Pamela Moseley
David Minnery (Vice Chairman)	Peggy Mullock
John Cadwallader	Peter Nutting
Tracey Huffer	Vivienne Parry
Simon Jones	Madge Shineton

Your Committee Officer is:

Martin Stevens Committee Officer
Tel: 01743 252722
Email: martin.stevens@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

To receive notification of any apologies for absence and substitutions.

Contact Martin Stevens on 01743 252722 or email martin.stevens@shropshire.gov.uk

2 Disclosable Pecuniary Interests

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

3 Minutes (Pages 1 - 6)

The minutes of the meeting held on 3 February 2014 are attached for confirmation. For further information please contact Martin Stevens on 01743 252722.

4 Public Question Time

To receive any questions, statements or petitions from the public of which members of the public have given notice.

Deadline for notification is 5pm on Wednesday, 19 March 2014.

Contact Martin Stevens on 01743 252722 or email martin.stevens@shropshire.gov.uk

5 Member Question Time

To receive any questions of which members of the Council have given notice.

Deadline for notification is 5pm on Wednesday, 19 March 2014

Contact Martin Stevens on 01743 252722 or email martin.stevens@shropshire.gov.uk

6 Health and Wellbeing Board Review (Pages 7 - 16)

The report of the Health and Wellbeing Co-ordinator is attached. For further information please contact Penny Bason on 01743 252295.

7 Adult Services Key Performance Indicators (Pages 17 - 26)

The report of the Head of Service: Efficiency and Improvement is attached. For further information please contact Ruth Houghton on 01743 253093

8 Social Care Bill Briefing

The report of the Head of Service: Efficiency and Improvement is marked to follow. For further information please contact Ruth Houghton on 01743 253093

9 Date of Next Meeting

The date of the next scheduled meeting is the 23 June 2014 at 10am.

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Shropshire Council

Committee and Date	Item No
Healthy and Adult Social Care Scrutiny Committee 24 March 2014 10.00am	**3** Public

MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE MEETING HELD ON 3 FEBRUARY 2014

Responsible Officer Martin Stevens
Email: Martin.Stevens@shropshire.gov.uk Telephone: 01743 252722

Present

Mr J S Cadwallader, Mr G L Dakin (Chairman), Cllr J M W Kenny, Mrs P Moseley, Mr P Nutting, Mrs M Shineton and Mrs V Parry.

Also in Attendance

Mr L Chapman (Portfolio Holder)
Mrs K D Calder (Portfolio Holder)

In Attendance

Jo Banks (Associate Director of Nursing - SaTH)
Sarah Bloomfield (Acting Director of Nursing and Quality - SaTH)
Julie Davies (Director of Strategy and Service Redesign - Shropshire CCG)
Darren Fradgley (Operations Director – West Midlands Ambulance Service)
Nick Holding (Quality Improvement Programme Manager - SaTH)
Martin Stevens (Committee Officer)
Rod Thompson (Director of Public Health)
John Wright (West Midlands Ambulance Service)

35. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Cllr Simon Jones and Cllr Peggy Mullock. There were no substitutions.

36. DISCLOSABLE PECUNIARY INTERESTS

There were no new disclosable pecuniary interests declared.

37. MINUTES

RESOLVED: That the minutes of the meeting held on 9 December 2013 be confirmed as a correct record.

RESOLVED: That the minutes of the meeting held on 16 January 2014 be confirmed as a correct record subject to the resolution reading:-

To investigate with the Health and Well-Being Board the opportunities "The Better Care Fund" might offer on NHS Continuing Health Care.

38. PUBLIC QUESTION TIME

The Chairman stated that a number of questions had been submitted with regards to the West Midlands Ambulance Service. These would be taken at the appropriate point in the meeting.

39. MEMBER QUESTION TIME

Cllr Karen Calder had submitted one question on the West Midlands Ambulance Service. The Chairman advised this would be taken at the appropriate point in the meeting.

40. THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST – QUALITY ACCOUNTS

The Associate Director of Nursing stated that last year one of the priorities established in the quality accounts was to reduce pressure ulcers. There had been a significant reduction in 2013 /2014 to date, with no grade 4 avoidable pressure ulcers so far in the year. The reduction in pressure ulcers was particularly pleasing for the Trust. All pressure ulcers were revived via root cause analysis and the learning then disseminated. Reducing inpatient falls was also a key priority. The aim was to reduce falls resulting in harm by 25%. Although overall there was a decrease in reporting of all falls in the current year, there had been a slight increase in the amount of falls resulting in harm. The Trust was very aware of the number of falls and had an overarching action plan to combat the problem. There had been a particular issue with the use of bed rails. Improvements had been made to the risk assessment process for the use of bed rails. This was included in the new nursing documentation. The use of bed rails required a cultural change amongst staff.

The Associate Director of Nursing stated that improvements had been made to the handover process. This included handover audits taking place covering safety briefings and handover at bedside. The Trust was aware that improvement was needed in the area of blood transfusion. Improvements were needed in reducing blood component wastage, training compliance and reducing sampling errors.

The Associate Director of Nursing stated that she was pleased that the Red Tray System, used to mark the people requiring assistance with eating their food, had been implemented. There were mealtime buddies on most wards to support this process. On the subject of patient feedback, the Friends and Family test had been rolled out to Accident and Emergency, Maternity and Paediatrics. The plan was to extend this to outpatients during the course of 2014. More work was however required in Renal and Neonatal. The Ward to board surveys had uncovered that patients believed the need for the Trust to improve how they explained medication, side effects, and the care plan for patients. It was believed that the outcome of the Nurse Staffing Review would have a positive impact on morale. The Chief

Executive and Senior Management Team had good visibility within the organisation. One of the priories from the previous year had been around the discharge process, improvement had been made to procedures and the time of discharge. On the subject of MRSA screening, there had only been one case of an MRSA blood infection within the current year. MRSA screening remained consistent at 95% plus. Screening was very important and the Trust was aiming to improve this further.

