APPENDIX

Shropshire's Integration and Better Care Fund Narrative Plan 17/18 & 18/19

Draft V2.8

Plan Summary

- Local authority: Shropshire Council (unitary)
- CCG area: Shropshire
- Boundary differences: co-terminus
- Date plan agreed by HWBB:

Key Line of Enquiry (KLOE)

Financial Summary

Scheme Type	Commissioned and Funded by the CCG (£)	Commissioned and Funded by Shropshire Council (£)	Commissioned by Shropshire Council with CCG Funding (£)	Total (£)
Primary Prevention / Early Intervention	-	233,000	347,633	580,633
High Impact Model for Managing Transfers of Care	-	-	65,000	65,000
Domiciliary Care	-	-	-	-
Personalised Healthcare at home	344,738	67,000	600,000	1,011,738
Intermediate Care Services	2,651,839	85,000	500,000	3,236,839
Care Navigation / Coordination	1,454,395	422,320	1,384,480	3,261,195
Carers' Services	40,000	125,317	1,317,672	1,482,989
Integrated Care Planning	1,883,720	-	2,963,666	4,847,386
Healthcare Services to Care Homes	172,225	-	-	172,225
Assistive Technologies	1,645,090	-	500,000	2,145,090
DFG – Adaptations	-	2,736,187	100,000	2,836,187
Other Housing	-	-	15,000	15,000
Enablers for Integration	3,060,101	-	309,951	3,370,052
Wellbeing Centres	70,502	-	-	70,502
Other	6,777	-	86,223	93,000
Total	**11,329,387**	**3,668,824**	**8,189,625**	**23,187,836**
iBCF		£5,976,757		**£29,164,59**

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Sign off:

Signed on behalf of Shropshire Council:

Andy Begley, Director of Adult Services.

Signed on behalf of Shropshire CCG:

Simon Freeman, Accountable Officer.

Signed on behalf of Shropshire Health and wellbeing board:

Cllr Lee Chapman, Chair

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<u>Shropshire Context</u>

Geography and demographics:

- Shropshire is a fantastic place in which to live, work and visit, with a clean and beautiful natural environment, communities who look out for each other, whether in our rural areas or within one of our historic market towns, excellent schools, low crime and opportunity for everyone. The quality of life rightly brings people here, and makes people want to stay. Around 35% of Shropshire's population lives in villages, hamlets and dwellings dispersed throughout the countryside. The remainder live in one of the 17 market towns and key centres of varying size, including Ludlow in the south and Oswestry in the north, or in Shrewsbury, the central county town.
- Shropshire's green and scenic environment helps to contribute to healthy lifestyles as well as itself being of economic value, in attracting businesses as well as in attracting people to visit here and to move here. However, there are logistical challenges in commissioning and providing services over such a large, rural geography. The population of around 310,000 is itself so spread out, across a terrain covering 319,736 hectares, that the Office for National Statistics (ONS) describes us as having less than one person per hectare (Source: ONS mid year estimates 2014).
- Like many rural areas, the number of people aged 65 and over is

expected to rise. By 2030 we expect 1 in 4 people to be over 65.

- Future population growth and ageing is leading to increased numbers of people with long term conditions and non-communicable diseases.
- We have an ageing population- the 2011 Census shows 63,400 people aged 65 years and over, an increase of 23.8% from 2001. This trend is continuing and is more than double the national and regional growth levels.
- We have a significantly higher than average number of out of area looked after children.

Health and wellbeing:

- Life expectancy rates have improved steadily in the last decade
- 60% of early deaths under 75 years are due to preventable cardiovascular diseases, cancers and respiratory diseases
- Mental health, dementia and musculoskeletal conditions account for 26% of ill health
- An alarming majority (65.2%) of adults carry excess weight. This equates to an estimated total of 200,000 adults who are at higher risk of cardiovascular diseases and certain cancers
- We have a higher than average level of inactive adults (24% are active compared to 27.7% nationally). It is estimated that almost half of type 2 diabetes cases can be attributed to obesity
- Around a quarter of adults (circa 77,000) people are higher or increasing risk drinkers and the rate of alcohol related road traffic accidents is significantly higher than the national average.
- Levels of diabetes have increased rapidly in the past decade with the recorded prevalence doubling between 2004/05 and 2014/15 (from 3.5% up to 6.6%)
- High blood pressure is a significant risk factor for chronic health conditions with xxxxx people in Shropshire, currently diagnosed and recorded in primary care as having high blood pressure
- Approximately 7% of over 65 year old people have dementia; this figure is expected to increase to 8% for all people aged 65 and over by 2021.

