



## Borough of Telford and Wrekin

### Health & Wellbeing Board

Thursday 14 December 2023

2.00 pm

The Walker Room, Meeting Point House,  
Southwater Square, Telford, TF3 4HS

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**Democratic Services:** Lorna Gordon 01952 384978

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**Committee Members:** A J Burford (Co-Chair), S Whitehouse (Co-Chair), P Watling, F Doran, K Middleton, K T Tomlinson, S P Burrell, S Fogell, M Vivian, J Britton, J Rowe, L Noakes, S Froud, J Dunn, C Parker, A Olver, N Carr and P Davies

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## **HEALTH & WELLBEING BOARD**

### **Minutes of a meeting of the Health & Wellbeing Board held on Thursday 28 September 2023 at 2.00 pm in Third Floor, Southwater One, Southwater Square, Southwater Way, Telford, TF3 4JG**

**Present:** Councillors A J Burford (Co-Chair), S Whitehouse (Co-Chair), P Watling, F Doran, K Middleton, K T Tomlinson, S Fogell, J Britton, J Rowe, L Noakes, S Froud, C Parker and A Olver

**In Attendance:** M Bennett, L Gordon, C Hall-Salter, H Onions and H Potter

**Apologies:** Councillors S P Burrell, M Vivian, J Dunn, N Carr and P Davies

#### **HWB12 Declarations of Interest**

None.

#### **HWB13 Minutes of the Previous Meeting**

**RESOLVED** – that the minutes of the meeting held on 22 June 2023 be agreed.

#### **HWB14 Public Speaking**

None.

#### **HWB15 Living Well Update**

The Director: Health & Wellbeing provided Members of the Board with an update on the work undertaken across Telford and Wrekin that contributed to the Board's strategic priority, Living Well. The Board heard that the programmes of work summarised in the report were largely funded from the public health grant and were led by the Council's Health Improvement team, in collaboration with the Council's health partners and the community and voluntary sector. As the majority of work was funded on a one-off basis there were concerns about its long-term sustainability. Members heard that in order to address these concerns that work needed to be further embedded within the existing NHS pathways.

It was noted that partnership working had been key to reaching out to less engaged communities, with the Director: Health & Wellbeing highlighting the work of the Healthy Lifestyles Team. Members heard that target communications based upon intelligence lead data from research and development had been working well to achieve this.

Members of the Health and Wellbeing Board noted the report and welcomed the role of partnership working in order to reach out to wider communities to deliver healthier lifestyle outcomes.

## **HWB16 Health & Wellbeing Strategy Progress Report**

The Consultant in Public Health introduced the Health and Wellbeing Strategy Progress Report, stating that this was a standing item introduced following the last Board meeting in June 2023, in order to provide Members with an update on delivery progress of each priority within the strategy over the last quarter.

The Consultant in Public Health highlighted that a wide range of progress had been made against the priorities, including the launch of Family Hubs, the schools health and wellbeing programme and a number of blood pressure testing events that had taken place. Continuing the intelligence-led approach to the strategy, the Consultant in Public Health informed the Board that research into healthy weight, violence against women and girls and alcohol and drug use had been carried out and continued to inform future programmes of work. At a place-based level, Members heard that both a new domestic abuse service and an alcohol and drugs forum had been launched, in addition to continued training across the partnerships.

The Board were informed that there were a number of emerging risks and challenges related to funding, and the sustainability of that funding, staff capacity and partnership engagement when addressing health inequalities. The Consultant in Public Health stated that though the challenges were unlikely to change, closing the inequalities gap remained a central priority.

During the discussion, Members highlighted the importance of aligning the Board's agenda with that of the Integrated Care Board and place boards in order to allow for a targeted discussion around specific inequalities to take place. Members of the Board thanked the Consultant in Public Health for their report and noted the delivery progress of the Health & Wellbeing Strategy 2023- 2028.

## **HWB17 Health & Wellbeing Strategy Outcomes Framework**

The Insight Manager provided the Board with an overview of the new performance framework to monitor the delivery of the Health and Wellbeing Strategy, and the current position of each of the outcome measures identified. It was noted that the report complimented the Health and Wellbeing Strategy Progress Report as it looked directly at the outcomes and indicators outlined in the strategy. The Insight Manager informed the Members that an update on each of measures in the strategy was to be brought to the Board every 6 months, and that there were plans in place for a dashboard to be created for greater ease of access for Members.

During the discussion, Members enquired whether it would be possible for the framework to allow the data to be interpreted at ward level, to allow resources to be targeted at the areas they were most needed. The Insight Manager



advised the data from the Joint Strategic Needs Assessment would allow for this so could be explored.

The Board discussed the stalled increase to life expectancy in the borough and noted the importance of identifying and addressing any underlying causes where possible. It was recognised that life expectancy had reduced nationally, however in comparison to areas with similar demographics that we had the narrowest inequalities gap. Members noted that despite this, further place based work was required to reduce the gap further.

