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

Date: 1 February 2017

**Committee:**
**HEALTH AND WELLBEING BOARD**

**Date:** **Thursday, 9 February 2017**
**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**

VOTING

Shropshire Council Members
Karen Calder - Health Portfolio & Chair
Lee Chapman - Adults Portfolio
David Minnery - Children & Young People Portfolio
Prof Rod Thomson - Director of Public Health
Andy Begley - Director of Adult Services
Karen Bradshaw - Director of Children Services

Shropshire CCG
Dr Simon Freeman – Accountable Officer
Dr Julian Povey – Clinical Chair
Dr Julie Davies – Director of Strategy & Service Redesign

Jane Randall-Smith – Shropshire Healthwatch
Rachel Wintle – VCSA

NON-VOTING (Co-opted)
Neil Carr - Chief Executive, South Staffordshire & Shropshire Foundation Trust

Simon Wright - Chief Executive, Shrewsbury & Telford Hospital Trust

Jan Ditheridge - Chief Executive Shropshire Community Health Trust

Dr Tony Marriott - Chair GP Federation

David Coull - Chief Executive, Shropshire Partners in Care

Mandy Thorn - Business Board Chair (Managing Director Marches Care)

Bev Tabernacle – Robert Jones & Agnes Hunt Hospital.

Your Committee Officer is: **Karen Nixon** Committee Officer
Tel: 01743 257720 Email: karen.nixon@shropshire.gov.uk

# AGENDA

## 1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

## 2 DISCLOSABLE PECUNIARY INTERESTS

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

## 3 MINUTES (Pages 1 - 6)

To confirm the Minutes of the meeting of the Health and Wellbeing Board held on 8th December 2016, which are attached.

Contact Karen Nixon on 01743 257720.

## 4 PUBLIC QUESTION TIME

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

## 5 SYSTEM UPDATE

Verbal updates will be made.

a) STP & Future Fit – Simon Freeman, Accountable Officer, Shropshire CCG
b) STP Neighbourhoods – Rod Thomson, Director of Public Health
c) A&E Delivery Group – Simon Wright, Chief Executive, SaTH
d) Ambulance Update – Barry McKinnon, Regional Manager, West Midlands Ambulance Service

## 6 DELIVERY GROUP REPORT - BETTER CARE FUND UPDATE

A report will follow.

Contact: Sam Tilley, Head of Planning and Partnerships, Shropshire CCG, Tel 01743 27750.

**7 SHROPSHIRE ALL AGE CARER'S STRATEGY** (Pages 7 - 38)

A report is attached.

Contact Val Cross, Health and Wellbeing Officer, Tel 01743 253998.

**8 BI-ANNUAL UPDATE FROM SHROPSHIRE HEALTHWATCH** (Pages 39 - 44)

A report is attached.

Contact Jane Randall-Smith, Healthwatch Chief Officer, 01743

**9 FOR INFORMATION ITEMS** (Pages 45 - 56)

a) H&WB Sub-Group Reports – for information
   - Children's Trust – Karen Bradshaw, Director Children's Services
   - Mental Health Partnership Board – Andy Begley, Director Adult Services

b) Minutes of the A&E Delivery Group – for information

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Shropshire Council

**Committee and Date**

Health and Wellbeing Board

9th February 2017

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 8 DECEMBER 2016**
**9.00 - 11.50 AM**

**Responsible Officer**: Karen Nixon
Email: karen.nixon@shropshire.gov.uk Tel: 01743 257720

**Present**

Karen Calder (Chairman) – Portfolio Holder for Health
Lee Chapman, Andy Begley, Dr Julie Davies and Jane Randall-Smith – Shropshire Healthwatch

Also present: Penny Bason, David Coull, Gerald Dakin, Jan Ditheridge, Peter Downer, Kate Garner, Lorraine Laverton, Victoria Maher, Ivan Powell, Cathy Riley, George Rook, David Sandbach, Madge Shineton, Dave Tremellen, Sam Tilley, and Clive Wright.

## 34 APOLOGIES FOR ABSENCE & SUBSTITUTIONS

Apologies for absence were received from;

David Minnery – Portfolio Holder for Children & Young People
Prof Rod Thomson – Director of Public Health
Karen Bradshaw – Director of Children Services
Dr Simon Freeman – Accountable Officer Shropshire CCG
Dr Julian Povey – Clinical Chair CCG and Co-Chair of the H&WB
Rachel Wintle – VCSA
Neil Carr – Chief Executive SSSFT
Simon Wright - Chief Executive SaTH
Dr Tony Marriott – Chair GP Federation
Mandy Thorn - Business Board Chair

## 35 DISCLOSABLE PECUNIARY INTERESTS

There were no disclosures of a Disclosable Pecuniary Interest.

## 36 MINUTES

**RESOLVED:** That the minutes of the meeting held on 6th October 2016, be approved as a correct record and signed by the Chairman.

Arising thereon:

At Minute 26, Public Question Time, officers confirmed that answers to Janet Cobb's supplementary questions were in hand and that they would be reported to the next meeting of the Health and Wellbeing Board.

At Minute 29, GP CCG and NHS England Update, Julie Davies confirmed that yes the CCG were taking infrastructure planning and working with communities forward.

It was noted that the new interim Head of Primary Care would be starting at the CCG in January 2017; the name would be confirmed to the Chair after the Board meeting.

## 37 PUBLIC QUESTION TIME

No public questions were asked in accordance with procedure Rule 14.

## 38 KEEPING ADULTS SAFE IN SHROPSHIRE - ANNUAL REPORT (20 Mins)

Ivan Powell, Independent Chair of the Safeguarding Adults Board, presented the Annual Report of the 'Keeping Adults Safe in Shropshire Board for April 2015 to March 2016'. In doing so he highlighted that he was keen to raise the profile of this important area of work.

It was a requirement of the Care Act 2014 that the Local Authority sets up a Safeguarding Adults Board. This is not new for Shropshire, who prior to the Care Act had a Board jointly with Telford & Wrekin.

The Care Act requires the Board to produce an Annual report on: -

a) What it has done to achieve its objective
b) What it has done to implement its strategy and what each member has done to implement the strategy
c) Findings of any Safeguarding Adult Reviews including what it has done or chosen not to do to implement the findings of those review

Following a request by David Coull, it was agreed that Joint Case Audit feedback and performance data would be made available to Mr Coull and the Chair after the meeting.

Mr Powell commented that domestic abuse work was being undertaken, including the provision of training days. Whilst looking at broader issues, the service was currently working with both the Fire and Rescue Service and the Trading Standards Service to find out if there was any duplication of service and if so how things could be done better. Following this the Chair asked all organisations present at the meeting to look at what they were doing with regard to domestic violence (briefly) and their approximate spend and then to please let her have that information in due course.

**RESOLVED:**

a) That the report be noted.

b) That the progress made to date in implementing the requirements of the Care Act also be noted.

c) That Joint Case Audit Feedback and performance data be made available to Mr Coull and the Chair after the meeting.

d) That organisations submit their information on domestic violence direct to the Chair as agreed, following the meeting.

39 **SYSTEM UPDATE (40 Mins)**

a) System Update

The Chair stated that all comments about the recent Future Fit announcement were welcome, whilst stressing that the solution had to be a *whole systems* solution for everyone. Sadly some organisations had acted only with their own interests at heart which was disappointing. She said that change was inevitable and pleaded to the STP Board to recognise the stress that was happening across the entire system. She accepted that change was inevitable, but the thought of an external team being parachuted in to sort things out was not acceptable. There was a global phenomenon coming across that the public wanted to be listened to. Bearing this all in mind, the Chair proposed that a formal letter be written on behalf of the H&W Board to the STP Board raising the following two big questions;

- What is the STP Board doing to address the many concerns raised?
- How will the STP Board challenge what they do?

This proposal was welcomed by Shropshire Healthwatch, who had also written a similar communication to the STP Board, and the H&W Board generally.

Main comments made;

- Local Authorities had been charged with developing neighbourhood commissioning, but unfortunately there were no resources to do this currently. The Chair asked around the meeting for honest and frank suggestions to deal with this.

- It was noted that the CCG Team had improvements to make going forward.

- The Chair stressed it was important for everyone to work together.

- The STP in principle was good, but the timelines were too tight and largely undeliverable.

- There was a lack of clarity around the STP and finances.

- The NHS was criticised for having a lack of respect for Health and Wellbeing Boards and for not being actively involved enough.

- Another view was that there was a clash of cultures – the NHS worked top-down, with Councils working bottom-up. It was very early days at the moment and it was important to build on the good things that had happened recently. Another big issue was a lack of time to undertake the work required properly.

- Hopefully if the right questions were asked, then everyone could move on and work together in future.

b) STP Neighbourhoods Update

A PowerPoint presentation was given by the Chief Executive, Shropshire Council, copy attached to the signed minutes, updating the Board on the progress to date. Headlines covered were that;

- NHS England had not assured the plan – out of hospital/place based model and financial plan does not form a credible basis for operational planning.

- Plan is too acute focussed and lack of detail on the neighbourhood model
- Financial Plan is not credible

The STP Neighbourhoods Group had developed a positive joint working group and were at a good starting point. They had embarked on weaving prevention, resilient communities and care models into place based plans.

Their key priority for moving work forward was Leadership, Governance and Culture Change.
It was anticipated that the Frail and Elderly work stream would form the cornerstone of reducing admissions, whilst Support in the communities and around GP practices would support achieving the long term vision.

In discussing the Frail and Elderly in more detail, it was noted that the Neighbourhood Group was beginning to understand the nature and to quantify the scale of frail elderly inpatient activity that could be supported outside of hospital with appropriate services.

The Shropshire STP Neighbourhoods Group recognised this was just the tip of the iceberg and that much more could be achieved by working collectively.

c) Workforce Planning

Victoria Maher, Workforce Director, SaTH, gave a PowerPoint presentation to the Board on Workforce Planning, copy attached to the signed minutes, which briefly covered

- The Current State and workforce challenges across the system
- Approach – understanding future models of care

- ❖ Workforce Plan – Acute Services
- ❖ Action

## 40 HWB DELIVERY GROUP REPORT TO THE BOARD (35 Mins)

a) Partnership Prevention Programme – Healthy Lives

The Board received an update paper on the Prevention Programme, with an updated PiD, and a short high level description of the Oswestry Pilot. It also updated on the Diabetes Prevention and Safe and Well visits as part of the pilot.

The Board agreed that investment in prevention through the STP needed to be clearer.

**RESOLVED**

i. That the STP Board clarify spend on prevention.
ii. That the approach of the Oswestry Pilot be endorsed.
iii. That the progress of the Diabetes Prevention and the Safe and Well Programmes be noted.

b) Better Care Fund Update

The Health and Wellbeing Board considered the content of the Better Care Fund Update report, presented by Sam Tilley, Head of Planning and Partnerships, Shropshire CCG, who particularly made reference to the Better Care Fund, Q2 Performance Submission.

It was noted that the performance position this time was mixed, with some 'challenging' metrics. However, the Board was pleased to note that the STP and the BCF workstreams were aligning.

An announcement was expected that week in respect of future requirements for the BCF for the next planning cycle It was anticipated that the timeframe would be tight and that it would be challenging to complete the work required on the assurance processes.

**RESOLVED**

i. That the Better Care Fund Performance Report be noted.
ii. That the likely requirements for Better Care Fund 2017/18 to 2018/19 be noted.

c) Mental Health Partnership Board Update

Andy Begley, Director of Adult Services gave a verbal update to the Board on progress to date. It was noted that work was being undertaken on a 'Single Access Point, which was welcomed by the Board.

A presentation was made by Cathy Riley re SSSFT's new service model.

The CCG supported the direction of travel, although they were not fully engaged at this point; it was therefore requested that a presentation on this be made to the next CCG Board meeting in January 2017, which was agreed.

41 **DEMENTIA UPDATE (25 Mins)**

a) Shropshire Healthwatch Dementia Report

Jane Randall-Smith introduced and amplified a report on Dementia Services - engaging for the future; A collaborative project to refresh the Shropshire Dementia Action Strategy Action Plan, copy attached to the signed minutes.

**RESOLVED:** That the report and recommendations be approved.

b) Draft Dementia Strategy

Peter Downer, Dementia Commissioner, introduced and amplified a report, copy attached to the signed minutes, on the Dementia Strategy for 2017/2020; a product of collaboration, which was welcomed by the Board as an excellent piece of work.

**RESOLVED:** That the Strategy be endorsed by the Health and Wellbeing Board

42 **CHILDREN'S TRUST UPDATE (15 Mins)**

Lorraine Laverton presented a 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 Board.

**RESOLVED:** That the report be welcomed and that the information and actions of the Children's Trust within the report be duly noted.