Our Health and Social Care Economy:

Shropshire has a relatively complex provider landscape made up of:

- **South Staffordshire and Shropshire Healthcare NHS Foundation Trust** provide adult and older people's mental health services in the county. Multidisciplinary and multi-agency teams work in partnership with local councils and closely with the voluntary sector, and independent and private organisations to promote the independence, rehabilitation, social inclusion and recovery of people with a mental illness. Facilities include the Redwoods Centre in Shrewsbury which opened in 2012 and provides 80 adult mental health beds for Shropshire, Telford and Wrekin and Powys and 23 low secure beds for the West Midlands and the provision

of a memory clinic in support of Dementia services as well as services for people with learning disabilities.

- **The Shrewsbury and Telford Hospital NHS Trust (SaTH)** is the main provider of district general hospital services for half a million people living in Shropshire, Telford and Wrekin and mid Wales, Services are delivered from two main acute sites: Royal Shrewsbury Hospital (RSH) in Shrewsbury and the Princess Royal Hospital (PRH) in Telford. Both hospitals provide a wide range of acute hospital services including accident and emergency, outpatients, diagnostics, inpatient medical care and critical care. Total bed capacity across the two hospitals is 700.

- **The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH**) is a leading orthopaedic centre of excellence. The Trust provides a comprehensive range of musculoskeletal surgical, medical and rehabilitation services; locally, regionally and nationally from a single site hospital based in Oswestry, Shropshire, close to the border with Wales. As such, the Trust serves the people of England and Wales, as well as acting as a national healthcare provider. It also hosts some local services which support the communities in and around Oswestry.

- **Shropshire Community Health NHS Trust** provides community health services to people across Shropshire in their own homes, local clinics, health centres and GP surgeries. These services include Minor Injury Units, community nursing, health visiting, school nursing, podiatry, physiotherapy, occupational therapy, and support to patients with diabetes, respiratory conditions and other long-term health problems. In addition, it provides a range of children's services, including specialist child and adolescent mental health services. Shropshire's four community hospitals have a total of 97 beds with an additional 27 independent sector step down beds.

- There are **44 GP practices** in Shropshire and Local practices have recently formed a GP Federation. In the last year the single Walk in Centre has been co-located with A&E on the Royal Shrewsbury Hospital site in order to manage emergency demand and flow into the hospital.

- **Shropdoc** – Shropshire Doctors Co-operative Ltd (Shropdoc) provides urgent medical services for patients when their own surgery is closed and whose needs cannot safely wait until the surgery is next open, i.e. evenings, weekends and bank holidays. It provides out of hour's primary care services to 600,000 patients in Shropshire, Telford and Wrekin and Powys. Shropdoc also provides home visits and the flagging of high risk end of life and COPD patients.

- **West Midlands Ambulance Service (Foundation Trust)** - The Trust serves a population of 5.36 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire, Coventry, Birmingham and

Black Country conurbation.

- **Shropshire Local Pharmaceutical Committee** – The Shropshire Local Pharmaceutical Committee is the representative statutory body for all Community Pharmacy contractors in the county of Shropshire.

- **People 2 People (P2P)** is Shropshire Council's social work team who provide adult social care support to older people and those with disabilities. P2P supports individuals to keep their independence for as long as possible, by working service users to understand what is important to them and to understand how they connect to their community. P2P works to support people to keep their independence as they age and improve their health and wellbeing.

- **Shropshire Partners in Care (SPIC)** is a not-for-profit company registered as a company limited by guarantee representing independent providers of care to the adults of Shropshire and Telford & Wrekin. Shropshire Partners in Care's purpose is to support the development of a high quality social care sector in the areas of Shropshire and Telford & Wrekin. SPIC works in partnership with local authorities, health and the voluntary sector to support continuous improvement and development of adult social care focusing on local need. They provide information, support training and signposting to relevant services to everyone that contacts the office.

