



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

Date: 29 April 2015

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

**Date:** Friday, 8 May 2015  
**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 Caron Morton (Vice Chairman)
Ann Hartley	Dr Helen Herritty
Lee Chapman	Dr Bill Gowans
Professor Rod Thomson	Paul Tulley
Stephen Chandler	Jane Randall-Smith
Karen Bradshaw	Jackie Jeffrey

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 Substitutions**

To receive apologies for absence and any substitutions that have been notified.

## **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 - 8)**

To approve as a correct record the Minutes of the previous meeting held on 27 March 2015 which are attached.

Contact Karen Nixon on 01743 252724.

## **4 Public Question Time**

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

## **5 Better Care Fund - Update and Performance**

A report will follow.

Contact Stephen Chandler, Director of Adult Services Tel 01743 253704 or Kerrie Allward, Better Care Fund Manager Tel 01743 253095 or 277500 ext 2092.

## **6 Mental Health Crisis Care Concordat (MHCCC) Update Report (Pages 9 - 30)**

A report is attached.

Contact Louise Jones, Commissioning Lead, Mental Health and LD, Shropshire CCG Tel 01743 277500 ext 2112.

**7 Care Act Update (Pages 31 - 36)**

A report is attached.

Contact Stephen Chandler, Director of Adult Services Tel 01743 253704 or Ruth Houghton Tel 01743 253093.

**8 Shropshire Pharmaceutical Needs Assessment**

A report will follow.

Contact Emma Sandbach, Public Health Specialist, Intelligence, Tel 01743 253967.

**9 Healthy Child Programme**

A report will follow.

Contact Lindsay McHardy.

**10 Health and Wellbeing Programme Update**

A report will follow.

Contact Jane Randall-Smith, Chief Officer, Healthwatch Tel 01743 342183 or Penny Bason, Health and Wellbeing Co-ordinator Tel 01743 253978.

**11 Public Health Annual Report**

A report will follow.

Contact Lindsay McHardy.

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## Committee and Date

Health and Wellbeing Board

8 May 2015

### **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 27 MARCH 2015 9.30 - 11.40 AM**

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

#### **Present**

Councillor Karen Calder (Chairman)  
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Stephen Chandler,  
Dr Bill Gowans, Paul Tulley, Jane Randall-Smith and Rachel Wintle (substitute for Jackie  
Jeffrey)

#### **107 Apologies for Absence and Substitutions**

Apologies for absence were received from Karen Bradshaw, Director of Children's Services, Dr Caron Morton, Dr Helen Herritty and Jackie Jeffrey.

Rachel Wintle substituted for Jackie Jeffrey, VCSA.

#### **108 Disclosable Pecuniary Interests**

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

#### **109 Minutes**

##### **RESOLVED:**

That the Minutes of the meeting held on 20<sup>th</sup> February 2015 be approved as a correct record and signed by the Chairman, subject to the following;

##### Matters arising;

At Minute 99.5 a) Better Care Fund Partnership Agreement, it was explained that due to the need to do more work around conflicts of interest, this would now be reported back to the Health and Wellbeing board in May 2015.

At Minute 100.4, Co-commissioning Update, it was noted that Debbie England of NHS England would be attending future Health and Wellbeing Board meetings.

## 110 Public Question Time

The following statement and public questions were received from Mr David Sandbach;

**Statement:** I am concerned that the debate about funding health services in Shropshire is starting to demonise people who live in Wales. My concern stems from the report on the front page of the Shropshire Star on the 18<sup>th</sup> of March 2015 and the following piece on page six.

**Response:** The Chair explained that she had commented in the local newspaper (the Shropshire Star) because of the negative impact being made on Shropshire's health budget as far as sexual health services were concerned. She confirmed that in no way did she wish to demonise the people of Powys. It was noted that both the CCG and Health and Wellbeing Board had made representations to the Welsh Affairs Committee re. cross border issues. The Director of Public Health also made clear that there were no objections to people coming across the county border to access Shropshire's services, but unfortunately in respect of Powys, there was no way of re-charging for those services as happened with Cheshire and Staffordshire. This gave rise to an element of concern with regard to the cost to date of £90,000 to the Shropshire health economy.

It was noted that the CCG had similar pressures for urgent care too, amounting to £700,000 across the two CCG's (Shropshire and Telford).

As a supplementary question, Mr Sandbach asked to see the documentary evidence of this, which Dr Julie Davies offered to supply to Mr Sandbach after the meeting and go through the information with him if required.

### Questions:

- Q1 'The Health Gateway review recommendations:  
Level - Do Now – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately. The Core Group should ensure that a whole system affordability position is agreed to inform the Programme and the development of business cases – this is a do now task in the report.  
Other whole system reconfiguration programmes have found it beneficial to reach joint agreement on an affordability envelope or baseline, sometimes referred to as a "single version of the truth". This provides a firm basis for assessing the affordability of options, and ensures the credibility of any business cases submitted to external bodies for approval. The Future Fit Programme needs to progress this urgently if it is to proceed with its current timetable.

Where is the Core Group up to?’

**Response:** The CCG confirmed that this was currently being reviewed by the Programme Board and that pleasingly the Core Group was working on a joint agreement on affordability. It was anticipated that this work should be complete by the end of June 2015.

Q2. ‘Are there any plans for opening additional intermediate care beds as a means of managing winter pressures in 2015?’

**Response:** the CCG confirmed that it was their ambition to reduce bed based care and the reliance on intermediate bed care.

As a supplementary question Mr Sandbach asked if there were plans to open additional care beds on a temporary basis and were SATH looking at opening up the old maternity unit for this use?

**Response:** It was confirmed that this option was currently being explored, but it was stressed that this was only at the exploratory stage.

Q3. ‘When will citizens see the benefit of a 20% reduction in emergency admissions from nursing homes and how many admissions will this amount to in a year?’

**Response:** The Care Home Advance Scheme (prototype) data was due in next month and this will be reported on when received.