**RESOLVED – that the Board:**

- a) agree the performance framework;**
- b) note the current position regarding performance against the strategy priorities;**
- c) agree to receive an update on the performance metrics every 6 months.**

**HWB18 Better Care Fund update**

The Service Delivery Manager: Adult Social Care provided the Board with an update on the Better Care Fund. Members heard the Better Care Fund was a national programme that was place based to Telford & Wrekin. It was jointly lead by Telford and Wrekin Council and the Shropshire Telford and Wrekin Integrated Care System. The Service Delivery Manager: Adult Social Care informed members that the current two year Better Care Fund Plan had recently been signed off through the Board's delegation arrangements, however challenges still remained.

Members heard that the focus of the plan was to improve systems and to become more efficient, particularly in respect to discharge arrangements. The Service Delivery Manager: Adult Social Care advised that the use of community resources such as the Rapid Response Team had been key to ensuring that.

The Service Delivery Manager: Adult Social Care informed that board that prior to submission the programme must meet the national conditions, which had been revised to include a detailed profile of urgent care demand and capacity and regular reporting on the utilisation of the specific allocated additional Discharge Fund monies. The plan submitted in June 2023 built on the successes of work in previous years, such as the Integrated Discharge Model and Discharge to Assess approach.

**RESOLVED – that the Board:**

- a) Note the Better Care Fund programme progress to date;**
- b) Support the delivery of the Better Care Fund programme for 2023/25;**
- c) Receive an update on progress in early 2024.**

## **HWB19 Telford & Wrekin Suicide Prevention Strategy**

The Consultant in Public Health provided Members of the Board with an overview of the updated Suicide Prevention Strategy. The strategy had been reframed to consider the council's approach to partnership working in order to reduce and prevent suicides and their impact on residents. The Consultant in Public Health noted that the strategy had been updated in line with the update to the National Suicide Prevention Strategy, which was recently published.

Members heard that the core principles from the previous Strategy had been retained, focusing on: addressing the myths and stigma of suicide, as well as raising awareness of suicide risk across our communities; improving access to timely and appropriate support for anyone affected or bereaved by suicide; ensuring those most likely to connect with higher risk and vulnerable groups of suicide, have the right skills and confidence to appropriately intervene or signpost to early support in a compassionate manner.

The Consultant in Public Health shared that much progress had been made since on this strategy since inception in 2017, citing the launch of the new Shropshire Telford and Wrekin Suicide and Unexpected Death Bereavement Service in January 2021 and the promotion of the Zero Suicide Alliance training. The latter of which had become mandatory for many health and social care staff. The Consultant in Public Health reported to the Board that partnership working and networks created around promoting this strategy were strong, leading to the success of events such as the World Suicide Prevention Day held in Southwater recently.

Members highlighted the importance of suicide prevention being a visible topic of the Health and Wellbeing Board and proposed it be brought to other boards, such as the Children and Adult Safeguarding Boards.

**RESOLVED – that the Board approve the refreshed Telford & Wrekin Suicide Prevention Strategy for 2023/24 – 2027/28.**

## **HWB20 Children and Young People's and Vaping Position Statement**

The Public Health Consultant outlined to Members the position statement on Children and Young people and vaping in Telford & Wrekin. Members heard that there was a growing concern regarding the level of children and young people who were vaping in the borough, and the national Smokefree Youth GB survey 2023 showed a significant increase with 11.6% of 11-17 year olds reporting experimenting with vapes in 2023 nationwide, compared to 7.7% in 2022.

The Telford & Wrekin position statement on vaping in children and young people, had been produced based on the current evidence and best practice. The Public Health Consultant advised Members that the key aim of the statement was to widely share the evidence and helpful resources with young people, their parents and carers, and professionals to help educate and guide discussions around vaping and the risk it poses. The Public Health Consultant

noted that it was important to highlight that vaping has been proven to be an effective tool to aid quitting smoking in those who currently or have previously smoked. Research showed that the vast majority of young people who vape are also current or ex-smokers. However, there was a need for a careful balance between the promotion of vaping as a tool to help quitting and promotion of vaping in those who do not smoke. The Public Health Consultant informed the Board that following the meeting the statement would be circulated to headteachers and further work on the issue would be brought to local schools.

Members of the Board expressed support for the report, noting the complexity of the issues and the importance of finding the correct approach.

**RESOLVED** – that the Board approve the Telford & Wrekin vaping statement for children & young people for dissemination among partners.

### **HWB21 Adult Social Care CQC Preparation Update**

The Service Delivery Manager: Assurance and Transformation provided the Board with an update on the preparation for the Care Quality Commission (CQC) assessment framework of Adult Social Care. Members heard that following the Health and Care Act 2022 there was a duty for the CQC to independently review and assess how local authorities were delivering their Care Act functions. The Service Delivery Manager: Assurance and Transformation informed the Board that there was one singular assessment framework through the Care Act that had been developed with improved outcomes for patients at heart. This framework also applied to Integrated Care Systems.

Members heard that there were nine quality statements outlined across four themes within the framework that the Council would be assessed against. The themes outlined were working with people; providing support; ensuring safety and leadership. The Service Delivery Manager: Assurance and Transformation advised the Board that the CQC were working to tight timescales and would therefore be starting formal local authority assessments from the Autumn. There had been five pilot assessments that had taken place, including one in Birmingham where they assessed children's services. Members were informed that an agreed outcome for each of the pilots would be published.