The Associate Director of Nursing stated that moving forward, the priorities for the quality accounts in 2014/15 included end of life care, dementia care, reducing harm to patients, the patient, relatives and carers experience and improving patient care through safe and effective staffing levels. The Acting Director of Nursing and Quality stated that as a consequence of the staffing review, there would be 90 more nurses recruited for the hospital.

The Chairman asked about patient falls and how the risk was being reduced. In response the Associate Director of Nursing stated that they had introduced risk assessments and those more likely to need extra support were positioned closer to the Nursing station. Further questions were asked on the subject of diabetes and HALO. The Acting Director of Nursing and Quality stated that the diabetic team had run a campaign which had caused compliance to significantly improve. HALO had not been dropped as a policy but was presently too expensive for the Trust to fully roll-out.

41. WEST MIDLANDS AMBULANCE SERVICE – MAKE READY REVIEW AND RESPONSE TIMES

Mr Wright stated that the Make Ready process had introduced some significant changes. After reviewing the changes it had been decided to convert some of the cars into ambulances. A posting plan would in some cases allow ambulances to be replaced when out on a call in certain areas. The recent changes would be monitored closely. Make Ready had been a whole process change for the ambulance service to try and reduce pressure points. Vehicles were cleaned to a high standard in an efficient manner to ensure they could be put back into use.

A Member stated that he was generally pleased with how the Make Ready System had been working. Prior to the changes the red targets had never been met. He asked if the recent changes in Market Drayton could be monitored closely and changed back to having a response car, if required. In response Mr Wright stated that the changes would be monitored closely and potentially a car and ambulance could be based in the same area in the future instead of having just an ambulance or a car.

The Director of Strategy and Service Redesign CCG stated that the CCG would be keeping the changes to the ambulance service under review, as there were always unintended consequences in any change programme. It was clear that the demand was growing every year. It was important to work with patients for the whole of the county including frequent uses, care homes and ShropDoc. Later in the year she hoped there could be a mature debate on response times that were achievable. It was important to model the work and to see what was affordable. It was necessary to convey the message to the public. The Chairman stated that he welcomed the idea of holding a public meeting on the expectations for ambulance response times in the north and south of the county. He also suggested that once

a review on the response times with the CCG had taken place, Members should visit the Ambulance control room at Brierley Hill.

A Member stated that it was worth speaking to the Fire Service about attracting extra funding from central government. The Fire Service had been successful in attracting some extra funding recently. The Director of Public Health stated that the Council had recently written to Owen Paterson highlighting the challenges faced by a rural county. He was also aware that Central Government had indicated that some funding would be available to help with services working collaboratively together to improve the level of service.

A Member of the public had submitted a question regarding the ambulance provision in Bridgnorth where it had recently been announced that there would be an ambulance based in the town. She asked if this would remain in place in the long-term. In response Mr Wright stated that there were currently no plans to reduce ambulance cover within the Town.

A Member of the public had submitted a question regarding the closure of the ambulance station at Craven Arms and in summary was asking why this decision had taken place. In response Mr Wright stated that the station at Craven Arms was very large and was much bigger than was operationally necessary. A considerable amount of money would have had to have been spent to bring the station up to standard. It was therefore considered a better option to look for an alternative site.

A Member of the public had submitted a question in advance of the meeting regarding the location of the two main ambulance hubs in Shrewsbury and Telford, arguing the point that they should be located in a different area to reduce the response time to the extremities of the County. In response Mr Wright stated that they tried to locate the Hubs as close to the acute setting as possible. The service however did believe in the need to get vehicles out to the more rural parts of the county. It was important to think of the logistical picture as a whole when considering the location of the two main hubs.

A Member of the public had submitted a question regarding the status of the ambulance station at Longden Road. They were under the impression that this was a serving station and would not be used for emergency responses with the exception of the occasional local incident. They believed it was not operating in the intended way. In response Mr Wright stated that it was not a primary response station. The near miss incident involving an infant child at a pedestrian crossing referred to in the question had been highlighted to the school. He understood the concerns regarding the noise of ambulances but reiterated that the Longden Road station was not a primary response station.

A Member of the public had submitted a question regarding lengthy ambulance response times to the area of Newcastle-on-Clun. Mr Wright stated that they were reviewing provision at Craven Arms. They also had cross border agreements and were trying to kick-start community based schemes which would start clinical treatment earlier. The service intended to speak to people locally about ambulance provision and whilst he could not give any short-term assurances it was hoped that in the future there would be provision in Craven Arms which would reduce the response time to Newcastle-on-Clun.

A Member of the Committee stated that Wem should have ambulance provision. It was strategically located to other areas and had an ageing population. Mr Wright in response stated that Wem was an area which they were looking at potentially in the future having some sort of provision.

Cllr Karen Calder had submitted a question in advance of the meeting regarding the price per incident which was the highest in the region and the relative cost paid by Commissioners. In response Mr Wright stated that he would submit his answer in writing when he had established the correct information.

42. WEST MIDLANDS AMBULANCE SERVICE – QUALITY ACCOUNTS

Mr Wright stated that Make Ready had achieved some significant success. The Care Pathways could always be improved as some people that went to hospital by ambulance were not admitted. The Service was working with ShropDoc where significant improvements were being made.

Mr Wright stated that he would endeavour to obtain the figures for how many people from Shropshire were Members of the West Midlands Ambulance Trust. The Chairman asked about the services plans in the area of workforce development. In response Mr Wright stated that the Service was committed to workforce training and were giving staff opportunities to up-skill. The service were ensuring that all staff received their mandatory training. The Service worked with the universities to train paramedics. It was intended to continue to have universities training staff and in house training.

Mr Wright confirmed that they were still using their specialist falls vehicles. There was however a two week referral period.

The Director of Strategy and Service Redesign, Shropshire CCG stated that it was important the ambulance service was appropriately taken into account as part of the broader clinical services review taking place. Mr Wright stated that he was confident that the Service working with the CCG would choose the right options moving forward.

43. DATE OF NEXT MEETING

The date of the next meeting was confirmed as Monday, 24 March 2014 at 10:00am.

Chairman:.....

Date:.....