<TRAILER_SECTION>

Signed …… (Chairman)

Date:

**Health and Wellbeing Board**
**9th February 2017**

# SHROPSHIRE ALL AGE CARERS STRATEGY

**Responsible Officer** Val Cross, Health and Wellbeing Officer
Email: val.cross@shropshire.gov.uk
Tel: 01743 253994

## 1. Summary

A new All-Age Carers Strategy and Action Plan for Shropshire has been written for the period 2016-2021. The five priorities have been identified through consultation and surveys with carers, local and national best practice and a local multi-agency working group. These priorities focus around the overarching aim, which is:
*"Carers are supported to remain emotionally, mentally and physically well and feeling safe"*

An Action Plan to meet the needs of these priorities has been produced, and leads for each area have been identified. Work is now underway to ensure that firm outcomes will be achieved.

## 2. Recommendations

That the Board approve the strategy, or approve with amendments.

## REPORT

### 1.0 Introduction

1.1 The 2011 census shows us that there are around 34,000 carers in Shropshire**.** Of these it is estimated that there around 650 young carers, and approximately 1600 children and young people who have been identified has having a significant level of special educational need and as such are likely to be receiving a high level of support from family carers.
However, we know that there are many 'hidden' carers. These carers may feel that they are simply carrying out ordinary responsibilities as part of a family, be caring for an adult child with learning disabilities as part of being a parent or be caring for someone with stigmatised conditions such as drugs and alcohol and be reluctant to make their needs known.[1]

1.2 A new carers strategy has been produced for Shropshire, which now covers all ages including young carer and young adult carers. This has been developed by using and collecting information from local and national sources. These include; national guidance, data and legislation, statistical data about Shropshire carers and the

[1] http://www.scie.org.uk/publications/guides/guide09/sections/hidden.asp

people they care for, findings from the Shropshire carers survey which was carried out in June/July 2016, information from Carer Partnership meetings and consultation with carers of all ages.

1.3 The definition of a carer in this strategy is:
*"Someone of any age who provides unpaid care for another person (of any age) who may be ill, frail, disabled, have poor mental health or addiction problems, meaning they are unable to manage without this care."*

## 2.0 Strategy priorities

2.1 The key driver for this strategy has come from what carers in Shropshire have told us they need and has led to five key priority areas, which are as follows:

2.2 The five priorities are:

1. Carers are listened to, valued and respected.
2. Carers are enabled to have time for themselves.
3. Carers can access timely, to up to date information and advice working with education providers to promote information for young carers, young adult carers and parent carers.
4. Carers are enabled to plan for the future.
5. Carers are able to fulfil their educational, training or employment potential.

2.3 During the development of the Strategy, attempts have been made to ensure that the language is clear and applies to carers of any age. However, as this is the first All-age Carers Strategy for Shropshire, specific actions are being developed for specific groups (including young carers and parent carers) as it is recognised that the needs of some groups will be quite different than the needs of other groups of carers.
The whole Strategy document can be found in Appendix A.

## 3.0 Action Plan

3.1 Developing and implementing the Action Plan is now a key priority. This involves partnership working with carers, People 2 People, Carers Trust4All, PACC, Shropshire CCG, Children's Services, Adult Social Care, Telford and Wrekin Council and other stakeholders.

3.2 The Carers Strategy Working Group has identified named leads for 4 out of 5 of the strategy priorities. These individuals are from the Health and Wellbeing Team, Adult Social Care and Shropshire CCG.
The current gap is a lead for Priority 4, which is 'Carers are enabled to plan for the future'. As can be seen in the Action Plan, (Appendix B) this focusses on embedding planning for the future as a part of all-age carer health and other assessment discussions. It is hoped that a representative from Children's Services will be able to take this priority forward, once the new Head of Early Help, Partnerships & Commissioning, Francean Doyle, is in post in February 2017.

3.3 The Action Plan is a 'live' document, which has been developed by the Carers Strategy Working Group. It focusses on action needed to meet the identified five priorities, and to ensure that firm outcomes will be achieved.

3.4 The leads will now take actions forward in their area, as detailed on the Action Plan, and bi-monthly leads meetings have been planned. These meetings will allow any successes and challenges to be shared including identifying any crossover work.

3.5 A record of progress will be added to the Action Plan by the Health and Wellbeing Officer.

**4.0 Collecting carer's voices**

4.1 Shropshire and Telford and Wrekin are part of the NHS England Carer Voice pilot, which is collecting the views of all carers to inform national strategies. Joint working has been taking place to collect the views of young carers and young adult carers to inform local strategies and action Plans.

**5.0 Conclusion**

5.1 Implementation of the new Strategy and Action Plan should contribute towards positive outcomes for carers of all ages.

**3. Risk Assessment and Opportunities Appraisal**

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

There are no Human Rights, Environmental consequences, Community or Equality issues with this Strategy and Action Plan. Indeed, it aims to help improve the visibility and needs of carers in the communities they live in.

Risk Assessment has identified potential threats as;

1. *Losing engagement of key stakeholders.* This risk will be reduced by; communicating with partners regularly via email, sharing findings and information, holding regular meetings (face to face), holding a stakeholder event and inviting a wide range of partners, requesting partner involvement in designing the interventions, legitimise interventions and ideas through evidence, including national best practice as well as locally collected ethnographic data and include carers and primary care providers as key partners.
2. *Insufficient funding to implement effective Strategy* This risk will be reduced by potential funding from Better Care Fund and Social Care. Carers Trust 4 all are already contracted to supply and deliver services. Good communication with partners to report on progress of strategy, funding required and potential shortfalls will take place.
3. *Staffing issues impacting on implementation of strategy*. This risk will be reduced by communicating with providers and partners such as; Carers Trust 4 all, Adult Social Care, Children's Social Care and School Nursing etc. to anticipate staffing issues which may have an impact.

**4. Financial Implications**

Financial constraints across the whole system has been kept in mind when formulating the Action Plan, and the outcomes focus is more on changing ways of working, reviewing policies and pathways and making information available. This will involve staff time.

The Action Plan is at the early stage of implementation; hence, specific financial implications are unknown at present and would be identified and met through the Better Care Fund.

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|---|
| **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)**<br>Cllr. Lee Chapman |
| **Local Member** |
| **Appendices**<br><br>**Appendix A** Shropshire All-Age Carers Strategy 2016-2021<br>**Appendix B** Action Plan |


# All-Age Carers Strategy for Shropshire

# 2017 - 2021

## Contents

# 1 Executive Summary

The contribution 'carers' of all ages make to society cannot be underestimated. A carer could be an adult, parent, young person or child. Some may not see themselves as a 'carer' because they see their caring role as part of being a partner, family member or friend.

Local carers have told us they are often reluctant to be labelled with the term 'carer.' It is important that carers are considered as individuals in their own right. Anyone we meet in our daily lives could be caring for someone and most people will have caring responsibilities at some time in their life.

The 2011 census shows us that among the 34,000 people currently caring for relatives, friends and neighbours in Shropshire, there are over a third who spend more than 20 hours a week caring, and over a fifth who dedicate 50 hours or more a week to their caring role. There are 3,457 carers who indicated they had bad or very bad health. Three in four are over the age of 54.

For the purpose of this strategy a carer is defined as:

*"Someone of any age who provides unpaid care for another person (of any age) who may be ill, frail, disabled, have poor mental health or addiction problems, meaning they are unable to manage without this care".*

The importance of carers health and wellbeing is recognised in Shropshire, and following findings from the Shropshire Carers survey and engagement with partners and carers, the overarching aim for this All Age Carers Strategy is;

*"Carers are supported to remain emotionally, mentally and physically well and feeling safe"*

Some of the things Shropshire carers have told us they need are:

- ✓ Access to a variety of groups to provide a break from their caring role
- ✓ Time for themselves
- ✓ To be listened to and included as an equal in the care of their loved one or friend.
- ✓ Access to up-to-date and relevant information on all aspects of caring

This has led to five key priority areas which are as follows:

1. **Carers are listened to, valued and respected**
2. **Carers are enabled to have time for themselves**
3. **Carers can access timely, to up to date information and advice**
4. **Carers are enabled to plan for the future**
5. **Carers are able to fulfil their educational, training or employment potential**

To deliver the strategy and make a real difference to these areas, we need to make sure that everyone plays a part in working together to improve health and wellbeing.

This means making sure that this thinking and action is embedded in existing health and social care work including programmes such as the Better Care Fund, Future Fit and Community Fit and work through the Children's Trust and implementation of the 2014 Care Act and the Children and Families Act 2014.

As this is an all age strategy it covers all carer groups, and while all carers should be treated equally and it recognises the differing needs of all carers.

Our challenge also includes the fact that Shropshire is facing increased demand for health and care-related services coupled with a future of large scale budget reductions.

Shropshire is the largest inland county in England and is predominantly rural. This can present challenges for Carers needing to access services and public transport.

Shropshire's population is ageing. In 2001, the 65 years and older population represented 18.1% of the total Shropshire population. This has now risen to 20.7% in 2011, compared to 16.4% for England and Wales. This is likely to impact on increased need for care and thus Carers.

There is also a dispersed population of children and young people with special educational needs and disabilities in Shropshire. There are approximately 5000 children and young people who are under the age of 18 and have some level of additional need. 1600 of these young people have been identified has having a significant level of special educational need and as such are likely to be receiving a high level of support from family carers.

There are more than 600 known young carers in Shropshire. It should be recognised that young carers are children and young people first, and with help and support a balance between their caring responsibility and being a child or young person can be achieved. It is known that many struggle with educational attainment because of the additional burden of caring.

In light of our challenges we want to work with local strategic partners, carers and the community to draw together key programmes for carers to ensure that they receive appropriate levels of support that is easy to access and integrated.

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

The implementation of this strategy will be supported and advised by the Shropshire Family Carers Partnership Board (FCPB) which includes representatives from carers, statutory services, the voluntary and community sector and health. Regular progress reports will be made to the Health and Wellbeing Board.

# 2 Summary of our priorities

## Priority 1 - Carers are listened to, valued and respected

*Action we will take to address this:*

Carers, including young carers are included in care planning (for example at hospital discharge).

Improve Information sharing systems across services to avoid carers having to repeat their story to different professionals. This will include training staff who work with carers.

Raise awareness of the caring role to enable easier access to carer support, which includes feeling safe and supporting wellbeing.

Use carers experience and knowledge to plan future services and when commissioning services including integrated working.

## Priority 2 - Carers are enabled to have time for themselves

*Action we will take to address this:*

Review assessment process for all carers and ensure understanding of replacement care needs.

Communicate and promote available replacement care including community support.

Identify and promote carer networks for all types of carers and develop support for where gaps exist.

Develop a carer centred approach within services, (for example appointment flexibility and hospital visiting times).

Promote the use of Assistive Technologies such as GPS trackers and Telecare systems where appropriate.

## Priority 3 - Carers can access timely, to up to date information and advice

*Action we will take to address this:*

Providers and partners communicate to ensure information is easily accessible and in different formats. This should include health information and interventions for carers to help avoid ill-health and injury.

Work with education providers to promote information for young carers, young adult carers and parent carers

## Priority 4 - Carers are enabled to plan for the future

*Action we will take to address this:*

Embed planning for the future as a part of All-Age Carer Health and other assessment discussions.

Provide appropriate workshops for all carers about planning for the future.

Inform future planning of services through carer experience and data collected about carers.

## Priority 5 - Carers are able to fulfil their educational, training or employment potential

*Action we will take to address this:*

Actively encourage all local organisations to adopt the Employer and Employee Pledge to recognise and support Carers in their employment.

Increase carers knowledge of their employment rights, responsibilities, including after bereavement.

Work with Education and Training providers to help enable access to vocational and non-vocational training and education courses for Carers which includes volunteering opportunities

# 3 Introduction

We are increasingly aware of the vital role that carers play in our community. Carers provide essential support to those who are in need of care, and without that dedicated care, would be unable to manage.

A carer could be an adult, parent, young person or child. Some may not see themselves as a 'carer' because they see their caring role as part of being a partner, parent, family member or friend. It is important that carers are considered as individuals in their own right. Anyone we meet in our daily lives could be caring for someone, and most people will have caring responsibilities at some time in their life

For the purpose of this strategy a carer is defined as:

*"Someone of any age who provides unpaid care for another person (of any age) who may be ill, frail, disabled, have poor mental health or addiction problems, meaning they are unable to manage without this care."*

This Strategy has been developed by using and collecting information from local and national sources. These include:

1. National Guidance, data and legislation
2. Statistical data about Shropshire carers and the people they care for.
3. Findings from the Shropshire carers survey which was carried out in July 2016
4. Information from Carer Partnership meetings

The key driver for this strategy has come from what carers in Shropshire have told us they need.

# 4 National Context

There are a number of documents from key organisations, and legislation which support and have an impact on this strategy:

***Legislation***

The Care Act 2014 - Under the Act, Carers are recognised in the law in the same way as those they care for. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. The assessment will consider the impact of caring on the carer, what the carer wants to achieve in their own day today life and whether the carer is able or willing to carry on caring. There are national criteria to be used to decide whether or not the carer's need is 'eligible' for support from the local authority. Those carers who are eligible may be given a personal budget and/or a direct payment to support their wellbeing and help them continue in their caring role.

