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

Date: 28 February 2018

HEALTH AND WELLBEING BOARD

Date: **Thursday, 8 March 2018**
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
Lee Chapman – PFH Health and Adult Social Care (Co-Chair)
Nicholas Bardsley – PFH Children's Services and Education
Lezley Picton – PFH Culture & Leisure

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 (Co-Chair)
Dr Julie Davies – Director of Performance & Delivery

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 – Chairman, Shropshire Partners in Care (Chief Executive Coverage Care Services)

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

Bev Tabernacle – Director of Nursing, 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

To receive apologies for absence and any substitutions notified to the clerk before the meeting.

2 Disclosable Pecuniary Interests

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

3 Minutes (Pages 1 - 8)

To confirm as a correct record the minutes of the meeting held on 12 January 2018.

Contact: Karen Nixon Tel 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 (Pages 9 - 26)

Regular update report to the Health and Wellbeing Board is attached:

i. The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin

ii. Neighbourhoods work

iii. Future Fit

Contact: Director of the STP Programme, Phil Evans.

6 Report from the HWB Joint Commissioning Group (Pages 27 - 46)

Regular update reports will be made to the Board on:

i. Better Care Fund Update & Performance – report attached.

ii. Healthy Lives – report attached and a presentation will be made.

Contact: Tanya Miles, Penny Bason and Val Cross.

7 Transforming Care Partnership (Pages 47 - 60)

A report is attached.

Contact: Di Beasley, Shropshire CCG.

8 Healthwatch Shropshire

The Annual Review report will follow.

Contact: Jane Randall-Smith, Chief Officer, Shropshire Healthwatch, Tel 01743 342183.

9 Children's Trust (Pages 61 - 64)

Report on the work of the Children's Trust is attached.

Contact: Director of Children's Services, Karen Bradshaw Tel 01743 254201.

10 Mental Health Partnership Board (Pages 65 - 68)

Report attached about the work of the Mental Health Trust.

Contact: Director of Adult Services, Andy Begley, Tel 01743 258911.

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Shropshire Council

Committee and Date

Health and Wellbeing Board

8th March 2018

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 18 JANUARY 2018
9.30 - 11.45 AM

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

Present

Councillor Lee Chapman (Chairman)	PFH Health and Adult Social Care
Professor Rod Thomson	Director of Public Health
Lezley Picton	PFH Culture and Leisure
Karen Bradshaw	Director of children's Services
Dr Julie Davies	Director of Performance and Delivery
Jane Randall-Smith	Shropshire Healthwatch
Rachel Wintle	VCSA

Also observing:
Penny Bason, Karen Calder, David Coull, Val Cross, Gerald Dakin, Dave Evans, Neil Evans, Tanya Miles, Nicola McPherson, Sean McCarthy, Emma Sandbach, Madge Shineton and Frances Sutherland.

42 **Apologies for Absence and Substitutions**

Nick Bradsley	PFH Childrens Services and Education
Andy Begley	Director of Adult Services
Jan Ditheridge	Shropshire Community Health NHS Trust
Dr Simon Freeman	Accountable Officer, Shropshire CCG
Neil Nisbet	SaTH
Dr Julian Povey	Clinical Chair, Shropshire CCG
Many Thorn	Business Board Chair
Gail Fortes-Mayer	NHS

Substitutions notified:

Ros Preen, Director of Finance; substitute for Jan Ditheridge, Shropshire Community Health NHS Trust.

Sam Tilley, Director of Corporate Affairs; substitute for Dr Julian Povey, Clinical Chair, Shropshire CCG.

43 Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests.

44 Minutes

RESOLVED: That the minutes of the meeting held on 16th November 2017, be approved and signed by the Chairman as a correct record.

45 Public Question Time

No public questions, statements or petitions had been received in accordance with Procedure Rule 14. However, the Chairman permitted Nicola McPherson to ask a verbal question to the Board as follows;

On reading the savings table in the budget consultation I note a £500,000 saving in preventative services and a further £22,000 in grants. I was under the impression that the VCS Preventative Services grants and contracts (£2.1 million) had been extended for another year, is this £500,000 part of that or from somewhere else?

In response the Chair confirmed that, following adoption of the recent financial strategy by Council, the process of confirming the funding available for 2018/19 was now in hand and that written notification of this would be made to relevant grant/contract holders very shortly.

46 Review and Refresh of the H&WB Strategy, Terms of Reference and Membership

The Board received a report (copy attached to the signed minutes) on proposals to review and refresh the Health and Wellbeing Board's Strategy, Terms of Reference and membership. After a general discussion it was

RESOLVED:

a) That the co-option of Phil Evans (STP) onto the Shropshire Health and Wellbeing Board be deferred pending the outcome of the review and refresh, including the terms of reference review.

b) That the Health & Wellbeing Board; Strategy 2016-2021, Terms of Reference and Membership be reviewed and refreshed.

c) That a workshop involving Shropshire Health and Wellbeing Board Members and relevant key stakeholders be held in March 2018 in order to undertake the review and refresh.

47 System Update

Two reports on the STP Programme Update (copies attached to the signed minutes) were circulated at the meeting (one dated December 2017 and one dated January 2018). Each provided an update with a high level RAG rated Programme Status Report against the STP Programme Structure, Governance and Delivery Plan.

A verbal update was given by Phil Evans, STP/Future Fit Director.

Concerns were expressed about where the provider sector linked in to the STP and an assurance was given that once the refresh had been undertaken, Phil Evans would be part of the Delivery Group and would have input there. Likewise concerns about where services for children and young people linked in to the STP were also raised. Again the Delivery Group, the Neighbourhood Group and the Prevention Group were all highlighted as avenues for future input and an offer to discuss this further after the meeting was extended to the Director of children Services, which was welcomed.

There was some criticism that the report was somewhat 'Telford top-heavy' and it was duly accepted that maybe the report needed to be ameneded somewhat. It was however stressed that this report was merely a snapshot in time and would change.

The reference to the over usage of the word 'hospital' was also highlighted and it was agreed that this would be looked at again.

RESOLVED: That subject to the foregoing, the reports be noted.

48 Report from the H&WB Joint Commissioning Group - BCF

Tanya Miles, Head of Operations, introduced and amplified a report (copy attached to the signed minutes), on progress on the Better Care Fund review and development, including the Draft Section 75 Partnership and the BCF Quarter 3 return.

It was noted that an Action Plan was being developed and this would be reported to the March Health and Wellbeing Board meeting.

The Director of Performance and Delivery placed on record her sincere thanks to social care colleagues for their excellent work on this. Great work had been achieved together and whilst she acknowledged there were still challenges ahead, she felt they were well placed to go forward. The Chair echoed this and congratulated all staff involved.

RESOLVED:

a) That the Partnership Agreement for ratification by the CCG and Shropshire Council Governance be approved.

b) That the BCF Quarter 3 return, as circulated at the meeting, be discussed and noted

49 Report from the H&WB Joint Commissioning Group - Healthy Lives

A report (copy attached to the signed minutes) providing an update on the Healthy Lives Programme was discussed by the Board. This included the updated Social Prescribing Business Case, and the scope and proposals for the creation of an integrated team model that supported locality need.

Progress made against each of the main programme areas was provided.

It was requested that social prescribing for children and young people also be included in future work, as well as mental health. It was agreed that this would be discussed and taken forward.

In response to a question about whether there was a plan to show the impact and improved outcomes for the population, the Director of Public health assured that work was currently being undertaken on this by Westminster University, the outcome of which would be reported to a future Delivery Group meeting. This was welcomed.

RESOLVED

a) That the continued expansion of the Healthy Lives Programme, the model of social prescribing and the model of integrated working around Primary Care and Adult Social Care be supported.

b) That the Business Case for Social Prescribing be endorsed by the Health and Wellbeing Board, including children and young people.

50 Pharmaceutical Needs Assessment

The Health and Wellbeing Board received and noted a report (copy attached to the signed minutes) on the Pharmaceutical Needs Assessment (PNA) which was a statutory requirement of Local Authority Health and Wellbeing Boards.

The PNA runs from 18th January to 18th March 2018; Members noted that the link to the PNA report would be published in an addendum, following the meeting. Any comments were to be made directly to Emma Sandbach, Public Health Team.

RESOLVED: That the statutory requirement for a public consultation to be undertaken on the draft Pharmaceutical Needs Assessment be duly noted.

51 0-25 Emotional Health and Wellbeing Service

A report (copy attached to the signed minutes) updated the Shropshire Health and Wellbeing Board regarding the implementation of the new 0-25 Emotional Health

and Wellbeing Service through a report presented to the Shropshire CCG Governing Body meeting on 10th January 2018.

The background to the commissioning of the new 0-25 Emotional Health and Wellbeing service was given by Frances Sutherland, Telford and Wrekin CCG. Issues that had recently emerged were identified and the work undertaken to address these were described.

The report was welcomed by the Board. It noted that there was still work to be done such as Pathways, Neuro development and Looked After Children were to be prioritised in the future, It was anticipated this would take a couple of years to get right, but the positive was that the service now knew exactly where it was and what it needed to do to get things right going forward.

The Chief Officer, Shropshire VCSA, welcomed the report which she found useful and confirmed that they were happy to become involved in forthcoming workshops.

The Director of Performance and Delivery, Shropshire CCG confirmed that they were currently working on the single point of access and referral with GP's.

The Director of Children's Services acknowledged that this was a steep and rapid improvement course, but she remained concerned; 2 years was a long time and exposed the system and children in need. Therefore it was requested that this be progressed as soon as possible. She welcomed the continued oversight and felt that Children's Scrutiny should be in here too.

Additional capacity was mentioned in the report and the timescales and viability of this was queried. Officers confirmed they were currently recruiting additional staff

Any comments regarding the consultation were to be fed back to either Carolyn or Lorraine Laverton who were co-ordinating responses.

RESOLVED: That the service issues identified and the actions taken to date by both SSSFT and Commissioners be noted, and that the progress of the implementation of the Remedial Action Plan be monitored.

52 **Mental Health Partnership Board Briefing**

The Health and Wellbeing Board received a report (copy attached to the signed minutes) providing an update from the Mental Health Partnership Board. This also included a copy of the Green Paper on Transforming Children and Young People's Mental Health Provision.

The work of the Outdoor Partnership Health Initiatives work was highlighted, and again links to children and young people were highlighted by the Director of Children's Services

RESOLVED: That the report be noted.

53 VCSA Prevention Report for Shropshire 2017

Nicola McPherson introduced and amplified a report (copy attached to the signed minutes) about the work of the voluntary and community sector in Shropshire. In doing so she also gave a powerpoint presentation (copy attached to the signed minutes) to illustrate this covering

- Prevention research: increasing demand/reducing income
- Shropshire's VCS
- Impact Assessment
- Prevention Services and Support
- Scale
- Volunteering and match investment
- Organisation risk
- Service level risk
- Impact
- A potentially catastrophic situation
- The way forward
  - Raise awareness of current pressures.
  - Review expectations of the VCS (volunteering isn't free).
  - Recognise that volunteering not only allows services to be delivered but it should also be invested in as a form of prevention.
  - Invest in infrastructure support for VCS organisations.
  - Align public sector approaches - prioritise support where it is most needed in communities.
  - Plan long term and work now to mitigate against longer term risks.

A discussion ensued and the work of the VCSA was acknowledged, along with the messages conveyed in the presentation. It was agreed that sustainability was crucial and to this end the VCSA needed to be involved at all levels.

A point of contact within Shropshire CCG was specifically requested and the Director of Performance and Delivery (CCG) undertook to identify this with Nicola McPherson after the meeting.

The Chair welcomed the report and thanked the VCSA for the excellent information presented, which was stark but essential to understand what was happening in this area. He looked forward to positive engagement for the future.

RESOLVED: That the reports and presentation be welcomed and noted.