- **The Voluntary and Community Sector Assembly (VCSA)** works to facilitate partnership between the VCSE sector and public sector. Representation work ensures that the VCS are represented on the groups led by the CCG, Shropshire Council and other partners. For example the VCS are represented on the Assistive Technology Steering Group, the Prevention Group, and Community Development Group. Members of the Voluntary and Community Sector Assembly include many of the large VCS organisations in Shropshire including Age UK, Shropshire RCC, and the Alzheimer's Society who deliver health and social care services in Shropshire.

- **Healthwatch Shropshire** Shropshire is served by a local Healthwatch service which is represented at all levels of the BCF structure.

The challenges we face as an economy are similar to those being experienced across the country. Demand on services continues to rise and outstrips the available resources, putting pressure on all services. With a growing number of elderly people in our population, many having more than one long-term health condition, there is a greater need for certain services. Much of the area we cover is very rural further stretching capacity and resources.

Together we are coming up with proposals to ensure people get the best treatment – whenever and wherever they need it. This involves looking at

how existing services can be provided differently and how best we can share patient information to improve services. We have needed to take into account difficulties in recruiting nurses, doctors and other medical staff, particularly given our location.

Our local vision of integration:

The Health and Wellbeing board have agreed the following statement of integration:

"Shropshire's HWBB believes integration is about putting Shropshire people at the heart of decision making. The Board uses evidence that is gathered through data and through engagement to develop a common purpose and agreed outcomes for people, with people; it is about taking a whole system approach to leading, designing and delivering services."

The HWBB have also agreed a unified integrated system vision that by 2020 *"Shropshire people will be the healthiest and most fulfilled in England"*. To achieve this ambitious goal we have agreed specific aims and objectives that align with the developing Integration Metrics and the Integration Standard:

- a system that enables independence in older age for the majority of our population
- truly integrated person centred models of commissioning and delivery designed from a solid shared evidence base
- a workplace destination of choice for health and care professionals
- unity of purpose across our health and care sectors.
- a system where all partners embed health and wellbeing into all our work with communities to enable them to help themselves to live healthier and happier lives
- a system that helps to establish social capital, improves public engagement and accountability and where wellness replaces a sickness paradigm.
- Fully integrated intelligence, data, technology and information sharing systems creating a single evidential view of the place-based needs of the population
- a "one public estate" philosophy to maximise the use of all our assets to the full.
- a pooled BCF budget that is a key enabler to achieve this system wide vision.
- a continuous learning culture that uses evidence from around the world to develop excellence in care and pioneering services through the use of high quality research and technologies.

Systems alignment:

In order to ensure that we achieve this unified vision of integration it is vital that all of our workstreams align and are mutually dependent. The essential co-dependencies are:

HWBB and the Sustainability and Transformation Plan (Partnership):
The Shropshire STP Out of Hospital / neighbourhoods programme and HWBB BCF are fully integrated and co-dependent. Both the BCF and the STP are driving the whole system approach of developing and transforming services as required by the HWB Strategy; and the BCF workstreams have been developed in conjunction with the STP Out of Hospital programme to ensure that the BCF pooled budget can be utilised effectively for delivery and system planning is consistent and fully joined up.
The workstreams of the BCF fit within the programme areas of the Out of Hospital work which are:

- Population Health Management/ system wide prevention
- **Prevention/ Healthy Lives**
- GP 5 Year Forward View
- **Admission Avoidance/ Transfers of Care**
- Community Services Review

See the integration diagram below for high level programmes and BCF workstreams that largely fall within the system wide prevention, Prevention/ Healthy Lives and the Admission Avoidance/ Transfers of Care workstreams.

The workstreams have been developed to ensure that key pieces of work move forward at pace, however it is clear that there is crossover and co-dependence between all of the workstreams. The integrated governance structure ensures that the work is agreed at the Out of Hospital Programme Board, Neighbourhoods Board and finance at the Joint Commissioning Group.