The Service Delivery Manager: Assurance and Transformation outlined to Members the population statistics of Telford and Wrekin and how our growing aged population impacted the services that the Council provides. As a result of this, members heard that an additional £10 million investment had been made into adult social care this year, accounting for 42% of the Council's budget. The Service Delivery Manager: Assurance and Transformation explained to Members that whilst Telford and Wrekin did face challenges such as market sustainability and financial constraints, that the Council had a lot to be proud of. The Council's workforce and workforce planning was supported through their partners to provide a quality assured approach to services and a

strong focus on prevention. The Service Delivery Manager: Assurance and Transformation mentioned the recent OFSTED and CQC recognition of the Council's Shared Lives Services, Children's Safeguarding and SEND services as further achievements.

In preparation for the CQC assessment of Adult Social Care Services the Board heard that a self-assessment and improvement plan were in place, and were reviewed regularly. The Council also took part in 3 weekly CQC forums and sought support from the West Midland Association of Directors of Adult Social Services (WMADASS), a sector lead improvement programme.

Members of the Board thanked the Service Delivery Manager: Assurance and Transformation for their presentation and noted the update.

The meeting ended at 3.31 pm

**Chairman:** .....

**Date:** Thursday 14 December 2023



# Health & Wellbeing Strategy 2023-2027

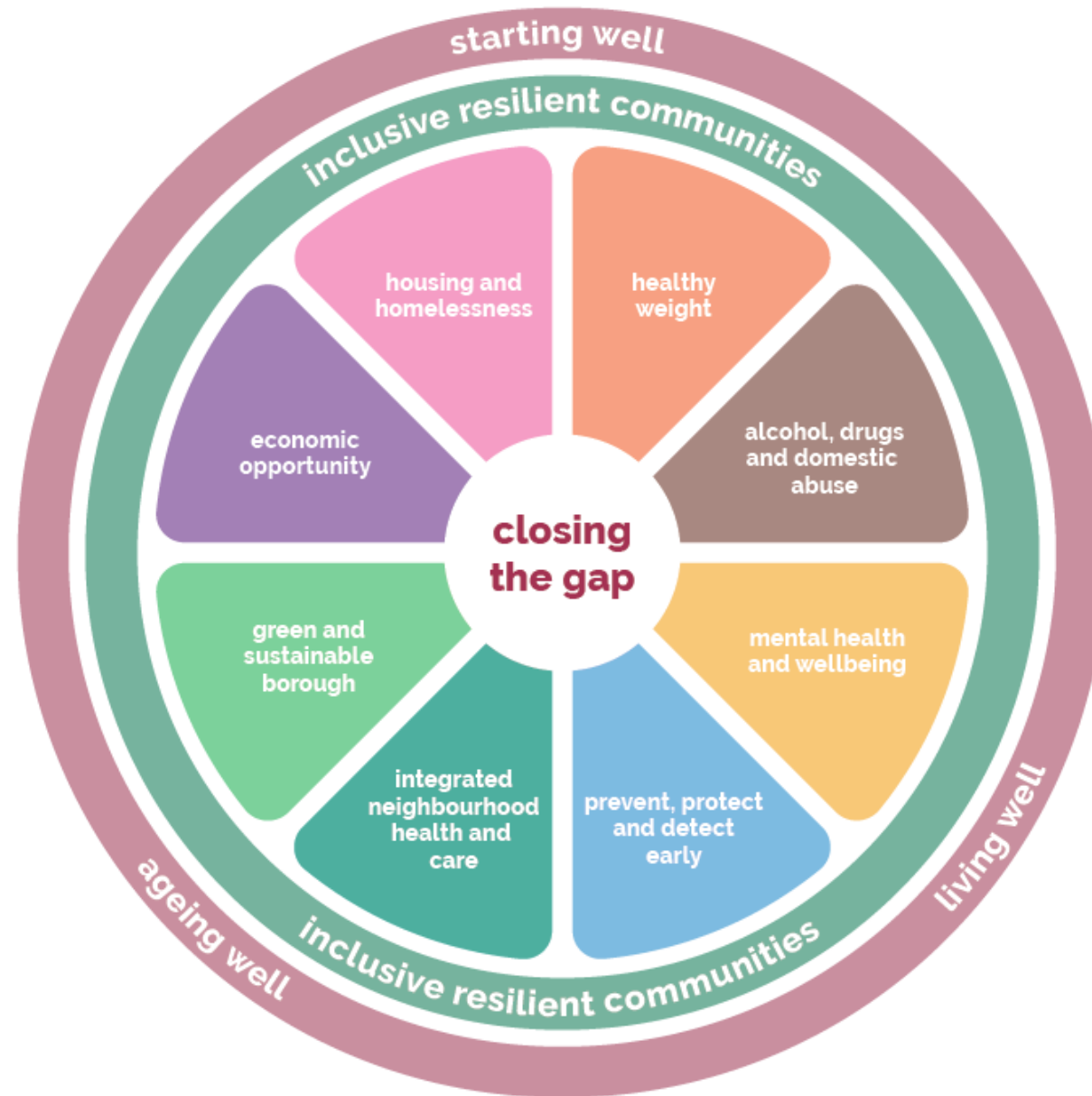
## Delivery Progress Report December 2023