The Children and Families Act 2014 – section 19 of this Act places families at the heart of decision making in relation to children and young people (0-25 years) with special educational needs and disabilities.
Section 97 of the Children and Families Act (page 74) also gives individuals with parental responsibility for a disabled child the right to an assessment of their needs by a local authority and requires that there is regard to the well-being of parent carers in completing that assessment.

***National documents***

The Department of Health *NHS Mandate 2016-17* and Next steps for the Carers Strategy
HM Government Carers at the heart of 21st-century families and Carers Strategy: Second National Action Plan 2014 – 2016
NHS England (2014) Commitments to Carers and Five Year Forward View
All relate to the recognition of, and the health and wellbeing of carers.

***The 2011 Census***

While the 2011 Census found that 5.4 million people in England were providing unpaid care (the same proportion of the population as reported in 2001), over a third were providing 20 or more hours care a week, an increase of 5% on 2001 figures.

The Census also found that there were over 166,000 young carers aged 5-17 in England – an increase of over 26,000 since 2001. The majority were providing 1 to 19 hours' care but over 8% were providing 50 or more hours of care. Significantly, more women than men in the age group 50-64 were providing care. But there has been a shift in the age group of 65 and above – more men were providing care than women in 2011.

# 5 Local Context - What we are doing in Shropshire to support Carers

Shropshire's Health and Wellbeing Board has highlighted carers support as an area for development through the Health and Wellbeing Strategy for 2016-2021, which focusses on three priorities:

- **Health promotion and resilience**: encouraging people to make good decisions at all stages of life and making sure that the right support is available when needed.
- **Promoting independence at home**: planning support so that people are able to stay in a place that is familiar to them and where they can have the assistance of their community to keep well.
- **Promoting easy access and joined up care**: making sure that people experience care that meets their needs and that they have the right information at the right time to help themselves or to get support from others.

These three priorities are to be embedded in all strategy and action planning for health and care services and partnerships. As such we are using these priorities as focus for developing a whole system approach to working together for carers. By whole system approach, we mean everyone involved with carers has a responsibility to work together to support the implementation of this strategy.

***Partnership Boards, Groups and involvement of carers***

Taking a whole system approach requires strong partnership working and integration of services, where possible. To ensure that we are working together for the best interests of carers and those they care for, carers are represented at a number of Partnership Boards. Examples of these are:

- Family Carer Partnership Board
- Carer Strategy Group
- Health Economy and Dementia Group
- Shropshire Council Adult Social Care 'Making it Real' Advisory Groups and Board
- Mental Health Partnership Group
- Shropshire Early Help Strategy 2016-2018 Strengthening Families through Early Help

Carers are involved in the development of Strategies and Action Plans to ensure their voices are heard, and that the service is meeting their needs.

***Partnership working with neighbouring Authorities***

Shropshire is partnership working with neighbouring Authorities to share good practice and joint work to support carers. In particular, young carers and young adult carers. More information can be found in the Action Plan in Appendix 2.

***Community assets***

In line with strategic developments in Shropshire, the carers strategy and action plan takes into consideration how community assets can support wellbeing. By assets we don't just mean buildings and equipment, we consider an asset to be any factor (including people and their skills and abilities) or resource which increases the ability of individuals and communities to improve and maintain their health and wellbeing. By taking this approach, we can make best use of what is already available in communities to support carers' health and wellbeing; whilst ensuring that services are available to support people in the most appropriate way.

***Association of Directors of Adult Social Service (ADASS) West Midlands - Commitment to carers***

The ADASS 16 point 'Commitment to carers' is one of the national/regional Adult Social Care drivers behind Shropshire's strategy. The commitments were developed by the ADASS West Midlands Carers Lead Network, Shropshire and all other authorities in the region have signed up to these priorities. Please see appendix 2.

# 6 Local Demographic Information

***Unpaid care in hours***

The 2011 census provides a breakdown of the hours of unpaid care provided in Shropshire by relatives, friends and neighbours.

***Unpaid Care by General Health and Age***

The 2011 census showed that in Shropshire, 12.2% of carers providing 50 or more hours of unpaid care per week considered themselves in bad or very bad health.

***Unpaid care by age or gender***

On 16 May 2013 more detailed information on the characteristics of the carer population was published by the Office for National Statistics. This showed a 55% increase in unpaid care being provided by people aged 65+ compared to 2011.

# 7 What carers have told us.

***Health and Wellbeing Strategy 2016-2020 Consultation***

Consultation was undertaken on the draft Health & Wellbeing strategy and action plan between 5th October and 29th November 2015. The public were invited to pass comment on the documents and also answered a series of questions around their thoughts on how exemplar provision and support for carers might look. A small number of focus groups were also held.

Questions were asked about the strategy's focus on health promotion and resilience, promoting independence at home, and promoting easy to access and joined up care. Some specific questions were also asked around support for carers, these included:

- How do you think people can support themselves to continue to provide a caring role?
- What things do you think would help support an individual to continue to provide care for a partner, family member or friend?

The following themes were highlighted as important for supporting carers in Shropshire:

- Easy to access information and advice
- Health checks and care for the carer
- Support - family, friend, groups
- Flexible working/supportive employers
- Time to themselves and respite

### *National Survey of adult carers 2014-15*

This survey found that 66% of carers said they don't have enough control of their life, and 2 in 5 spend 100+ hours per week caring. More information about the findings can be found in Appendix 1.

### *Carer feedback from differing sources*

Carers have provided feedback through other means such as; Healthwatch surveys, consultation sessions, the annual Health and Social Care survey and strategy development meetings.

Different themes that have arisen from these include; difficulties accessing information relating to their caring role, carers having to repeat their story, the provision of support that will enable carers to work – for example afterschool support and support during school holidays, the need to consider the role of neighbours and friends who help to care for someone, having an opportunity to take a holiday without a caring responsibility, Short Break and Respite services that are an affordable price or free – to ease the load. i.e. with sleep deprivation and to enable parent carers to spend time with non-disabled siblings and services built around people who need them, not around education, health and social care services. Young carers and young adult carers have cited the need to be told about the medication the person they care for takes, including side effects, as being important, as well as more awareness and knowledge about young carers in education settings.

### *Shropshire Carers Survey summary*

A survey was carried out between June and August 2016. 71 questionnaires were returned on-line and in paper format. Not all questions were answered fully – partly due to confusion with understanding the question and comments of carer fatigue.

Respondents were asked to comment on six priorities which had been identified from previous surveys and consultation. The top three priorities were; *Carers being supported to remain emotionally, mentally and physically well* which was given the highest priority followed by *Carers being listened to, valued and respected* and thirdly *Carers receive support to enable them to have time for themselves*.

The findings would inform which priorities were viewed as important and why.
The survey contained valuable first hand comments some of which are summarised below:

## Carers are listened to, valued and respected

| What Carers told us this meant to them and what difference it will make | Summary of what Carers feel needs to happen to achieve this priority |
|---|---|
| *"It's very important that we're listened to and not told what's going to happen - this happens a lot and what we think doesn't count, it adds to my stress."*<br><br>*"Carers/ family (who) know the person best are within the intimate circle of support for that person, they hold the knowledge that makes plans work….."*<br><br>*"It should mean if we as carers go to any meetings, our ideas, worries etc. are listened and acted on, not just dismissed".* | More awareness of carers & young carers<br><br>Joint appointments with professionals, better communication between all parties<br><br>Carers and family members are the specialist of their situation, creating a solution from a multi-choice menu within budget<br><br>Well-designed services built around people who need them, not around health and social care<br><br>Carers helpline and website |

## Carers receive timely access to up to date information and advice

| What carers told us this meant to them and what difference it will make | Summary of what carers feel needs to happen to achieve this priority |
|---|---|
| *"The booklets that are produced are very helpful and they let the carer know what activities are going on. The meetings ….. also very good as all carers can get together and provide information to each other".*<br><br>*"This can be very different depending upon the issue and the mental state of the carer".*<br><br>*"Information about positive achievements, services, funding, etc. is important and can lift spirits".*<br><br>*"Vital - unfortunately there is too much information in one way and too much for someone to wade through. there is no simplicity".*<br><br>*"If carers are kept in the loop they will be able to access more services as and when they need."* | Sufficient time to read, understand and respond to letters / information sent, co-ordinate correspondence<br><br>One simple access place to support, info re trips/meetings/get- togethers but most importantly someone to speak to<br><br>Easy access to information re legislation, statutory requirements, support entitled to, transparent eligibility criteria<br><br>Database of carers – support groups, put one another in touch, choose what info they receive, email updates.<br><br>Let carers assess the accessibility and information provided first. |

## Carers receive support to enable them to have time for themselves

| What Carers told us this meant to them and what difference it will make | Summary of what Carers feel needs to happen to achieve this priority |
|---|---|
| *"Very important to have just a few hours to yourself".*<br><br>*"Just to think relax and keep up to date with things, Respite - relief, ability to have 'own' life and keep well, breathing space".*<br><br>*"Most important issue. Without having a break, I wouldn't be able to carry on, Carers are carers often 24/7. They get mentally and physically worn out. They perhaps do not have family or friends to help out, so time out is needed".*<br><br>*"… time to sleep through the night, relax and regroup. Short breaks and services that carers / families can depend on need to be available".* | Funding available to community organisations which offer a whole host of different activities, alternative care provision e.g. a special crèche. Experiences and skills sharing so carers do not have to seek funding to enable participation.<br><br>Respite at an affordable price or free – to ease the load, i.e. with household chores, gardening.<br><br>As the patient/cared for person health worsens the carer needs more time allocated to their needs so they actually do get a rest and change of scenery.<br><br>A yearly assessment of the carer needs & mandatory that carers are informed of this *right.* |

## Carers are supported to remain emotionally, mentally and physically well

| What Carers told us this meant to them and what difference it will make | Summary of what Carers feel needs to happen to achieve this priority |
|---|---|
| *"This is also very important. Must keep strong for the person you are taking care of. They need a lot of attention and support".*<br><br>*"Quite easy to become physically, emotionally drained. Good to have someone to help and talk to".*<br><br>*"This is very important because if I break down social services will have to step in. I need support to help me carry on caring".*<br><br>*"I have my own health problems which I don't always look after".*<br><br>*"Essential to avoid crisis,"*<br><br>*"My family hasn't had a holiday since 2006. My partner and I have never had a holiday, or even a weekend, alone together."* | A full care plan should be made for the carer also or a professional support package.<br><br>Lines of communication should be open with a key person, through email or other methods, don't have to explain concerns/situations to a different person.<br><br>Opportunities to use inclusive community facilities (sports village) for a range of activities at a discounted rate, i.e. keep fit.<br><br>Make GP surgery appointments available when I need them and the community care co-ordinator.<br><br>Support groups available face to face, be creative about venues, somewhere that a carer can approach and chat about their concerns. |

| Carers are supported in planning for the future | |
|---|---|
| **What Carers told us this meant to them and what difference it will make** | **Summary of what Carers feel needs to happen to achieve this priority** |
| *"I dread to think of the future but with help and support of carers trust for all I don't feel so alone with it all having no family support."*<br><br>*"It would allow me to plan for my children's future after my death."*<br><br>*"It would relieve the worry of what would happen if I was unable physically to care for the person"*<br><br>*"This is a priority that worries us a lot. We have no-one who can step up and care for the long term future of the adult in our care".*<br><br>*"If we knew what is out there for us, it would ease our worries".* | Help and support (Carers Trust 4 All).<br><br>Carers and families should be central to the planning.<br><br>Facilitate the time to do this when provision has been made for the cared for.<br><br>Knowing what is out there, a service and how we access it for the right information.<br><br>An allocated professional available to support on an ongoing basis until no longer required, where possible the same person from start to finish.<br><br>A day workshop with speakers who can answer worries, i.e. about care, wills, living arrangements.<br><br>Service providers should be able to talk about this. |

| Carers are able to fulfil their educational, training or employment potential | |
|---|---|
| **What Carers told us this meant to them and what difference it will make** | **Summary of what Carers feel needs to happen to achieve this priority** |
| *"I enjoy my job and need to be able to continue to work."*<br><br>*"For younger carers who need to move on with their own lives this is a must."*<br><br>*"Carers need to think about themselves and their employability for when they no longer need to carry out their role as a carer."*<br><br>*",….. without this priority, the long term future of carers can be greatly affected".* | Employers need to be supportive and flexible, work place policies for leave/flexible working, medical appointments etc.<br><br>Funding and respite / support for the cared for so the carer can attend courses etc.<br><br>Educational and skills building courses to be made available for free to carers.<br><br>Utilise community assets for the benefit of carers educational, training needs. |

# 8 Case studies

These case studies illustrate examples of carer support being provided within Shropshire.

**Planning Ahead Case Study**

'Rachael' cares for her son, 'Gavin' on a full-time basis. Gavin, who is in his 30's has always lived at home with his mother; he has a learning disability and is confined to a wheelchair.

Rachael has been known to the Carer Support team for some time. She has a named Carer Advisor, 'Kim' who is very familiar with Rachael and her caring role. Kim ensures that Rachael is involved in support groups and activities in her area, giving Rachael opportunities for respite and a chance to build friendships with other 'carers'.