54 Annual Report of the Keeping Adults Safe in Shropshire Board

The Health and Wellbeing Board considered a report (copy attached to the signed minutes) on the latest Keeping Adults Safe in Shropshire (KASIS) Annual Report and providing an update on progress since the November 2015/16 report, which was introduced and amplified by Sarah Hollinshead-Bland.

The introduction of personal stories within the report to make the document more interesting and illustrate the work done was welcomed.

RESOLVED: That the report be noted.

55 **Armed Forces Covenant**

A report setting out the key principles to which the Health and Wellbeing Board were expected to adhere to in respect of the Armed Forces Covenant was introduced and amplified by Councillor Karen Calder and Sean McCarthy. This was a clear mandate of how health organisations should ensure that the Armed forces community was not disadvantaged and treated fairly, given their uniqueness.

The Shropshire Armed Forces Covenant Partnership was chaired by Shropshire Council and attended by all Shropshire military organisations, service charities and veteran groups and associations. The partnership provided several recommendations they felt should be adhered to, which would support individuals and families in Shropshire.

RESOLVED:

a) That the Health and Wellbeing Board promote the use of Veterans Gateway to Commissioners, Primary Care, Acute Trusts and Private Sector Care Providers.

b) That the Health and Wellbeing Board ensures that GPs and Practice Managers are aware of the signing up process for Reservists and the role they play in signing off the Recruiting Group Medical Declaration Form.

c) That the Director of Public Health and the Chair of the Armed Forces Covenant Partnership write to the Local Medical Committee to see if a way forward can be agreed to improve the length of time it takes for a Recruiting Group Medical Declaration form to be completed.

56 **Healthwatch Update**

A verbal report was made by Neil Evans, Commissioning Development Manager on the status of the Healthwatch contract in Shropshire. He confirmed that the recent tender process had seen the receipt of two tenders and that the 3 year contract had been awarded to Healthwatch Shropshire Limited (which became independent in 2016).

The Chair joined others in conveying their congratulations to Jane Randall-Smith and her team and commented how invaluable their work was in making things more effective when commissioning services.

RESOLVED: That the appointment of Healthwatch Shropshire Limited be welcomed.

<TRAILER_SECTION>

Signed …… (Chairman)

Date:

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Shropshire, Telford & Wrekin
Sustainability & Transformation programme
Date of Report: Feb 2018
Updated 16 02 2018

Title of the report:	STP Programme Update
Responsible Director:	Phil Evans, STP/Future Fit Director
Prepared by:	Joanne Harding, Head of STP PMO
Input from:	All input identified below

Purpose of the report:
The purpose of this paper is to provide an update with a high level RAG rated Programme Status Report against the STP Programme Structure, Governance and Delivery Plan.

Key issues or points to note:
The Dashboard below gives a sense check as to the individual components that make up our system wide STP and our progress towards system wide working

2nd Feb 2018
Planning Guidance for refreshing of STP Plans 18/19 is now available
https://www.england.nhs.uk/wp-content/uploads/2018/02/planning-guidance-18-19.pdf
Its key that as an STP we understand how the planning guidance fits with our STP plans – we should be cross checking that we are referring to the guidance within all system plans for Shropshire, Telford & Wrekin.

Key points to note:

Integrated System Working

5.1 In 2018/19, we expect all STPs to take an increasingly prominent role in planning and managing system-wide efforts to improve services.

- ensure a system-wide approach to operating plans
- work with local clinical leaders to implement service improvements
- identify system-wide efficiency opportunities
- undertake a strategic, system-wide review of estates
- take further steps to enhance the capability of the system including stronger governance and aligned decision-making, and greater engagement with communities and other partners
- NHS England will be making a further non-recurrent allocation within each STP to support its leadership in 2018/19 on the same basis as last year.

Integrated Care Systems

5.2 ***We will reinforce the move towards system working in 2018/19 through STPs and the voluntary roll-out of Integrated Care Systems. Integrated Care Systems are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility***

5.3 We are now using the term 'Integrated Care System' as a collective term for both devolved health and care systems and for those areas previously designated as 'shadow accountable care systems'. An Integrated Care System is where health and care organisations voluntarily come together to provide integrated services for a defined population.

5.4 We see Integrated Care Systems as key to sustainable improvements in health and care by:

- creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS;
- supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.

5.7 Integrated Care Systems will be supported by new financial arrangements:

- all Integrated Care Systems will work within a system control total
- in 2018/19, systems are encouraged to adopt a fully system-based approach
- systems adopting this full incentive structure will operate under a more autonomous regulatory relationship with NHS England and NHS Improvement.
- all approved Integrated Care Systems will be required to operate under these fully-developed system control total incentive structures by 2019/20.

However, in 2018/19 systems that are not ready to proceed with full system incentives and shared intervention arrangements will alternatively be allowed to adopt an interim approach under which only the additional funding that has been put into the PSF (£650 million in aggregate) will be linked to system financial performance. On this option, no payment will be made from this enhanced funding unless the system as a whole meets its control total. If individual trusts or CCGs miss their organisational control totals, but the system still achieves overall, their share will be apportioned in consultation with the system leadership. However, on this interim option if the individual trusts or CCGs meet their organisational control totals, but the system does not overall, they will retain access to the relevant share of the existing £1.8 billion PSF and any applicable CSF awards.

New Integrated Care Systems

5.8 There is strong appetite amongst other systems to join the Integrated Care System development programme and we anticipate that additional systems will wish to join during 2018/19 as they demonstrate their ability to take collective responsibility for financial and operational performance and health outcomes. STPs that can demonstrate their readiness to join the programme should speak to their regional teams to confirm expressions of interest from all organisations in the STP. We will aim to review any applications to join the programme by March 2018. We envisage that over time Integrated Care Systems will replace STPs.

5.9 The next cohort of Integrated Care Systems will be selected from STPs with:

- strong leadership, with mature relationships including with local government. The leadership team should have effective ways of involving clinicians and staff, the third sector, service users and the public. It should also have the right capability and infrastructure to execute on priorities;
- a track record of delivery, with evidence of tangible progress towards delivering the priorities in Next Steps on the Five Year Forward View. These systems should be meeting NHS Constitution standards or provide confidence that by working as an integrated system they are more likely to be recovered;
- strong financial management, with a collective commitment from CCGs and providers to system planning and shared financial risk management, supported by a system control total and system operating plan;
- a coherent and defined population that reflects patient flows and, where possible, is contiguous with local government boundaries; and
- compelling plans to integrate primary care, mental health, social care and hospital services using population health approaches to redesign care around people at risk of becoming acutely unwell. These models will necessarily require the widespread involvement of primary care, through incipient networks.

Public Engagement

5.10 As systems make shifts towards more integrated care, we expect them to involve and engage with patients and the public, their democratic representatives and other community partners. Engagement plans should reflect the five principles for public engagement identified by Healthwatch and highlighted in the Next Steps on the Five Year Forward View.

STP Director's Update to STP Partnership Board
Feb 2018

Phil Evans, STP/Future Fit Director

The purpose of this report is to provide the meeting audience and distribution list with a summary of progress in regard to delivery of the STP Programme Development & Delivery.

This report will be used at all Board Meetings from 2nd Weds of each month until the following 2nd weds of next month

RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
1.0	Sharing a Patient Story – where available and approved for wider sharing	
2.0	**Overall STP Programme Governance**	

2.1	STP Programme Structure & Reporting
	STP PMO Contact
	Phil.Evans1@nhs.net
	Jo.Harding1@nhs.net
		• NHS Planning Guidance issued in Feb 18, highlights how thinking is moving from STP's (Sustainability & Transformation Partnerships) towards Integrated Care Systems (ICS) see detail above.
		• STP Programme Structure, Leadership and agreed system priorities are being refreshed.
		• Governance and decision making processes are being reviewed to establish clear lines of responsibility and communication across all organisations.
		• Terms of Reference for the following groups are being refreshed to reflect system partnerships and collaboration across our system
		  ○ Clinical Design Group is evolving in to a STP Clinical Strategy Group
		  ○ STP Partnership Board is evolving to become a System Leadership Group
		  ○ Finance Group is evolving in to a Strategic Finance Group
		• There is more work to do with regard to the Programme Delivery Board and alignment with System priorities but the intention is that this will be closely aligned with the Clinical Strategy Group with oversight and support from the System Leadership Group.
		• Further System leadership Sessions are taking place in Feb & March, facilitated by The Kings Fund, outputs from this will be shared when available.

3.0	**Programme Delivery Updates**	
3.1	Telford Neighbourhood Last updated by Awaiting update Louise Mills (Workstream 1) Ruth Emery (Workstream 2 & 3) Updated 13/12/2017 STP PMO Contact Andrea.Webster5@nhs.net	**Workstream 1 - Community Resilience & Prevention** (Neighbourhood working) **Community Resilience** • 518 people have completed Making Every Contact Count training. Attendance has recently focussed on staff from Council Early Help & Support, social care providers and GP practices. • MECC/Active Signposting training has been developed for receptionists in consultation with Practice Mangers. 100 staff participated in the pilot. Further training scheduled for January. • Safe and Well Visits (Shropshire Fire and Rescue Service) - during the first 3 months of the project 33 referrals were made to My Choice. • The Healthy Telford Blog is now established providing a mechanism to share local stories, news, ideas and best practice. The blog has an average of 1000 visitors each month https://healthytelford.wordpress.com • A network of 36 trained Community Health Champions across Telford and Wrekin, working with each other and their wider communities **Social Prescribing** *Newport*

RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
		• Establishment of the Newport & District Community Patient Group to support co-production of the programme • A Weekly link worker clinic at Newport Cottage Care. Referrals are slow and more work is required on partner engagement and developing pathways. Clients are presenting with low level mental health issues, anxiety, depression, loneliness & isolation (including carers) • Collaborative working between Newport Rotary and Walking for Health to establish a 'Bench to Bench Project' to enable inactive residents to begin gentle graduated physical activity. Local volunteers are mapping benches and producing paper maps which will be around the community. It is envisaged that led walks will start in the New Year. • Nordic Walking group: local resident now qualified as Nordic Walk Leader and leading weekly walks • Feed the Birds - In Partnership with Shropshire Wildlife Trust and Community Participation Team. 3 Volunteers trained in Newport who will be matched to isolated clients in their local areas • A Pilot programme is being developed with Wrekin Housing Trust Retirement living schemes in Wellington. More physically able residents are volunteering to work across schemes to support isolated residents on other local schemes. 3 Volunteers are being recruited across 2 pilot schemes in Wellington. When this is evaluated it is hoped to expand to the Newport schemes. *Central East Telford* • Citizen's Advice clinics running successfully within Donnington and Charlton Medical Practices • Music to movement sessions for the inactive at Donnington surgery. Patients are being signposted from Long Term Conditions reviews. 9-10 attendees. • Branches are now linked in • A local community focus group has been established – with support volunteers are mapping community assets • Meeting held with Shawbirch PPG – very supportive, GPs interested in developing some ideas & have requested meeting in the new year. **Healthy Lifestyles Service** • The Healthy Lifestyle Service includes a small number of Healthy Lifestyle Advisors. • There are just 2 GP surgeries who do not have a dedicated HLA but discussions are in place to address this. In addition to this some GP clinics have increased from 1 half-day session to 2 full days due to the clinics being 100% booked and the GP's being encouraged by the positive outcomes of patients resulting in more referrals. • Positive links with Speciality Consultants at Princess Royal Hospital have been developed – resulting in an increase in referrals of patients from their clinics Since April the service has delivered brief interventions to 19,911 people (2016/17 outturn position was 19,263); completed 2,082 Health Checks; worked with over 1000 adults to develop personalised healthy lifestyle plans and made 7,617 onward referrals to community based support. The team are now operating at full capacity. • 100 adults have participated in creative arts programmes as part of the Building Better Opportunities Programme. A large number of participants experienced poor mental health, issues with physical disability and pain management, substance misuse and rehabilitation, or socially isolated **Workstream 2 – Neighbourhood Teams** • Directly bookable slots for GPs to access Early Help and Support Workers has commenced in some GP practices, which is gradually being rolled out to all practices. • Estates workshop has taken place with GPs, SSSFT, ShropCom to scope estates

RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
		provision across the locality and gain an understanding of services delivered and where from, and consider where estates could overlap between health and the local authority to support collaborative working. • Two MOUs have been drafted – one for the Neighbourhoods (i.e. how the practices will work together as a neighbourhood), and the second for the operation of the Neighbourhood Teams • Service specification for Neighbourhood Teams currently underway, due for completion by the end of November. • The CCG is working with the Strategy Unit to develop an evaluation strategy to measure the impact of neighbourhood working, to ensure robust, real measurables are in place for the programme. • Work continues to progress with Social Prescribing, including 100 reception staff trained in Making Every Contact Count (MECC) and further training scheduled for January. • MDT meetings have commenced in Newport Neighbourhood (includes mental health, community nursing, social care, therapists etc.) to support patients at risk of admission to hospital, and identify ways that patients can be supported who have been identified by a risk stratification tool. • First draft of Alliance Agreement for integrated teams has been drafted and is currently being reviewed by stakeholders. **Workstream 3 – Systematic specialty review** **Diabetes** STP Area won £200k in funding over two years to increase Diabetes Structured Education and achievement of NICE Treatment Targets (TT) and we also developed locally a CCG GP Incentive scheme to improve TT achievement. The following work has been taking place to support patients to be managed more optimally: • Additional specialist support and advice via neighbourhood level MDT (support to primary care) with case reviews and consultant clinics • individualised practice support (e.g. visits to practices to discuss their results, share best practice and identify training/support needs) • New Three Tiered Diabetes Model of Care has been developed, we are working with ShropCom to mobilise a pilot, or demonstrator site, in at least one of the four neighbourhoods, commencing 2nd April 2018.Workstream 1 - Community Resilience & Prevention
3.2	Shropshire Neighbourhood (Out of Hospital Programme) Last Updated by Lisa Wicks 13/11/17 STP PMO Contact Andrea.Webster5@nhs.net	**Workstream 1 - Community Resilience & Prevention** **Working across organisations to connect vulnerable or at risk communities with support to improve health and wellbeing outcomes.** • **Resilient communities** – developing and making best use of local assets in communities; developing hyper local directories and community connectors – on going • **Social Prescribing** – demonstrator sight in operation (Oswestry), rolling out to Albrighton, Bishops Castle, and Brown Clee next (early 2018). Early discussions with Shrewsbury based practices for third phase. Awaiting news of national funding – Health and Wellbeing Fund • **Diabetes Prevention** – working to connect pilot models with the National Diabetes Prevention Programme – evaluation on tenders in Jan 2018 • **Fire Service Safe and Well** – rolled out across Shropshire and T&W – connecting people with lifestyle, loneliness, falls risk and warmth risk to support. • **Physical Activity** – developing community postural stability instructor programme – delivery to begin early 2018; developing MSK prevention training offer; Falls risk campaign, 'Let's Talk About the F Word'; improving access to physical activity options in communities; developing Everybody Active Every day.

RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
		• **Housing** – working across health and care to develop a range of options for step up and step down facilities; linking to one public estate and STP estates • **Mental Health** – Delivering Health Checks for those with enduring MH conditions, developing sanctuary scheme for to prevent section 136 crisis, connecting low level MH to Social Prescribing and community support such as Shropshire Wild Teams • **Carers** - Delivering all age carers strategy; improving hospital discharge to support carers, improving access to information and advice, carers assessments and support for young carers; improving support for those with dementia and their carers through Dementia Companions – pilot in Oswestry and Ludlow from November 2017. **Workstream 2** Work has commenced within the localities to develop the out of hospital model of care (based on the 9 commissioning clusters). The design work will be overseen by a CCG's design authority as part of the programme governance. Admission avoidance modelling has been undertaken by practice to inform the out of hospital model. The model is based on the following: • Rapid Turnaround at the Front Door • Community beds and Crisis Resolution • Hospital at Home • Community Services • Non-core enhanced services Outcome based specifications will be developed by locality for each element of the model based on: • Maintenance of good health • Locally determined practice-level management of cohort conditions • Timely, efficient access to cluster-level core services • Health crisis prevention through cluster-level case-management • Admission avoidance through Integrated locality-level crisis resolution • Efficient and effective treatment and stabilisation of acute need A review of MIU, DAART and Community Hospitals has also been undertaken and a case for change developed. Pre-engagement is currently taking place and feedback will be considered by the Clinical Reference Group at the end of November. A health needs assessment for Shropshire has also been commissioned to inform the out of hospital model of care.
3.3	Powys Neighbourhood Last updated by Rhiannon Jones Amanda Edwards 09/02/2018 STP PMO Contact Andrea.webster5@nhs.net	The rural geography of Powys and the complex commissioning arrangements have always driven the health board's strategic approach to bringing care closer to home wherever possible and this remains a key strategic aim. We are seeking to shift the balance of outpatient, day care, diagnostic and elective inpatient services to community or primary and community settings to improve access and quality of care within Powys, and to reduce demand on acute services. Moving healthcare closer to home is important in addressing the pressures of future demand and ensuring people get care and support in an environment which best meets their needs, this may also avoid further costs in the longer run of expensive hospital environments. The delivery of the future model is reliant on six things: ▪ Whole system commissioning approach - which joins up services, deliver services more locally and provides access to specialist care outside of Powys. ▪ Care Co-ordination approach which works on a scale of need i.e. increases if

RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
		people have complex needs. This will help people to navigate through the health and care system in a timely and effective way - accessing the right level of support based on their needs. ▪ Electronic Records and health and care interfaces which provide handheld records for individuals, enables sharing of information more easily between health and care professionals and real time access to test results. ▪ Integrated teams – working within local communities to support care closer to home, agile and responsive to meet individuals future needs. ▪ Partnerships and collaborative working to collectively work towards the best interests of the local population. ▪ Specialist Access to advice and guidance from professionals in secondary care to enable us to reduce demand on their services and where appropriate enabling us to treat people earlier. Crucial to the successful delivery of services within Powys is ensuring the sustainability of clinical in-reach services. Neighbouring secondary care providers in England and Wales play a key role in providing clinical in-reach services delivered within Powys. Such services need to be modernised to ensure they are on a sustainable footing including new approaches to pre-referral advice and support; outpatient clinics; and follow up. The Health Board will continue to work with neighbouring providers through local and regional structures as well as through commissioning arrangements to develop, improve and increase where possible the services provided in community settings in Powys. **Care Co-ordination and Flow Management** There have been major challenges in key delivery areas during 2017/18, particularly with waiting times for treatment; cancer waits in some specialties; and in keeping pace with unscheduled care demand. These pressures are not unique to Powys, but experienced throughout the United Kingdom. Locally, much of this increased demand is generated by the system's inability to adequately care for the growing number of elderly frail patients. The impact on our ability to manage flow for all patients (planned, urgent and emergency care needs) across the system are significant. Some of the key areas to focus on in 2018/19 to recover a more timely access to services include: ▪ Reducing the number of patients being admitted to Acute Care/DGH's that could be managed via alternative pathways. ▪ Working with ambulance services to make sure patients are directed to the best place to meet their needs to reduce delays for ambulances at hospitals. ▪ Reducing waiting times for patients requiring outpatient assessment, diagnostic investigation or planned surgery. ▪ Reducing variation in cancer waiting times. ▪ Reducing the number of patients waiting for outpatient follow up: ▪ Reducing the average Length of Stay in the Community Hospitals. ▪ Reducing non-Mental Health Delayed Transfers of Care. ▪ Improving care coordination and community flow, by measuring demand and capacity. These challenges illustrate that current service models need to evolve to meet changing needs for health services, particularly reviewing traditional systems and approaches. **Health and Care Coordination Hub**

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		When requiring secondary care, Powys patients are admitted to any one of the six other health boards in Wales or the two main NHS Trusts in England. This makes the prioritisation and coordination of repatriation complex. The Coordination Hub will ensure a more efficient way of managing the timely repatriation of Powys patients from other health board's DGH / acute hospital beds in Wales and England and manage flow in and out of Community Hospitals in collaboration with PCC. It will increase our ability to ensure the length of stay in a DGH / acute care bed for Powys patients is minimised, as patients who are admitted will be transferred to the most appropriate setting in a timely way as soon as they no longer need acute hospital care. This will support a 'home first' ethos and a 'discharge to assess' model of care. The Coordination Hub will hold and manage bed and service capacity data from across the health and social care system in Powys. It will act as the central point for referral and allocation of community hospital beds, assessments of need, packages of care, residential and nursing home beds, for those who are currently in a DGH /acute care bed in Wales and England. By providing one single source of real time admission, transfer and discharge data that can be accessed and acted upon, a more effective method of prioritisation and allocation will be implemented. The Health and Care Coordination Hub will be established in 2018.
4.0	**Programme Delivery – Acute & Specialist – in Hospital Transformation**	
4.1	Local Maternity Services Last update: Programme Lead – Fiona Ellis 16/02/2017	• Transformation Plan –Funding bids have now been submitted to NHS England on 31st January 2018 for non-recurrent funding in 2018/19. The amount available has not been confirmed. A refreshed LMS Plan has also been submitted to NHS England on the 12th February along with the KLOE assurance document. • Maternity and Newborn Service Reconfiguration – Proposals to re-model Midwife Led Services have been endorsed by both Shropshire CCG and Telford and Wrekin Governing Bodies. A period of consultation is now being planned however we have been informed that we are required to follow NHS England's process and timeline for decision to consult, this will elongate the timeline that had been anticipated previously. Neonatal and Consultant led unit reviews have commenced. • Perinatal Mental Health – A funding bid is currently being finalised in preparation for the Wave 2 bidding opportunity for Perinatal Mental Health funding. We have also received confirmation from NHS England that we have been awarded £1,000 for the development of a West Midlands Perinatal Mental Health User forum group. • Digital Roadmap – an expression of interest has been submitted to NHS Digital to apply for funding to assist with the development of our Patient Electronic Records project.
4.2	Muscular Skeletal Services Updates to be provided by Sabrina Brown 12/02/2017 STP PMO Contact maggie.durrant@nhs.net	• The MSK Transformation Programme has made good progress from December through to January and the key highlights are as follows: **MSK Programme Board:** • A task and finish group is being put together to finalise the communications strategy for the MSK programme which will include patient education, engagement and clinical pathway information. The plan is to collate the information in readiness for the go live of the new CCG website in April. **SOOS:** • The redesign and expansion of the Shropshire Orthopaedic Outreach service (SOOS) went live on the 22nd January 2018 in Shrewsbury A formal start date

RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
		for SOOS to operate in the South of the County has been agreed (for 19 March 2018) • SOOS patient flow is improving with plans to bring down to 4 weeks by March 2018 • The recruitment timeline remains on track and new staff have begun to arrive into the service which increases the available capacity • Spoke clinics across the county are being explored and links are been made with the STP health needs and estates work **MSK Triage** • Plans remain on track to mobilise full MSK triage from April 2018 in line with the requirements of the mandated elective care high impact intervention **Physiotherapy** • Demand and capacity exercise of the current provision of physiotherapy services in Shropshire is due by early March. **MSK Value Based Commissioning:** • The updated value based commissioning policy was approved at the January Clinical Commissioning Committee to reflect the latest MSK guidance and evidence.
4.3	Urgent Emergency Care Updates to be provided by Claire Old via A&E Delivery Group 16/02/2018	The **High Impact Changes** agreed at the A&E Board are: • Workforce (agreed that our group would feed into the STP group to avoid duplication). – Dawn Clarke • Frailty – Fran beck • ED Systems and processes – Sara Biffen & Nigel Lee • Stranded patients – Edwin Borman • SAFER as standard (including Red2Green) – Deidre Fowler • Capacity and demand review – Julie Davies • Developing the integrated discharge team – Local Authorities As part of the above, the highest priorities are Stranded patients including getting patients home for lunch. An executive lead will take the lead accountability for each of the above workstreams and report to the A&E Delivery Board (some of these are identified above). The delivery will be through task and finish groups.
4.4	Future Fit / Sustainable Services Programme Updates provided by Phil Evans Last update provided by Pam Schreier 16/02/2018 STP PMO Contact pam.schreier1@nhs.net	• All information has been provided to NHSE and no further requests for additional information are expected. • Conversations continue between SaTH, NHSI and the Treasury regarding capital funding ahead of approval to proceed. • All public facing consultation documents and the PCBC has been signed off in draft and await NHSE approval. • Public facing consultation materials and the website continue to be developed and all necessary translations into Welsh being progressed. • The consultation plan and event planner are being developed with public facing, deliberative and third party events being added as information becomes available. Early drafts of this were shared for feedback with the Joint HOSC. • A Future Fit Communications and Engagement Stakeholder Reference Group has been formed and met for the first time. Members took away a number of actions including reviewing the stakeholder matrix, the development website, marketing materials and venues for pop-up events • We have written to all voluntary and community sector organisations across Shropshire, Telford & Wrekin and mid Wales to ask for their support during the consultation and to let us know of any meetings and events we can attend • The Future Fit team are continuing to update community groups with the latest progress on Future Fit at a number of meetings including Shropshire

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		Disability Network and the Church Stretton Healthy Lives meeting. •
5.0	**Programme Delivery – Enablement of Transformation**	
5.1	Digital Enablement Group Last updated by Rob Gray 12/12/17 STP PMO Contact robgray@nhs.net	• Office 365 tenant created. • STP team members account setup. Guidelines created and sent to get all team members connected and sharing content. STP Team sharepoint site • Work done to structure the information from the STP groups, starting with collation of key structures. This has so far highlighted: ○ 39 organisations involved with the STP (9 core orgs) ○ 32 groups (not including task & finish workstreams) ○ 124 people across the 5 groups analysed so far. ○ The list of programmes are growing, each will have a definition of purpose and benefits. Each one will also have a list of projects approved to advance one or more programmes. Where funds are required, these projects & programmes will be used to create bid requests. ○ We have started creating a list of bids, and a list of funding items made available. We should learn lessons from successful bids. • New Bids. ○ We have added a bid for the development of a process to discharge electronically to social care. £280k shared between SATH and the 2 councils running Liquid Logic systems. • Group progress **DEG** ○ Programme definitions being populated. ○ Measurement of current status Universal Capabilities in progress. **Design Authority (DA)** ○ EoL system specification on hold until EoL group completes and agrees their strategy. They will than assist DA in creating the process specification. **Clinical Professional Reference (GPRG)** ○ Workshop scheduled end of February to define requirements for related projects, the **Information Governance** ○ data sharing gateway project in progress. Pilot agreement between GPs and Shropdoc used to prove usefulness. Key risks: · lack of project managers offered by contributing organisations. · Lack of attendance at group meetings
5.2	Strategic Workforce Group Last updated by Sara Edwards 05/02/17 STP PMO Contact Sara.edwards3@nhs.net	**Strategic Workforce Group** • SaTH have agreed to employ the first cohort of apprentices to enable the Agile Workforce Programme to continue at pace. We are receiving some extra support from HEE with this to feed into the national programme. Ongoing. • First iteration of **Mental Health Plan** submitted. Meeting held with stakeholders agreeing strategy for March submission. Programme is in place to address submission requirements with STP PMO co-ordination of information and stakeholder input to produce the next stage of the Plan. • Many requests for plans are coming through with Cancer Plans next on the horizon. Workforce Group discussing strategy for completing these requests on next agenda along with a plan to produce a system wide baseline by March 18.

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		• There is a need to revise TOR for the Strategic Workforce Group. • STP System Wide Workforce Strategy- collaboration of STP organisations with agreement to share workforce plans/strategies as an initial step to gather existing information and data whilst waiting for guidelines for submission. STP PMO to co-ordinate. **System Organisational Development workstream** • **Transformational Change through System Leadership** application was successful. NHSE are supporting a Team to enhance our neighbourhood Programmes of work. Participants include STP PMO, ShropCom, SCCG, T&WCCG Programme will include out of hospital care for Adults ○ The Kings Fund are supporting **STP system wide OD including System Leaders programme**. A full debrief from the 22nd Nov King's Fund session is now available. **Training & Development Workstream** Funding bids have been received by HEE and all allocations made in draft prior to final sign off in mid January. Final allocation is expected to be £522,600. **Discreet workforce modelling project** Discussions to be held this month with Neighbourhoods Lead for T&W area regarding analysis and modelling for the Newport geographical area.
5.3	Strategic Estates Group Last updated by Becky Jones 07/02/18 STP PMO Contact maggie.durrant@nhs.net	• Baseline data validation has continued to provide the baseline information for the Workbook and asset mapping. • A great deal of work has gone into completing the Estates Workbook. The Workbook is a living document and as such can be regularly updated. It will therefore be a standing item at the LEF and work will continue to ensure it is up-to-date. The submission in March will have to be a 'current position' rather than a complete position. The importance of the workbook has increased over the last few weeks and there is now a requirement for a them to be reviewed by the Centre before being submitted. This is to ensure that the Workbook is providing enough information required to be able to support the STP in any future estate capital funding requests. The review will take place in March 2018 and, once any suggested comments made have been implemented, the Workbook can be submitted and must then be attached to all OBCs. • Close work continues with Shropshire Council on the asset mapping work and linkages being made with master planning team • Shropshire Community Needs Workshop planned for 27 February and a great deal of work has been put in to making this as productive and effective as possible • Telford & Wrekin Community Needs Workshop planned for 17 April and is starting to be brought together, learning lessons from the Shropshire Workshop • Data mapping progressing well and identifying ways to share data across health and Councils as well as wider public sector to enable programme of mapping to continue and opportunities to be identified • Presentation to Voluntary Sector Assembly on 16 Jan to ensure stakeholder engagement went extremely well and are now building up excellent links with voluntary sector colleagues to ensure the maximum • LEF Joint Chairs, Amanda Alamanos (NHSE) and Tim Smith (Shropshire C) now in place • Strengthening links with other workstreams continues • Now have a Project Manager and project group in place for Whitchurch project following successful awarding of One Public Estate (OPE) funding. This is a huge step and has required a great deal of work with a number of

RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
		partners and stakeholders to get to this position. This also is a clear step from strategy towards delivery, showing how the programme is moving forwards. This is a real step forwards **Key risks** Engagement is not being fully embraced which will impact upon the success of the programme
5.4	Strategic Back Office Updated provided by Ros Preen 07/02/17	Next update will be provided following the next meeting on 27th February A refocus is required for the new year, facilitated by; • The more substantive STP PMO support arrangements starting to have traction both directly for the group but also generally across the work streams, • The ability to review the refreshed health provider corporate service data which was submitted to NHS Improvement at the end of November and will enable further benchmarking to be undertaken, and • A quick conversation with Midlands and Lancs CSU to explore their support model which is up and running in 4 STP footprints (meeting being scheduled for January) The group acknowledges the contributing/associated work going on in other enabling work streams, principally; • Workforce in relation to their focus on looking at options to support collaborative bank and recruitment processes (still in early stages), and • Integrating our 'public estate' through the Estates work stream. • It is anticipated that the Digital work stream could at some point bring into its remit a focus on the IM&T 'back office' which will require further support The Back Office working group will meet in January and will be looking for options in the rest of the 'back office' and to expand thinking around the Carter agenda/ model hospital etc taking into account all of the above.
5.5	Communication & Engagement Group Last updated by Pam Schreier 15/12/17 STP PMO Contact pam.schreier1@nhs.net	**At the workstream meeting on 15 February** • a six month refresh of the terms of reference and the risk register were circulated for comments. • an update was given by the STP Programme Director on the King's Fund activity and Future Fit resources • communications and engagement strategy is likely to be expected by NHS England by the end of March. The first draft is in development and clarification is being sought on FY18/19 communications and engagement budget allocation • NHS70 – Dave Burrows updated on the plans for the Fun Day to be hosted by SaTH. Individual organisations have been asked to support the day and the STP PMO will discuss its involvement at the next STP PMO team meeting **Future Fit update** • A Future Fit Communications and Engagement Stakeholder Reference Group has been formed and met for the first time. Members took away a number of actions including reviewing the stakeholder matrix, the development website, marketing materials and venues for pop-up events • We have written to all voluntary and community sector organisations across Shropshire, Telford & Wrekin and mid Wales to ask for their support during the consultation and to let us know of any meetings and events we can attend • The Future Fit team are continuing to update community groups with the latest progress on Future Fit at a number of meetings including Shropshire

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		Disability Network and the Church Stretton Healthy Lives meeting.
5.6	STP "System" Finance Group Last update 16/02/2018 STP PMO Contact Paul.gilmore1@nhs.net	• ToR reference now updated to reflect system wide working • Work has commenced on establishing a working document detailing system financial position • System Financial Risk register has been established • Links with STP Work streams has been established to support system financial understanding, particularly, Estates & LMS • Work has commenced on drafting NHSE Finance system plans
5.7	STP Clinical Design Group Last updated by Paul Gilmore ?/02/18 STP PMO Contact Jo.harding1@nhs.net	• Agreed to review TORs in light of STP focus rather than just FF • Agreed view from the group that the group needs to evolve to become and STP Clinical Design Group with wider representation from Clinical Leads with clear tasks to support delivery of system transformation. • Focus needs to be on system wide pathway development
6.0	**Cross Cutting Work Programmes of work**	
6.1	GP5YFV Nicky Wilde Last updated 16/01/2018 STP PMO Contact Sara.edwards3@nhs.net	Following assurance of the Primary Care Workforce Plan by the NHSE Assurance Panel in November 2017, further detail has been requested, by the end of January 2018, on trajectories for both GP recruitment and non-doctor clinician recruitment. There is also a requirement to refresh the plan to reflect these trajectories by the middle of February 2018. The two CCGs have established a Workforce Working Group to ensure that these deadlines are met. The Group will be working with GPs and Practice Managers over the coming months to develop a more medium-term approach to developing the Primary Care workforce. This needs to involve better integration with the wider STP approach to workforce as well as linking with the emerging Neighbourhood Working models being developed by both CCGs.
6.2	Mental Health Collen Manhuwa Frances Sutherland STP PMO Contact Sara.edwards3@nhs.net Andrea.webster5@nhs.net	• Mental Health Workforce Planning submission is required fully worked up by end of March 18 • First meeting of this group took place on 9th Jan where system wide representation attended to contribute to the development of this plan • Clinical lead identified as Cathy Riley from SSSFT • Programme is in place to address submission requirements with STP PMO co-ordination of information and stakeholder input to produce the next stage of the Plan.
6.3	Transforming Care Programme Manager Di Beasley	• Initial meeting is planned for 20th Feb to understand the programme
6.4	Frailty Updates to be provided by Michael Bennet (1&2) Emma Pyrah (3&4) 05/01/18 Gemma McIver STP PMO Contact Andrea.webster5@nhs.net	5 Work streams within the Frailty Programme of work Wider end to end Frailty Programme Board reinstated – first meeting scheduled 21.12.17 (Programme Exec lead Fran Beck) **Workstream 1 - Prevention & Primary Care** • CSU developed Frailty tool to support electronic Frailty Index (eFI) completion and risk stratification of frail patients • Frailty risk stratification being piloted within identified neighbourhood to target support to high risk patients • *My Health Record* (Frailty card) being developed to capture baseline

RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
		information of patients. Plan to pilot in specific care homes when agreed **Workstream 2 - Crisis / admission avoidance** • Review of Intermediate Care Team pathways and processes to support admission avoidance. T&W ICT includes BRC and Carers Support Worker • Addition capacity of teams via iBCF monies • T&W commissioned Care Home MDT to deliver training, skill development, clinical assessment and admission avoidance from care homes • T&W ICT daily attendance in ED to support admission avoidance **Workstream 3 - Flow through acute hospital** • Phase 2 of the Frailty Front Door at RSH operational service relaunch on 13th November 2017 supported by the Acute Frailty Network. Phased increase from 10am-2pm to 9am-5pm Mon-Fri during November as workforce comes on stream. • Memorandum of Understanding agreed at A&E Delivery Board setting out all key stakeholder partners commitments and responsibilities in phase 2 of this project from November 17 – March 2018 and an additional pump priming funding. • Data recording and reporting schedule agreed and formal reporting to the project group to commence from 6.12.17. • PDSA programme and timeline to be agreed by 13.12.17. • Weekly frailty leads meeting refocused to concentrate on Frailty Front Door (project lead Emma Pyrah). Patient rep joined the group on 1.12.17. • Progress on SaTH2Home and other interventions to improve flow reported directly to A&E Delivery Group **Workstream 4 – Discharge to Assess** • Fact Finding Assessment (FFA) and process refreshed and updated documentation implemented. • D2A reset session held with stakeholder partners in November 2017 to revisit the original D2A principles from 2015 and confirm they remain fit for purpose. Revised set of underpinning principles and processes to be signed off at the next meeting 29.12.17. • Shropshire Council have commissioned an additional 20 pathway 3 beds (interim placements for patients requiring complex assessments) which increases capacity for discharge and the ability to identify patient's potential for rehabilitation/enablement. • Shropcom are working with Shropshire LA to introduce from December a trusted assessor role for care homes, supported by SPIC. • T&W re-commissioned domiciliary care for P1 discharges • Detailed action plan against the LGA 8 High Impact Changes in development. Concern expressed that the system does not have a formal reporting mechanism for progress on this when it is a mandated requirement which is reported on through NHSE and BCF formal routes. To be discussed at A&E Delivery Group. • D2A Task & Finish Group continues to meet monthly **Workstream 5- End of Life**

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		Priority area is to develop RESPECT
6.5	End of Life Update provided by Cath Molineux 06/02/2017 STP PMO Contact Andrea.webster5@nhs.net	The **whole systems EoL** group has now nominated a new chair Dr Derek Willis (Professor and Palliative Care Consultant at Severn Hospice) he will take over from Paul Cronin (CEO) and chair the next group in April. Some further discussions are needed to clarify who this group reports to. A subgroup from this group has developed a draft whole systems strategy in the form of a strategy on a page linked to the national agenda of 6 ambitions document. Further work has started on the action plan from the whole systems strategy document. The aim is for this to go to the frailty board in April. **The RESPECT** implementation subgroup has identified that to implement this effectively across all organisations a project management approach is required. This is transformational work as it embeds the concept of 'planning ahead' and will have potential impact in reducing the demand on acute services and unnecessary high cost interventions. SCHT within the scope of their strategy are exploring the role of the volunteers in eol care in a community setting, linking with the compassionate communities concept. The principles of the concept is, no one should die alone. The service will provide companionship in the last days and hours of life. This is in early stages of model development. The aim is to test a prototype in the neighbour hood locality(Newport) and one Community hospital when the model has been developed. This will require support from the CCG'S and STP. **'Ensuring our services provide high quality care that is affordable and sustainable' (Shropshire STP)** The SCHT Palliative and EOL Strategy for adults 2017-2020 is not about trying harder and doing better for the last few days of life but by doing things differently further upstream. This approach needs to be taken across the whole system, in the pathways for people with long term conditions/co-morbidities/cancer and also integrated into the neighbourhood team approach. Systems and practitioners need to work upstream with all patients with any type of long term condition/co-morbidities, so treatment options and decisions have been previously discussed and mapped out. Actual care will be appropriate to preferred care options, already discussed and planned ahead for and reduce very significantly the number of inappropriate high cost interventions being delivered and the number attending A/E because treatment options will be managed proactively and less reactively. Upstream working is recognising as early as possible in any disease trajectory when a person is in at least in the last 12 months of life. This approach reduces the current position where there is a crisis in the last few days and weeks of life and that person will end up in hospital. The STP already sets out the demographics depicting the rise in our older population, those with Long Term conditions and increase in single households and the unsustainability of the current and future demand. **Data is required to quantify this; for example:** • Those attending AE and the nature of emergency admissions and interventions costed and used inappropriately; • The types and numbers of high cost LTC interventions where the patient dies within a certain time limit when other care and treatment options could have been used. • Those being admitted 3 times a year or more(particularly those patients with severe frailty). What are expected outcomes as result of implementing this approach: • Improved patient/family/carer/partner experience • Appropriate use of interventions for all LTC/Cancer/Co-morbidities- disease

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		trajectories • Care and treatment options are planned ahead • Increase in number of people who have an advance care plan reflecting their wishes and preferences including where they want to die. • Reduce demand on the acute sector • Having upstream/planning ahead conversations as an intervention-seen as a positive, with symptom management and still get a quality of life What happens if we don't do upstream working? Paying for inappropriate care- wasting limited resources. When appropriate for treatments to continue or when to stop. Making most of restrictive resources. Demand on acute services continues to rise. **Current Situation** • Shropshire does have a system EoL Group but does not yet have an Eol Strategy for Shropshire. • The EoL group has been working on smaller issues that arise ie discharge meds for patients coming home from SaTH etc etc. • The Community Trust have a strategy and the hospice are just refreshing theirs, it is recognised that a wider system strategy joining together the priorities from each organisation is required. A small group met and developed a list of strategic objectives from the two existing strategies and the Ambitions for Palliative and end of life care (2015/20) to provide local direction for 3-5 years. These are: • To ensure equal access to palliative and end of life care. o Systems to identify patients for referral o Access Criteria o Processes for referral o Referral documents o Frailty • Ensure access is based on need not condition. o Establish a needs based model that identifies phase of illness and a system for prioritization o Links with non-cancer specialists • Establish systems of prognostication to identifying patients in the last year of life. o GSF register o Frailty register o Important conversations • Establish the concept of 'Living Well' o Documentation supports / directs the professional to identify patients' preferences/goals for living o Culture of care is enablement o Programs for palliative rehabilitation are established • Further develop homecare models to support a preference to be cared for and die at home o Hospice to continue to develop the H@H service o H@H is placed on a sustainable financial footing o Integration of H@H with the Hospice Outreach Service • Ensure a competent workforce o Identify education needs across services o Robust systems for appraisal and CPD across groups o Establish education programs • Establish systems that support advanced and anticipatory care planning and timely access to services. o Identify key worker o Consider joint documentation (patent held?)

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		• Work in partnership to ensure that care is coordinated between services.
		  ○ Commissioning
		  ○ Services compliment not replicate each other
		  ○ There is shared documentation where possible (RESPECT, EOL care plan, PPC)
		• Consider compassionate communities voluntary support as an extension to services
		  ○ Severn Hospice continued roll out of coco
		  ○ Volunteering is seen as an arm to wider services
		  ○ Clinical services refer to established volunteer support

Key (based on STP PMO system intelligence)

	Unknown	Need to engage and receive update from Programme Lead
	On track – no issues requiring escalation	
	Require Programme Delivery Executive Lead & or SRO input	Where this is required, this will be detailed in recommendations and noted for relevant SRO
	Require STP Partnership Board input	Where this is required, this will be escalated via STP Partnership Board by STP Programme Director

Shropshire Council

NHS Shropshire Clinical Commissioning Group

Shropshire together

Health and Wellbeing Board
8th March, 2018

HWBB Joint Commissioning Report - Better Care Fund Update

Responsible Officer
Email: Tanya.miles@shropshire.gov.uk

1. Summary

1.1 This report serves a short update on the progress on the Better Care Fund review and development.

1.2 The HWBB agreed that during 2017/18 the Shropshire Health and Care economy would focus on developing the Better Care Fund as a tool that fully supports integration. The BCF plan had final approval in November, through December, January and February, colleagues from the Council and the CCG have reviewed each line of the Better Care Fund spend and are working to make recommendations for taking work and integration forward.

1.3 An action plan has been developed to monitor progress of the Grant Frameworks and the additional work needed to progress the BCF. Extraordinary Joint Commissioning Group meetings have been held to agree next steps. It was anticipated that a full report would be made to this HWBB, however, the Joint Commissioning Group continues to work through decisions and we hope to present this to the next HWBB in May.

1.4 Shropshire CCG are working to propose some amendments to the Section 75 Partnership Agreement that was discussed and agreed at the last Health and Wellbeing Board. The revised agreement will be brought back to the HWBB as soon as possible.

1.5 The latest BCF monitoring report is attached as Appendix A. The report highlights good progress on our Delayed Transfers of Care, Non-Elective Admissions and Admissions to Care Homes. We are awaiting metrics on Reablement for Quarter 3; this target was met in Q1 and just missed in Q2.

2. Recommendations

2.1 To note progress of the BCF work;
2.2 To note and discuss any aspect of the BCF monitoring report.

REPORT

3. Risk Assessment and Opportunities Appraisal

3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)
3.2. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities.
3.3. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients. This has been done in a variety of ways including through patient groups, focus groups, ethnographic research.

4. **Financial Implications**
4.1 The BCF focusses on a pooled fund > than 29 million.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) **For the final BCF plan please see HWBB paper here**
Cabinet Member (Portfolio Holder) **Cllr Lee Chapman**
Local Member n/a
Appendices Appendix A: Performance Report

Appendix A - Better Care Fund – measures delivered by Shropshire Council

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

Number of residential admissions is reducing

The following table shows the rate of admissions per 100,000 people

2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Profile (target)	150	300	450	600.3
Actual	83.5	150.8	317.7	343 (31st Jan)
Performance	✓	✓	✓	✓

Performance is better than the profiled target. The number of older people entering residential care in the first 10 months of the financial year was 255 people or (323.1 per 100,000). The service is on track to achieve the year-end target. The service reiterates that its priority is to ensure that the most appropriate care package is provided at the right time to meet people's needs.

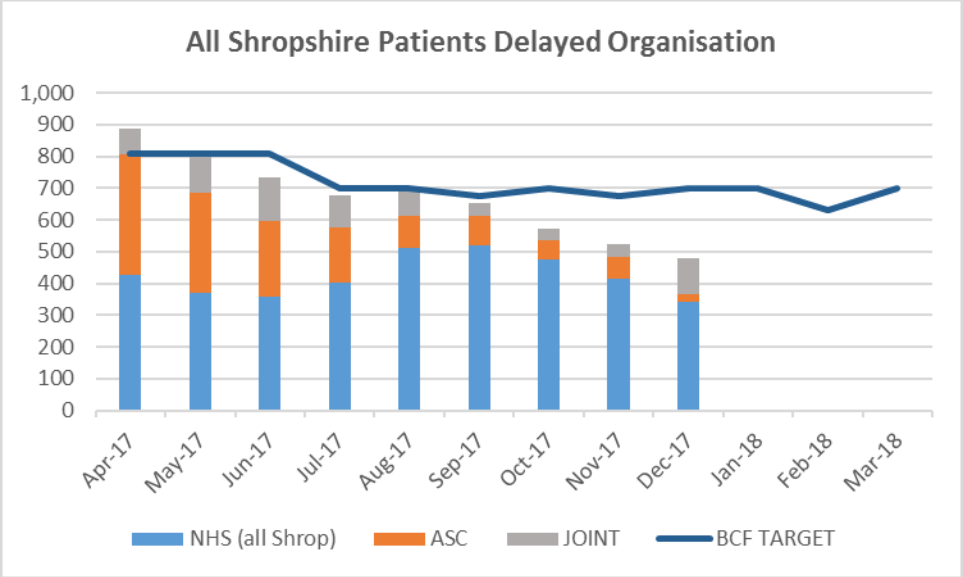
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

This measure is reported in arrears. Q3 data expected April 2018

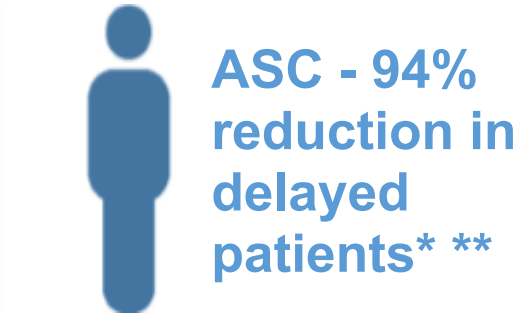
2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	82%	82%	82%	82%
Actual	83.2%	81.09%		
Performance	✓	✗		

Performance to the end of Q2 has shown a slight reduction in the percentage of older people who are still at home 91 days after discharge from hospital to reablement and is slightly below target. The age of patients and their complexity of conditions makes this a challenging measure to achieve. The service confirms their commitment to deliver support packages to ensure as many people as possible are able to remain safely in their homes.