Population Health Management/ System wide prevention and Community Services Review

These two workstreams will underpin the work across the Out of Hospital system. The population health management/ system prevention will help all services to clearly understand health and care needs and target services and resources appropriately, while the community services review will provide commissioners a platform to transform out of hospital services that will support prevention, admissions avoidance, and primary care.

GP 5 year Forward View:

Primary Care is at the centre of the transformation of our local health and care system and our vision cannot be achieved without it. The BCF will link into this work through the Out of Hospital Programme Board, however as

previously mentioned the BCF budget and workstreams sit within the Prevention and Admission Avoidance workstreams.

Some of the key elements of the GPFV that describe this are:

- We will ensure all practices have equal opportunity to access the funding and support they require to deliver the 10 High Impact Changes articulated in the GP Forward View vision-
    - Active signposting
    - New Consultation types
    - Reduction in DNAs
    - Developing the team
    - Productive Workflows
    - Personal Productivity
    - Partnership working
    - Social Prescribing
    - Support Self Care
    - Develop Quality Improvement Expertise
- New Models of care based on a neighbourhood based solution with the principles of:
    - Collaboration – health, social, community, mental health and voluntary organisations working together
    - Co-ordination – approaches to delivery of care that are co-ordinated between agencies across a locality
    - Innovation - embracing new ways of working to offer the best support to the population with clinical and asset based approaches working hand in hand
    - Accessibility – locality based provision tailored to each area
    - Quality – Ensuring that transformation leads to better outcomes for patients and reduces inequalities

<u>Prevention/ Healthy Lives</u>

The Prevention Programme, Healthy Lives, draws together current prevention activity (from Public Health, the Health and Wellbeing Board, Better Care Fund, Adult Social Care, Shropshire CCG and Provider partners), as well as development of new prevention activity, into one programme that focuses on taking a whole system approach to reducing demand on services. This programme relies on working together in partnership and with our communities to improve Shropshire people's health and wellbeing; it will support integration across health and care as and forms a key component of our strategic planning.
Key development areas are to:

- Identifying health risks of individuals and their family and linking the individual/ family to community and service support to prevent ill health

- Implement Social Prescribing, a specific component of healthy lives that provides referral and progress tracking
- Other key programmes include:
    - Diabetes Prevention
    - Falls Prevention
    - Carers
    - Mental Health
    - Healthy Conversations
    - COPD & Respiratory