## 111 QUALITY & PERFORMANCE

### 112 Update Report on Year of Physical Activity Plans

The Director of Public Health introduced and amplified an update report, copy attached to the signed minutes, on 2015, the Year of Physical Activity. It was noted that a Launch event would be held on 28<sup>th</sup> April.

It was agreed that a conversation should be started about measuring the outcomes from this and it was suggested that the Health and Overview Scrutiny Committee could be commissioned to look at this and report back to the Board on their findings. This was duly agreed.

#### **RESOLVED:**

- a) The Health and Wellbeing Board to make its 2015 a 'Year of Physical Activity ' to address physical inactivity as a major risk to health.
- b) That the approach of the 2015 Year of Physical Activity be based on 'Everybody Active Everyday' principles and structure.

- c) Organisations to assess their contribution to the physical activity agenda based on the 'Everybody Active Every Day' options.
- d) That the Year of Physical Activity action to be based on optimising opportunities across organisations, departments and services, within existing resources.
- e) That the Health and Overview Scrutiny Committee be commissioned to look into measuring the outcomes of this initiative and that a report on their findings be made back to the Health and Wellbeing Board in Autumn 2015.

## 113 FOR DECISION/RATIFICATION

### 114 Heatsavers - Shropshire Evaluation

A report on the Heatsavers Research Project was introduced and amplified by the Project Lead Officer - copy attached to the signed minutes. In doing so, the links between poor housing and poor health and how Heatsavers helped people claim the correct benefits were highlighted.

In relation to a question about bulk buying of oil for areas of the county where mains gas did not exist, it was explained that most Parish Councils ran such schemes. Mrs Shingleton said that the Shropshire Association of Local Councils would be best placed to conduct a survey across the county if required. The Chair welcomed this and thanked Mrs Shingleton for her suggestion.

It was agreed that the Heatsavers work was helpful as a needs assessment and that it should sit within the Board's preventive agenda, coming within the Better Care Fund work, which was logical. The cross-cutting nature of the problem was noted too.

#### **RESOLVED:**

- a) That the content of the Heatsavers report be noted.
- b) That the Heatsavers Scheme should form part of the Health and Wellbeing Board's Prevention Strategy.
- c) That the Heatsavers Scheme which links into Health and Wellbeing work, would be taken forward by the Health and Wellbeing Delivery Group
- d) That a progress report be made back to the next Health and Wellbeing Board meeting with regard to a timeframe on implementing the above.
- e) That a bulk buying fuel survey be developed by Housing for distribution by Shropshire Association of Local Councils.



## 115 Shropshire CCG 2 Year Plan

The Chief Operating Officer, Shropshire Clinical Commissioning Group (CCG) introduced and amplified a report, copy attached to the signed minutes, summarising NHS England's planning requirements and Shropshire CCG's progress in meeting those requirements via the development of a refreshed 2 year plan.

It was noted that there were some new elements to this draft plan such as the Mental Health Crisis Concordat. Main changes were largely around the Better Care Fund.

The Chair picked up on patient safety and asked if this was new. In response the Chief Operating officer said it was not new, but the item had been strengthened in this latest draft. A brief overview was requested and agreed.

It was confirmed that following the discussion of substance misuse at the previous H&WB meeting, this issue was being worked on too. Alcohol Misuse was already in the draft, but this was now being pulled together with Substance misuse and connections were being made. An assurance was given that this matter would be incorporated into the final version in due course.

The Director of Adult Services supported the draft document and in doing so he suggested that in future more joint planning would be welcomed. He also requested that the following be incorporated as far as possible; the Winterbourne View, Primary Care and positive examples of good practise and innovation were also supported.

It was suggested an example of leading good practise was the local emphasis on rural solutions, with the recent successful bid for the new GP practice at Whitchurch hospital being cited as a good example of this. It was generally agreed that this should be expanded and discussed further before possibly taking this forward formally with leadership from the Health and Wellbeing Board.

**RESOLVED:** That subject to the foregoing

- a) The content of the Shropshire CCG Draft 2 Year Plan be noted.
- b) It be noted that this was a draft plan for final submission to NHS England in early April 2015 and that the plan will be further developed to address feedback received from NHS England and other key stakeholders.
- c) The statutory duties of the Health & Wellbeing Board in relation to the alignment of CCG plans and the Health & Wellbeing Strategy be noted.
- d) It be agreed that there was appropriate alignment between Shropshire CCG's 2 year plan and Shropshire's Health & Wellbeing Strategy.
- e) A brief overview on Patient Safety be made to a future meeting of the Health and Wellbeing Board.

## 116 Shropshire Pharmaceutical Needs Assessment (PNA)

The Director of Health introduced and amplified a report on the formal consultation being undertaken on the draft Pharmaceutical Needs Assessment (PNA) in Shropshire, a copy of the report is attached to the signed minutes.

The consultation was due to end on 15 April 2015 and the final report would be made to the next Health and Wellbeing Board meeting on 8 May.

In response to a query about abbreviations used within the report it was explained that AUR stood for Appliance Use Review and SAC stood for Stoma Appliance Customisation.

Services were reasonably good across the county in pharmacy provision, however as noted within the report, there were some gaps. It was highlighted that the PNA would form part of the Joint Strategic Needs Assessment (JSNA).

A discussion ensued about what weight NHS England gave to this and the document's usefulness. It was agreed that a letter to NHS England be written seeking clarity and requesting to understand what actions would be taken to address the gaps.

Finally thanks were expressed by the Director of Health to Lyn Deavin for her excellent support in developing the PNA.

### **RESOLVED:**

- a) That the contents of the PNA be noted.
- b) That a letter from the Health and Wellbeing Board be sent to NHS England requesting clarity about the PNA and local developments.
- c) That a final report be made to the next Health and Wellbeing Board on 8 May 2015.

## 117 Communication and Engagement Strategy and Action Plan Update

The Chief Officer, Healthwatch, introduced a report, copy attached to the signed minutes, on progress with the Health and Wellbeing Board Communication and Engagement Strategy and Action Plan which was being progressed by the Task and Finish Group.

It was agreed that ongoing work on communication and engagement was required due to the number of organisations and bodies involved across Shropshire and Telford and the need to draw together communications and engagement.