More recently, Rachael, who is in her 60's has started to experience repeated bouts of ill health - on more than one occasion this has led to short-term hospitalisation. Kim has registered Rachael onto the "Carers Emergency Response Service" which is an early response service whereby in the event of an unforeseen emergency (for example when Rachael gets admitted to hospital), a Carer Support Worker will support Gavin at home, for up to 72 hours. This has enabled Rachael to go to hospital to attend to her own medical needs, safe in the knowledge that Gavin will be cared for by an experienced worker – in his home.

Kim has encouraged Rachael to think about Gavin's future, given that it is likely that he will out-live his mother. With Kim's support Rachael has been looking at local services that provide Supported Living facilities and Rachael is now planning the transition for Gavin to lead a more independent life. This means that Rachael can support Gavin in the transition towards a life that is less dependent on the care provided by his mother.

*Source: Local Care Provider*

**Case study: How community support for carers can support both the cared for and the carer**

"I had difficulty in getting [father] to the doctor, as he was in denial that there was anything wrong with him … [father eventually] agreed to attend the memory clinic … specialist doctor … diagnosed Alzheimer's, offered medication, brain scan promised monitoring follow up appointments with the mental health nurse and suggested I get power of attorney. Good advice, but there it ended, no further support was offered at this point, or any suggestion of where support and guidance could be sought, and it was some months before I heard from that service again. I am an only child so the responsibility was all mine." (Nar. 4).

Fortunately, this carer happened upon a display by the Alzheimer's Society and they made contact with them, which relieved a lot of stress and provided support. The

stress relief manifested through a variety of factors, but being listened to and venting emotions appears crucial.

“Straight away, I felt understood and supported and could ask silly questions and felt less alone … advice on practical things (useful aids, strategies and finances) … ‘Singing for the Brain’ sessions … sharing my experience with other carers …opportunity to share experiences and concerns and relief of bottled up emotions which are hard to share with family members as guilt and helplessness gets in the way.” (Nar. 4).

*Source: Action Learning Programme based on story telling from patients, carers and staff, Shropshire 2016 NHSE*

# 9 Action plan

An Action Plan has been developed based on the five identified priorities. This is a ‘live’ document which is updated regularly. This can be viewed on the Shropshire Together website.

# 10 Acknowledgements

The Carers Strategies from Cambridgeshire County Council, Sheffield City Council, Solihull Metropolitan Borough Council and Cornwall Council have been used for reference and format purposes.

# 11 Sources of further information

A selection of sources of information for carers is provided below. It is recognised however that there are many other national and local organisations also.

***Carers Trust***
Carers Trust is a major charity for, with and about carers
https://carers.org/

***Carers Trust 4All***
The provider of commissioned Carer services for Shropshire Council
http://www.carerstrust4all.org.uk/shropshire.html

***Healthwatch Shropshire***

Healthwatch work to help people get the best out of their local health and social care services. With the aim of ensuring that patients and the public are at the heart of decisions about service delivery, improvement and change.

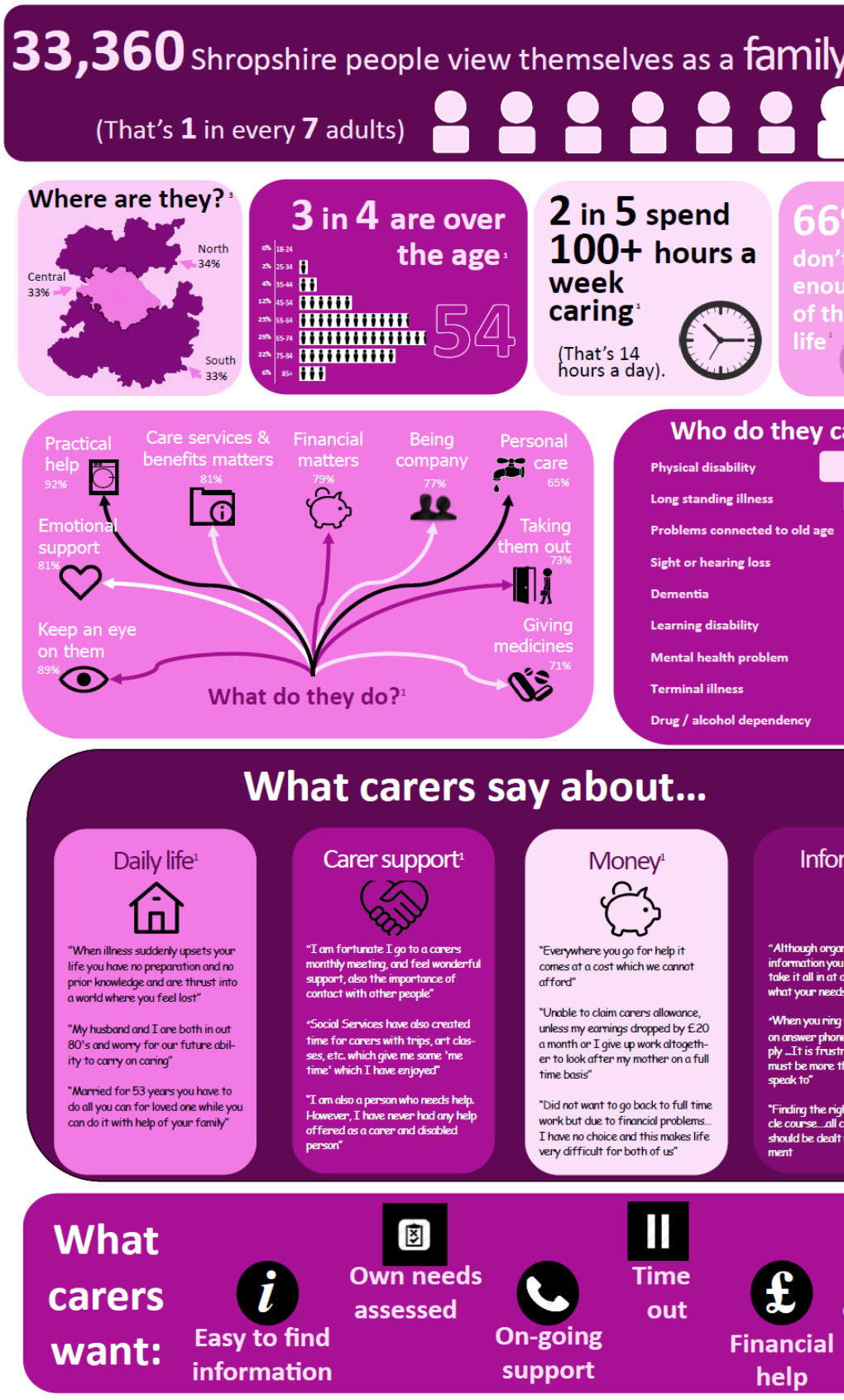
***Shropshire Choices***
Web based information provided by Shropshire Council, to help people make the right choice to remain independent and stay well. Offers information and advice about Adult Social Care, Housing and Health.
https://www.shropshirechoices.org.uk/home/

***Shropshire Council***
This web link provides links to information and services relevant to carers.
https://www.shropshire.gov.uk/health-and-social-care/

***Shropshire Local Offer***
Local Offer brings health, education and social care services together to improve outcomes in special educational needs and disability.
https://www.shropshire.gov.uk/local-offer/

Preparing for Adulthood Factsheet: The Links Between The Children and Families Act 2014 and The Care Act 2014http://www.preparingforadulthood.org.uk/media/421323/care_act_revised_march_2016_online.pdf

**Appendix 1**


33,360 Shropshire people view themselves as a family
(That's 1 in every 7 adults)
Where are they?
North 34%
Central 33%
South 33%
3 in 4 are over the age
54
2 in 5 spend 100+ hours a week caring
(That's 14 hours a day).
Practical help 92%
Care services & benefits matters 81%
Financial matters 79%
Being company 77%
Personal care 65%
Emotional support 81%
Taking them out 73%
Keep an eye on them 89%
Giving medicines 71%
What do they do?
Who do they c
Physical disability
Long standing illness
Problems connected to old age
Sight or hearing loss
Dementia
Learning disability
Mental health problem
Terminal illness
Drug / alcohol dependency
What carers say about...
Daily life
"When illness suddenly upsets your life you have no preparation and no prior knowledge and are thrust into a world where you feel lost"
"My husband and I are both in out 80's and worry for our future ability to carry on caring"
"Married for 53 years you have to do all you can for loved one while you can do it with help of your family"
Carer support
"I am fortunate I go to a carers monthly meeting, and feel wonderful support, also the importance of contact with other people"
"Social Services have also created time for carers with trips, art classes, etc. which give me some 'me time' which I have enjoyed"
"I am also a person who needs help. However, I have never had any help offered as a carer and disabled person"
Money
"Everywhere you go for help it comes at a cost which we cannot afford"
"Unable to claim carers allowance, unless my earnings dropped by £20 a month or I give up work altogether to look after my mother on a full time basis"
"Did not want to go back to full time work but due to financial problems... I have no choice and this makes life very difficult for both of us"
What carers want:
Easy to find information
Own needs assessed
On-going support
Time out
Financial help
Sources : 2014-15 Survey of Adult Carers; 2011 Census;

**Appendix 2**

# ADASS West Midlands - Commitment to carers

West Midlands authorities:

1. will endeavour to adopt the Care Act and Whole Family approach when carrying out their assessment and care planning functions.
2. Will endeavour to ensure that their practices and procedures are developed in line with the principles set out in *Making it Real for Carers* and the associated checklist.
3. Will endeavour to ensure that the impact on a carer's wellbeing is considered equally with that of the person they care for when carrying out its functions.
4. ensure that all providers of advice and information have good access to up to date and accessible information to promote consistency in advice giving.
5. are committed to involving carers in the production and implementation of their plans and strategies.
6. are committed to supporting a range of preventative services to support carers and those for whom they care.
7. are committed to improving carers' access to training, knowledge and skills.
8. will ensure that Independent Advocates, when required, are available equally to carers and the adults they care for.
9. will follow Care Act recommendations to support carers where there are any safeguarding concerns in respect of the carer or of the person they care for.
10. all teams and agencies commissioned to carry out carer's assessments will work from the same assessment template, however they are carrying out the assessment, to ensure a consistent approach and enable quality assurance.
11. are committed to the principle of ensuring that, if assessments of the carer and cared for person are carried out by different agencies, these are brought together to inform the care planning process.
12. are committed to developing flexible and proportionate support planning and personal budget monitoring processes for carers
13. are committed to developing and implementing a local memorandum of understanding based on *No Wrong Doors* to raise awareness of, identify and support young carers.
14. will adopt and implement the national protocol on cross border assessments.
15. will work with all Health partners across the region to promote and encourage implementation of the NHS England commitment to carers.
16. ADASS West Midlands is committed to ensuring the continuation of the Carers Leads Network to enable and enhance co-operation and collaborative working to support carers across the region.

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| Priority 1 - Carers are listened to, valued and respected | | | | |
|---|---|---|---|---|
| **Action** | **What needs to happen** | **How** | **Who needs to be involved** | **Completion Month/Year** |
| **1a. Carers, including young carers are included in care planning (for example at hospital discharge).**<br><br>**Identified Lead: Val Cross**<br><br>Training<br>Consultation<br>Publicity/awareness/campaigns<br>Assessments/pathways/protocols<br>Commissioning<br>Desk top research and direct meetings | System in place to ensure carers are consulted to see if they are able to take on the responsibility of caring for the person, upon discharge. Including if that person is a child or young person.<br><br>Providers work together to see how carers (including young carers) can be involved in care planning where appropriate, and the option of a 'combined assessment' is understood.<br>Staff training to enable this should be provided, which includes preventative and legislative obligations. Care plan documentation should reflect this also.<br><br>Draw up an agreement (or use power of attorney?) that will be recognised by all agencies stating the 'rights' of the carer with regard to the cared for person.<br><br>Signposting. | Hospital discharge pathways.<br>Carer involvement in medication discussions, so side effects etc. are understood (all ages)<br><br>Included in care plans for cared for and carer health assessments. Build in to pathways. Falls awareness<br><br>Internal, external or on-line training packages.<br>Identify national good practice.<br>Carer involvement in training. | Shrewsbury and Telford Hospitals Trust (SaTH), Redwoods, ASC, Children's services, P2P, Hospital pharmacy<br><br>ASC, Children's services, CT4A, GP Practices<br><br>Joint training/Team Managers/ identified training provider | |
| 1b. Improve Information sharing systems across services to avoid carers having to repeat their story to different professionals. This will include training staff who work with carers. | Joint training to extend training to all customer facing departments and staff working with carers to reach the expected levels of knowledge and skills.<br>Include; understanding of emotional impact of caring, access to appropriate respite care and Health and Social care guidance.<br>Look at (http://carers.ripfa.org.uk)<br><br>Review current 'consent to share information' arrangements to ensure that full carers profile (assessment) information is able to be shared, given consent from carer, with other local / national organisations more often / as standard. | Internal, external or on-line training packages, Identify national good practice.<br>Carer involvement in training.<br><br>Partners working directly with carers meet and review their 'consent to share information agreement' protocols and how information could be shared as appropriate. | Joint training/Team Managers/identified training provider<br><br>Partners who work with carers | |
| 1c. All professionals are able to identify carers, to enable easier access to carer support, which includes feeling safe and supporting wellbeing. | Raise awareness throughout organisations and community services. The audience should be 'everyone/everywhere', maybe though the use of social media, posters, working with employers, etc.<br><br>Skill-up staff in housing, Early Help, Pharmacies, FPOC etc. to help recognition.<br><br>Work with pharmacies to help carer identification incl. young carers<br><br>P2P Carers factsheet.<br><br>Community Care Co-ordinators in GP Practices.<br><br>Identified young carer leads in schools and colleges | Publicity, which pose questions about a person's caring responsibilities/caring role. Descriptions of what is a carer and how to access an assessment could be included.<br><br>Via training and e-learning packages, Carer Aware, Young Carers. (Queens nurse)<br><br>Carers Trust checklist for pharmacists. And toolkit<br><br>Upcoming update to P2P Carers factsheet.<br><br>Awareness and knowledge review/check & training<br><br>Make Every Contact Count (MECC),<br>Let's Talk Local, Shropshire Choices<br><br>Work with education providers to implement | CT4A and partners<br><br>Training providers, housing, pharmacies, Early Help, FPOC, Education providers, school nursing<br><br>P2P<br><br>GP Practices/Commissioner CCG, ASC, CYP, SEND<br><br>Help 2 Change, ASC<br><br>CT4A/Children's services/ | |