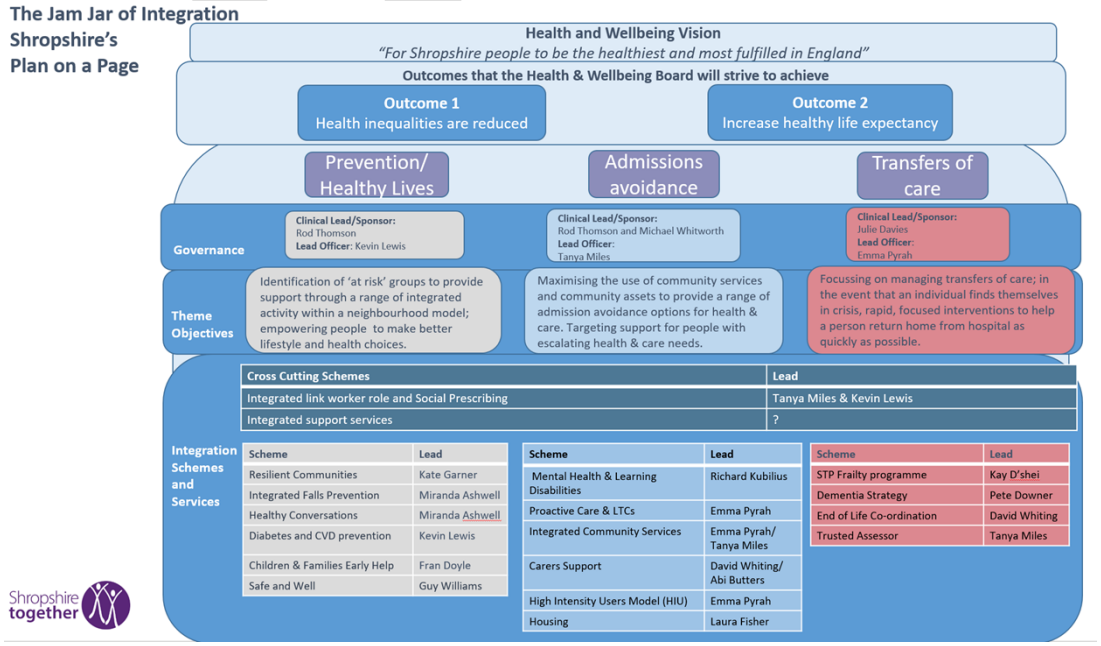
Admission Avoidance/ Transfers of Care

This Workstream will deliver transformation in supporting people with long term conditions and frailty to remain independent in the community for as long as possible. This Workstream will focus on frailty as a starting point and will include (but not limited to) transformation around the following services:

- DAART
- ICS
- IDTs
- START

And it will link into the Social Prescribing/ Care Navigation roles developing as part of the prevention programme.

Plan on a page



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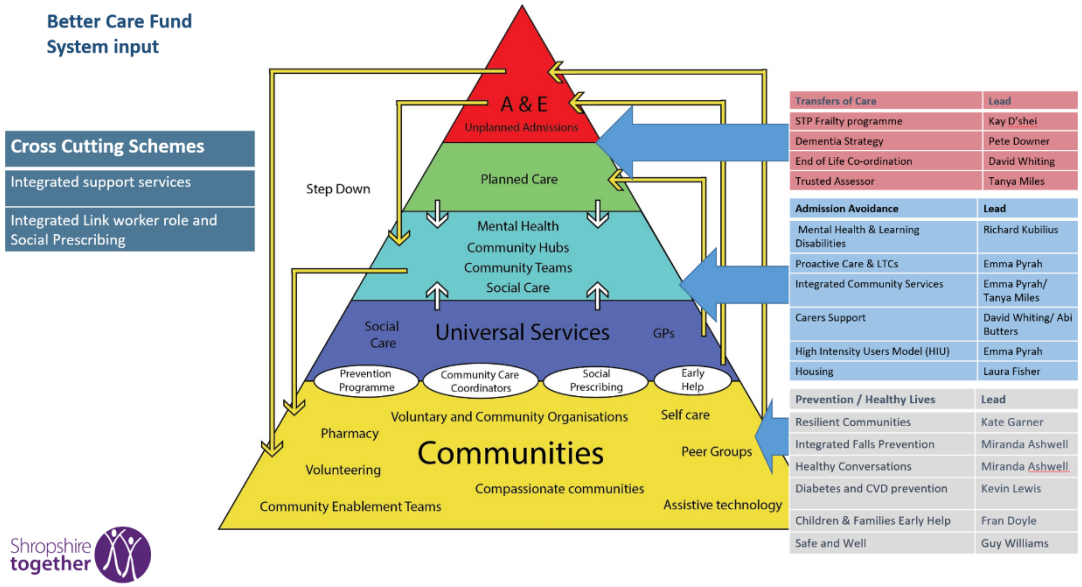

Integration governance and delivery arrangements:

In order to achieve our vision and objectives for integration we are in the process of redesigning how we design, commission, deliver and govern our services.

We are undertaking this redesign with invaluable insight and assistance from the Leadership Centre whose support is funded through the BCF national team. This input has been instrumental in helping our system leaders to agree our vision and the ingredients to achieving this.

A fundamental element of our integration strategy is to create a joint commissioning team to bring together appropriate commissioning, intelligence and performance functions of the CCG and Shropshire Council. Although many services have been commissioned jointly or in partnership for many years, the creation of a single joint team, housed in the same space will accelerate our journey towards full integration and realise massive benefits quickly. The emphasis is on achieving this change at pace to realise the maximum benefit. As such we will be able to describe the full arrangements in practice for the updated plan for 18/19.