Whilst 'Shropshire Together' was welcomed, it was agreed that clear guidelines needed to be drawn up about how and when to use this branding.

**RESOLVED:**

- a) That initial comment and input to the draft Communication and Engagement Strategy and Action Plan be provided (further opportunity to give input has been provided through the online questionnaire);
- b) That the development of a permanent communication and engagement subgroup be endorsed with a role to i) develop communication and engagement programmes in line with the key programme development in Shropshire, and ii) make recommendations to the Health and Wellbeing Board as required and iii) share, where appropriate, information and ideas for collaboration, joint working and input to the JSNA; and
- c) That the branding of 'Shropshire Together' should continue to be used and recognition be built as the platform for delivering and supporting messages and engagement across the Shropshire Health economy.

**118 FOR INFORMATION**

**119 Children's Trust Report**

The Portfolio Holder for Children's Services, Shropshire Council, introduced and amplified the Children's Trust report, copy attached to the signed minutes, which provided regular assurance to the Health and Wellbeing Board on the work of the Trust and highlighted areas for closer consideration by the Health and Wellbeing Board.

A discussion ensued about Looked After Children living within Shropshire from out of County – there were currently known to be 93 different placing authorities in Shropshire which was of concern.

It was agreed that health inequalities for Looked After Children and NEETS (Not in Education Employment or Training) were to be considered.

Under 18 conception data was good, but there was a acknowledgment not to get complacent and to keep focussed.

**RESOLVED:**

- a) That the information and actions in the report be noted.
- b) That partner agencies be considered and endorsed to provide/promote opportunities for those young people identified as NEET, including those children looked after by the Local Authority.
- c) That Health Inequalities for Looked After Children and Care Leavers be considered as a future agenda item for a future Health and Wellbeing Board

meeting.

**120 NHS Future Fit Short List**

The Chief Operating Officer, Shropshire CCG, presented a report, copy attached to the signed minutes, setting out the options for acute and community hospital services identified by the NHS Future Fit Programme Board. Each option (apart from the 'Do Minimum') proposed a way of configuring services, designed to deliver the previously agreed Clinical Models of care.

These options were now subject to detailed development in advance of a full economic assessment.

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

Signed ..... (Chairman)

Date:

## Agenda item 6



**Health and Wellbeing Board**  
**Friday 8<sup>th</sup> May 2015**

### **MENTAL HEALTH CRISIS CARE CONCORDAT (MHCCC) UPDATE REPORT**

**Responsible Officer** Louise Jones, Commissioning Lead, Mental Health & LD, Shropshire CCG  
Louise.Jones@shropshireccg.nhs.uk Tel: 01743 277 500 x2112

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#### **1. Summary**

A Mental Health Crisis Care Concordat (MHCCC) update report was presented to the Health and Wellbeing Board on 14th November 2014 detailing the development of an action plan. This paper intends to provide a brief progress report of the work undertaken since then, in particular to update the board on developments around the MHCCC action plan.

#### **2. Recommendations**

The Health and Wellbeing Board are asked to note the content of the report.

#### **3. Report**

##### **3.1. Introduction**

3.1.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

3.1.2 There are four key elements of a good mental health crisis care service:

1. Access to support before crisis point
2. Urgent and emergency access to crisis care
3. The right quality of treatment and care when in crisis
4. Recovery and staying well, and preventing future crisis.

##### **3.2. Background**

3.2.1 The Concordat outlines the work that is required at a national and local level so that organisations responding to people experiencing a mental health crisis work together collaboratively and that these agencies have a shared understanding of the local processes needed to deliver high quality care.

##### **3.3 Update**

3.3.1 Locally, the MHCCC Strategic Group developed a joint Shropshire and Telford & Wrekin MHCCC Action Plan (Appendix 1). This was submitted to the Department of Health (DH) on the 27th March 2015 and received excellent feedback. The MHCCC Strategic Group is continuing to progress implementation of the Action Plan.

3.3.2 Key areas within the Action Plan include protocols to improve the management of section 136 patients who require treatment at A&E, as well as how to improve the

experience of young people who require assessment, significantly the development of the Mental Health Crisis Helpline. In November 2014 a successful joint bid from Shropshire and Telford CCGs to NHS England ensured funding to resource a pilot service to deliver a 365 day a year, out of hour's mental health crisis helpline.

- 3.3.3 The purpose of the helpline is to offer advice, support and information directly to service users and carers; to provide support and better coordinate interventions between Emergency Duty Teams, Crisis Resolution and Home Treatment Teams, Shropdoc, GPs, RAID, Police, Ambulance, Third sector and other partners to reduce the need to apply section 136 powers and prevent crisis situations escalating into emergencies. The helpline went live on the 1<sup>st</sup> April 2015 and will be monitored on an ongoing basis. A communications plan is being developed to raise awareness of the Helpline across the Health and Social care economy.
- 3.3.4 The Mental Health Provider Trust has now completed its work on an options appraisal regarding increasing capacity at the health place of safety, which has been identified as a critical need. This will now be reviewed by Shropshire and Telford & Wrekin CCGs and partners at the MHCCC strategic group in August once the Helpline has been operating for six months.
- 3.3.5 Work is being undertaken to review the service model across Tier 3 CAMHS to allow flexibility of provision across emergency response, reaching out services and general Tier 3 provision; including reviewing the need for CAMHS short stay crisis beds (Tier 3+) and S136 facilities.
- 3.3.6 A further key theme of the action plan is to develop a programme of joint training for partner agencies regarding mental health crisis care interventions to build on the successful joint health, social care and Police training that has taken place around the use of section 136.  
In addition, training to improve Mental Health awareness for police officers/staff (role specific where possible) commenced in 2014 and is ongoing.