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).
This is a joint measure with the NHS which records the combined number of patients who are delayed in their transfer of care from hospital.
The following chart shows the total monthly number of delayed days by organisation



During the current year the monthly number of delayed bed days has reduced. Jointly attributed delays have remained fairly stable, however there was a significant during December. NHS attributed delays have started to show a decrease during recent months. ASC have seen month on month improvements during the reporting period.



* April 2017 to December 2017

2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	2425	2077	2077	2031
Actual	2425	2035	1580	
Performance	✓	✓	✓	

The Better Care Fund targets for delayed transfer of care were established in July as part of the national improvement programme. Quarter 1 target was based on actual performance as data had been published at the time of target setting. Quarter 2 is in line with the target. Q3 target has been achieved. The first month of quarter 4 data will be reported on the 8th March.

Non-Elective Admissions – Shropshire CCG Q2 – Q4 17/18

Month	Number of Non-Elective Admissions	Target and Total for Quarter
April	2552	
May	2705	
June	2651	**Target = 8327** **Total = 7,908** ✓
July	2,714	
August	2,567	
September	2,468	**Target = 8,080** **Total = 7749** ✓
October	2726	
November	2762	
December	2588	**Target = 8,729** **Total = 8,076** ✓
January		
February		
March		**Target = 8,475** **Total =**

BCF Plan Non-Elective Admissions Targets

Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
8,327	**8,080**	**8,729**	**8,475**

Data Source
NHS England
https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/

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Health and Wellbeing Board
8th March 2018

HEALTHY LIVES UPDATE

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

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1. Summary

A PowerPoint presentation will be delivered verbally at this Health and Wellbeing meeting (8th March 2018), as part of the Health and Wellbeing Board Joint Commissioning Group update – Healthy Lives.

This presentation briefly re-visits the role of prevention and the Healthy Lives Programme, and provides updates on each of the Healthy Lives Programme areas. It is included as an appendix for information.

2. 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 identified with the provision of these updates.

3. Financial Implications

There are no financial implications that need to be considered with this update.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr. Lee Chapman
Local Member
Appendices **Appendix A** PowerPoint presentation slides

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Healthy Lives update

Val Cross – Health & Wellbeing Officer and
Healthy Lives Co-ordinator
Shropshire Council Public Health

Prevention is never as popular as cure

- It can take time – sometimes years to show an effect
- The results are not often immediate, unlike an operation or medication to resolve a condition
- People don't always like the messages – stop smoking, lose weight, do more exercise…..
- Other life issues take priority – cheap processed food to feed a family, or hunger?

But we know

- Prevention work is essential for future long term health of the nation
- The effect on peoples' lives and those around them is significant and can be quick. - Giving up smoking benefits the smoker, and children in the household who become at less risk of respiratory conditions
- Social isolation and loneliness is becoming serious. Research indicates that people *"with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships"* (Holt-Lunstad, 2010)
- ***We can and are doing something about it***

Healthy Lives is…..

- a Partnership Prevention Programme, which brings current prevention activity from ***Public Health***, the ***Better Care Fund***, ***Adult and Childrens' Social Care***, ***Shropshire CCG***, and ***Provider partners*** e.g. VCSA together, to improve the health and wellbeing of Shropshire people and reduce demand on health and social care services
- an integral component of the STP Neighbourhoods (Out of Hospital) Workstream and supports integration across health and care as set out in the Health and Wellbeing Strategy
- Healthy Lives looks at on how individuals and communities can be enabled to take ownership and responsibility about their lifestyle choices. Key to this programme is working with local neighbourhoods. Connecting people to health and or social support within their own community, will not only help them now, but will also help them to help themselves in the future.

HWBB & BCF Prevention Programme Delivery Structure

Shropshire together

Healthy Lives Steering group reports to the STP Neighbourhoods Group and the HWB Delivery Group/ Joint Commissioning

Executive Leads : Kevin Lewis, Andy Begley, CCG TBD

STP Out of Hospital/ Neighbourhoods Reference Group

Shropshire Prevention Programme:
Cross cutting project - Social Prescribing
Programme leads meet regularly

Programme Lead: Jo Robins
Programme Coordinator: Val Cross
Social Prescribing Lead: Katy Warren

BCF Communities First
- Community Care Coordinators
- Compassionate communities
- Voluntary Sector Prevention schemes
- Community Connectors
- Hyper local directories
- Community Hubs
- Let's Talk Local
- Community Enablement
- Everybody Active Towns
- Healthy Community Toolkit

Mental Health Exemplar	CVD (incl. stroke) & HW Diabetes	Physical Activity (incl. MSK and falls)	Carers, Dementia	Future Planning & Housing	COPD, Fire Service – Safe & Well
Leads: Lorraine Laverton/ Gordon Kochane	Lead: Cathy Levy	Lead: Miranda Ashwell	Leads: Val Cross & Pete Downer	Lead: Laura Fisher/ Tom Brettell	Lead: Guy Williams

Health Consultancy, Intelligence, Metric Development: Emma Sandbach

Design Team Support: Neil Felton and Mel France – AGILE working

Communications – HWBB Communications Subgroup – supports all workstreams

February 2018

Programme Updates

Social Prescribing

- Albrighton - Stakeholder event took place in on 23 January. Well attended by local groups and organisations, and enthusiasm to get involved in Social Prescribing. First clients will be seen on 1 March 2018
- Bishops Castle - Progressing well with strong support from community and GP Practice. Ready to receive first clients beginning of March 2018
- Oswestry - Referrals increasing, with proactive approaches to increase these further
- Evaluation data being collected, with patient consent, and will be evaluated by the University of Westminster

Carers

- work is led by All-Age Carers Strategy & Action Plan

- Carers hospital lead in post at Royal Shrewsbury Hospital
- 2 x NHS England funded projects, joint with T & W 1 = young carers and publicity/ awareness of young carers esp. in schools and college (Workshop April ‘18) 2 = x 8 carer workshops countywide in planning stage, focussed around carer stress management (June to September ‘18)
- Carer specific page on SaTH website, and other websites being updated

SFRS ‘Safe and Well’ visits

- Currently horizon scanning for the ‘18/’19 budget and looking at most effective way to continue identifying and prioritising the most vulnerable residents.
- Specific work planning to increase visit numbers – work allocation, funding etc.

Diabetes (pre-diabetes)

- Help 2 Change working with 5 GP Practices in Shropshire since June 2017, to identify patients at risk of diabetes. Those identified receive invitation by letter, to attend 2.5-hour Pre-diabetes information session held in a convenient community venue
- Work happening to increase uptake – phone contact for example
- National Diabetes Prevention Programme (NDPP) will start April ‘18 and H2C liaising with provider to create links.

Dementia

- Ongoing development of Dementia Companions
- Launch of ‘This is me’ document being collaboratively agreed through the Local Health Economy Dementia Steering Group
- Development of a self-funded Dementia Respite Centre in Shrewsbury with Age UK

Mental Health

Shropshire Sanctuary - Prior to Shropshire Sanctuary opening in June 2017, over 30 individuals a month were being detained under S136 in Shropshire

Shropshire Sanctuary have halved the numbers of individuals being presented to the S136 suite. 45 individuals were taken to Shropshire Sanctuary by Police, WMAS and Street Pastors in January 2018.

Mental Health Needs Assessment - The final MHNA to be presented to the Mental Health Partnership Board 16th March 2018

Shropshire All Age Mental Health Strategy 2018 – 2023 - Work on this will commence April 2018

Housing

- Assistive technology/telecare is being piloted as a way to assist those leaving hospital.
- Strong links to Healthy Lives work is clear and being developed further.

Musculoskeletal system,(MSK) Falls and Physical Activity

- Physical Activity Clinical Advice Pad (PACAP) – LA/CCG Shropshire involved with pilot scheme (one of 10 selected by Public Health England)
- Plans for delivery of Functional Fitness MOTs for older people under way. To link with Social Prescribing and community Postural Stability Instruction, This promotes physical activity as a way to keep older people independent and stay mobile in later life.

Cardio-Vascular Disease (CVD)

- Initially, focus on detection of undiagnosed Atrial Fibrillation (AF) through NHS Health Checks, with aim of preventing strokes
- Work also taking place to help identify people in GP Practices who are at risk of heart disease or stroke and are currently not receiving information or support as to reduce their risk.

Thank you

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Shropshire Council | NHS Shropshire Clinical Commissioning Group | Shropshire together

Health and Wellbeing Board
7th March 2018

TRANSFORMING CARE PARTNERSHIP (for people with a learning disability and/or autism with a learning disability and/or autism, with behaviours which may challenge).

Responsible Officer
Email: di.beasley@nhs.net Tel: 01952 580333

1. Summary

This report informs the Health and Well-being Board on progress in meeting the targeted level of bed reduction by April 2019.

2. Recommendations

The Health and Wellbeing Board is asked to:
2.1. Note the contents of this report
2.2. Require notification of completion of the targeted bed reduction by March 2019
2.3. Confirm closure of the programme, post March 2019.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

EQUALITY & DIVERSITY	Yes	The impact will be positive. People with learning disabilities and/or autism who have behaviours that challenge including mental health will be supported to live ordinary lives in the local community, be valued and respected.
PATIENTS AND PUBLIC ENGAGEMENT	Yes	TCP is based on a principle of co-production and this is in place and delivered through a number of workstreams.
OTHER IMPACTS, RISKS & OPPORTUNITIES	YES	It should be recognised that a number of patients who will be discharged are known to have forensic history and plans must ensure that any risk/s is mitigates in respect to the individual and the community setting in which they reside when they leave the hospital setting.

4. Financial Implications

The working principle is that the funds currently being used to procure inpatient services for these patients – currently the funds sit with NHS England – will transfer into the TCP footprint via an increase in the annual allocation of each CCG.

NHS England has calculated that the average annual cost of a hospital admission is £180,000 and consequently that the TCP footprint will receive £180,000 for each of the patients currently planned to transfer i.e. £180,000 multiplied by 9 patients which equals £1.62 million. This is the working assumption within the TCP financial plan and it is made clear that the TCP expects the full amount of the £1.62 million to be transferred recurrently to the CCGs. A letter has been sent from the TCP Partnership Board Chair to NHS England asking for a guarantee that this is the case. At this moment a positive response has not yet been received.

The £1.62 million that will transfer is planned to be used to provide community placements for these 9 patients and it is hoped that the local costs will be lower than the cost of a hospital admission which will make the process self-funding and allow any surplus funds to be used in avoiding future admissions and also provide community services for additional patients in the future.

In relation to the 5 locally commissioned beds, the CCGs already have the funding for these included within their allocations and so once the patient moves from a hospital setting to a community placement then the CCGs will be able to easily transfer these budgets. Again it is hoped that the cost of the community placement will be lower than that of the current hospital provision.

The TCP has also received non-recurrent funding from NHS England in order to fund a forensic team whose aim is to further facilitate the process of transfer and also work locally to improve community services and prevent readmissions in the future. The use of this non-recurrent funding is currently being finalised.