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Health Scrutiny Committee

Health and Wellbeing Board Review

Responsible Officer Penny Bason
Email: Penny.bason@shropshire.gov.uk Tel: 01743 252295

1. Summary

1.1 Alongside a number of other functions developed through the Health and Social Care Act 2012, such as the development of Clinical Commissioning Groups and local Healthwatch, the Health and Wellbeing Board began its statutory function on 1st of April 2013 (after 18 months operation in shadow form). During 2013 a number of new members joined the Board including the Portfolio Holder for Health (following election), Karen Calder, Portfolio Holder for Adult Services, Lee Chapman, the Chief Officer of Healthwatch Shropshire, Jane Randall-Smith, and the Chair of the Voluntary and Community Sector Assembly, Jackie Jeffery.

1.2 In 2013/14 the Health and Wellbeing Board planned decision making around the five outcomes of the Health and Wellbeing Strategy and each Board meeting focussed on one of the outcomes or priorities. This process was undertaken to ensure that the Board had a good understanding of the issues relating to the five outcomes (the JSNA and engagement results) and to ensure that the Board had effective mechanisms for delivery against these outcomes. The Board always ensured that there was flexibility with each agenda to add emergent or statutory items for decision.

1.3 During the year 2013/14 there has been extensive consultation and engagement with the stakeholders discussing a wide range of issues pertaining to the local health economy. Some of these include HWBB focus group sessions, the Call to Action, the Rural Health Survey, the School Nurse Review, the Members of Youth Parliament and a continual dialogue with the Health and Wellbeing Stakeholder Alliance.

1.4 During the year 2013/14 some new and key statutory responsibilities have been placed on the Health and Wellbeing Board; the primary new duty is the Better Care Fund (discussed in the body of the report). The Health and Wellbeing Board also must endorse the CCG's 3-5 Year Business Plan, and as the local health and social care economy embark on large programmes of transformation, the Board must understand these developments and aid transition. Combined these pieces of work will form a large portion of the focus of the Health and Wellbeing Board over 2014/15.

1.5 Also during the year, Overview and Scrutiny, Healthwatch Shropshire, and the Health and Wellbeing Board have made efforts to understand each other's roles post implementation of the Health and Social Care 2012. Two stakeholder events have given rise to an action plan and a Memorandum of Understanding between the HWBB, OSC and Healthwatch Shropshire (please see Appendix A for the DRAFT MoU).

1.6 The Health and Wellbeing Board has used 2013 to further develop positive partnership relationships and cooperation across Health and Social Care, and good progress has been made to deliver on its statutory functions. During 2014/15 the HWBB will move to create a robust governance and performance monitoring structure across Board functions to ensure the delivery of the HWB Strategy.

2. Recommendations

2.1 In recognition that the HWB Board will continue to develop its role as a systems leader in Shropshire through 2014/15, Scrutiny is asked to note and endorse the following development points:

- As the HWBB is made up of elected members from both Shropshire Council and the CCG and therefore membership will change from time to time, the development of an induction pack for new members of the Health and Wellbeing Board is required;
- Further develop 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;
- Support the HWBB as it moves forward in developing the strategic direction of Health and Social Care, including the Better Care Fund, the Future Fit and all large scale service transformation and associated governance, performance monitoring and risk monitoring and reporting;
- Consider the DRAFT Memorandum of Understanding between Healthwatch Shropshire, Scrutiny Communities (Health and Children's) and the Health and Wellbeing Board (Appendix A) and provide comment and/ or agreement;
- That the HWBB is working to ensure that all stakeholders are engaged in our decision making processes and welcomes input from the Overview and Scrutiny Committees.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

As part of the ongoing development of the Board it will create an appropriate Risk Matrix linked

4. Financial Implications

There are no financial implications associated with this report.

5. Background

5.1 Health and Wellbeing Board Decisions

5.1.1 During 2013/14 a number of key decisions have been made by the Health and Wellbeing Board. These include:

- Approved the Shropshire Adult Autism Strategy
- Required that the work streams reporting to the Health and Wellbeing Board (Steering Groups) incorporate actions that will mitigate against isolation and loneliness;
    - To develop a local measure for isolation and loneliness;
    - To require isolation and loneliness to be considered as part of all relevant commissioning and contracting processes within Shropshire Council and the CCG
- Resolved to established a task and finish group around isolation and loneliness;
    - To identify where existing community networks exist,
    - To explore how to make these more accessible and well communicated to individuals,
    - To identify gaps,
    - This group should address the stigma of loneliness by raising awareness of the issue; consider how to address the needs of carers in a meaningful way
    - To consider addressing Isolation and Loneliness through all the priorities of the Health and Wellbeing Strategy
- Established a Task and Finish Group be set up to oversee the development of the joint plan for the introduction of the Integration Transformation Fund (ITF), now **BETTER CARE FUND**. Subsequent decisions:
    - § Approval of the first draft of the Better Care Fund (discussed in section 5.3)
    - § Final Draft to be approved and submitted by 4th April 2014

- Nominated Prof Rod Thomson as Champion of the Access to Services T& F group who will ensure appropriate linkages with the 'map of maps' and Building Healthy Partnerships project
- Agreed the section 256 agreement and monitoring arrangements
- Agreed and endorsed 2014 as the Year of Dementia Training and Awareness Raising for Shropshire.
    - Endorsed the development of a Dementia Stakeholder Reference Group
- Determined that the HWBB will decide and communicate its role with regard to Organ Donation in 2014/15
- Endorsed the development of a Medical Health Scholarship Scheme in Shropshire
- Endorsed the development of an Assistive Technology Memorandum of Understanding to be adopted by Health and Social Care Partners
- Responded to the Local Enterprise Partnership's draft European Structural & Investment Fund Strategy
- Determined the Board's involvement in the Deprivation of Liberty (DoL) and determined to receive quarterly performance updates from the DoLs team
- On Health Inequalities the Board resolved that:
    - The Health and Wellbeing Board continue to support the increase of investment in prevention programmes across organisations and partnerships in order to reduce health inequalities and that progress on this be reported back to the Health and Wellbeing Board
    - The Health and Wellbeing Board enhance joint working with the Business Board, the Local Enterprise Partnership and the Local Nature Partnership to address Inequalities and that the Director of Public Health formally links in to the Business Board.
    - The Health and Wellbeing Board provide a collective response to the Marches LEP European Structural and Investment Funds Strategy.
    - The Health and Wellbeing Board support the voluntary and community sector by endorsing the Compact and encourage relevant statutory partners and provider organisations to sign up to the Compact;
    - The Health and Wellbeing Board discuss endorse and sign the Equalities Charter
    - The Health and Wellbeing Board note and support the development of a Social Value Framework for Shropshire