The visual below illustrates the proposed joint governance and delivery arrangements:

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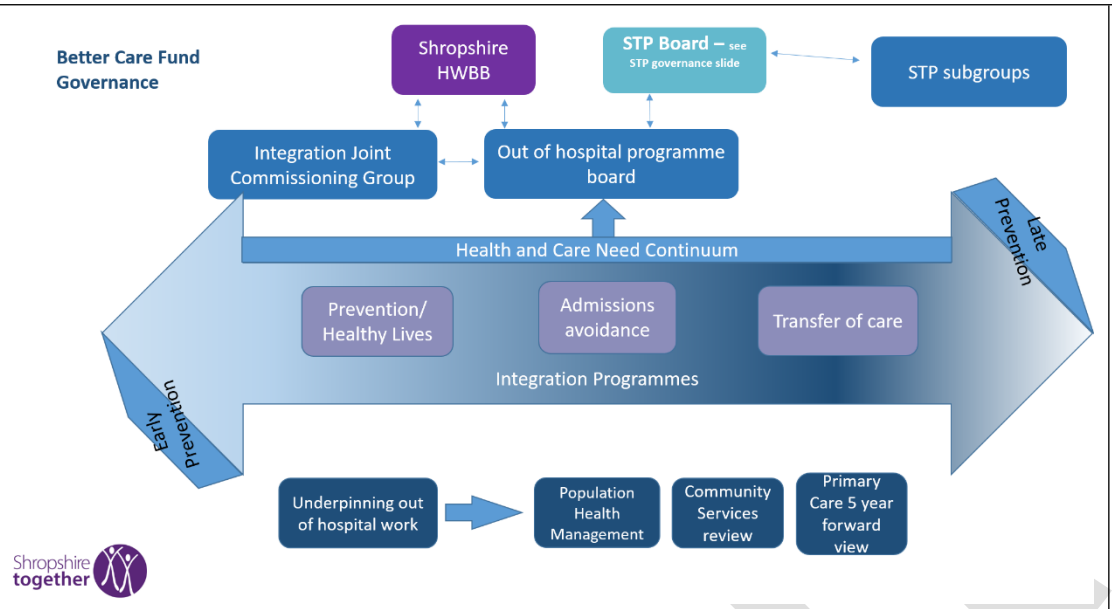

Finances and BCF Pooled budget:

Full details are found on the finance template at appendix xxx

The draft budget for 2017/18 is as follows:

Area of Spend	Schemes Commissioned and Funded by the CCG (£)	Schemes Commissioned and Funded by Shropshire Council (£)	Schemes Commissioned by Shropshire Council with CCG Funding (£)	Total (£)
Acute	86,000	-	500,000	586,000
Mental Health	1,871,455	-	654,000	2,525,455
Community Health	4,702,652	385,000	16,000	5,103,652
Continuing Care	2,886,257	-	711,782	3,598,039
Primary Care	347,000	250,000	-	597,000
Social Care	103,777	2,861,504	5,997,892	8,963,173
Other	1,332,246	172,320	309,951	1,814,517
Subtotal	**11,329,387**	**3,668,824**	**8,189,625**	**23,187,836**
Additional iBCF Funding to be		£5,976,757		**£5,976,757**

Received and Spent by Shropshire Council in Accordance with High Impact Change Model				
Total		**£9,645,581**		**£29,164,593**

This would result in total contributions into the pool of £19.519m from the CCG and £9.646m from Shropshire Council.

Of the total pooled fund of £29.165m, £2.736m is capital funding (largely for Disabled Facilities Grant adaptations) and £26.428m is revenue funding.

The increased capital funding and iBCF funding for 2017/18 are shown in the table below.

Draft Budget 2017/18	**BCF**	**Increased Capital Funding**	**iBCF**	**2017/18 Total**
Revenue				
Schemes Commissioned and Funded by the CCG	£11,329,387			£11,329,387
Schemes Commissioned and Funded by Shropshire Council	£932,637			£932,637
Schemes Commissioned by Shropshire Council with CCG Funding	£7,972,802		£216,823	£8,189,625
Capital				
Disabled Facilities Grants and Social Care Capital Schemes	£2,498,219	£237,968		£2,736,187
Subtotal	**£22,733,045**	**£237,968**	**£216,823**	**£23,187,836**
Additional iBCF			£5,976,757	£5,976,757

Funding to be Received and Spent by Shropshire Council in Accordance with High Impact Change Model				
Total BCF 2017/18				**£29,164,593**

The total pooled budget and contributions from each partner will be confirmed once national guidance on 2017/18 BCF budgets has been issued.