#### 4.0 Additional Information

- 4.1 Appendix: MHCCC Action plan, Appendix A below and can be found at URL: <http://www.crisiscareconcordat.org.uk/areas/shropshire/#action-plans-content>

#### 5.0 Conclusion

- 5.1 The Strategic group will continue to meet to oversee implementation of the action plan and regularly review progress. Further updates will be provided to the Health and Wellbeing Board on request.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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Councillor Karen Calder (Portfolio Holder Health)
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<b>Local Member</b>
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All – this is a Countywide matter
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<b>Appendices</b> <b>Appendix A – Action Plan</b>
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Appendix A: Action Plan

Localities do not need to use this template if they do not wish – it is intended as a guide.

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<b>1. Commissioning to allow earlier intervention and responsive crisis services</b>				
<b>No.</b>	<b>Action</b>	<b>Timescale</b>	<b>Led By</b>	<b>Outcomes</b>
<b>Matching local need with a suitable range of services</b>				
1	To bid for NHSE monies in order to Create a Pilot Mental Health Crisis Helpline and coordination hub This service would operate 365 days a year and would be staffed by qualified mental health clinicians	December '14	Telford CCG in association with Shropshire CCG and SSSFT.	1) To receive approval of outline business case in order to develop the pilot – OUTCOME ACHIEVED
2	Develop an information sharing protocol in order to allow for more effective coordination of crisis responses between partner agencies – based upon the learning of the street triage pilots in which information sharing	February '15	SSSFT with sign up from partner agencies Shrewsbury and Telford Hospitals, Shropshire Council, Telford & Wrekin Council, West Mercia Police, West Midlands Ambulance Service, Shropshire Community Trust, Shropdoc	1) Improved coordination of multi-agency responses 2) Improved information sharing to allow for planned/ coordinated responses 3) Better deployment of staff to effect quicker resolution 4) Reduction in the use of 136 5) Improved multi-agency risk planning

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	has allowed for better decision making and collaborative responses			
3	To use the mechanism of Commissioning for Quality & Innovation (CQUIN) to improve the use of Crisis Plans	April '15	Shropshire CCG/ Telford CCG/ SSSFT	1) To have in place an agreement about the use and audit of Crisis Plans to increase their use so as to enhance service user outcomes
4	To further enhance capacity at the health place of safety through the submission of a detailed options appraisal	February '15	SSSFT to produce options appraisal. Shropshire CCG and Telford CCG to review and build into commissioning intentions	1) To increase capacity at the health place of safety
5	Review service model across Tier 3 CAMHS (including assessing the need for additional Tier 3 community provision) to allow flexibility of provision across emergency response, reaching out service and general tier 3 provision.	JULY 15	Shropshire CCG, Telford & Wrekin CCG and Shropshire Community Health NHS Trust	1) Improved overall CAMHS response and coordination to emergency assessments. 2) To improve the clinical pathways across ROS, and general Tier 3 CAMHS to result in a reduction of young people entering a crisis.



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7	Assess need for CAMHS short stay crisis beds (Tier 3+) including S136 facilities.	Sept 15	Shropshire CCG, Telford & Wrekin CCG and Shropshire Community Health NHS Trust	1) Greater understanding of the mental health needs of Children and young people. If provision available, outcomes would be; 1) To reduce admission to Tier 4 2) To reduce length of admission 3) Young people to be cared for under Sec 136 MHA in age appropriate facilities with appropriately trained staff.
8	To link in with Force Pilot to develop Mental Health Diversion Scheme for people in Police Custody, when arrested for offences. Pilots currently at Coventry & Warwickshire. Following evaluation roll out across West Mercia.	June 2015	Lead by Police Strategic lead DS Walters. Shropshire Lead CI Chaloner.	1) Scoping across Custody units will ensure that there is sufficient Mental Health Diversion in place.  2) Improved Mental Health Diversion, will ensure clear pathways and result in less people entering crisis.
<b>Improving mental health crisis services</b>				
	Produce a directory of services that are available to support people in mental health crisis. The Directory will include self-help to prevent a crisis	May '15	Shropshire Council and Telford Council <b><u>Please note it was envisaged that the LAs would lead based on the previous work done around directories.</u></b>	1) To ensure that the directory is widely available and accessible in different formats 2) To ensure that there is more information available to people about contact points for urgent and preventative support 3) Ensure links to Information Advice and Guidance under the Care Act.
	Establish age appropriate environment within	April 15	SCHT/SSSFT/SATH	To ensure young people are assessed in an age appropriate environment.



**2. Access to support before crisis point**

No.	Action	Timescale	Led By	Outcomes
<b>Improve access to support via primary care</b>				
	To develop detailed crisis plans for service users	February '15	SSSFT	1) To improve the take up of Crisis Plans 2) To ensure that service users and carers are better informed about how to access help as problems are emerging 3) To ensure that this information is available 24/7 to partner agencies as per the information sharing agreement 4) To reduce admissions and use of section 136
	Improve CAMHS referral information on Shropshire Community Mental Health NHS Trust website	<b>May 15</b>	<b>SCHT</b>	Improved information for primary care practitioners.
<b>Improve access to and experience of mental health services</b>				
	Devise a patient rated experience measure for all patients seen in the Redwoods Place of Safety	April '15	SSSFT Kath Chambers Kevin Mansell	1) Patient rated outcome measure to be offered to all patients detained in the Health place of safety. 2) Learning from this to be presented to the MHCCC strategy group to inform operational, training and service developments
	To incorporate into the Future Fit Programme planning facilities to assess and support people in need of mental health crisis	April '15	CCGs, SSSFT	1) To ensure that Future Fit plans facilities to receive and assess people who need mental health crisis interventions

	Initiate transition planning at 16 years of age and ensure that all new referrals are considered for a range of possible options including single AMH/CAMHS assessment or joint AMH & CAMHS assessment.	July 15	SCHT, SSSFT	1) Improve links with AMHS/CAMHS 2) Improve transition process between AMHS/CAMHS
	Ensure delivery of a 7 day CAMHS crisis provision.	July 15	SCHT	1) To improve frequency and intensity of patient contact to reduce crisis presentation.
	Police Specific - Ensure easy access to Samaritans referral scheme by all declaration signatories, in particular Custody, GP's, A&E, Ambulance.	Complete in Telford. Shrewsbury under review. Other signatories to be updated.	CI Chaloner (WMP), Mental Health Strategic Group, Samaritans.	1) Improve easy access to listening service to people in order to avert crisis.
	Review of Safe discharge planning for adults and children from hospitals (including tier 4 CAMHS beds etc) – and review adherence to plan and the effectiveness of a		CCG's, LA's, CAMHS & SSSFT	1) Work to develop a Homeless Discharge Protocol is underway between T&W Council and SSSFT to ensure timely notification of homelessness on admission. 2) Development of an all age commissioning to drive transitional improvements, and access to services.