5.2 Health and Wellbeing Board Consultation and Engagement

5.2.1 A key function of the Health and Wellbeing Boards is to ensure that we work with our communities to design health and wellbeing services in Shropshire. More than this, working with the public will enable everyone to understand their roles and responsibilities in keeping our population healthy; it will encourage the public to better understand how they can take charge of their own health and how they can support each other in their own homes and communities.

5.2.2 Patient and public engagement: a practical guide for health and wellbeing boards (2012), developed by the National Learning Set, highlighted three key points for Health and Wellbeing Boards:

- Patient and public engagement (PPE) should take place from the start of the life of health and wellbeing boards and be woven into the DNA of boards throughout their work.
- There will be different types and levels of appropriate engagement depending on the situation, from involvement of individual members of the public in shared decision-making about their own health and care, to local community engagement in co-production of services.
- PPE is the business of every board member. All members must be assured that appropriate PPE, shown to make a difference, is taking place in relation to the work of the board.

5.2.3 Shropshire's Health and Wellbeing Strategy is based on the Joint Strategic Needs Assessment and on a series of consultation events with patients and the public during 2011 and 2012.

5.2.4 Following the official launch of the Health and Wellbeing Board in April 2013 it was felt that it would be useful to test the HWB Strategy by asking the public to get together in focus groups to discuss the key health and wellbeing issues for them and their communities.
The groups were asked to discuss priorities for improved health & wellbeing in their community. Many of the priorities discussed during the focus group sessions fit within the Health and Wellbeing Strategy five outcomes as highlighted below:

Health Inequalities

- Clear pathways for diagnosis for everyone
- Person centred services
- Training to support young people and to support carers
- Respite care – short breaks for cares
- Autism diagnosis and pathway
- Child poverty/ serious disadvantage in some communities
- Better help and preparation for children with disabilities to transition to adulthood

Healthy Lifestyles

- Education around diet, exercise, obesity, smoking
- Inclusive activity, not just sport
- Creating opportunities for GPs to link people into healthy lifestyles, activities, sport

Mental Health

- Better links with GPs/ more access to counselling services through GPs
- Access to activities and education about how physical exercise and activities promote better mental health
- Access to information about mental health services
- Promotion of community and social interaction to support mental health
- Focus on mental wellness for all, not just the old and the young

Independent for Longer

- Make better links around how isolation impacts on mental health
- Support community based social activities and places to meet
- Promoting physical activity for older people and all age groups
- Education about how assistive technology can support not isolate

Access to Services

- More access to counselling via GP surgeries
- Access to screening services (prostate in particular)
- Access to information about mental health services
- Access to services for 16-18 year olds in a way that would improve access to preventative health services
- Sharing of patient records so that patients don't have to tell their story over and over
- Joint planning of services with the patients/ public
- Person centred service provision
- Local access to diagnostic services
- Longer opening hours for mental health services and groups
- Better use of community hospitals
- Better communication of where/ how to access services
- Community beds and staff

5.2.5 Some gaps that were emphasised by stakeholder may fit within one of the HWB outcomes above, but there may not necessarily be a clear action or pathway for addressing the gap. These include:

- Children's Autism strategy
- Better help and preparation for children with disabilities to transition to adulthood
- Carer support – although there is carer support in the county there may be some groups that don't know it exists of the type of support does not meet their needs. This could be explored further.

5.2.6 Other consultation and engagement through the year included:

- CCG - the Call to Action (Autumn 2013)
- Stakeholder Alliance (on going)
- MYP engagement (2013)
- Dementia Workshop (October 2013)
- Assistive Technology Workshop (September 2013)
- School Nurse Review (Summer 2013)
- Rural Health Survey (Summer 2013)
- Building Health Partnerships (2013)
- Making it Real (on going)
- Children's Trust Area Forums (September 2013)
- Healthwatch Planning Event (November 2013)

5.2.7 The engagement has delivered some clear and consistent messages. Access to a wide range of services and access to services through GPs is consistently communicated as a priority. As well mental health and how good mental health underpins all health concerns remains a key message. The wider determinants of health including finance, housing, and rural isolation are all key concerns. Community capacity building and the willingness and interest of communities to be part of developing healthy communities are also important messages that have been communicated consistently. Summaries of all consultations can be found on the Shropshire Together website, click here.

5.3 Better Care Fund

5.3.1 The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas.

5.3.2 In Shropshire the BCF development supports the key priorities as set out in the JSNA and the Health and Wellbeing Strategy. The BCF development also recognises the current health and social care context in Shropshire relating to a review and transformation of services and the Future Fit Programme.