| Action | What needs to happen | How | Who needs to be involved | Completion Month/Year |
|---|---|---|---|---|
| 1d. Use carers experience and knowledge to plan future services and when commissioning services including integrated working. | Use known facts and data about our population to describe who our Carers are and what the landscape will be like in 5, 10 years.<br><br>Develop clear process for gathering and mechanisms for using feedback and stories that evidence what is happening locally.<br><br>Define C&CC (Community Care Co-ordinator) role in GP Practices to ensure consistency.<br><br>Design an agreed set of statements to be used in all formal contracts and tenders so that the rights and needs of all carers are recognised and acted upon. E.g., GP's instructed to ask who supports in the care that a person is given and employees asked about their caring responsibilities – at recruitment stage and at supervision.<br><br>Embed strategy findings into resource packs for commissioners..<br><br>Obtain feedback from carers of all ages. | Use national and local data to inform commissioning and service monitoring and development such as; ASCOF returns, annual Joint Strategic Needs Assessment, Shropshire Council Local Account priorities and commitments.<br>Contract monitoring arrangements..<br><br>Information from NHS Carer Voice project Shropshire local account, Shropshire Choices, CT4A newsletter.<br><br>CCG contracts with GP practices more prescriptive about what they have to do for carers.<br><br>Agreed set of statements written and liaison with commissioner/legal team.<br><br>Making use of feedback from user and carer groups including Making it Real, CT4A carers Groups (including young carers), RCC Circles, Mental Health, PACC etc. feedback should feed into (and out of) and be managed by Carers Partnership Board to influence future planning. | Data Intelligence – PH<br><br>Commissioners – CCG/LA<br><br>Commissioners – CCG/LA/Legal Teams | |

| Priority 2 - Carers are enabled to have time for themselves | | | | |
|---|---|---|---|---|
| **Action** | **What needs to happen** | **How** | **Who needs to be involved** | **Completion Month/Year** |
| **2a. Review assessment process for all carers and ensure understanding of replacement care needs.**<br><br>**Identified Lead: Abi Butters** | Review contract to assess whether it fully meets the needs of carers, with a view to informing contract review meetings and the next contracting round.<br><br>Review assessment process<br><br>Involve young carers in cared for assessments where appropriate and possible<br><br>Young carer/young adult carer assessments to be carried out<br><br>Continue to involve current carers groups and the community in the development of networks, knowledge and feedback of alternative forms of replacement care as part of work under (5-year project) P2P 'replacement care project' called Local Support Swop. Largely based upon volunteering, gifting, reciprocal care arrangements.<br><br>Maintain regular update reporting to FCPB for ongoing project monitoring and carer / carer services input.<br><br>Look at development of Brokerage system to make the process easier.<br><br>Consider using well-established networks and building upon what is already in place, not just carer specific services. | Contract review.<br><br>Review to see how it is meeting the needs of carers.<br><br>Consideration to timing of assessment – e.g. not when young person is in school<br><br>System in place for this to happen<br><br>Through Local Support Swap groups due to start March 2017 and current carer groups.<br>Promote Shropshire Support Finder https://issuu.com/carechoices/docs/shropshire_support_finder_2015_16_l , Shropshire Choices and Carers Trust 4All CERS service.<br>Detailed local knowledge to identify, signpost and develop replacement care options within communities. | Commissioners – CCG, ASC, Children's Services, SEND<br><br>ASC/Children's Services/P2P/CT4A | |
| 2b. Communicate and promote available replacement care including community support. | Publicity and promotion for carers and the cared for.<br><br>Identifying what specialist services there are/not and developing support where there are gaps. | Through Local Support Swop, other carer networks including PACC and young carer groups and community venues for example.<br>Shropshire Choices/Community Directory.<br>Commission and promote through commissioning role.<br><br>Through Local Support Swop, other carer networks including PACC and young carer groups for example. | | |
| 2c. Identify and promote carer networks for all types of carer and develop support for where gaps exist | Promote carer but also non-carer specific groups across the county. - being involved in non-carer specific groups within the wider community, supports community integration and reduces isolation.<br><br>Identify gaps. | Map provision, including non-carer specific groups. Ensure this information is available in varying and accessible formats. Link to hyperlocal directories and include education providers and employers.<br><br>Need for 'support' networks (e.g. virtual groups, reciprocal care groups etc.) as identified by carers, will be created, developed, and supported as part of work under Local Support Swop. In addition, identification of need could be obtained through CT4A support groups countywide. | | |

| | | | | |
|---|---|---|---|---|
| 2d. Develop a carer centred approach within services, (for example appointment flexibility and hospital visiting times). | Define what carers want and need in terms of appointment flexibility and use formal contracting (part of priority 1 'commissioning of services') to define and deliver an appointments system that supports carers.<br><br>Look at possibility of developing online self – service tools such as completing a simple carers assessment.<br><br>Investigate whether GP Practices have protocol for identifying carers and have flexibility with appointments. If not, what could be done?<br><br>Investigate education and employers re carers and flexibility. (links to Priority 5) | Consult with carers. E.g. through Local Support Swop, and other carer networks including PACC and young carer groups.<br><br>Design of on-line assessment, and responsible body for actioning on-line results.<br><br>Good practice examples. Link with CCG and GP lead to investigate implementation.<br><br>Links to workforce and pledge. | SPIC?<br>Housing<br>Shropshire CCG | |
| 2e. Promote the use of Assistive Technologies such as GPS trackers and Telecare systems where appropriate | Carers and general public are aware of Assistive Technologies available. | Locality demonstrations - linking with housing/CT4A 'Carer days' or if generic, using libraries for example.<br><br>Commission where appropriate | | |

| Priority 3 - Carers can access timely, to up to date information and advice | | | | |
|---|---|---|---|---|
| **Action** | **What needs to happen** | **How** | **Who needs to be involved** | **Completion Month/Year** |
| **3a. Providers and partners communicate to ensure information is easily accessible and in different formats. This should include health information and interventions for carers to help avoid ill health and injury.**<br>N.B Check contracts to see who is responsible<br><br>**Identified Lead: David Whiting** | Comprehensive information service for carers (web based, paper based, etc.) that is kept up to date.<br><br>Explore options for making information more widely accessible e.g. factsheets and newsletters etc. in GP, dentist, library.<br><br>Ensure locality model takes account of this.<br><br>Work with health providers such as GP's, to link carers with health and social care services earlier. This early intervention should help prevent escalation carer's own health, reduce their stress and contribute to the prevention of carer breakdown.<br><br>Investigate if falls prevention can be Integrated to Carer Health Assessment. Promote fallsassistant.org.uk, which self-assesses the risk of falls on-line. Role of MECC. | Commission? Write in to contracts. Investigate what each agency does as part of providing information.<br><br>Potential work under Shropshire Together. Communications Group. Links to Hyperlocal Directory. Locality hubs need to play a key role. Link to resilient communities etc. Shropshire Choices.<br>Public health campaigns incl. flu, One You etc. Campaign in GP Practices, dentist library etc.<br><br>Training or workshops? GP practice team meetings/ links with Boards, which GPs sit on?<br>Work together to make the FCPB more robust arrangement / partnership for future.<br><br>Local Support Swap and SPIC – looking to develop potential local carers offer around training in e.g. falls prevention, first aid etc.<br><br>Falls prevention pathway under development. | Shropshire Together/PH Comms. Team, CT4A, Acute Services – hospitals<br><br>CCG, GP Practices,<br><br>ASC/SPIC<br><br>Help2Change | |
| 3b. Work with education providers to promote information for young carers, young adult carers and parent carers | Ensure information and advice is young person and parent friendly, easily accessible within school, college site, training provider and for parent carers. | Link to Shropshire Choices' website, Shropshire Council website, PACC, schools, colleges, university, training providers' incl. Apprenticeships, websites.<br><br>Work with young carers, young adult carers and parent carers around design, format and content of information through carer groups, school and college sessions and parent sessions.<br><br>Employers Charter – see Priority 5. | Shropshire Council<br><br>Carers Trust 4All<br>Education providers – schools, colleges, training providers, university<br>School nursing, Children's Services | |

| Priority 4 - Carers are enabled to plan for the future | | | | |
|---|---|---|---|---|
| **Action** | **What needs to happen** | **How** | **Who needs to be involved** | **Completion Month/Year** |
| **4a. Embed planning for the future as a part of All-Age Carer Health and other assessment discussions.**<br><br>**Suggested Identified Lead: Children's Services** | Ensure consistent approach to assessments across organisations who work with carers of all ages. | Review of assessments across all agencies to identify conversation triggers and actions including signposting. Look at CT4A templates and tools.<br><br>Falls awareness<br><br>Carers checklist | People 2 People, CT4A<br>School Nursing<br>Mental Health Trust<br>SEND Team, Early Help, ASC | |
| 4b. Provide appropriate workshops for all carers about planning for the future. | Locality Workshops planned to meet the needs of carers. Inclusion of when the carer may no longer be in a caring role, and the way forward. | Look at adapting Carers Trust 4 All workshops or other providers. Consult with carers around content, as planning for the future will have a different meaning or implication, depending on type of care being given. | Chamber of Commerce?<br>Better Care Fund<br>CT4A<br>Voluntary sector<br>Schools/school nurses<br>SEND team<br>Private sector – Law firms<br>Health – End of life care | |
| 4c. Inform future planning of services through data collected about carers. | Decide what data needs to be collected, and how this will be used to inform future planning of services. | Find out where to obtain the data and work with providers to collect this.<br><br>Use data to assist with future planning – anticipated older population for example. | Data Intelligence Team (Public Health)<br>CSU<br>Early Help | |

| Priority 5 - Carers are able to fulfil their educational, training or employment potential | | | | |
|---|---|---|---|---|
| **Action** | **What needs to happen** | **How** | **Who needs to be involved** | **Completion Month/Year** |
| **5a. Actively encourage all local organisations to adopt the Employer and Employee Pledge to recognise and support Carers in their employment.**<br><br>**Identified Lead: Chris Roberts** | Employers sign up to the ADASS Employers Pledge.<br><br>Take to the Health and Wellbeing Board to adopt as priority.<br><br>Explore writing the pledge into Provider contracts.. | Shropshire Council sign up to the ADASS Employer Pledge as a starting point, then partners, with an aim to cascade across employers in Shropshire.<br>Use networks such as Chamber of Commerce, Business Boards. | ASC P2P<br>Business Board – Public and Private employers<br>Health & Wellbeing Board<br>Chamber of Commerce<br>Elected members | |
| 5b. Increase carers knowledge of their employment rights, responsibilities, including after bereavement. | Carer 'rights' embedded into staff handbooks, starting with the Local Authority.<br><br>Awareness campaign for carers in employment.<br><br>Training. | Look at examples of good practice and start with Shropshire Council through liaison with HR.<br><br>Includes the impact of stopping work.<br>Have easily accessible information on benefits/pension/income.<br><br>Explore options to develop specific training / information for staff working directly with carers - to increase confidence to speak about employment rights as part of conversation.<br>Links with job centres/CAB/county training/schools & college awareness? | Shropshire Council HR<br><br>Unions - UNISON<br><br>Shropshire Council via contracts – CT4A, P2P etc.<br>ADASS employee resources (West Midlands)<br>ACAS | |
| 5c. Work with Education and Training providers to help enable access to vocational and non-vocational training and education courses for Carers which includes volunteering opportunities | Professionals and carers of all ages are able to access information appropriate to their needs. | Could include CV writing, applying for courses and training opportunities, access to IT and printing facilities. | Joint Training<br>Learning pool (John Skelton)<br>Online resources and training packages<br>Job Centres<br>Libraries | |
| **Themes:**<br><br>Commissioning and contracts<br>Training and workshops for professionals and carers<br>Information and information site for carers, professionals and the public<br>Carer Assessments review and pathways<br>Carer consultation | | **Partners:**<br>Health<br>GP Practices, Hospital Trusts, Care Home Providers, (SPIC) CCG, School Nursing,<br>Social care<br>P2P, ASC, Children's Services, Early Help,<br>Voluntary Sector<br>CT4A, Alzheimer's Society, Age UK, Community Centres, Parish Councils<br>Education<br>Schools, colleges, university, training providers, Apprenticeships, Youth Sector<br>Corporate<br>Commissioning, training providers, Communication teams | | |

Shropshire Council | NHS Shropshire Clinical Commissioning Group | Shropshire together

**Health and Wellbeing Board**
**9th February 2017**

# HEALTHWATCH SHROPSHIRE BI-ANNUAL REPORT

**Responsible Officer** Jane Randall-Smith
Email: Jane.randall-smith@healthwatchshropshire.co.uk Tel: 01743 237884

## 1. Summary

1.1 This report covers the period from July 2016 to end December 2016 and highlights activity by Healthwatch Shropshire during that period: Listening to everybody's voices. The report shows the wide scope of the work undertaken by HWS and how the intelligence gathered is used.