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good plan				
To review the Mental Health Commissioning Strategy in Telford & Wrekin	December 2015	T&W CCG & LA	1) Increase focus on preventative services to maximise peoples independence 2) Improved access to services	

### 3. Urgent and emergency access to crisis care

No.	Action	Timescale	Led By	Outcomes
<b>Improve NHS emergency response to mental health crisis</b>				
	Following successful bid for pilot mental health crisis helpline to develop a detailed service pathway involving all partner agencies and users and carers	March '15	Telford CCG in association with Shropshire CCG and SSSFT.	1) To improve service user and carer experience and accessibility to help whilst in crisis by direct telephone advice and support from a qualified nurse 2) Provide comprehensive liaison and coordination of crisis Responses to Police, Ambulance, 999 call handlers, Shropdoc and other crisis services. 3) Evaluation of the proof of concept in terms of its viability for further role out dependent upon NHSE's allocation of new resources 4) To reduce the use of section 136 applications
	Police specific - Further to the above; Pilot for Mental Health Crisis Helpline, work with CCG and SSSFT to develop pilot and provision via helpline and on the ground, support and intervention to officers responding to	April 2015	CI Chaloner (WMP) & Kevin Mansell (SSSFT)	1) To improve service user and carer experience and accessibility to help whilst in crisis by direct telephone advice and support from a qualified nurse 2) Provide comprehensive liaison and coordination of crisis Responses to Police, Ambulance, 999 call handlers, Shropdoc and other crisis services. 3) To reduce the use of section 136 applications. 4) Review of pilot in August 2015, to review demand on 136 suite and any requirements to commission a second bed space.

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	136 requests, where Redwood Centre is unavailable.			
	.Re-configure Tier 3 CAMHS to create a mental health practitioner post based at SATH to ensure a rapid response embedded within an all age assessment team.	31 March 2015	Shropshire Community Health NHS Trust	1) Improved response for young people in crisis. 2) Improved links between partner agencies (RAID/CAMHS/SATH)
	Review alternatives to admission to Redwoods Hospital to enable crisis response when home treatment is not a feasible option. Link to findings of the Castle Lodge Consultation.	Strategy completion – Dec 2015	SSSFT, T&W CCG, T&W Council	1) Consultation exercise scheduled by SSSFT in partnership with the CCG. Consultation has launched and events are scheduled. 2) Review as part of the wider mental health Commissioning Strategy for Telford & Wrekin
<b>Social services' contribution to mental health crisis services</b>				
	Enhance Support to Carers to enable them to continue to care in a crisis.		Telford & Wrekin Council	1) Explore the expansion of the Emergency Carers response Service. 2) Development of the Helpline will offer emotional support to carers as well as service users.
	Shropshire Council and Telford & Wrekin Council to review the demand and capacity	March '15	Shropshire Council, Telford & Wrekin	1) To ensure adequate availability of AMHPS 24/7 2) To ensure AMHPs undergo refresher training as required and programme of training is in place

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and training needs for AMHP services

Council


**Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983**

	<p>To undertake a review of the Section 135 &amp; 136 policy within 3 months of the publication of the new MHA code of practice</p>	<p>April '15</p> <p><b><u>Please note the new C of P was published on the 15<sup>th</sup> Jan and subject to Parliamentary approval will come into effect in 1st April (Chpt 16 covers this area) this offers important advice about how to apply section 136 and alternatives. Which will have a major bearing on the training needs for</u></b></p>		<p>1) To incorporate the requirements of the new Code of Practice into service operations 2) To secure that specific Section 136 training is instigated to support front line staff in the implementation of the new guidance</p>
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Police officers

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	To ensure that the 136/ MH crisis care operational meetings discuss and learn from any operational concerns. These meetings to be set for the year and a summary of learning and other issues be presented to the MHCCC/136 strategic group	February '15	CCGs/LAs/ SSSFT/Police Ambulance Service/Training	<ul style="list-style-type: none"> <li>1) To ensure multi-agency learning takes place as a result of operational concerns that may arise.</li> <li>2) For any matters that cannot be resolved through the operational group be escalated to the MHCCC strategy group</li> <li>3) For any changes required to incorporated into standard operational procedures and overseen by the MHCCC strategy group</li> </ul>
	Police Specific – Review of 136 Detentions in Police Custody on a monthly basis and provide figures for local 136 meetings.	Complete and Ongoing.	Police & SSSFT	<ul style="list-style-type: none"> <li>1) Ensure people who are detained in Police custody are for appropriate reasons.</li> <li>2) Ensure targets set by MH Concordat to reduce detentions is adhered to.</li> <li>3) Better outcomes for patients detained under 136.</li> </ul>
<b>Improved information and advice available to front line staff to enable better response to individuals</b>				

### Mental Health

	To review the multi-agency training needs requirements for mental health crisis care	Training leads for partner agencies involved in the MHCCC strategic group	May '15	<ul style="list-style-type: none"> <li>1) To produce a revised training plan of the multi-agency training needs of staff.</li> <li>2) To deliver additional joint health, social care and Police training events addressing how best to support service users in connection with section 136. This will inform further joint training</li> <li>3) To devise training specific to the changes in the MHA Code of Practice</li> </ul>
	Establish interface between Adult Mental Health Services and CAMHS IT systems.	To be identified	SSSFT and Shropshire Community Health NHS Trust	Improved information sharing. Better informed response for service users.
	Enable 'Graphnet' database access for CAMHS consultants on call out of hours.	31 March 2015	Shropshire Community Health NHS Trust	Better informed response for service users. Improved access to information for consultants and wider colleagues.
	Establish education and training programme for front line staff about the needs of children and young people who present in crisis.	July 15	Shropshire Community Health NHS Trust.	Better informed response for service users. Increased knowledge and skills of front line staff.
	Deliver Storm training. STORM is a self-harm mitigation model developed at the University of Manchester. It offers skills based training	Oct 15	SCHT	Staff trained in STORM to deliver training across CAMHS and front line staff Increased knowledge and skills for front line staff. Reduction in self harm presentations.