5.3.3 The draft submission of the BCF was approved in February, and the final submission is due on the 4th of April. The Health and Wellbeing Board have agreed the following key themes for the BCF in Shropshire:

Prevention:

- Carers Support and Liaison
- Think Local Act Personal and citizen engagement
- Access to employment and leisure activities for people with Learning Disabilities
- Locality Commissioning
- Improved care service monitoring (safeguarding)
- Falls prevention

Living Independently for Longer:

- Maximising Independence – Hospital discharge/ admission avoidance
- Handyman Scheme
- Telecare
- Support for Adults with learning Disabilities
- Supported Living for people with learning Disabilities/ Mental Health
- PATH House supported living
- Jointly funded staff to support learning disabilities services
- Community and Care Co-ordinators
- Continuing Care respite
- Crossroads care attendants scheme
- Children and families – short breaks/ Summer play schemes/ Hope House
- Mental Health Carers Network and Carers Support
- End of Life Care – Hospice at Home service
- Carers Link Workers
- Primary Care carers support worker

- Substance Misuse carers support
- Age UK
- Compassionate Communities

Long term Conditions (including Dementia):

- Enhancing preventions services (LTC)
- Services for people with Dementia
- Supported Housing (The Willows, Oak Paddock, 64 Abbey Foregate)

Managing Patients in Crisis:

- Crisis Resolution
- Integrated health and social care pathway
- Mental health and Learning Disabilities Respite
- Escalation beds
- Independent Living Partnership
- PATH House

Supporting People After Crisis:

- Increased social work capacity
- Rehabilitation beds
- START (Short Term Assessment and Reablement Team)
- Home from Hospital
- Stroke Association
- Social work input to support early discharge
- Step down START beds
- Headway (Acquired Brain Injury Support)
- Integrated Care Service

5.4 The Future Fit

5.4.1 During the autumn the CCG ran a major discussion with the public and clinicians as part of the Call to Action led by NHS England.

5.4.2 There were some clear messages that had strong agreement between public and clinicians. For example:

•An acceptance that some changes are needed to improve health outcomes, experience and safety for patients

•A clear expectation that any changes should be led by clinicians with full involvement of patients and communities

5.4.3 Whilst these messages came about as part of a bigger debate across the NHS in England, there was also clear recognition that it must include Welsh communities who rely on Shropshire's hospitals for their acute care.

5.4.4 So, there is now a compelling case to review the way hospital services are provided for future generations to benefit. Patients are calling for more accessible and connected care which is closer to home and responds to the needs of the local population. Clinicians are calling for safe care that brings together specialist expertise in the best way to offer patients the best outcomes and a great experience.

5.4.5 This is why the Shropshire and Teford and Wrekin CCGs are launching the NHS Future Fit programme. This will bring together patients, NHS leaders and local authority partners to analyse in detail how services are currently used and compare that with the best clinical practice across the UK and beyond. By using the outcomes from this we will develop options for how services can be improved in order to deliver excellence for the future.

5.5.6 The NHS Future Fit programme will focus on the hospital services provided by Shrewsbury & Telford Hospital NHS Trust and Shropshire Community Health NHS Trust. There are other providers of services to the Clinical Commissioning Groups who will be involved in the review and design of services, bringing their expertise and allowing us to collectively shape hospital based acute and community care. However the full services of these organisations' will not be part of the review for the Future Fit programme.

5.5 Health and Wellbeing Forward Planning

5.5.1 Terms of Reference of the Health and Wellbeing Board require the Board to refresh its terms of reference, strategy and action planning annually and as such the Board is currently going through a mini-review process. In light of the new statutory requirements of the Board (the Better Care Fund) and the large scale planned transformation programmes, the Health and Wellbeing Board must not lose sight of the priorities of our population highlighted in the JSNA and through consultation and engagement. The Board must make certain that these priorities are captured in the framework of our health and social care plans and transformation.

5.5.2 The Board must work to support the delivery of integration and quality and must do a better job holding one another to account for delivery of an integrated health and social care service in Shropshire. It can do this by further developing and better communication of the governance structure of the Board and its performance monitoring. The Board also has work to do to understand how it can support the communication processes across health and social care and how it can embed the people's voices in decision making.

5.5.3 The Board will be required to hear the evidence of the JSNA that incorporates engagement and consultation results, it will also routinely monitor quality and performance and it will ensure that it is discharging its statutory duty to oversee health and social care developments and integration.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr Karen Calder
Local Member All
Appendices Draft Memorandum of Understanding

APPENDIX A

2014 DRAFT Memorandum of Understanding between:

- **Shropshire Health and Wellbeing Board,**
- **HealthWatch Shropshire,**
- **Shropshire's Overview and Scrutiny Committees (in particular Health & Adult Social Care Scrutiny Committee and Young Peoples Scrutiny Committee)**

1. Introduction

1.1 The aim of the Memorandum of Understanding [MoU] is to set out a simple framework for the constructive working relationship between Shropshire Health and Wellbeing Board [HWBB], Healthwatch Shropshire [HWS], and Shropshire's Overview and Scrutiny Committees [OSC], in particular Health & Adult Social Care Scrutiny Committee [HASCSC] and Young Peoples Scrutiny Committee [YPSC].

1.2 All organisations recognise that there are distinct and unique relationships and each has a distinctive role to play in improving health, social care and wellbeing for communities within Shropshire. Accordingly, the framework takes account of these relationships and specifies the ways in which all bodies will work together in delivering their respective statutory function (see Annex 1).

1.3 The MoU cannot override the statutory duties and powers of any of the organisations, and is not enforceable by law. However, all organisations agree to adhere to the principles set out in the MoU and will show regard for each other's activities.

1.4 The MoU sets out the collective responsibilities as agreed together and principles that the organisations will follow in the course of day-to-day working relationships. The MoU may need to be supported by protocols and other documents not included in this framework which set out in more detail operational considerations of how the organisations will work together.

2. Collective Responsibilities

2.1. The HWBB, OSC's and HWS recognise collective responsibility in improving the health and wellbeing of people in Shropshire. As such the groups will work together to both support each other and to provide appropriate challenge to ensure that the potential to improve the health and wellbeing of the population is maximised.

2.2 The HWBB, OSCs and HWS understand the importance of engaging with our population, and the requirement to incorporate patient/public feedback and/or engagement in all our planning and commissioning cycles. While understanding patient experience and acting as 'consumer champion' is a key function of Healthwatch Shropshire, there is a collective responsibility to ensure that all mechanisms for consultation and engagement are effective and efficient.

2.3 Decisions taken by the HWBB, OSC's and HWS must work to promote the sustainability and efficiency of services and work to promote the implementation of the prevention agenda and to reduce inequalities in Shropshire.

2.4 HWBB, OSC and HWS must ensure the smooth transition of appropriate information across organisations. This may require the development or enhancement of information sharing agreements.