National Conditions:

National Condition 1- Plans to be jointly agreed:

Sign off: the required sign off for the plan is provided on page 1. The journey of joint development and full integration is described on pages 7-10.

Review: the HWBB have undertaken to continually review the progress towards integration in the first two years of the BCF. This review work has been and continues to be an integral component of the system wide integration work that is reflected in section xxxx. In addition a jointly commissioned independent review of the STP Neighbourhoods work and broader integration was conducted by Optimity in the spring of 2017.

Optimity Report.pdf

In particular this plan describes an "integration journey" with 17/18 seeing a period of continued development with the expectation of the updated plan for 18/19 describing a much more integrated system with the potential of a much larger pooled budget.

Local agreement of our plan: the plan has been developed through the HWBB structure as highlighted on page 10. This structure ensures that all appropriate partners are involved in the creation of the plan including providers, social care, voluntary sector providers, communities and patients. Specifically:

- Local housing authority representatives are fully engaged with our system wide integration journey and are key to improving outcomes across the system. Individual elements of work are well underway including the development of innovative housing schemes, allocations, integration of

equipment, aids and assistive technology. These are detailed in the scheme descriptor section.

- We are building stronger links with Children's services as much of our work is complimentary, often working with the same families but in a less integrated manner than ideal. Some initial children's services run through the BCF pooled budget however there is significant opportunity to

Early Help.docx

integrate further.

- VCS partners including Healthwatch Shropshire are critical to achieving our integration objectives and representation from the Voluntary Sector Assembly is secure across all forums of the HWBB, BCF and STP including specific working groups. Many of our services are delivered either by or in partnership with our voluntary sector colleagues. A report on BCF is also presented to each VCSA Health and Social Care Forum meeting.

Progress against 16/17 National Conditions: We are continuing to make progress against the 16/17 national conditions detailed in embedded

Progress on 16.17 national conditions.dc

document.

Addressing health inequalities: addressing health inequality is a key priority for Shropshire and a key principle of our integration vision is to ensure that we continue to reduce health inequalities in our area in line with the Equality act 2010 and Health and Social Care Act 2012 and our HWB Strategy. We have taken a system approach to this as detailed on our web pages: https://www.shropshire.gov.uk/joint-strategic-needs-assessment/overview/shropshire-profile/health-inequalities/

The diagram below helps us to think about how we can support people and reduce health inequalities.

Managing risk: our plan for managing risk is outlined in this embedded

document:

Encl 1 Copy of BCF Assurance Framework

National Condition 2: NHS Contribution to adult social care is maintained in line with inflation:

- The draft NHS contribution to adult social care through the BCF for 2017.18 is £8.190m. This compares with £7.845m provided to Shropshire Council by the CCG for schemes in 2016/17.
- As detailed on page 14 the HWBB have undertaken a line by line review of the schemes funded through the BCF to ensure resources are appropriately allocated to enable Shropshire Council to meet their adult care statutory duties.
- As detailed throughout this plan we are continuing on our journey towards integration and envisage a greater investment in the protection of adult social care in the 18/19 pooled budget.

National Condition 3: Agreement to invest in NHS commissioned out of hospital services

The policy framework and 17/18 allocation establishes that a minimum of £xxxx of the CCG contribution to the BCF in 2017-18, will continue to be ring-fenced to deliver investment or equivalent savings to the NHS, while supporting local integration aims.

- In Shropshire we do not plan for reductions in non-elective admissions (NEAs) beyond the CCG operational plans and as such we plan to use the full allocation to fund NHS-commissioned out-of-hospital services. These services are the same as those in 16/17 that have demonstrated impact on reducing acute activity and unplanned admissions. Work is ongoing work to refine these services to maximise this impact. Specifically these services are: Provide tabular insert of these services and their value in relation to the minimum CCG contribution above.
- These schemes are integral to how we are aiming to meet National Condition 4 (managing Transfers of Care) alongside other activity that is detailed later.
- As detailed earlier we are making significant progress towards full integration and the two year Integration and BCF plan enabled us to describe the journey we are on towards a much more integrated picture when we present the updated plan in the spring of 2018. The pooled finances for 18/19 will show further integration across a wider range of services and will describe a significant increase in investment into out of hospital services.