# Strategy Delivery Progress Report December 2023

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# Our vision - happier, healthier, fulfilled lives



# Closing the gap

- Our HWB Strategy highlights that tackling inequalities and closing the gap requires comprehensive action across our priority programmes, through a strong targeted, intelligence-led approach. Addressing wider determinants of health is crucial and the NHS has a particular focus on reducing health inequalities through its [CORE20PLUS5](#) programme (see page ? for updates on the prevent, detect and protect priority). The gaps in health and wellbeing experience are most repeatedly seen in our most deprived communities, compared to the most affluent communities - the 20% most deprived communities –“the core 20”. Particular and specific inequalities are also faced by different groups of people, often referred to as **inclusion groups** and these are closely related to characteristics which are protected in the Equalities Act.
- The HWB received an update on the inequalities programme in September 2022. A detailed review of activity and progress on closing the gap ambitions is being undertaken and an update will be presented the HWB in March 2024. The HWB Strategy leads have provided progress updates for their programmes which are included in this report, including reference to the relevant inequalities focus for their programme. The table below summarises the groups which are most important inequalities context for each priority.

<p>Page 12</p> <p>Healthy Weight</p>	<ul style="list-style-type: none"> <li>Strategy engagement focus groups with at-risk groups including people with learning disabilities, mental health disorders, males, ages 55+, ethnic minority groups, people living within our most deprived communities</li> <li>Key priority for Healthy Weight Strategy is to create opportunities to support groups facing inequalities including: children and adults with a learning disability, physical disability or long-term health condition, as well as those with a common mental health problem or serious mental illness.</li> <li>Schools health &amp; wellbeing programme selects schools to take part with the highest rates of excess weight and those in our most deprived communities</li> </ul>	<p>Integrated health and care</p>	<p><b>Start for Life Family Hubs:</b> “core20” population, younger parents, black &amp; minority ethnic group families</p> <p><b>Primary Care:</b> All 8 PCNs have nominated inequalities leads and specific health inequality related projects in place for 2023/24. Health inequalities is one the prioritisation criteria the ICB Primary Care Team use to target practices requiring improvement support.</p>
<p>Alcohol, drugs &amp; domestic abuse</p>	<p><b>Alcohol &amp; drugs :</b> Equality Impact Assessment completed alongside the Needs Assessment. Equality Action Plan to be integrated into annual strategy Action Plan, Ethnicity data now included in quarterly treatment monitoring data</p> <p><b>Domestic Abuse:</b> focus on families with complex and multiple needs. The DA Forum assessing disproportionate impact of domestic abuse and lower service uptake rates among under-served groups, improving joint working with faith groups and BAME communities</p>	<p>Green &amp; sustainable borough</p>	<p><b>Green Space are Go</b> targeted towards under-represented groups - people from lower socio-economic groups, people from ethnically diverse communities and people with disabilities/additional needs. Groups receiving grant funding include PODS, T&amp;W CVS, The Chinese Cultural Centre and African Caribbean Community Initiative.</p> <p><b>“Active SMiles”</b> seeks employers with high percentages of manual workers and use job title in selection criteria if scheme is over-subscribed</p>
<p>Mental health &amp; wellbeing</p>	<p>Children &amp; Young People who: have SEND, looked after/care leavers, those who are NEET, and suffer multiple disadvantage and trauma</p> <p>adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs</p>	<p>Economic opportunity</p>	<p>The Cost-of-living strategy is aimed at those residents in the Borough on the lowest incomes, be they working age or pensioners.</p>
<p>Prevent, detect &amp; protect</p>	<p>People living in the most deprived 20% of communities in England – the core 20 are a key focus given the gaps in life expectancy the most deprived and most affluent communities.</p> <p>Cancer screening: narrowing the gap in uptake of screening programmes across GP practices, linked to deprivation</p> <p>Cancer Champions &amp; Health Champions representative of diverse communities</p>	<p>Housing &amp; homelessness</p>	<p>People affected by trauma and poor mental health</p> <p>Ongoing focus on homeless clients who present with complex and multiple needs.</p>



# Healthy weight

## Key Progress – against strategy / work plans

- Healthy Weight Strategy engagement with members of the public and stakeholders is now complete with 1008 survey responses, 24 focus groups complete and a stakeholder workshop held with partners from TWC, NHS, Schools, Workplaces, VCSE
- Core priorities for the Healthy Weight Strategy have been identified and the Healthy Weight team now working with partners to finalise. Final strategy expected to be in place by March 2024.
- Healthy Families targeted programme for children recognised through NCMP measurements commenced and 230 year 1 children who received NCMP measurements last year have been contacted – 44 families are currently being supported to achieve healthier lifestyles
- Partnership working between Healthy Weight team and Health Protection to provide information and support to schools to improve school food standards. A webinar was delivered to over 25 schools and support resources shared.
- Healthy Lifestyles Service has supported 830 adults to lose weight (April – November 2023)
- Targeted work has started with Adult Social Care and the care sector to increase weight management referrals along with piloting new approaches to provide weight management support for adults with a learning disability

## Issues / challenges for HWB

- Sign up and commitment from schools to look at health and wellbeing programme as a whole systems/ whole schools approach
- Commissioned services commitment to healthy weight
- Adapted resources and weight management service offer for children and adults with learning disabilities

## Inequalities Focus:

- A key priority for the Healthy Weight Strategy is to create opportunities to support groups facing inequalities including: children and adults with a learning disability, physical disability or long-term health condition, as well as those with a common mental health problem or serious mental illness.