2.5 The need to help create an environment where commissioners and services can make large scale changes. In this process we will need to take and manage risks appropriately and continue to work together to promote health and wellbeing of the Shropshire population

3 Principles of Cooperation

3.1 HWBB, HWS and OSC agree that their working relationship will be guided by the following principles:

- To promote the safety health and wellbeing of the Shropshire population;
- To hold each other to account for decisions and delivery;
- To respect each other and each organisation's independence;
- To maintain public confidence by engaging and communicating with the communities we serve;
- To consistently promote openness and transparency;
- To use resources efficiently and effectively.

4. Relationships

4.1 Shropshire Health & Wellbeing Board and Healthwatch Shropshire

4.1.1 As per legislation (Health and Social Care Act 2012), a representative of HWS will sit on the HWBB and have a full voting power.

4.1.2 HWBB and HWS will maintain dialogue with each other, as relevant, about the issues, risks and challenges involving health and wellbeing of the local population.

4.1.3 HWS will produce regular reports and advise the HWBB on the issues and needs of the local population in order to better inform the Board's decisions and support their engagement with the population of Shropshire.

4.1.4 The HWBB will ensure that HWS is able to input into the development of evidence for decision making at the Board and the development of the HWBB Annual Report.

4.1.5 The HWBB will endorse the annual work plan of HWS.

4.2 Shropshire Health & Wellbeing Board and Shropshire Overview and Scrutiny Committees

4.2.1 HWBB and OSC will maintain dialogue with each other, as relevant, about the issues, risks and challenges involving health and wellbeing of the local population. Particular focus will be given to issues relating to:

- Children and young people in Shropshire
- Local health and social care services

4.2.2 OSC will share with the HWBB relevant recommendations and/or information following scrutiny of services impacting on the health and wellbeing of Shropshire residents, which the HWBB will use to support partners and to inform future priorities.

4.2.3 OSC will share/ recommend/ report items to the HWBB that are identified as risks to the Health and Social Care economy.

4.2.4 The HWBB will share its annual report with OSC who may wish to comment on it and provide constructive feedback on the Board's priorities and performance.

4.2.5 HASCSC will receive an annual report on the performance of HWBB and will act as a critical friend to the Board's activity and hold the Board to account on the delivery of its statutory obligations.

4.2.6 HWBB will consult OSC on both the Joint Strategic needs Assessment and the Health and Wellbeing Strategy, before these are finalised.

4.3 Healthwatch Shropshire and OSC

4.3.1 HWS and OSC will regularly communicate and contribute to each other's work programmes.

4.3.2 OSC chairs will be invited to participate on HWS working groups, as appropriate.

4.3.3 OSC may commission HWS to undertake specific investigations or research.

4.3.4 Shropshire Council Commissioner of HWS will take into consideration the needs of OSC and the HWBB when developing performance monitoring of HWS.

5 Other Areas of Cooperation

5.1. The working relationship between all organisations will also include:

i. Cross-referral of concerns
ii. Information sharing, including relevant contacts (Annex II)
iii. Seeking local resolutions to common issues

6 Resolution of Disagreement

6.1 Any disagreement between the HWBB, HWS and OSC will, wherever possible, be resolved at working level. If this is not possible, it will be brought to the attention of the MoU Managers and/or signatories who will then be jointly responsible for ensuring a mutually satisfactory resolution.

SIGNATORIES

…… ……
Carole Hall
Chair of Healthwatch Shropshire

……
Karen Calder
Chair of Health & Wellbeing Board Shropshire

…… ……
Gerald Dakin
Chair of Shropshire Chair of Shropshire
Performance Management Scrutiny Health & Adult Social Care Scrutiny

……
Joyce Barrow
Chair of Shropshire
Young Peoples Scrutiny

Committee and Date	Item
Health and Social Care Scrutiny Committee Monday 24 March 2014	**7** Public

Adult Services Key Performance Indicators 2013/14

Responsible Officer Ruth Houghton. Head of Social Care: Improvement and Efficiency
e-mail: Ruth.houghton@shropshire.go.uk Tel: 01743 253093

1. Summary

1.1 This report provides information on the adult services key performance indicators and will provide an update on the level of performance as at period 10 (January 2014) against the range of national and local indicators.

2. Recommendations

A To consider the Adult Services performance to date

B To identify any areas where further scrutiny is required as services are transformed which will impact on improving performance

REPORT

3. Risk Assessment and Opportunities Appraisal

3.1 Adult Social Care in Shropshire is in a period of transformation. This transformation has been determined by a range of factors including demographic growth and increasing demand, resources available, public aspirations and expectations and, importantly, what local citizens and service users have told us about how they want to be supported in their own homes and local communities.

3.2 How well the Council meets assessed needs is measured through a framework of 'outcome' measures referred to as the Adult Social Care Outcomes Framework (ASCOF).

Adult social care services in Shropshire are provided to vulnerable adults aged 18 and over who are eligible to receive local authority support. The Fair Access to Care Services (FACS) criteria determines eligibility for local authority services. Needs assessed at a "critical" or "substantial" level are those which the local authority will meet.

4. Adult Social Care Outcomes Framework (ASCOF) Measures

These are national measures and annually we are benchmarked against both West Midlands and national local authorities

4.1 Choice and Control (personalisation) including employment opportunities

The national performance indicator that measures the success of delivering self-directed support is *ASCOF 1C - Proportion of people using social care who receive self-directed support, and direct payments*.

4.2 Self-directed support has been offered since June 2010 to all service users eligible for social care funded support. Service users have three options: a council-managed fund, a direct payment or an Individual Service Fund (ISF)

4.3 Our target for the year which will be reported against nationally is to achieve 80% of people receiving self-directed support (set at this level to keep pace with best performing councils) and improve on last year's results of 74.2%. As at the end of January 2014 our performance was at 76.5%. We are currently below target and the focus between January and year end in March will be on the cases held by the long term teams where the larger numbers can make the most difference to our overall result.