## 2. Recommendations

2.1 To note the contents of the report.

## REPORT

## 3. Purpose of Report

3.1 To update the Health and Wellbeing Board on Healthwatch Shropshire's activities from July 2016 to end January 2017.

## 4. Background

4.1 Healthwatch Shropshire (HWS) was established to make sure that everyone in Shropshire has the opportunity to have their say on health and social care services in Shropshire. Feedback from the public is received in a variety of ways and is used to influence change by engaging with the services providers and commissioners in both health and social care in the county.

4.2 HWS is independent and will accept feedback anonymously and confidentially in order to encourage people to share their experiences.

## 5. HWS Intelligence

5.1 HWS continues to receive feedback on local health and social care services. 397 comments were received between July and December 2016 (301 last year for the same period). The intelligence is collated, then analysed to identify trends and hotspots and follow up action by HWS. The 5 top themes continue to be:

- **Quality of Treatment** - examples include concerns relating to end of life care, about CMHT and people not feeling listened to.

- **Access to a service** – for example, concerns about the numbers of houses being built and how this will impact on GP services; concerns about lack of NHS Dentists (see detailed comments below); concerns about lack of public transport and inability to access services ( HWS is promoting the Shropshire Council survey about bus routes and encouraging people to have their say); concerns about NEPT (non emergency patient transport) now the criteria has changed

- **Staff Attitudes** – includes concerns about rude GPs, receptionists and ambulance staff

- **Waiting times** - including concerns about long waits for ophthalmology services at SaTH; concerns about Bridgnorth Medical Practice and difficulty in getting appointments; concerns about WMAS and waiting times for ambulances to arrive

- **Access to Information** - including concerns about lack of information and advice for carers; concerns about staff not being aware of Accessible Information Standards

5.2 In terms of the number of patient/service user contacts HWS is aware that its feedback is the "tip of the iceberg" and this underlines the need to stimulate feedback by raising awareness. Examples of how feedback has been used are shown below:

- Cancelled clinics

5.3 During our regular stands at the community hospitals we noticed that there were a number of clinics that had been cancelled. We talked to the patients affected by this to find out how this had impacted on them. At the same time we were receiving comments from other patients telling us that they had been experiencing similar problems, where clinics had been cancelled and they had not been informed.

5.4 We shared our intelligence with the Shropshire Community NHS Trust and arranged a meeting with the Director of Nursing to discuss. He has assured us that a monitoring system had now been put in place to track the frequency and spread of the cancellations. He also explained that the trust would look at how they shared this information with their patients and to ensure that patients were given timely, appropriate communications to let them know about any cancellations.

5.5 At the current time the issue appears to have been resolved. However, we will continue to monitor this closely.

- Dentists

5.6 July 2016 - we were contacted by members of the public telling us about difficulties they were having accessing NHS dentists.

5.7 We shared this intelligence at an NHS England Dental Commissioning Group in the summer. As a result NHS England have agreed to increase Units of Dental Activity (UDA's ) in both Shrewsbury Town Centre and Market Drayton. In layman's terms this will mean provision for approximately 857 more patients to access NHS dental services in these two areas.

5.8 November 2016 - we contacted NHS England and they confirmed that the additional dental activity has now been allocated to three practices in Shropshire. Bellstone Dental Practice and Bayston Hill Dental Practice will now be able to accept around 523 new NHS patients between them and Poynton House Dental Surgery in Market Drayton will be able to accept 333 new NHS patients.

5.9 HWS can, of course, receive feedback on a particular service at any time but monthly "Hot Topics" focus on particular issues and have provided useful insight into peoples' experiences of Ophthalmology services ( 33 comments in September 2016, 17 comments on physiotherapy services in August 2016). Comments on physiotherapy services have been shared with the CCG to inform their current work on musculoskeletal services.

5.10 Feedback on Ophthalmology services (and an Enter & View visit report) has contributed to the changes in pathways and the investment in new facilities at SaTH. HWS also reviewed the and contributed to the messaging for new patients by the CCG. HWS raised immediate concerns following the announcement of the new referral pathway by the hospital trust. This was immediately changed and the HWS web site and twitter ensure that information is distributed widely as quickly as possible.

5.11 In October and November feedback on end of life care services, a sensitive hot topic, is in the process of being shared with local providers. It should be noted that feedback was not current, but this was perhaps as a result of the nature of the Hot Topic. During December HWS didn't undertake a Hot Topic but focussed on "winter messaging" and is pleased to now be involved in the weekly "comms" conference call. HWS contributed the local 'messages' to be included in Stay Well This Winter. Of concern is the late availability of hard copy leaflets for distribution.

5.12 For January 2017 the 'Hot Topic' is domiciliary care and care at home. As the local transformation programmes focus on keeping people at home and in their communities for longer HWS is exploring how to capture feedback on these services into people's homes, where it is not possible to "Enter & View" (see below) and people are reluctant to raise any concerns they may have.

5.13 Not only does HWS collect and collate feedback an important aspect of its service is signposting. HWS is in a key position to support callers with information on local services. There is definitely confusion amongst the public as to how the health and social care system works locally.

## 6. Enter & View

6.1 The Enter & View programme is HWS's opportunity to see and hear for itself how care is provided in facilities that are funded from the public purse. All Enter & View visits are undertaken with a clear purpose and are carefully planned by the trained Authorised Representatives. The visits are undertaken form the lay perspective – they are not an inspection and HWS does not look at records: the focus is to gather user experience of the care facility.

6.2 During this period HWS Shropshire undertook a total of 19 E&V visits which can be broken down as follows:

- 7 Care Homes
- 2 LD Care Homes
- 10 Hospital wards

6.3 HWS will raise any serious concerns identified immediately following visits with the Local Authority, the CCG or CQC where it is not appropriate to wait for publication of the visit report.

6.4 Final reports include a response from the provider of the services and are approved by the HWS Board before being published on the HWS web site and shared with key organisations,

including the CQC. During this period 15 Enter & View reports were published. Findings cover a wide variety of issues and the action plan provides the opportunity for HWS to follow up.

6.5 During this period HWS has contributed its intelligence and Enter & View findings to multi - agency safeguarding meetings regarding 3 care homes and also escalated a whistle-blower's concerns to both the Local Authority and the CQC, both of which took the concerns seriously and followed up. HWS intelligence and Enter & View reports are also shared with the CQC to inform their inspections.

## 7. Transformation Programmes

7.1 HWS has continued to participate in the NHS Future Fit programme to represent the views of the people of Shropshire. HWS was an observer at the Joint Decision Making Committee. The lack of progress and the perceptions of the public about the programme are of concern, particularly the lack of public awareness of the need for change. HWS has also looked to other Local Healthwatch to explore approaches to consultation; HWS is clear that it has a role to support local consultation, facilitate understanding and encourage participation by the public but that it is independent of the process.

7.2 HWS is a member of the Operational Group of the STP but has raised its concerns about the lack of involvement of this group since October and also that there is no mechanism for the views of local people to be heard by the Partnership Board of the STP where Local Healthwatch is not a member. HWS also applied and was successful in joining an England wide group of Local Healthwatch led by Healthwatch England to gain additional insight on engagement and consultation.

## 8. Awareness Raising

8.1 In November 2016 HWS held its annual event. This first full day event was in two parts: the morning session was a workshop to help inform the public of the work of HWS in more detail and in the context of how their feedback is used; the afternoon session had a focus on working together: Transforming health and social care services through partnership working. Speakers in the afternoon talked directly to the audience (with out power point) and took questions which enabled an honest discussion on what was currently happening locally.

8.2 During December HWS didn't undertake a Hot Topic but focussed on "winter messaging" and is pleased to now be involved in the weekly "comms" conference call. HWS contributed the local information to be included on the Stay Well This Winter leaflet. Of concern is the late availability of hard copy leaflets for distribution.

8.3 During this period HWS continued to raise its profile by engaging across the county with a wide range of groups including: the Rotary, the Lions, Practice Patient Groups, carers group, learning disability groups, Shrewsbury College, gypsy and travellers. Senior citizens, Sight Loss Shropshire, stands at hospitals. Planning is taking place with the mobile library service to go out with them across Shropshire to raise awareness of HWS as they visit very small communities.

8.4 It is important that everyone in Shropshire realises that their voice counts and in these times of change and pressures on both the NHS and Local Authority services HWS will continue to promote its services across the county to encourage feedback.

8.5 Current challenges include engagement on the STP, consultation on Future Fit, transformation programmes as patterns of service delivery change, including mental health services, maternity services, musculoskeletal services. A core function of Local Healthwatch is to gather feedback from the public, patients and services users and use that to influence change. HWS will be working hard to ensure that engagement (and consultation) is open, transparent and far reaching to ensure that everyone has the opportunity to contribute - patients and public should be involved in discussions on service change as early as possible in the process.
HWS will continue to challenge to ensure that user feedback is taken into account and that patient and public involvement is included in the transformation programmes. With so much change happening HWS is concerned that patients, service users and the wider public will get the right information to enable them to fully understand the implications.

## 9. Reports

9.1 HWS published its report on the collaborative work with people living with dementia, their carers and services providers in December and worked with the CCG to link the recommendations in its Dementia report to the refreshed Dementia Strategy which were published at the Health and Wellbeing Board in December. HWS has been accepted as a member of the Shropshire Dementia Action Alliance.

9.2 HWS is the only Local Healthwatch to run a Research Grant Fund for the Voluntary and Community sector in Shropshire. The current call remains open until 13th February and focusses on the experiences of people whose voices are seldom heard. The scheme is another way for HWS to gather insight into people's experiences of local health and care services.

9.3 A report from an earlier grant round has just been published:

Is Death Education Important for young People? - CEDAR (Community Education in Death Awareness and Resources)
CEDAR used the HWS grant to explore the benefits to young people of receiving death education and demonstrated how young people affected by bereavement needed the support offered through death education. Young people, parents and carers and the general public participating in the study identified that there is a gap in current education and that secondary school age and older young people would benefit from death education.

9.4 Two reports from earlier grant rounds are also about to be published in February:

Evaluating the Impacts of Energy Efficiency Improvements on Health and Wellbeing across Shropshire - Marches Energy Agency (MEA)
MEA worked with householders suffering from fuel poverty and cold-related ill health to find out if the installation of energy efficiency measures and associated advice reduced their use of medical/ social care services in the County. The findings show that energy efficiency measures can have a positive impact on health and wellbeing with over 65% of those surveyed reporting feeling better or a lot better in winter and reductions in their use of NHS services.

Deaf people's access to health and social care services in Shropshire - VISS (Sign Language Interpreting Service (Shropshire)
VISS explored experiences and views of the Shropshire Deaf Community accessing health and social care services. The findings showed that overall the situation for Deaf people living in Shropshire accessing health and social care services can be described as satisfactory in that providers, on the whole, are sensitive to this group's communication

requirements and work in conjunction with the interpreting service. Variation was identified though and there are certain sectors where more work needs to be done to ensure that accessibility is achieved in all areas of service delivery.

9.5 HWS set itself three new priorities for 2016-17, informed by its feedback and knowledge of the local context:

- Discharge – a project has been undertaken at the Royal Shrewsbury hospital. Findings have been shared a report will be published shortly;
- Young people's experiences (17-25) of health services and their information needs – this project is being undertaken with Keele University Medical Students and Shrewsbury College; findings will be published in the Spring;
- Domiciliary care and community NHS services – this project has started with the current Hot Topic (see above).

## 10. Conclusions

10.1 People's voices need to be heard and listened to. HWS has continued to gather people's feedback on their experiences of using health and social care services and works hard to ensure that it is shared and used to inform service improvement. HWS has the necessary policies in place to ensure that people sharing information are protected and that information is shared according to good practice.