National Condition 4: Managing Transfers of Care:

Our approach to this new metric is detailed insert embedded document. This provides full detail on:

- Our joint approach to funding and implementing these changes, how we have built on and learnt from existing successful local practice and how we are tailing services to meet local circumstance.
- Our agreed set of measures to manage transfers of care and the rationale for these.
- How we will implement this model and how it will impact on our performance metrics, including Delayed Transfers of Care.

Maintaining Progress on the 16/17 National Conditions:

Detail on how we care continuing to make progress on the national conditions for 16/17 can be viewed in the embedded document.

Progress on 16.17 national conditions.dc

National Performance metrics:

All metrics have been agreed by the HWBB following detailed system wide work including the Leadership Sessions detailed earlier. All metrics have been agreed in the context of past and current performance using the performance management templates provided for the BCF, our collective data and intelligence, and are aligned with all appropriate plans and services across health and social care.

Metrics supporting document.docx

Detail on how we will achieve these metrics is provided in the schemes/ services section.

Non Elective Admissions (General and acute):

- Insert agreed targets in tabular form **these to be confirmed once template is published with pre-populated targets.**

Admissions to residential and care homes:

- Insert agreed targets in tabular form **these to be confirmed once template is published with pre-populated targets.**

Effectiveness of reablement:

- Insert agreed targets in tabular form **these to be confirmed once template is published with pre-populated targets.**

Delayed Transfers of Care:

- Insert agreed targets in tabular form **these to be confirmed once template is published with pre-populated targets.**

Integration and Scheme delivery:

The delivery of integrated services to achieve our vision alongside the national conditions and metrics is through three principal workstreams:

- Prevention/ Healthy Lives
- Admissions avoidance
- Transfers of Care

Whilst many of the schemes will interact with the system and many workstreams, the following schemes cut across the three workstreams and are integral to the delivery of integration overall. These are:

Integrated Link worker role incorporating Social Prescribing, Community Care Coordinators and Let's Talk Local	C&CC's v2.docx Social Prescribing V2.docx
Integrated Working Support Services	Integrated Working Support.docx

- The individual budgets associated with these services make up the majority of funding in the BCF pooled budget. The finance template at Appendix 1 provides the full detail.

Prevention/ Healthy Lives:

This workstream takes a whole system approach to reducing demand on services by using our intelligence to identify 'at risk' groups of people and then provide the support needed to help these people to remain well and avoid escalation.

We have been piloting this new approach in Oswestry, our second largest town, since September 2016 and have made a significant impact. We are

now rolling this approach and the specific services out across the County.

Prevention/ Healthy Lives is made up of the following services. A scheme descriptor for each service can be accessed by opening the embedded document:

Resilient Communities	Resilient Communities V2.docx
Frailty and falls prevention	Descriptor under development
Healthy Conversations and future planning	Healthy Conversations and Future planning.d
Diabetes and CVD Prevention	Diabetes and CVD Prevention v2.docx
Children's Services	Descriptor under development
Safe and Well	Safe and Well.docx

Admissions Avoidance:

The supporting independence at home workstream recognises that the right place for people to receive care is wherever possible at home.

It employs a system wide approach to providing appropriate solutions to provide this care. It is made up of the following services:

Mental Health & Learning Disabilities support	Mental Health & LD.docx
Housing	Housing v2.docx
Carers Support	Integrated Carers Support v2.docx
Integrated Community Services (ICS)	Descriptor under development

High Intensity Service Users (HISU)	HISU.docx
Proactive Care and Long term conditions support	Proactive Care and Long Term Conditions

Transfers of Care:

This workstream employs a system wide approach to managing transfers of care. In the sometimes unavoidable event that an individual finds themselves in crisis, we will employ rapid, focused interventions with a view to helping a person remain in their own home or return there as quickly as possible. It is made up of the following services:

STP Frailty programme	To be developed
End of life support	End of life v2.docx
Dementia Services	Dementia v 2.docx
Trusted Assessor model	To be developed