## Plans for next quarter – what we are hoping to achieve

- Finalised Healthy Weight Strategy to take to HWBB in March
- Healthy Families targeted programme for children recognised through NCMP measurements will be expanded to Year 6 children
- Schools engagement in the Health & Wellbeing Programme
- Training for family hubs providers to feel comfortable to raise the issue of weight with families
- Eatwell sessions delivered in the community through family hubs
- On going work with adult social care to develop weight management support for adults with a learning disability

## Improving outcomes - data or brief case study/ story etc.

The Healthy Families programme is currently supporting 44 families with children to achieve healthier lifestyles, in particular around healthy weight. Targeted school clinics have been established and 33% of families offered support have joined the programme. Presence in schools has increased the number of referrals made by school staff. Children and families are achieving outcomes such as weight loss, reduced screen time, reduced energy drink consumption, increased parental confidence on balanced diet and portion sizes.

# Domestic abuse

## Key Progress – against strategy / work plans

- Successful formal launch of new Integrated Domestic Abuse Service on 5th October
- Successful White Ribbon event held on 28<sup>th</sup> November
- First Telford Drive Panel held to identify high risk perpetrators for behavioural change programme
- Referral pathways for DA victims with housing needs agreed between T&W Housing Options Team, Cranstoun and WMWA
- T&W DA Service presence at Adult Safeguarding Week community event resulting in a number of DA disclosure

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## Plans for next quarter – what we are hoping to achieve

- Cranstoun continuing to attend teacher training days and college safeguarding events to raise profile of support for C&YP affected by domestic abuse
- Co-production process between Cranstoun and young people to produce materials for teenage abuse campaign
- Ongoing discussions between Cranstoun and local Registered Social Landlords to expand supply of safe accommodation
- Finalise and agree T&W DA Communications Plan

## Improving outcomes - data or brief case study/ story etc.

- Young people across 19 schools supported to maintain health relationships and prevent escalation into abuse
- The T&W Domestic Abuse Forum continues to grow, ensuring the voice of lived experience strongly influences strategy deliver.
- Domestic abuse dashboard presented to DA Local Partnership Board

## Issues / challenges for HWB

- Shortage of appropriate dispersed and move-on accommodation continues to present a challenge to developing a supply chain of Safe Accommodation

## Inequalities Focus:

Ongoing priority focus on families with complex and multiple needs. Domestic Abuse Equality, Diversity and Inclusion mapping exercise commence.

# Alcohol and drugs

## Key Progress – against strategy / work plans

- Draft Alcohol & Drugs Strategy for 2024-2029 is being presented to HWB at Dec meeting (see HWB papers for further detail). The strategy, which has been co-produced with professionals, partners and service users proposes action under the following themes:
  - Prevention
  - Reducing harm
  - Treatment
  - Recovery Support
- Supplementary Substance Misuse Treatment and Recovery Grant for 2024/25 confirmed
- Successful Recovery Conference held in September
- Drug Alert System implemented and now operational

## Improving outcomes - data or brief case study/ story etc.

- Successful treatment completion rates for opiates and alcohol (8.5% and 47.1%) remain higher than national averages (7.2% and 43.9%) but for non-opiates (35.0%) have dipped below the national average (40.1%)
- Local drug related death rate (4.57 per 100,000) remains lower than the national average (5.02 per 100,000)

## Plans for next quarter – what we are hoping to achieve

- Cabinet approval for Alcohol and Drugs Strategy 2024-2029
- Implement local Drug and Alcohol Related Death Review System
- Establish Young Person's Sub-group of local Alcohol and drugs Forum
- Develop MoU with West Mercia Police for Naloxone pilot scheme
- Develop Standard Operating Procedure with partners for responding to spike in synthetic opioid deaths

## Issues / challenges for HWB

- Increasing the number of drug users in the criminal justice system commencing structured treatment
- Continuing elevated risk of fatal overdoses from increasing use of synthetic opioids nationally

# Mental health and wellbeing: children and young people

## Key Progress – against strategy / work plans

- The Young People’s Forum hosted the mental health summit in October and the Year of Wellbeing Campaign was launched on world mental health day
- Youth focus groups held to gain insight in emotional health aspects young people have, e.g. family and friends and future aspirations – focus groups included SEND, Autism Hub and children in care groups and Young Person’s Forum
- Schools Wellbeing Charter Mark funding agreed for piloting the model, based on best practice from Sandwell, led by the Educational Psychology Team
- Future in Mind development of the Miss Kendra toolkit for schools to support their trauma informed approach
- BeeU’s MH Support Team continues to support 34 Telford & Wrekin schools and are ‘refreshing’ their offer