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| **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)** |
| **Local Member** |
| **Appendices** |

**For Information**

Shropshire Council

NHS Shropshire Clinical Commissioning Group

Shropshire together

# Health and Wellbeing Board
# Thursday 9th February 2017

## Children's Trust Briefing to the Health and Wellbeing Board

**Responsible Officer** **Karen Bradshaw**

Email: karen.bradshaw@shropshire.gov.uk Tel: 01743 254201

### 1. Summary

This is the first regular update briefing commissioned by the Health and Wellbeing Board from the Shropshire Children's Trust. The update briefing, which will be presented to each meeting of the Health and Wellbeing Board, will focus on a key area of work for the Children's Trust culminating in a scheduled, annual in depth report. The briefings and in depth report will provide regular assurance to the Health and Wellbeing Board on the work of the Trust and highlight areas for closer consideration by the H&WBB.

### 2. Recommendations

The H&WBB is recommended to:

a) Note the information and actions in the briefing

b) support the work of the Children's Trust 0-25 SEND Strategic Partnership Board by encouraging partners to engage with the NDTi review process and work in partnership on any remedial actions identified.

**REPORT**

### 3. Risk Assessment and Opportunities Appraisal

The Children's Trust through its associated health and wellbeing outcomes supports the reduction of inequalities across Shropshire

### 4. Financial Implications

No financial decisions are explicitly required with this report, there may be associated resource implications to be considered for some actions.

### 5. Background

This update briefing provides the Health and Wellbeing Board with regular assurance from the Children's Trust concerning the partnership approach to promoting and supporting the health and wellbeing of children, young people and families in Shropshire.

### 6. Update

This update briefing focuses on the current work of the sub group of the Children's Trust; 0 – 25 Special Educational Needs and Disability (SEND) Strategic Board and informs the H&WBB of the SEND Local Area Review.

**6.1** The 0 -25 SEND Strategic Partnership Board has been working to implement fully the SEND reforms and move away from the previous SEN system that:

- Focused too much on disability, problems and negative reputations and chasing resources
- Has been driven by systems and bureaucracy

- Has not helped to deliver good life outcomes for many children and young people with SEN and disabilities
- Saw a lack of join up across 0-25
- Focused on service and not outcomes

**6.3** However, in order to prepare for OFSTED inspection and ensure that the 0-25 SEND Strategic Partnership Board; knows its strengths and areas for development and has robust and objective challenge across all strategic partners; the National Development Team for Inclusion (NDTi)[1], is undertaking a review based on the three questions used within OFSTED Local Area Inspections. The NDTi review will take place in March 2017 and the H&WBB will be informed of findings and areas highlighted for development.

**6.4** For each local area, an inspection letter is published which outlines the outcomes of the inspection against three main judgements:

- The effectiveness of the local area in identification of children and young people's SEND
- The effectiveness of the local area in assessing and meeting the needs of children and young people who have SEND
- The effectiveness of the local area in improving outcomes for children and young people who have SEND.

The outcome is not a graded judgement (e.g. outstanding, good etc.) but lists the local area's strengths and areas for development under the three areas listed above.

Based on the outcomes from inspections already undertaken OFSTED inspectors will be looking for evidence from Shropshire partners across health, education and social care including that we are:

- operating a system wide, joined up approach to provide person centred care
- promoting a good local offer
- have sound strategic overview
- have a DCO that provides effective operational leadership across NHS services
- have clear direction around roles and responsibilities
- have strong leadership for SEND across all organisations
- undertaking joint commissioning
- are timely in responding to known challenges

**6.5** The letters also provide a basis for us to examine our own effectiveness across all partners by outlining what the judgements were based on during the inspection. These included:

- speaking to children and young people with SEND and their parents/ carers
- visiting a range of providers to speak with leaders, staff and governors about the implementation of SEND reforms
- looking at a range of performance information including the local authority's self-evaluation
- reviewing performance information and evidence relating to the local offer and joint commissioning arrangements, and
- meetings with leaders from health, social care and education.

**6.6** The H&WBB should be aware that the OFSTED Local Area Inspection for SEND in Shropshire could take place at any time within the next 5 years.

**7.0 Recommendations**

The Health and Wellbeing Board is recommended to:

[1] NDTi is a not for profit organisation working to enable people at risk of exclusion, due to age or disability, to live the life they choose

a) note the information and actions in this briefing

b) support the work of the Children's Trust 0-25 SEND Strategic Partnership Board by encouraging partners to engage with the NDTi review process and work in partnership on any remedial actions identified.

| **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)**<br>Councillor David Minnery |
| **Local Member** |
| **Appendices** |

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**For Information**

# Health and Wellbeing Board
# Thursday 9th February 2017

## Mental Health Partnership Board Briefing to the Health and Wellbeing Board

**Responsible Officer** **Andy Begley**

Email: andy.begley@shropshire.gov.uk Tel: 01743 258911

### 1. Summary

This is the regular update briefing commissioned by the Health and Wellbeing Board from the Shropshire Mental Health Partnership Board (MHPB). The briefings will provide regular assurance to the Health and Wellbeing Board on the work of the MHPB and highlight areas for closer consideration by the H&WBB.

### 2. Recommendations

The Health and Wellbeing Board is recommended to note the information and actions in this briefing and support the further development of the Shropshire Mental Health Partnership Board.

**REPORT**

### 3. Risk Assessment and Opportunities Appraisal

The Mental Health Partnership Board through its associated health and wellbeing outcomes supports the reduction of inequalities across Shropshire

### 4. Financial Implications

No financial decisions are explicitly required with this report, there may be associated resource implications to be considered for some actions.

### 5. Background

This update briefing provides the Health and Wellbeing Board with regular assurance from the Mental Health Partnership Board concerning the partnership approach to promoting and supporting the mental health and emotional wellbeing of the people of Shropshire.

### 6. Update

This update briefing provides a summary of areas of ongoing work within the MHPB.

### 6.1 Proposal to develop the Mental Health Partnership Board (MHPB)

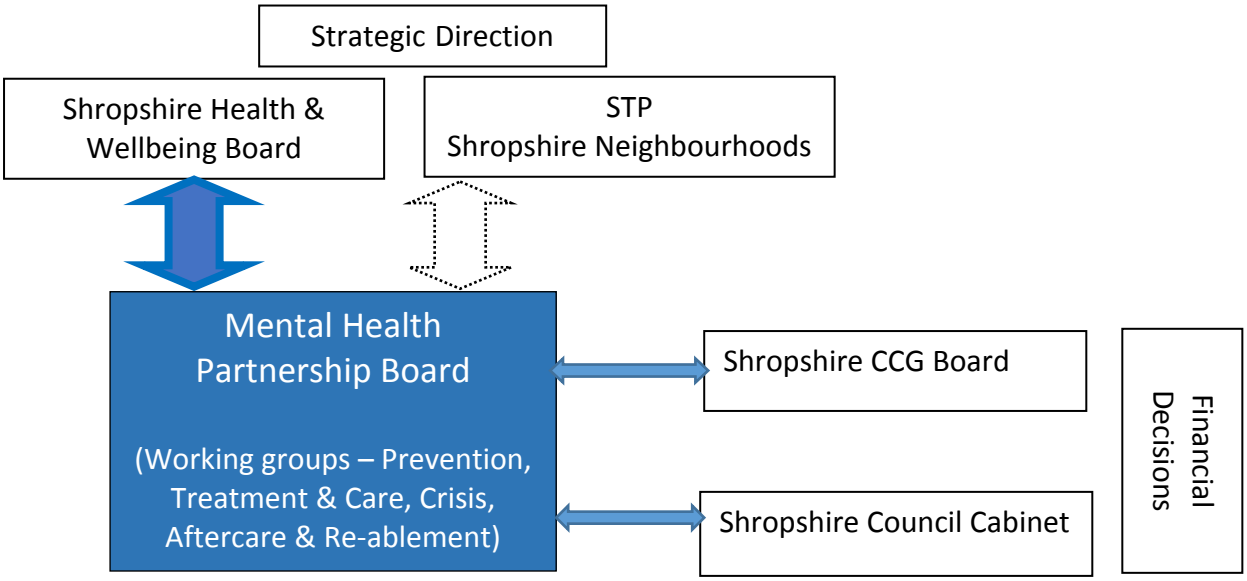
At this time, Telford & Wrekin Council and Clinical Commissioning Group have chosen not to accept the invitation from the MHPB to develop a joint Mental Health Partnership Board that covers the geographical areas of both Shropshire and Telford & Wrekin. However, areas of joint work on mental health across both Local Authorities and CCGs such as the Joint Suicide Prevention Strategy will continue.

Further development of a Shropshire Mental Health Partnership Board will continue and include:

- Mental Health Needs Assessment (This is underway)
- Development of a 5 year, all age, mental health strategy (Initial workshop arranged for 8th March 2017)

- Development of an annual work plan and monitoring of actions and outcomes, including meeting work programme
- Review and refresh of Terms of Reference
- Development of working groups to focus on:
    - prevention (this will also cut across each of the working groups)
    - treatment & care
    - aftercare and re-ablement
    - crisis (Crisis Care Concordat)
- Review and refresh of membership

Proposed links for governance and accountability:




Further detail on the outcome of the MHPB Strategy Workshop and progress on the development of the refreshed Shropshire MHPB will be provided to the H&WBB in the next and subsequent briefings.

**7.0 Recommendations**

The Health and Wellbeing Board is recommended to note the information and actions in this briefing and support the further development of the Shropshire Mental Health Partnership Board.

| **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)** |
| **Local Member** |
| **Appendices** |

**System A&E Delivery (SAED) Group Meeting**

| | |
|---|---|
| **Date of Meeting:** | **Tuesday 20th December** |
| **Time of Meeting:** | **2.00pm – 4.30pm** |

**Attendees:**

| | |
|---|---|
| Simon Wright *(Chair)* | Chief Executive, SaTH |
| Debbie Kadum | Chief Operating Office, SaTH |
| Julie Davies | Director of Performance & Delivery, Shropshire CCG |
| Jan Ditheridge | Chief Executive, SCHT |
| Steve Gregory | Director of Nursing & Operations, SCHT |
| Andy Begley | Director of Adult Services, Shropshire Council |
| Tanya Miles | Head of Adult Social Care, Shropshire Council |
| Phil Smith | Senior Delivery & Development, NHSE |
| David Coull | Chair, SPIC |
| Clive Jones | Director of Children's & Adult Services, Telford & Wrekin Council |
| Fran Beck *(from Item 3.2)* | Director of Commissioning, Telford & Wrekin CCG |

**1.0 Apologies**

Apologies were received from Vikki Taylor (NHSE), Simon Freeman (Shropshire CCG) & David Evans (Telford & Wrekin CCG).

**2.0 Minutes of Previous Meeting**

The minutes of the previous meeting, 23rd November 2016 were agreed to be an accurate record.

**3.0 3.1 4 Hour Performance Quarter & Year to Date**

SW requested an update regarding the inclusion of MIUs within A&E reporting. SG confirmed that further information has been shared with DK who has been liaising with PS. PS advised that further work is required around clinical responsibility. DK advised that this will likely be put in place from the first week of January 2017 due to the SaTH Medical Director being on leave until then. PS requested some scenarios of how this will work and agreed to check if it can be back-dated.

**ACTION:** PS to confirm if the inclusion of MIU data within A&E reporting can be back-dated.

**3.2 Recovery Plan – Top 3 Actions**

SW commented that the Recovery Plan is very broad but the focus is on the following three areas:

Discharge to Assess (D2A)

It was noted that this action is closely linked to the 44 Complex Beds.

Length of Stay in Community Hospitals

SCHT have agreed a number of actions with SaTH, the outcome of which is the release of 16 beds. It was commented that the key to achieving this is maintaining flow which relies heavily on the actions taken by other partners. SW asked if SCHT were confident in delivering the agreed outcome, SG confirmed that they were, however, he highlighted that delivery was dependant on cooperation by other partner agencies in the system.

JD raised concerns regarding current availability of domiciliary care services following a discussion on the daily Escalation Call the previous day. She particularly highlighted these concerns in reference to the run-up to Christmas and confirmed that although processes were running well, there is limited domiciliary care available for patients to be moved into.

SW responded that he believed SCHT were planning to support patients at home via an outreach service to remove the need for domiciliary care. SG agreed that this was the desired approach however the issue of funding from the domiciliary care budget was preventing this from happening. It was agreed that this would be discussed at the COO Meeting on 21.12.16 and the appropriate way forward agreed.

**ACTION:** Domiciliary care funding will be discussed at the COO Meeting on 21.12.16 and the appropriate way forward agreed in order for SCHT to provide an outreach service to remove the

need for domiciliary care provision.

PS queried whether SCHT would have the sufficient CQC registration to provide the outreach service, SG confirmed that they would need to provide the service through ICS to ensure this and to avoid any further delay.

JDi highlighted that although partners were aiming to achieve the 15 day target, if patients stay less than 15 days, it raised the query of whether it was a therapeutic intervention – she noted that the system do not want to promote a 'transit' model. JD confirmed that this is being properly reflected in the dashboard.