The TCP is currently considering putting in place two pooled budgets – one for Shropshire and one for Telford and Wrekin. The principle behind this is to pool all available funds and then use this pool to provide the costs of the community placements. The agreements are still being finalised, in particular the arrangements needed for risk sharing. Any ‘Pooled’ budget arrangement will need to comply with the requirements of Sections 75 National Health Service Act 2006 and the NHS Bodies and Local Partnership Arrangements Regulations 2000 (amended).

5. Background

In 2011, a Panorama programme highlighted the abuse and neglect of people with learning disabilities and/or autism with behaviours that challenge, who were living at an NHS funded service in Bristol - ’Winterbourne View’.

Following these events, the Government and leading organisations across the health and care system made a commitment to transform care for people with learning disabilities and/or autism over the next four years. However although many patients moved out of long stay hospitals into the local community other patients moved into the beds.

In 2015, The NHSE published a report called ‘Building the Right Support’ (BRS) (NHS, October 2015) proposing closure of between 35 – 50% of beds used to support this cohort of people. Based on statistical data, targets were set to support the overall reduction of commissioned beds. The deadline for completion of the reduction is April 2019.

Across the country Transforming Care Partnerships have been established to drive the transformation of services for people with a learning disability (LD) and/or autism (ASD) and challenging behaviours, or a mental health condition. The primary focus of this work is to reduce the level of bed usage.

Local context

Locally, the Shropshire TCP Footprint consists of:

- Shropshire council
- Shropshire CCG
- Telford and Wrekin council
- Telford and Wrekin CCG

The trajectories for bed reductions across the footprint are as follows:

	2017/18				2018/19				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
CCG	7	7	7	7	5	5	5	5	CCG commissioned beds to reduce to 5 by April 2019
NHSE	18	17	17	17	15	13	11	9	Specialist Commissioning beds to reduce to 9 by April 2019

6. Additional Information

Commissioning beds

People are placed in long stay hospitals through two commissioning routes:

- NHSE has a commissioning arm known as Specialist Commissioning. People who are placed in these beds sometimes come through a forensic route.
- The two CCGs also admit patients into beds.

The decision to admit into either a NHSE or CCG funded bed is based on the level of risk and associated level of security required to manage the risk/s.

7. Operational Management

The TCP has previously agreed to fund the cost of a Commissioning Team for a two-year period in order to ensure that the planned trajectory of transfers is achieved within the required timescales. All four organisations agreed to provide the funding for this team. The team is hosted by Telford and Wrekin Clinical Commissioning Group and is made up three staff located at the CCG office in Halesfield although they and work across the four organisations. The team includes:

- Head of TCP – F/T
- Case Manager – F/T
- Administrator – P/T.

The team collate and submit a range of information and data to NHSE on a monthly or quarterly basis including:

Return/Task	Return Date
CCG patient progress updates	Fortnightly
RCA admission forms	To be completed for every admission without a pre-admission CTR
Pre-admission CTR Return Templates	Monthly
Milestone Summary Reports	Monthly
TCP Transformation Indicators Data Return – Unify	Quarterly -
C&YP Benchmarks	Quarterly

Milestone Summary	Milestone summaries to be sent to DCO team
Milestone Report	Monthly

Additional NHSE Monitoring

In the event that NHSE have concerns in respect to the trajectory they can arrange a 'Confirm and Challenge' meeting when the TCP Senior Responsible Owner (SRO) is asked to provide assurance that actions have or will be put into place to ensure the trajectory is put back on track. Currently the number of patients in CCG beds is over trajectory as detailed in the following table:

	Q1 2017/18			Q2 2017/18			Q3 2017/18			Q4 2017/18			Recovery actions:
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	• 1 child with eating disorder. Ready for discharge Q4, finalising discharge plan with parents.
CCG	8	6	7	7	6	6	7	8	8	8			• 1 child plan to discharge Q4
+/-	+1	-1	0	0	-1	-1	0	+1	+1	+1			• 1 Adult, discharge Q4
NHSE	19	20	20	20	17	17	18	18	18	18			**Total discharges planned Q4 = 3**
+/-	+1	+2	+2	+2	0	0	+1	+1	+1	+1			

The TCP Team attended a 'Confirm and Challenge' meeting in early January 2018 to discuss the issues impacting on delivery of the quarterly trajectory. As a follow up action a meeting took place with Specialist Commissioning to discuss individual patients in respect to confirming Estimated Discharge Dates (EDD)
Based on this information the TCP should be back on trajectory by the end of Q4 (2018)

8. Accountability.

Overall, the TCP Programme is accountable to the Strategic Partnership Board. Locally, further accountability is provided through Health and Well-being Boards for Shropshire and Telford and Wrekin, respective Safeguarding Boards and within Shropshire the Learning Disability Partnership Board.

Governance

Governance is provided through a Strategic Management Group with senior officers from the four partner organisations including Andy Begley Director Adult Services and Housing in Shropshire Council. The Group meet on a quarterly basis.

The TCP Board meets on a monthly basis and is chaired by Andy Begley (Senior Responsible Owner) with Christine Morris Executive Lead Nursing and Quality T&W CCG as Deputy SRO. The Board includes senior officers from each organisation and colleagues from other areas, including Housing, Health, Finance and Commissioning. Several work streams meet on a regular basis and include: Finance, Integrated Clinical Health, Housing, Workforce Development, Children and Young People and Communication and Engagement (linked to 'Making it Real'). The TCP Board will be accountable to the Health & Wellbeing Boards for Telford & Wrekin and Shropshire.

Challenges

- **Finance**
  Discussions remain ongoing about the financial risk of implementing the TCP Programme. A Risk Register is in place and is reviewed by the Finance work stream on a monthly basis.
- **Trajectories**
  Resettlement of patients from the in-patient beds within the timeline requires detailed planning and preparation. This work is closely monitored by the Head of TCP and processes have been

implemented in order to maintain robust monitoring of performance against trajectory. A fortnightly conference call takes place between NHSE (Region and Specialist Commissioning) and Head of TCP. We expect to meet the set trajectories within the defined timescale of 2019 but meeting the quarterly trajectories can be dependent on resolution to some complex issues.

- Challenge to maintain trajectory due to admissions having to be added into the original cohort numbers, especially in respect to admissions agreed under the MHA when a hospital admissions is clinically assessed as being appropriate and during the admission the patient receives a diagnosis of LD and/or Autism.

- **Housing**

  Provision of accommodation is critical to support resettlement. Detailed planning is taking place during the 'Planned Discharge' stage to ensure that the accommodation is suitably matched with each individual needs. A submission to NHSE has been made for a grant to support the building of 6 units however if funding is agreed in 2018, timescales will still be challenging to deliver by 2020.
- Often landlords have set procedures and set designs they work to in order to manage budgets. The challenge is to get involved at an early stage to ensure any accommodation is flexible and sustainable.
- Due to the challenges presented by some clientele there are a limited number of specialist accommodation providers to work with currently.
- Producing suitable accommodation within a 2 year timescale is challenging.

- **Workforce**

  Work is in hand to confirm the requirement for additional workforce to support resettlement and to support recruitment and training based on a Positive Behaviour Support model of care. A recent workshop was attended by a number of organisations including SSSFT, Health Education England, NHSE, Shropshire Local Authority, Shropshire Partners in Care and Shropshire Community Trust and the findings from this will inform a plan to be taken forward in the next few months.

Post 2019

Further work to support longer term prevention of admissions into in-patient beds will be progressed under the guidance of the Strategic Transformation Partnership. Work is in hand to establish a clear programme of work to support that longer term piece of work.

9. Conclusions

Further work to support longer term prevention of the need for admission into in-patient beds will be progressed under the guidance of the Strategic Transformation Partnership. Work is taking place to establish a clear programme of work to support that longer term piece of work.

However as detailed above a number of challenges remain that reflect the high level and highly complex behaviours and needs of individuals within both TCP Cohorts (NHSE and CCG).

There remains a financial risk to the TCP which will not be fully evaluated until clearer information in respect to the flow of funds from NHSE to TCP is received.

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

1. BACKGROUND PAPERS

""Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – Service model for commissioners of health and social care services"
https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf

"Building the right support – A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition"
https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf

Cabinet Member (Portfolio Holder)

Local Member

Appendices

Shropshire TCP Board Terms of Reference

Item 3b: 10 April 2017

Document filename: TCP Board Terms of Reference (TofR)			
Programme	Shropshire Footprint	**Project**	Transforming Care
SRO Chair	Andy Begley	**Version**	1.5
Author	Kit Roberts	**Version issue date**	15/02/2017

Terms of Reference

Shropshire Transforming Care Partnership Board

covering Shropshire and Telford and Wrekin

Document management

Revision history

Version	Date	Summary of changes
1.1	10/05/2016	First draft
1.2.	June 2016	Second Draft
1.3	July 2016	Third Draft
1.4	12/09/2016	Membership changes
1.5	15/02/2017	Annual Review

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title/responsibility	Date	Version
Andy Begley	TCP SRO for Shropshire Footprint	15/02/2017	1.5

Approved by

This document must be approved by the following people:

Name	Title	Date	Version
Andy Begley	TCP SRO		1.5
Chris Morris	Deputy SRO		1.5

Related documents

Title	Owner	Location
Building the Right Support (Oct 2015)	LGA, ADASS, NHS England	https://www.england.nhs.uk/learningdisabilities/natplan/
Shropshire TCP Template	Shropshire Footprint	

Document control

The controlled copy of this document is maintained by Shropshire Footprint Project Manager. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Contents

1 Introduction

Terms of Reference (TofR) are used to set out the parameters within which authority is delegated to the Transforming Care Partnership (TCP) Board. The TofR will specify membership, frequency of contact, remit and reporting. They have been produced to inform future delivery of the TCP and will be refreshed at least annually.

1.1 Background

The overarching purpose of the TCP Senior Responsible Owner (SRO) is to ensure:

- alignment of the TCP workstream within the broader context of the Learning Disability Commissioning Strategies for the two separate areas (Shropshire and Telford & Wrekin),
- delivery of the TCP Programme, and
- ensure all partners and stakeholders are involved and communicated with in a manner which supports delivery.

2 General responsibilities

1. Maintaining a Strategic overview of TCP under two key priorities:
    - Repatriation from assessment & treatment centres (ATC's) and
    - Prevention.

2. Overseeing the progress of the TCP Work Streams
    - Finance
    - Service Development, including health and market development
    - Integrated Clinical Care
    - Workforce Development: Workforce and Providers
    - Housing/ Operations – Home is Normal.

3. Cross Cutting Themes
    - Ensure Co-production.

4. Managing risks and issues, escalating as appropriate.

5. Communicating information to appropriate stakeholders, including STP Board, Learning Disability Partnership Boards and Autism Partnership Boards.

6. Ensuring that the plan development remains on course to deliver within timescales set.

7. Maintain communication with NHSE, for example, monthly reporting on Milestones.

3 Accountability and Oversight

The TCP Board will be accountable to the Health and Wellbeing Boards for Telford and Wrekin and Shropshire with oversight from the Strategic Transformational Board.

4 Quorate

The meeting must have a representative from each lead organisation to be quorate.

5 Membership of TCP Board

Name/Title	From	Role
Andy Begley, Director of Adult Services	SC	SRO
Chris Morris, Executive Nurse,	TWCCG	Deputy SRO
Helen Bailey, Lead Nurse: Integrated Clinical Care & Safety	SCCG	Member
Colin Thomas, Programme Finance Director	TWCCG	Member
Frances Sutherland, Head of Commissioning - Mental Health, Learning Disabilities and Children	TWCCG	Member
Tracey Dufton, , Service Manager – Provider Services	SC	Member
Francean Doyle	SC	Member
Sarah Dillon, Assistant Director Early Help and Support	TWC	Member
Manny Jhawar-Gill, Commissioning Specialist	TWC	Member
Kit Roberts, Project Worker, TCP	TWC/TCP	Member
Catherine Eaton, Transforming Care Programme Manager, NHS England – North Midlands	NHSE	Member
Dean Robinson, Senior Case Manager Transforming Care, NHS England, Midlands and East	NHSE	Member
Jane Randall-Smith, Chief Officer, Shropshire (receive papers)	Healthwatch	Member
Kate Ballinger, Chief Officer Telford and Wrekin (receive papers)	Healthwatch	Member
Claire Spencer, Finance Business Partner for Adult Social Care & Public Health, as required.	SC	Member
Richard Peach, Finance Team Leader, Business, Education & Care Finance as required.	TWC	Member

Membership will be identified as fixed members although members may send a representative.