## Improving outcomes - data or brief case study/ story etc.

- The Young People’s Year of Wellbeing Campaign has been launched as part of the YP Forum summit, with 93 sign ups to date, support for YP shared through campaign and website [https://newsroom.telford.gov.uk/News/Details/17020\\_Young\\_person's\\_year\\_of\\_wellbeing - Telford & Wrekin Council](https://newsroom.telford.gov.uk/News/Details/17020_Young_person's_year_of_wellbeing_-_Telford_&_Wrekin_Council)
- Rae from the Young People’s Forum said *“we have been holding discussions around what young people in our borough believe to be the biggest issue in the past year, and mental health was what came out on top. So we created the local “Our Future In Mind” Mental Health summit, to increase awareness around the services that young people could access, as part of this, the Young People’s Forum have had the chance to work closely with the council in order to shape the “Young Person’s Year of Wellbeing” campaign we are launching as part of the summit. “*

## Plans for next quarter – what we are hoping to achieve

- Youth Year of Wellbeing Survey analysis
- Development of the annual public health report 2023 focussing on CYP emotional health and wellbeing, drawing together year of wellbeing campaign and engagement insight work with YP through focus groups and wider survey – will be presented to the HWB in March 2024
- Piloting of the trauma informed Miss Kendra toolkit in a number of schools
- Further development of the Schools Youth Health Champion programme
- BeeU facilitating the ‘Mental Health in Schools’ system wide Governance – first meeting in January 2024
- ICS re-establishing CYP Mental Health Governance arrangements
- NHS colleagues from ICB and MPFT to work together with local authority colleagues on BeeU re-commissioning, jointly developing model and joint engagement plan (sign off February 2024), joint service review plan, Equity and Quality impact assessments with integrated pathways
- ICB to develop commissioning intentions regarding Children’s Neurodevelopmental Pathways

## Issues / challenges for HWB

- BeeU service demand and waiting times

# Mental health and wellbeing: adults

## Key Progress – against strategy / work plans

- Improved relationships with housing / homelessness and substance misuse teams which improves outcomes and the experience for residents.
- Recent establishment of place based MH Partnership Board which will oversee the development and implementation of the Strategy in due course.
- Meeting with the Provider Collaborative Lead to explore what this might mean at place.
- Developing the number of supported accommodation options locally. Site visits to review progress at one site have taken place.
- Completed the tender evaluation and subsequent award of Care Contract for the on site provider for 12 new apartments currently under construction (expected Jun 2024). Will enable people to return to the local area. MH Alliance continues to meet and coordinate approaches to support those who find it challenging to engage in support.
- Liaising with Co-Production lead to inform development of MH Partnership Board website.

## Issues / challenges for HWB

- Increasing complexity across all service area, with significant increasing demand in the NHS.
- Budget pressures across the Integrated Care System
- Challenging of social care market

## Plans for next quarter – what we are hoping to achieve

- Scoping engagement plan for MH Strategy
- Recruitment of experts by experience to be part of the MH Partnership Board. 1 person recruited to date.
- To improve the quality of commissioning information held about young people transitioning to adult services to inform future commissioning intentions
- Further development of accommodation for people with MH needs.
  - 12 flats due in June 2024 implementation plans and transition plans to be developed, including comms and site visits.
  - 14 flats due in Jan 2024 next steps implementation meeting due

## Improving Outcomes:

ST has been extremely isolated, this has gradually become worse since covid. They are not currently open to MPFT (NHS mental health services). Short term work was agreed with the Support Worker in the MH Social Work team. The aim being to support ST to access the community again. They were supported to attend Forum50. After a very successful start, the support is now being handed over to Forum50 where they will be funding 10 hours of support work for ST. The handover is currently taking place currently supported by the Social Care Support Worker. Hopefully over time this can then pass to a volunteer from Forum50 to provide support and guidance.

**Inequalities Focus:** adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs

# Prevent, protect and detect early

## Key Progress – against strategy / work plans

- **NHS Health Checks** - All GP Practices have now signed contract. The shortage of Lipid cartridges did impact on number of Health Checks provided for Quarter 2 but not as much as expected.
- **InHIP Innovation for Health Inequalities Community Hypertension Case-finding** 577 Blood Pressure Checks undertaken in community settings and events. 37 cases of previously undiagnosed high BP. 31 volunteers (Health Champions) trained to take BP. NHSE funding secured through ICS to deliver Year 2 project. Approx. £60K to support p/t Coordinator and Community Hub in South East Telford.
- **Cancer champion volunteers** working with Lingden Davies now 74 champions in Telford who take part in promotional community events and gather insight from residents which highlights barriers/issues and identifies improvements /actions that would help reduce barriers, eg for residents where English is not their first language.
- **STW Cancer Strategy** being refreshed to include community prevention programmes to capture commitments on reducing the risks and symptom awareness raising to promote early detection key features, alongside improving treatment and support for people living with cancer – inequalities is focus in the strategy across all priorities.