4.4 Some services received by users and thus included in the denominator are not eligible for self-directed support. This includes anyone in a nursing care home, a residential placement, anyone receiving continuing health care, professional support only or having a period of re-ablement which is an increasing number of people due the emphasis on increasing independence and reducing longer term reliance on statutory social care. Anyone in receipt of these services does not contribute to the 80% target above.

We have therefore developed a local measure that takes all of the above services into account but uses a denominator that excludes any service users in receipt of the above services.

There is therefore a corresponding local indicator measure for this LI OO5 (LOCAL) Proportion of people who receive self-directed support and direct payments.

Taking the number of people receiving self-directed support out of those who are eligible to receive self-directed support puts current performance at 99%.

4.5 Self-directed support also includes vulnerable people having access to and support into employment. There are two national indicators that measure this: *ASCOF 1E*: *Proportion of adults (aged 18-64) with learning disabilities in paid employment* and *ASCOF 1F: Proportion of adults in contact with secondary Mental Health services in paid employment.*

4.6 Our performance to date for ASCOF 1E is 6.99% which is below our year to date target of 12.3%. The level of progress is insufficient for us to be confident of reaching our year-end target. However the end of year checks and focus on reviews in quarter 4 should bring us closer to target.

4.7 Shropshire generally is seen as a good performer against this indicator by other local authorities with West Midlands colleagues contacting us with a view to learning from our experiences and success. We are committed to improving this indicator as employment opportunities are an important aspect of our day services redesign and revised service offer.

4.8 ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment, is a measure drawn from the Mental Health National Minimum Dataset and so we are dependent upon our Trust colleagues for the correct input of this data. This is an important measure as gaining and retaining employment can be a key part of the recovery journey for many people with mental health needs The unverified performance as at Period 10 from Trust colleagues is 17.58% against a target of 14%. This is data reported locally and may not match the final data reported to the information centre at year end. It does though give us a best estimate of our position.

5. Supporting people to live in their local communities

5.1 Shropshire has a good track record in supporting adults with learning disabilities to live in their local communities and this is measured by the ASCOF indicator 1G: *the proportion of adults aged 18-64 with learning disabilities who live in their own home or with their family.* ASCOF 1G excludes people living in residential care and performance on this measure can only be improved by those currently placed in a residential setting moving to their own home or to live with family.

5.2 Shropshire consistently performs well against this indicator compared to other local authorities due to our continuous longer term planning in developing community-based non-residential accommodation. Our current performance at period 10 is 47.6% against our target of 79%. This indicator will improve significantly in Quarter 4 as reviews are completed and we are confident in achieving our year-end target which is similar to previous years.

5.3 Performance on this indicator moves only slightly each year due to the long lead-in time linked to developing appropriate accommodation., Further developments are already underway which will also contribute to a steady improvement against this indicator. Appendix A includes a summary of future developments. The provision of this type of accommodation is highly valued by adults with learning disabilities and their families and carers.

5.4 A similar indicator ASCOF 1H exists for adults with mental health needs and, although less progress has been made in new developments we are actively working with Registered Social landlords and developers to improve the range of accommodation available for adults with mental health needs

5.5 Our performance against the ASCOF1H measure for 2012/13 was 77.9%. We do not have a Period 10 update yet as the data for this indicator is drawn from the National Minimum Data Set submitted by our Foundation Trust colleagues. We only receive a year end result on this indicator but in order to focus on driving continuous improvement in this area we have requested, and continue to request regular updates throughout the year. The latest update

was received in November (Period 8) which was 89% against a year- end target of 80%.
We are also confident that by planning ahead and working with external funders and local Registered Social Landlords we can attract future development investment in this type of accommodation. The Council, through making land available as assets are reviewed, ensures that larger on-going revenue savings are achieved over one off capital receipts. Evolve, the asset review board is aware of the development requirements and considers specialist housing need, such as this, prior to any recommendation for disposal.

5.6 Whilst relatively successful in developing specialist supported accommodation for adults with mental health needs and adults with learning disabilities, we have not been as successful in developing appropriate accommodation for older people at the same pace. Whilst we are improving performance year on year against the two indicators that measure admissions to residential care there is still room for further improvement.

The indicators are:

ASCOF 2A: Part 1 - Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population

Our position at Period 10 for this measure is 11.6 compared to a target of 16.6 (good performance for this measure is low)

ASCOF2A: Part 2 - Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population

Our position at Period 10 is 583.5 compared to a target of 688.7 (good performance for this measure is low)

These measures reflect the number of admissions to residential and nursing care homes relative to the population size of Shropshire, for the age bands 18-64 and older people aged 65 and over. Admissions counted are those financially supported by the council, self-funders are not included.

This performance will change with the implementation of the Care Bill in 2015/l 2016, not because more people are admitted but due to existing care home residents becoming the responsibility of the local authority when the financial threshold is changed. These changes will be reflected in these performance measures.

5.7 An important part of helping people to remain living in their own homes and local communities is the support that is available to carers. There is no longer a national measure of this. However Shropshire retained as a local measure LI 135 - carers receiving services following a carers' assessment. This is a quantitative measure and we are currently performing at 55.6%.

6. The interface with health

6.1 We currently have two indicators that implicitly measure the impact of our working relationships with health to support vulnerable people who are unwell; these are both national ASCOF measures:

ASCOF 2(B) – Part 1: The proportion of people (aged 65 and over) who were still at home 91 days after hospital discharge into re-ablement/rehabilitation services. Our target for this is 89% however the measure is for a sample of clients a specified time period and cannot be easily tracked throughout the year. We do not as yet have any data for 2013/14.

ASCOF 2(B) – Part 2: The proportion of older people (aged 65 and over) who were offered re-ablement services on discharge from hospital.

ASCOF 2(C) – Part 1: The average number of delayed *transfers of care from hospital (for those aged 18 and over) on a particular day taken over the year.*

ASCOF 2(C) - *Delayed transfers of care from hospital*

Good performance against this measure is low. Last year 2012/13 our year end result was 4.8%. Whilst we have limited data for this year we are confident that we will improve on this in 2013/14.

This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of both health and social care.