44 Complex Beds

It was confirmed that this relates to the utilisation of residential care beds in alternative ways. AB & DC have met and discussed ways to deliver this from the beginning of January although a discussion is required with SW to take this forward. SW confirmed that he will accommodate this meeting in his diary this week due to the urgency.

**ACTION:** A meeting between SW, DC & AB will be held before 23.12.16 to discuss the delivery of 44 Complex Beds from the beginning of January 2017.

JD highlighted that therapeutic and medical cover for these beds will need to be arranged. She advised that the CCG can assist with medical cover and DC suggested a link with Community Hospitals could be explored. SW confirmed that this provision will need to be in place for a minimum of 2 months.

**3.3 Barriers to Success**

Risk Register

JD tabled the Risk Register which she had updated with assistance from Sara Biffen, SaTH. The group discussed the 6 risks identified on the register and it was agreed that an additional risk would be added re Workforce, specifically following concerns and discussions around zero-hour contracts for care staff, domiciliary care availability, SCHT staffing, particularly in Community Hospitals.

DK requested the risk associated with loss of Pathway 1 & 2 capacity is added to the register.

The group discussed the closure of Isle Court and Beaumaris Care Homes, the latter of which only closed the second week of December after being put into administration. SW felt that these closures should be discussed at Health Overview & Scrutiny Committee (HOSC) in the interest of transparency regarding changes in capacity. The group discussed this and it was noted that demand and capacity of care homes fluctuates so frequently that it would not be possible to keep HOSC informed of all changes. FB suggested that due to this fluctuation, the focus is currently on bed provision rather than alternative options and she felt that this should be discussed at HOSC.

SW advised that he was not aware of the recent home closures. CJ confirmed that closures happen frequently however the December closures were particularly unfortunate due to winter pressures, he did also highlight that new providers are coming on board regularly to counter balance closures. AB confirmed that he is liaising with SPIC regarding addressing the failures in the market. DC confirmed that SPIC are able to provide information on care home capacity/availability upon request.

It was agreed that the Risk Register will be split into 3 sections: front door, internal, and back door risks. The top 4 risks for each of these sections will be added to the register to ensure a maximum of 12 risks for the SAED Group to prioritise. JD requested a nominated person from each organisation to be responsible for updating any respective risks.

**ACTIONS:**

The risk register will be split into 3 sections: front door, internal, back door risks.

The following risks will be added to the register:

- Workforce (zero-hour contracts, domiciliary care availability, SCHT staffing)

- Loss of Pathway 1 & 2 capacity
- Admissions avoidance schemes (PRU)

A nominated representative from each partner organisation is to be identified to JD for updating the register as required.

**3.4 Analysis of Performance Data**

Dashboard

JD presented the A&E Improvement Dashboard reporting data from November 2016.

Key points were as follows:

- The 12 hour breach previously discussed in this group has not yet been published and therefore this measure is not correctly reflected on the dashboard.
- D2A – JD advised this was not a 'quick win' due to the need for a change in culture however this is the first time that 50% performance for Pathway 1 has been met, this will need to be monitored to ensure momentum is maintained.
- SaTH Occupancy – JD commented that performance continues to be inconsistent and has declined in November, she suggested that a meeting needs to be held outside of this group to discuss and learn from mistakes made previously. SW suggested that the options for improving this are either improving length of stay or increasing the bed capacity. FB commented that she believed SaTH were over-testing patients who presented in A&E which was leading to a higher admission rate, some of which may not be essential. SW suggested that the group should agree a deadline to achieve this measure and if not achieved, the option of adding more beds will need to be explored.
- Utilisation of WIC/UCC – JD commented that this performance had plateaued.
- Increase in 111 – JD commented that this was not a local priority.
- NEL Admissions not via ED – SW queried whether the figure was overstated, JD advised it could be but it was difficult to make comparisons. SW requested that the COO Group investigate whether SaTH are admitting too high a number of patients.
  **ACTION:** The COO Group will investigate whether SaTH are admitting too many NEL patients.
- Admission Avoidance – JD commented that improvement has been made but further significant improvement is needed. T&W have achieved the target in November but performance remains inconsistent.
- Discharges before 1pm – JD advised that this measure continues to be an issue and the CCG are aware of late requests for transport or care packages that cannot be turned around quickly enough to meet the target. SW confirmed that SaTH acknowledge that performance is too low against this measure.
- Attendance to Admission – SW requested that JD seek a national benchmark in order to compare against.
  **ACTION:** JD to seek national benchmark figure for Attendance to Admission via ED.
- MFFD – Significant recent improvement however this remains inconsistent. DK commented that MFFD is low in December so far and should this continue it will be the lowest figure ever recorded for any December.
- D2A Pathway 2 – The target has been maintained.
- D2A Pathway 3 – JD commented that performance is improving and is hoped to continue to do so with current management of this being undertaken by Karen Weston.
- LOS for Community Beds – It was agreed that the data would reviewed by the CSU following concerns that the figures are incorrect.
  **ACTION:** JD will request that the CSU liaise with either Sally-Anne Osbourne or Andy Matthews to review the LOS Community Beds data.
- Availability of Domiciliary Care – JD advised that this changes on a weekly basis, issues around this have already been discussed.
- Utilisation of Domiciliary Care – JD confirmed that she has queried this data following discussions held on the daily escalation calls.
- Care Packages within 48hrs – JD confirmed that she has queried this data as the figure for Shropshire seems particularly low.

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| | **ACTION:** JD will feedback CSU responses to data queries raised.<br><br>JDi requested that the A&E Improvement Dashboard is shared with partners prior to this meeting to allow for data validation. JD advised that she will request that the CSU provide the Dashboard for the COO Meeting prior to the SAED Group Meeting to accommodate this.<br><br>**3.5 National League Table**<br>SW advised that updated information is awaited regarding SaTH's position. SaTH have previously been grouped in the bottom 30 in the league table. |
| **4.0** | **Improvement Scheme Updates**<br><br>**4.1 Streaming at Front Door**<br>DK presented the Exception Report re 'Streaming & Non-Admitted' that had been circulated in advance of the meeting. She confirmed that Carol McInnes is leading this work following internal restructuring and there is increased focus within SaTH on streaming.<br><br>DK confirmed that non-admitted breaches continue to vary with RSH hitting 94% for 4 days w/c 12.12.16 however PRH did not hit the target at all.<br><br>DK advised that although Locum provision is in place to cover vacant Consultant posts, this is unstable as the Locum is able to leave at any point with little or no notice given. SW highlighted the extremely high cost of locums and commented that SaTH have so far spent £750k on the provision of Locums for this area.<br><br>DK presented the Exception Report re 'Internal Flow', she highlighted that normal medical take at RSH is on average, 40 patients per day, on a recent occasion, 70 patients were received which took several days to recover from. SW suggested that stronger links into Primary Care would be beneficial to help identify occasions when demand from Primary Care is likely to significantly impact SaTH. SW requested that the COO Group investigate how stronger links and a 'line of sight' into Primary Care could be established.<br>**ACTION:** The COO Group will investigate ways to link more strongly and develop a 'line of sight' into Primary Care.<br><br>FB advised that T&W CCG were in the process of consolidating GP Enhanced Service Schemes and suggested this is discussed in more detail at a future meeting of this group. JD confirmed that Shropshire CCG were in a similar position.<br>**ACTION:** Consolidation of GP Enhanced Service Schemes in T&W and Shropshire will be discussed at a future meeting.<br><br>DK advised that SaTH were focussing on a 'perfect week' for w/c 10.01.17 and are also implementing a non-elective PTL following feedback from ECIP.<br><br>SW confirmed that following the need to reduce expenditure on agency staff, SaTH intends to close 2 wards, 1 on each site, before the end of January 2017. This will enable substantive staff to move onto other wards to provide cover, reducing the need for agency staff, DK advised that some wards are currently relying on agencies for 50% of required staffing. SW commented that this decision is in the interest of patient safety and noted that SaTH will not be able to accommodate the current high numbers of MFFD patients going forward. He confirmed that he will be attending the next HOSC Meeting to discuss this intention.<br><br>DK presented the Exception Report re 'Handover Delays' and commented that these continue to be variable. It has been agreed that joint validation of delay data will be conducted however DK highlighted a lack of engagement by WMAS. FB also highlighted her concerns re WMAS' lack of engagement with regard to the Divert Policy. SW agreed with these comments and added his frustration regarding the continuing suspension of the Physician Response Unit (PRU) by WMAS. SW requested that PS feedback these concerns to Wendy Saviour and NHSE colleagues. He also advised |

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| | that he will be writing to Dr Anthony Marsh, CEO at WMAS to highlight these issues.<br>**ACTION:** SW requested that PS feedback concerns regarding lack of engagement by WMAS to Wendy Saviour and NHSE colleagues.<br>**ACTION:** SW will write to Dr Anthony Marsh, WMAS to highlight continuing concerns regarding engagement by WMAS.<br><br>**4.2 NHS 111**<br>FB advised that the new provider have been operating for 7 weeks now with no major concerns and good performance to date. FB advised that 3 Acute Trusts are being sought to take part in a pilot to review how many patients are presenting in A&E after being signposted elsewhere by 111.<br><br>FB confirmed that 27.12.16 was expected to be the busiest day for the 111 Service over the Christmas period with over 5500 calls expected. SW expressed his concern that a number of services may not be open as usual which may lead to a high number of patients presenting at A&E due to a lack of other options. It was agreed that FB would establish the services available outside of A&E on 27.12.16 and the issue would be discussed at the COO Group Meeting on 21.12.16.<br>**ACTION:** FB to establish the services available outside of A&E on 27.12.16 and will raise at COO Group on 21.12.16 where any required actions would be agreed.<br><br>**4.3 Ambulance – DOD Code Review Pilots**<br>SW confirmed that the DOD code is in place. Ongoing issues with the suspension of the PRU were discussed under Item 4.1.<br><br>*JD & TM left the meeting at this point.*<br><br>**4.4 Improving Flow – Frailty Pathway**<br>FB tabled briefing slides following a workshop held on 16.12.16. It was agreed that a discussion will be held at the next meeting due to time constraints.<br>**ACTION:** Outcome of Frailty Workshop to be discussed at next SAED Group Meeting.<br><br>**4.5 Discharge – D2A, DTOC/MFFD**<br>DK confirmed that JD will be establishing a Project Group to focus on discharges in the new year. She confirmed that the UHNM Model will be discussed and lessons learned.<br><br>JDi expressed some concern that work has been ongoing for approx. 3 years regarding this. SW agreed that a full D2A solution needs to be in place by April 2017. It was suggested that a CEO to CEO Meeting may be required to discuss any barriers to achieving this.<br><br>**4.6 Domiciliary Care Workforce Issues**<br>Issues were discussed under Item 3.2, discussions around resolving the issues with Domiciliary Care are ongoing.<br><br>FB confirmed that a 'Plan on a Page' is required following a request from NHSE, this will be discussed at the next meeting.<br>**ACTION:** 'Plan on a Page' for Domiciliary Care will be presented at the next SAED Group Meeting. |
| **5.0** | **Winter Steps Letters**<br>SW advised that a number of letters regarding requests for assurance are continuing to be received. He confirmed that the agenda and minutes of this meeting are shared with NHSE for assurance purposes but additional requests are still being received.<br><br>DK confirmed that only cancer and urgent surgery is being conducted between Christmas and New Year at RSH with PRH conducting mostly elective surgery. She advised that there should be no need for any cancellations however if there were, only a very small number of patients would be affected. |
| **6.0** | **Delivering 85% Bed Occupancy**<br>SW confirmed that although the position is improving, SaTH would not meet the 85% target. He |

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| | commented that any patients who are not discharged by 23.12.16 would remain in hospital over the Christmas period. JD confirmed that she is picking up the need for urgent discharges before the Christmas period on the Escalation Call later today and for the remainder of the week. SW requested assistance and support from all partners to ensure the maximum amount of discharges are achieved.<br><br>SW highlighted that a number of Powys patients are currently delayed, he requested that FB alert David Evans and Simon Freeman and request that they liaise with colleagues in Powys to resolve these issues. SW confirmed that he has already contacted Powys however little progress has been made and no attendee is present at today's meeting.<br>**ACTION:** FB will liaise with David Evans and Simon Freeman to ensure Powys colleagues are contacted to request maximum input to achieve discharges by 23.12.16.<br><br>SW confirmed that a conference call between LHE CEOs would be held urgently if the position had not improved by 22.12.16. |
| **7.0** | **Workforce Issues**<br>This item was not discussed due to time constraints. |
| **8.0** | **Intermediate Care Survey**<br>The results of the survey were shared prior to this meeting. It was agreed that a discussion would be held at the next meeting under the item for Frailty.<br>**ACTION:** The results of the Intermediate Care Survey will be discussed at the next SAED Group Meeting. |
| **9.0** | **Any Other Business**<br>No further business was raised. |
| **10.0** | **Date of Next Meeting**<br>31st January, 2.00pm – 4.00pm, venue to be confirmed. |