## Issues / challenges for HWB

- **NHS Health Checks** - Issues with Lipid production now resolved and all clinics that were operational before are now re-instated. One practice has not offered any Health Checks due to lack of staffing. Engaging with Practices regarding the contract is challenging given competing priorities within General Practices.
- **Early cancer diagnosis** – sustainability of cancer champions programme as short-term, pilot programme funded by NHSE

**Inequalities Focus:** Cancer screening: narrowing the gap in uptake of screening programmes across GP practices, linked to deprivation, Cancer Champions recruited from range of diverse backgrounds including Ukrainian, Bulgarian, Hong Kong, Chinese, Iranian, Jordanian, Polish and Sikh communities and adults with learning disabilities, Health Champions representative of diverse communities, new NHS smoking treatment services for mental health inpatients

## Plans for next quarter – what we are hoping to achieve

- **NHS Health Checks** – continue to offer training to improve quality of checks, and improve links with behaviour change support through Healthy Lifestyle services. Review of the contract for 2024/2025.
- **Early cancer diagnosis:** Alex is also looking to take forward work arising from our Cancer Champions cervical screening survey, coordinating a number of pilots in GP practices to use a concerns check list in cervical screening appointment protocols, to improve uptake rates. Alex is best placed to give details.
- **InHIP** Review data to target pop ups in areas where there is still hypertension shortfall. Develop plans and coordinate year 2 of the project. Focus on recruitment of male, Polish and South East Telford residents as health champions to support delivery.

## Improving outcomes - data or brief case study/ story etc.

- **NHS Health Checks** – Operational Reports now shared with individual practices to identify eligible population who should be offered a Health Check. Awaiting feedback from Practices for their next steps to improve engagement and encourage those in the most vulnerable groups.
- **InHIP** A lady attending a pop up had no idea what a normal blood pressure should be. Her three BP readings were extremely high. She was sceptical about doing the 7-day monitoring but after talking this through she agreed to do this with her own monitor. At the end of the 7-day monitoring, her average BP reading was 161/98. Rather than get a GP appointment she decided to post her readings and letter provided by the Council into the GP letter box. Two days later a nurse called to arrange an appointment. This lady is now on BP medication and extremely pleased she took the time to check her BP.



# Integrated neighbourhood health and care: Start for Life Family Hubs focus

## Key Progress – against strategy / work plans

- **Parent Infant Relationship:** Relationships based practice conference held 4th December with 3 key national speakers, Fatherhood Institute collaboration to look father friendly, roll out Caring Dads training to all partners
- **Perinatal Mental Health** Social Prescribing commissioning - tender awarded to MIND
- **Building Bonds & Breaking Cycles** 2 day parent and infant mental health training commenced in Dec for Family Hubs workforce
- **PODS Perinatal & Infant Disability Support Worker** appointed
- **Parenting:** Amity Toolkit Training delivered to Strengthening Families practitioners across 3 localities, 55 professionals attended Tavistock Relationships Between Us App training and Tavistock Relationships Training for Frontline Workers, Managers and Supervisors attended by 118 people
- **Home Start Me Time** multiple groups running
- **Start for Life Offer:** 0-2s booklet roll out has been a great success, now in phase 2 and refreshing the offer (will do this on a quarterly basis)
- **PODS now has a Perinatal and Disability Support worker**, who will support parents who receive a diagnosis of disability during pregnancy or shortly after birth.

## Plans for next quarter – what we are hoping to achieve

- **Phase 2 transformation with Family Hubs** opening in Oakengates, Dawley and Hadley, new year dates agreed, DfE attending Oakengates launch on 27<sup>th</sup> Jan.
- **PNMH Social Prescribing** service implementation through MIND, recruitment of coordinator and social prescribers in January 2024
- **Start for Life Offer:** 0-2s booklet re-launch and website development
- Parent-Infant Mental Health Training for Family Hub workforce in March and May 2024 – building bonds and breaking cycles

## Improving outcomes - data or brief case study/ story etc



Families from the Teenage Parents Home Start Me Time Group



BUMP TO  
BABY CLUB



## Issues / challenges for HWB

- Ensuring training offers taken up across all Start for Life partners
- Maintain Dandelion membership in third year with introduction of new members.

### Key Progress – against strategy / work plans

- The STW ICB System-level Primary Care Access Improvement Plan is being presented at the December 2023 HWB (see papers for further detail)

### Plans for next quarter – what we are hoping to achieve

In summary STW ICB System-level Primary Care Access Improvement Plan, has 4 national pillars:

- **Empowering Patients**
  - rolling out the NHS app functionality to 90% of GPs by March 2024
  - Increasing all patient self referral activity by 50%
  - Increase usage of the Community Pharmacy service to the 81 Community Pharmacies across STW
- **Implementing Modern General Practice**
  - Encouraging GPs to apply for funding to move to Modern GP Model, to improve digital telephony and improved online requests for patients
- **Building Capacity**
  - Increase Healthcare Professional workforce across STW
  - Improve GP Retention
  - Work with Practices and PCNs to level of Practice Nurses
  - continue to develop and implement STW Estates Strategy, ensure primary care priority in new housing developments
- **Cutting Bureaucracy**
  - Work with Secondary Care to improve the Primary Care interface
  - Improve onward referrals of patients across the system
  - Offer all Practices the ability to be part of the National GP Improvement Plan
  - Clear points of contact for patients across the system
  - Ensure complete care for patients when being seen in Primary Care