Mental Health

	in risk assessment and safety planning to frontline staff and members of the community			
	Police specific; Improve Mental Health awareness training for police officers/staff (role specific where possible).	June 2015	CI Chaloner (WMP) & DCI Ali Davies (WMP)	<ol style="list-style-type: none"> <li>1) Staff trained in Mental Health Awareness will provide enhanced and informed sensitive approach to people in crisis.</li> <li>2) Multi-agency training events, held in May 2014.</li> <li>3) Officers currently undertaking NCALT mental health training via E-Learning.</li> <li>4) Review of refresh training, with Ambulance Service, BTP and Dawn Crowther (SSSFT),</li> </ol>
<b>Improved services for those with co-existing mental health and substance misuse issues</b>				
	<b><u>This needs further work by the group - I have written to Jayne Randall who is the commissioner of Substance misuse services in Shropshire seeking her assistance – similar action required for Telford</u></b>			
	The review of the Mental Health Strategy in Telford & Wrekin will include people with a dual	Dec 2015	T&W CCG, T&W Council, Public Health	<ol style="list-style-type: none"> <li>1) Improved access to services for those with a dual diagnosis.</li> </ol>

Mental Health

diagnosis. One Team Leader manages DARS and LA mental health staff in Telford & Wrekin.				

4. Quality of treatment and care when in crisis

No.	Action	Timescale	Led By	Outcomes
<b>Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring</b>				
	Devise a protocol about how to manage the needs of children and young people who use the health place of safety as a result of detention under section 136 to enhance the experience of this vulnerable group	April '15	CAMHS/ SSSFT Telford CCG/ Shropshire CCG	1) To ensure that staff are better equipped to understand the different needs and principles of care required to support young people requiring a place of safety 2) To devise specific pathway to be followed when supporting children and young people i.e. consideration about having guidance from specialist staff and plans to inform/involve parents and others to whom the child or young person may best relate.
	To revise protocol regarding the management of people detained under section 136 who require treatment in A&E this includes assessment of those deemed to be intoxicated, whether they are assessed in A&E or initially treated in A&E and then transferred subsequently	May'15	SATH CCGs, RAID, SATH, Police, Ambulance SATH, LA's	1) To have an agreed protocol between SATH, SSSFT, Police and Ambulance service regarding the management of patients who need to be supported in A&E 2) Revised protocol to include on-going Police support and conveyance if they then need to move to an alternative health place of safety 3) To see a reduction in the use of Police cells for intoxicated patients. <b><u>Please note Mark Walters is attempting to find out from Police colleagues in the Met and Birmingham what arrangements they have in place as very few people in these areas end up in police cells even when intoxicated</u></b>
	Police Specific,	September	SATH	1) Following outcomes listed above; work with partners to

Mental Health

	Ensure there is a protocol in place to provide a place of safety for care and subsequent Mental Health Assessment for people too intoxicated to be assessed under 136, without resorting to Police use of Custody.	2015	CCGs, RAID, SATH, Police, Ambulance SATH, LA's	explore potential use of crash pad facility, near to A&E / Raid Services, as provision for people who are non-violent and not in need of acute medical attention.
<b>Service User/Patient safety and safeguarding</b>				
	On the next 6 occasions when Police cells are used for 136 detentions that a Serious Incident/ Root cause analysis takes place	February '15	Quality Leads for Shropshire CCG Telford CCG	<ol style="list-style-type: none"> <li>1) To ensure that all staff understand the requirement to prioritise efforts to eliminate, wherever possible the use of Police cells</li> <li>2) To bring the learning outcomes associated with the Root Cause Analysis to the 136 operational group, the MHCCC strategic and CCG/provider quality meetings to guide the steps required to eliminate the use of Police cells</li> </ol>
	To undertake a Serious Incident / Root Cause analysis of any time a child is detained in Police cells. Local agreement to eliminate children being detained in Police cells	December '14	Telford/ Shropshire CCG Quality Directorates	<ol style="list-style-type: none"> <li>1) To ensure that all staff understand the requirement to prioritise efforts to eliminate children being detained in Police cells</li> <li>2) To bring the learning outcomes associated with the Root Cause Analysis to the 136 operational group, the MHCCC strategic group and CCG/provider quality meetings to guide the steps required to eliminate the use of Police cells for the under 18's</li> </ol>
	To scope the needs of children taken to	April '15	CCGs, CAMHS,	<ol style="list-style-type: none"> <li>1) Understand demand and capacity issues</li> <li>2) this information used to enhance patient pathways</li> </ol>

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	A&E owing to deliberate self-harm or other forms of MH crisis care needs in order to better understand the needs and devise pathway to better support this group		SATH	
<b>Staff safety</b>				
<b>Primary care response</b>				

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5. Recovery and staying well / preventing future crisis

No.	Action	Timescale	Led By	Outcomes
<b>Joint planning for prevention of crises</b>				
	To use the work being undertaken by the Public Health to inform and update the Suicide Prevention Strategy and to use this to inform crisis care developments	July '15	Public Health/ Training Leads  <b><u>Will need further discussion with the Public health rep to the group. Rod Thomson has stated a nominee from Public Health will be in attendance. Telford will need to have similar discussions with their public health service</u></b>	<p>1) To review the work done within the JSNA and information from within the Mental Health Dementia and Neurology Intelligence Network (<a href="http://www.yhpho.org.uk/default.aspx?RID=191242">www.yhpho.org.uk/default.aspx?RID=191242</a>) to advance the Suicide Prevention Strategy.</p> <p>2) To incorporate learning from the launch of the Governments "Zero Suicide" Campaign</p> <p>3) To use this to inform local practice and training</p>
	For all patients	April '15	SSSFT	1) To collaboratively review crisis plan