6 Chair

The Chair is responsible for:

- Chairing meetings and deciding upon the frequency required;
- Providing strategic direction, support and decision making;
- Disseminate information and actions to members;
- Ensuring the group achieves its overall objectives & delivers the anticipated plan;
- Monitoring the progress of development and subsequent implementation; and
- Escalating issues as necessary and in a timely manner.

7 Skills and attributes of members

Members should be able to:

- Understand and act on those factors that affect the successful delivery of the plans.
- Maintain relationships with stakeholders within and outside the meeting.
- Provide delegated authority, as required, to ensure the plan meets its objectives.
- Review plans and progress making recommendations as required.
- Highlight any risks, issues and successes.
- Provide constructive criticism and support to colleagues to ensure plan success.

8 Frequency of meetings

The group will meet on a monthly basis.
This will be reviewed in June 2017 with a view to moving to bi-monthly meetings, if appropriate.

9 Standing agenda

1. Welcome and Introduction
2. Review minutes and actions from the previous meeting
3. Issues Arising
4. Work Stream reports
    a. Finance
    b. Integrated Clinical Care
    c. Housing
    d. Work Force Development
    e. Service Development – Task and Finish Group
5. NHSe reporting
6. Any other business

10 Secretariat

Meetings will be held at Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND between 9.30 – 11.00am.

Dates:
2017: 10 April; 8 May; 12 June; 10 July; 14 August; 11 September; 9 October; 13 November; 11 December.

2018: 8 January; 12 February; 12 March

The meeting will be serviced by the Project Worker, TCP.

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Health and Wellbeing Board
Thursday 8th March 2018

CHILDREN'S TRUST BRIEFING TO THE HEALTH AND WELLBEING BOARD

Responsible Officer **Karen Bradshaw**

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

1.0 Summary

This regular update briefing commissioned by the Health and Wellbeing Board (H&WBB) from the Shropshire Children's Trust will focus on Educational Achievement in Shropshire - 'Diminishing the Difference'. This briefing provides assurance to the H&WBB on the work of the Trust and highlights areas for closer consideration by the H&WBB.

2.0 Recommendations

The H&WBB is recommended to note the information in this report and encourage partners to consider how they might raise awareness with families they come into contact with on claiming Free School Meals.

REPORT

3.0 Risk Assessment and Opportunities Appraisal

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

4.0 Financial Implications

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

5.0 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.

6.0 Educational achievement in Shropshire – Diminishing the Difference

6.1 Background

There are 150 schools across the local authority (LA):

- 127 primary phase schools comprising of 5 infant schools, 5 Junior schools and 117 primary schools
- 19 secondary schools of which 12 are 11-16 schools and the remaining 7 are 11- 18 schools.
- 1 All-through school (3 – 16)
- 2 special schools of which 1 is 3 – 19 and the other 11 – 16
- 1 Pupil Referral Unit

Shropshire has a high proportion of small and very small schools: 10 percent of schools have 50 pupils or less and 23 percent of schools have between 51 and 100 pupils.

Funding for Shropshire schools over time has been very low compared to other local authorities in England. Shropshire is currently (2016 / 2017) ranked 90th of 150 LAs

Shropshire has a small but increasing proportion of academies. 73.2 percent of all schools remain LA maintained (1st November 2017).

93% of schools in Shropshire are good or outstanding compared to the national average of 89% (Data View). Shropshire monitoring (using consistent measures across all schools) confirms that currently 92% of all Shropshire primary (LA maintained and academy) schools are good or outstanding and 83% of all Shropshire (LA maintained and academy) secondary schools are good or outstanding compared to 55% of primary academies and free schools, and 77% of secondary academies.

6.2 Diminishing the Difference

Despite the positive picture painted in the previous paragraph there remains an identified need to diminish the difference (close the gaps) between the achievement of pupils in receipt of Free School Meals (FSM) and other disadvantaged pupils and their peers.

Early Years Foundation Stage (EYFS)[1]: 2017 attainment data confirms that the proportion of children in receipt of Free School Meals (FSM) achieving the Good Level of Development (GLD) increased by 4% and that the gap between the proportion of FSM and Non FSM children achieving the GLD reduced by 3% - this remains greater than the gap at national level.

Phonics: 2017 attainment data confirms that the gap between the proportion of disadvantaged children who met the phonics standard at the end of Year 1 and their peers widened (FSM v national other).

Key Stage 1: 2017 attainment data confirms that the gaps between the proportion of FSM pupils who met expected standards in reading, writing and mathematics, and their peers have increased. They are each greater than the national gaps.

Key Stage 2: 2016 attainment data confirms that the gaps between the proportion of disadvantaged pupils who met expected standards in reading, writing and mathematics, and their peers remain greater than the national gaps but they have narrowed marginally from 2016.

KS4-attainment gaps: 2016 data confirms the gaps in the overall attainment (A8) and attainment in English and mathematics between disadvantaged pupils and their peers are greater than the national gaps. 2017 gap data has yet to be released.

KS1-2: 2016 progress data for reading, writing and mathematics confirms that the gaps between the proportion of disadvantaged pupils who made expected progress and their peers are larger than the national gaps. **2017 progress data** confirms that these gaps have diminished marginally.

KS2-4 2016 progress data for overall progress (P8) confirms the gap between the progress of disadvantaged pupils and their peers is broadly equivalent to just over half a grade below the progress of other pupils nationally. The gap in English is just over half a grade below other pupils nationally and the gap for mathematics is just less than half a grade below other pupils nationally.

The Local Authority continues to work with schools to identify priorities for improvement and establish action plans as appropriate to ensure that all Shropshire children and young people receive a good or better education so that they are successful, confident and responsible learners who can make a positive contribution to their local community and to wider society.

Actions include:

- Annual monitoring of outcomes to identify leading practice and weaker practice
- Support and challenge for LA maintained schools to reduce gaps by attached advisers to all schools and especially those with the largest gaps

[1] The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of children from birth to 5 years old. All schools and Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

- Identification of schools to participate in the 1st round of the strategic school improvement initiative with focus on raising the achievement of disadvantaged pupils which will narrow the gap. The bid was successful and schools are currently engaged in the initiative.

In addition to the actions above the Children's Trust has also set up a time limited task group to improve 'school readiness' of the children of Shropshire. Within their work the group is looking to develop a branded message that will clearly communicate to parents and professionals what school readiness looks like and what simple actions they can take to encourage and develop the skills of children.

6.3 Pupil Premium Funding is available to assist schools to raise the attainment of disadvantaged pupils of all abilities and to close the gaps between them and their peers. In order to access this additional funding (£1,320 for pupils in reception to year 6 and £935 for pupils in year 7 to year 11, £1900 for looked after children per pupil for 2016/17) each pupil must have been registered as eligible for free school meals (FSM) at any point in the last 6 years.

However, many schools may be missing out on the pupil premium as families do not take up their entitlement to Free School Meals. This might be due to a lack of knowledge or often due to a perceived stigma associated with claiming FSM.

In taking a whole system approach the partners of the Shropshire Health and Wellbeing Board are asked to consider how they might raise awareness with the families they come into contact with, who may be eligible for Free School Meals.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) https://www.gov.uk/government/publications/the-link-between-pupil-health-and-wellbeing-and-attainment
Cabinet Member (Portfolio Holder) Nick Bardsley
Local Member
Appendices

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Health and Wellbeing Board
Thursday 8th March 2018

MENTAL HEALTH PARTNERSHIP BOARD BRIEFING TO THE HEALTH AND WELLBEING BOARD

Responsible Officer **Andy Begley**

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

1.0 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.

2.0 Recommendations

The Health and Wellbeing Board is recommended to:

a) note the information in the report

b) Encourage people to undertake the free training being provided online by the Zero Suicide Alliance

REPORT

3.0 Risk Assessment and Opportunities Appraisal

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

4.0 Financial Implications

No financial decisions are explicitly required with this report, there may be associated resource implications to be considered for some actions. However, any financial decisions will be taken through the appropriate governing bodies and not within the MHPB itself.

5.0 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.

6.0 Mental Health Partnership Board (MHPB) - update

"Shropshire is a place where mental health is everyone's business, positive emotional wellbeing is promoted and services and communities work together to provide appropriate support when our people need it.

The work of the Mental Health Partnership Board since our last update includes:

- Mental Health Needs Assessment
- Safe Shropshire – Safe Place Scheme at Shirehall
- Shropshire Suicide Prevention Action Group

6.1 Mental Health Needs Assessment

The Mental Health Needs Assessment for Shropshire is drawing to a close and the draft report will be presented to the MHPB at its March 2018 meeting.

6.2 Safe Shropshire - Safe Place Scheme at Shirehall, Shrewsbury

What Is Safe Shropshire?

Safe Shropshire is a community led initiative supported by West Mercia Police, Mencap, Shropshire Council, Taking Part, OSCA Citizen Advocacy, Shropshire Disability Network, Shropshire Voluntary and Community Sector Assembly was launched in July 2013 at the Guildhall Shrewsbury.

What are Safe Places?

'Safe Places' are a *short term* safe place for vulnerable people who feel threatened.

How do they work?

- Shops businesses and public buildings sign up to the project.
- Staff are briefed in what to do if someone needs help.
- The premises that sign up are provided with a sticker symbol that goes in a visible place in the window.
- The scheme is supported by West Mercia Police. Local Police Community Support Officers are aware of where local Safe Places are.
- People using the 'Safe Places' Project are given a card by the organisations involved which has the same Safe Places symbol as the window sticker. They add details of people to contact if help is needed.
- If the person feels threatened or has a crime committed against them while they are out in the community they can come into any 'Safe Places' premises to ask for support.

Shirehall, Shrewsbury is a Safe Place

If a person in the vicinity of Shirehall feels that they need a short-term safe place because they feel vulnerable or threatened, they would make themselves known to Shirehall reception staff and then one of the Shirehall volunteers is called to meet the person in reception to:

- Find a quiet but visible space to sit with them. This would be in the public areas of reception or outside the Council Chamber
- Ask if the person has a 'safe place card', and if there's someone who can be contacted on their behalf. They may just need somewhere to relax until they feel safe, and not want anyone contacted
- Record the occurrence on the contact sheet

6.3 Shropshire Suicide Prevention Action Group

The Shropshire Suicide Prevention Action Group is encouraging everyone to undertake this free training being provided by the Zero Suicide Alliance

Could you spot the signs in someone contemplating suicide? Even if you could, how confident would you be to intervene? … read on to find out how YOU could prevent a tragic death by suicide, and it'll only take you 20-30 minutes!

The Shropshire Suicide Prevention Action Group knows how busy we all are, but they would urge as many colleagues as possible to spend 20-30 minutes to undertake this free training, which provides the essential life-skills required to spot and manage risk and signpost to appropriate support. They would also urge you to cascade this invitation to anyone you feel may benefit from the training. If you are reading this document as an electronic version then to access the online training, click on the link. Or go to http://zerosuicidealliance.com/

7.0 Summary

Ensuring our population has good mental and emotional health is important as it impacts on all aspects of people's lives, including links with good physical health, social participation, ability to cope with the normal stresses of life, developing personal relationships, education, training and ability to fulfil potential in employment opportunities. It is also a key component in nurturing resilient communities and can therefore be seen as the responsibility of individuals, families, friends, employers and the wider community to enable people to develop and maintain good mental health.

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) Lee Chapman
Local Member **All**
Appendices **-**

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