7. Adult Safeguarding

7.1 From the 1st April 2013, Shropshire Council joined all but two of the other regional authorities in participating in the Pan-West Midlands Adult Protection Policy. This will mean that all the authorities in the West Midlands area will have the same processes and terminology. A similar approach has been implemented in London and Wales.

7.2 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.

7.3 This will ensure a series of minor concerns are picked up and dealt with before a more serious concern occurs and will help to identify patterns of concern or recurring themes.

7.4 We have developed a range of local indicators to support performance against this new policy.

Local Indicator	Jan 13/14 Data	13/14 Target	Comments
AS001 Proportion of alerts closed, by Managing Officer, at alert stage, as a % of all alerts taken by that Managing Officer. (Cumulative)	**46.4%**	**Tbc**	This measure is an operational, management tool (local measure). It is a useful indicator of the number of alerts that are closed at this early stage. Teams to ensure they add reasons for closing cases.
AS002 Proportion of strategy meetings completed within 5 **working** days of referral. (Cumulative)	**92.4%**	**95.0%**	A significant proportion of poor performance occurred in Q1, with the introduction of a new workflow system. As a consequence, even with less errors, we are unlikely to meet our end of year target.
AS003 Proportion of investigations completed within 20 working days of referral. **Excludes exceptions.**	**90.6%**	**95.0%**	We are below target, with 19 cases outside the target.
AS004 Proportion of case conferences held within 20 **working** days, from completion of the investigation. **Excludes exceptions.**	**85.7%**	**98.0%**	We are below target, with just 3 cases outside the standard. This measure applies to those cases that require a case conference (hence small numbers). Exceptions list applies. Results may be subject to subsequent change (20 day timescale).
AS005 Proportion of reviews held within 6 months of date of Case Conference.	**100%**	**100%**	Achieved target. Only applies to those cases that require a review (hence small numbers). No exceptions.
AS006 Proportion of cases where level of harm is reduced.	**99.6%**	**98.0%**	Above target. Only 1 case outside target. Exceptions list applies.
AS007 % of Adult Safeguarding cases closed within 100 working days.	**99.3%**	**90.0%**	Above target. There are no exceptions.
ASQ01 Proportion of people who feel safer, since the investigation of their concerns.	**73%**	**76.0%**	This measure is taken from the closure form service user comments, at the point of case closure.
ASQ02 Proportion of people who feel they have been given the right information to make choices in how to keep safe.	**81.7%**	**87.0%**	Currently below target.
ASQ03 Proportion of people who feel their views were taken into account.	**93.4%**	**95.0%**	Currently below target.

Local Indicator	Jan 13/14 Data	13/14 Target	Comments
ASQ04 Proportion of people who feel clear about the way in which different people helped them to solve the problem.	**76.8%**	**80.0%**	Currently below target.

7.5 There are also three further local indicators relating to reviews and timelines of assessments. These are D40(a), D40(b) and LI13 and are set out in the table below:

Local Indicator	Jan 13/14 Data	13/14 Target	Comments
D40 (a) Proportion of clients that have been reviewed during the year. Excludes professional support and OT.	**55.7%**	**tbc**	This is a new local measure, from Q2 onwards.
D40 (b) Proportion of clients receiving LA or NHS professional support who have been reviewed during the year.	**79.6%**	**70%**	This is a new local measure, from Q2 onwards. .
LI 132 Timeliness of assessments. New clients, only.	**68.3%**	**tbc**	This measure only includes CCA's and counts NEW assessments only.

These are new indicators developed in year to reflect changes in Adult Services. Targets have not been set for 2013/14.

8. Conclusions

8.1 Adult Services continue to work towards improving overall performance against the range of both national and local performance measures and indicators.

8.2 The targets agreed annually are aspirational and relate to the performance of either our family group or the better-performing local authorities.

List of Background Papers

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

Support for Carers and Carer Assessments (Safe and Confident Communities Scrutiny Committee, 4th July 2012)

Progress Update following the Recommendations of the Task and Finish Group - Assistive Technology - September 2011 (Safe and Confident Communities Scrutiny Committee, 4th July 2012)

Adult Social Care Performance Framework (Performance & Strategy Scrutiny Committee, 30 November 2011

Cabinet Member (Portfolio Holder)

Councillor Lee Chapman

Local Member

All – this is a countywide matter.

Appendices

Appendix A: Supported Living developments 2011-2014

Appendix A

SUPPORTED LIVING DEVELOPMENTS 2011 - 2014

Development and Location	Status	Client Group	Occupancy date	Comments
Bradbury Bungalow, Eskdale Road Shrewsbury	Complete	3 x Adults with a Learning Disability	April 2012	Funded by The Development Trust
Beagle House Eskdale Road Shrewsbury	Complete	7 x Adults with mental health needs	June 2012	Built by Bromford Housing, land provided by Council, 7 individual flats and 1 resource flat
Belvedere Bungalow, Shrewsbury	Complete	4 x adults with a learning disability	November 2012	Former property in Council ownership sold for capital receipt to RSL and rebuild as purpose built bungalow, Council have retained nomination rights
Supported Living Bungalow Mount Pleasant	Complete	3 x adults with a learning disability	June 2013	Funded by The Development Trust
Liverpool Road Whitchurch	under construction	Proposed 9 x adults with a learning disability	Anticipated Autumn 2014	To be built by Bromford Housing, land provided by Council, proposed 9 individual flats and 1 resource flat.
1 x Supported living bungalow 1 x 4 bed registered care facility, 1 x training bungalow, 4 x ion person flats at Adderley Road in Market Drayton to bring people back from out of county	planning permission approved Construction due to commence summer 2014	Approx. 8 x Adults with learning disability	Spring 2015	Funded by the Development Trust

Development and Location	Status	Client Group	Occupancy date	Comments
2 x supported living bungalows in Shrewsbury	Land identified, awaiting funding confirmation	Adults with learning disability	Anticipated Summer 2015	funding to be confirmed by Development Trust
Up to 14 individual supported living flats	RSL developing at own risk. Location tbc. Council will have nomination rights	Adults with mental health	Summer 2015	RSL development