Mental Health

	subject to formal, informal admission, interventions by the CR/HT or taken to a place of safety to have a comprehensive review of their Crisis Plan subsequent to this crisis			2) For these experiences to be used to implement changes in the Crisis Plan in the future based on the most recent experience
	To audit the needs of those seen taken to A&E under section 136 for a period of 2 months	RAID team A&E	April '15	1) To scope out level of demand 2) To determine actual outcomes 3) To use this to better plan patient pathways and multi-agency working
	Review of waiting lists for all mental health services and to ascertain gaps in capacity within the services and address	CCG		MH Strategy to be reviewed – will include analysis of demand and supply.
	Enhance support to carers to enable them to continue to care in a crisis	LA		Consider extending the remit of the Emergency Carers Response service.

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ACTION	Timescale	Led by	Outcomes

Mental Health




**Health and Wellbeing Board**  
**8 May 2015**

## **THE CARE ACT UPDATE**

### **Responsible Officer**

**Ruth Houghton, Head of Social Care Efficiency and Improvement**

Email: [ruth.houghton@shropshire.gov.uk](mailto:ruth.houghton@shropshire.gov.uk) Tel: 01743 253903

### **1. Summary**

- 1.1. The Care Act replaces a number of different pieces of legislation related to Social Care with a single legal framework that has the wellbeing of individuals and carers at the heart of care and support services.
- 1.2. The implementation of the Act is phased over two main stages in April 2015 and April 2016 and contains provisions covering adult social care reform, care standards, safeguarding, health education and research, Market oversight and Managing Provider failure and Funding Reform.
- 1.3. The emphasis moving forward is on person centred, asset based care with people's care and support needs being met in the future by harnessing existing capacity within neighbourhoods and families to provide support; addressing people's needs at an earlier stage and before the need for formal services and through the provision of high quality state support based on clear national entitlements. It also envisages that care and support will be more effectively joined up across all local services (particularly with health and housing) and will work more collaboratively across local authorities, providers and other statutory organisations.
- 1.4. This paper describes some of the key changes and how Shropshire is implementing the Act locally.

### **2. Recommendations**

That the Health and Wellbeing Board is requested to:

A) Consider the requirements of the Care Act in future development of Health and Wellbeing Strategies.

B) Consider the wellbeing and prevention requirements of the Care Act in reviews of integrated services that are included in the Better Care Fund Plan.

## REPORT

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

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

#### **4. National Consultation**

- 4.1 There have been a number of national consultations on the implementation of the Care Act.
- 4.2 The first national consultation during the Spring /Summer of 2014 focussed on the draft regulations and guidance for implementation of part 1 of the Care Act on April 1<sup>st</sup> 2015 and sought the views of stakeholders on the general duties and universal provision, Integration and partnership working. First contact and identifying needs, charging and financial assessment, Adult Safeguarding, Moving between area and Person-centred care and support planning.
- 4.3 Shropshire submitted a comprehensive response to this consultation and also contributed to the regional submission made by ADASS.
- 4.4 The outcome of the consultation informed the guidance that was published in November 2014 for implementation in April 2015.
- 4.5 The second National consultation focused on the funding reforms and the policy proposals for
- 4.6 a new appeals systems planned for the second implementation phase in April 2016. This consultation ran during February and March 2015 and again Shropshire has participated and responded fully to the consultation questions. The outcome of this consultation is expected October 2015.

#### **5. Local Consultation**

- 5.1 Much of the Care Act is prescriptive but there are a number of aspects to it that provide the Local Authority with some discretion. These include aspects relating to Fees, Charging and the Universal Deferred Payments Scheme as follows:
- § The ability to charge a care arrangement fee to self-funders.
  - § The requirement to have a single charging framework as between residential and domiciliary care and the potential to modify elements of the existing charging policy.
  - § The ability to charge Carers for support provided to them so as to bring them onto an equal footing with service users.
  - § The ability to charge interest and to charge a fee for the arrangement of a Deferred Payment.
- 5.2 As these changes are discretionary in nature the Council has carried out a recent consultation. The Council is due to make decisions on these aspects at the full Council meeting in May.

## 6. Preparation for 2016 Funding Reforms

6.1 In preparation for the funding reforms in April 2016 Providers of both domiciliary care and residential and nursing care in Shropshire have contributed to a survey to identify the numbers of people who currently fund their own care. The involvement of the independent provider sector is critical for future planning and assessment of risk.

## 7. Equalities

7.1 The Council has undertaken an Equality and Social Inclusion Impact Assessment (ESIIA) as part of its local consultation on discretionary charging.

7.2 The Department of Health has undertaken an Impact Assessment on both the Care and Support Reforms and the Funding Reforms. These are available on the Department of Health website.

## 8. Financial Implications

8.1 Costs arising during 2014/15 and 2015/16 will be funded through a combination of one off revenue grants and Better Care Fund allocations. Cost pressures will arise in the following areas:

<b>Project Management</b>	<i>Care Act Implementation Manager and support team</i>
<b>Carers</b>	<i>Putting carers on a par with users for assessment. Introducing a new duty to provide support for carers</i>
<b>Self-Funders</b>	<i>Increased assessments for self-funders</i>
<b>Information advice and support</b>	<i>Creating and linking LA information portals to national portal Advice and support to access and plan care, including rights to advocacy</i>
<b>Safe-guarding</b>	<i>Implementing statutory Safeguarding Adults Boards</i>
<b>Assessment &amp; eligibility</b>	<i>Setting a national minimum eligibility threshold at substantial Ensuring councils provide continuity of care for people moving into their areas until reassessment Responsibility for assessment and provision of social care in prisons</i>
<b>Veterans</b>	<i>Disregard of armed forces GIPs from financial assessment</i>
<b>Law reform</b>	<i>Training social care staff in the new legal framework</i>
<b>Advocacy</b>	<i>Independent Mental Health Advocacy</i>
<b>Impact of DWP policies on councils/providers</b>	<i>Pressures relating to pensions auto-enrolment (provider cost) and the announced 1% increase of working age benefits in 15/16 (reduced client contributions)</i>
<b>Universal Deferred Payments</b>	<i>Introduction of a Universal Deferred Payments system</i>
<b>Charging</b>	<i>Establishment of new charging frameworks and changes to policies</i>
<b>System Implementation</b>	<i>Investment in Information Technology to support Care Act implementation</i>

8.2 A total of £859,000 has been identified within the Better Care Fund between 2014/15 and 2015/16 to support some of these pressures. This is in line with Local Government Association recommended allocations.

8.3 The most significant and continuing cost pressures will arise beyond 2015/16 as a result of the introduction of the Funding Reforms element of the Care Act. Funding allocations for 2016/17 onwards have not yet been announced and will rely on significant modelling

exercises currently underway. Costs will arise as a result of a continuation of the pressure arising through self-funder assessments, carers' assessment and support costs, changes to means tested support and the costs of reaching the cap (including working age adult's costs). Shropshire Council is working towards modelling these costs however this work involves making a significant level of assumptions meaning resulting cost estimates are likely to be fragile.

## **9. Background**

9.1 The Care Act is the biggest change to English adult social care law in over 60 years. It replaces a number of different pieces of legislation with a single legal framework that has the wellbeing of individuals and carers at the heart of care and support services.

9.2 The majority of the changes contained within the Act came in to force in April 2015, with the reform of funding (including the cap on care costs) to take effect from April 2016.

9.3 Overall the reforms aim to ensure that care and support:

- § Is clearer and fairer.
- § Promotes people's wellbeing.
- § Enables people to prevent and delay the need for care and support, and carers to maintain their caring role.
- § Puts people in control of their lives so they can pursue opportunities to realise their potential.

### **9.4 Key Aspects of the Act**

The Care Act places new responsibilities on local authorities towards all local people:

- § Arranging services or taking other steps to prevent, reduce or delay peoples' needs for care and support.
- § Provision of information and advice, including independent financial advice.
- § Promoting diversity and quality in the market of care providers so that there are services/supports for people to choose from.

There are new duties related to integration and market oversight:

- § A statutory requirement to collaborate and cooperate with other public authorities, including duty to promote integration with NHS and other services.
- § Duty for local authorities to step in to ensure that no one is left without the care they need if their service closes because of business failure.
- § CQC oversight of financial health of providers most difficult to replace were they to fail and to provide assistance to local authorities if providers do fail.

There are also new duties related to advocacy, safeguarding and transitions:

- § A duty to arrange independent advocacy if a person would otherwise be unable to participate in or understand the care and support system.

- § New statutory framework for protecting adults from neglect and abuse and a duty on local authorities to investigate suspected abuse or neglect.
- § Duty to assess young people and their carers in advance of transition from children's to adult services, where they are likely to need care and support as an adult.

The Care Act strengthens the rights and recognition of carers:

- § Carers have the same rights to an assessment on the appearance of needs as the person they care for.
- § Improved access to information and advocacy to make it easier for carers to access support and plan for their future needs.
- § The emphasis on prevention should mean that carers receive support early on and before reaching crisis point.
- § New national eligibility criteria for carers.
- § A local authority must meet eligible needs of carers and prepare a support plan.

### **9.5 Implementing the Care Act in Shropshire**

In readiness for the Care Act, Adult Social Care has already changed and a new operating model has been put in place.

These changes have been based on:

- § Reducing dependence on paid support maximising individual independence.
- § A clear understanding of what local communities needs in relation to advice and information and direct intervention from adult social care.
- § The use of volunteers and those that have experience of using services.
- § Facilitating partnerships to develop resilient communities, and natural support.
- § Being responsive; quick decision making at the closest point to the person.

A Care Act Programme Board and a Care Act Implementation Group have been established to oversee the work required through to April 2016.

### **9.6 Funding Reforms 2016-17**

9.6.1 The Funding Reforms are due to take effect from April 2016. These reforms include a cap on care costs and an extension to means-tested financial support.

9.6.2 The Department of Health has recently carried out a consultation on draft regulations and guidance to implement the cap on care costs and policy proposals for a new appeals system for care and support. The final regulations and guidance are expected to be published in October 2015.

## 10. Conclusions

- 10.1 Shropshire has implemented the 2015 reforms by building on the innovative model of social work practice developed over the past 2 years through the People 2 People (P2P) social work practice pilot.
- 10.2 The Better Care Fund provides the vehicle and opportunity to deliver a truly integrated approach to care and support including the focus on reablement, wellbeing and prevention as well as developing new models of support for Carers.
- 10.3 The funding reforms in 2016 are likely to see an increase in the number of people in residential care, not because they are new admissions, but because the funding eligibility thresholds will widen and include more people eligible for local authority funded support. Any future BCF indicators related to care home admissions will need to consider this factor post April 2016.
- 10.4 Shropshire Council is likely to experience significant financial pressure as the Care Act changes come into effect, particularly through the introduction of the Funding Reforms from April 2016 onwards.

<p><b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b></p>
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<p>Regular briefings to Health Overview Scrutiny committee on:</p>
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| <ul style="list-style-type: none"><li>§ 9<sup>th</sup> December 2013 – The Care and Support Bill – Impact for Shropshire Council</li><li>§ 24<sup>th</sup> March 2014 – Adult Social Care Bill – Update</li><li>§ 23<sup>rd</sup> June 2014 – Adult Social Care Bill Update</li><li>§ 15<sup>th</sup> September 2014 – Adult Social Care Bill Update</li><li>§ 15<sup>th</sup> December 2014 – The Care Act Update – Costs and Funding</li></ul> |
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<p><b>Cabinet Member (Portfolio Holder)</b></p>
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<p>Councillor Lee Chapman</p>
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<p><b>Local Member</b></p>
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<p>All – this is a Countywide matter</p>
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<p><b>Appendices</b></p>
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<p>None</p>
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