### Improving outcomes - data or brief case study/ story etc

- There are around 2.86m GP appointments in Shropshire, Telford & Wrekin a year, which is 9% more pre-pandemic levels
- Overall the STW GP survey results are good, the current response rate for these GP Surveys is 41%.
- There is variation across STW which needs to be addressed, with Telford & Wrekin Practices showing lower patient satisfaction than Shropshire practices

### Issues / challenges for HWB

- Like many parts of the NHS, General Practice is under intense pressure. Where demand is greater than capacity, it means General Practice can't always be effective and patient experience and access is negatively impacted.
- The core purpose of the STW General Practice Access Plan is to demonstrate how we can mitigate the crisis facing primary care through a shared vision for improving access and quality of care
- NHS STW are receiving support as part of the national Recovery Support Programme which provides focused and integrated support to work through local complex challenges with a key focus on financial recovery

**Inequalities focus:** All 8 PCNs have nominated health inequalities leads and specific health inequality related projects in place for 2023/24. Health inequalities is one the priority criteria the Primary Care Team use to target practices requiring improvement support.



## Local Care Transformation (LCP) Programme

- An update on the STW LCP is being presented to the HWB in December – see papers for further detail

## Focus on Proactive Care

- NHS England describe Proactive Care as “an NHS Long Term Plan commitment that aims to provide proactive and personalised health and care to a targeted subset of individuals living with multiple long-term conditions who could benefit most and is delivered through multidisciplinary teams (MDTs) in local communities.”
- It is a model of care that is data driven, using risk stratification to identify a target cohort and utilises a population health management approach to deliver support and interventions in a coordinated way.
- Proactive Care has been identified as a priority for the ICS in the Joint Forward Plan
- Proactive care focuses on adults who have 2 or more long term health conditions but with a sub-cohort of adults living with frailty, people experiencing health inequalities as defined by the Core20PLUS and people reliant on unplanned care.
- The Proactive Care model is one example of an Integrated Neighbourhood Team.

## Proactive Care Key Progress

- Working with 2 PCNs across STW to develop an approach for delivery of Proactive Care.
- TELDOC PCN is exploring a risk stratification approach focusing on the Proactive Care criteria, alongside clinical validation and then discussion at their existing MDT.

## Improving outcomes - data or brief case study/ story etc.

- Across STW over 68,000 people are living with 2+ long term conditions which equates to 171 people per 1,000 population. Telford and Wrekin specific data will be available through the development work.

## Plans for next quarter – what we are hoping to achieve

- Pilot proactive care models in 2 PCNs, evaluate and consider scaling up.
- Working through Telford & Wrekin Integrated Place Partnership (TWIPP), with all partners to agree the best initial geography for Telford and Wrekin neighbourhoods - based on intelligence (quantitative and qualitative)
- Continue to be involved in the development of a system wide co-produced Personal Care & Support Plan (name to be decided)
- Development of a TWIPP Neighbourhood Development Programme to implement ‘integrated neighbourhood teams’ (a team of teams approach) building on the work already in existence. For example Safer Stronger Neighbourhoods, Community Hubs, Family Hubs...etc.
- Development of neighbourhood level JSNAs to help inform the development programme.

## Issues / challenges for HWB (N/B this is being driven and overseen through TWIPP)

- Linked to the previous slide – capacity and readiness of PCNs to engage in and help development of neighbourhoods
- System wide engagement following the NHSE decision not to make Proactive Care Mandatory
- Workforce capacity across system partners and providers to support a new delivery model
- Digital infrastructure and information governance
- Ensuring that this is co-produced with residents, communities and the people that work in the neighbourhoods is key to success - acknowledging that this often takes time.

**Inequalities Focus:** Inequalities is one of the focuses of the proactive care approach as defined by the Core20PLUS

# Green sustainable borough

## Key Progress – against strategy / work plans

- **Green Spaces Are Go** continues until end of December, since March 24 programmes of a diverse array of physical activities in our green spaces have been funded and delivered by a wide range of external community organisations and internal teams.
- **Active SMiles** designed to incentivise active commuting by through supermarket vouchers incentives to “nudge” participants into active forms of commuting. The aim is to improve local air quality, improve physical and mental health among participants, reduce emissions of gases that contribute to climate change and ease the cost-of-living crisis. Following a successful trial in Oct 2022 with MOD Donnington, and then a less successful launch with businesses in 2023, Council staff participated in the project in October.
- **Telford & Wrekin Council Climate Adaptation Plan**, workshop being held on 15<sup>th</sup> December way of proactively managing climate risks to build resilience
- **Telford & Wrekin Becoming Carbon Neutral & Plastic Free** update to Cabinet in October 2023 significant progress reported on ambitions

## Improving outcomes - data or brief case study/ story etc

- **Green Spaces Are Go** almost 1500 people have engaged activities, and the campaign has achieved some powerful results and an impressive reach: 100,000 Council branded emails in October and November, 100 promotional posts for funded events and activities across multiple social media platforms, creating almost 260,000 impressions, plus numerous press releases, newsroom articles, several local radio interviews and bespoke webpages
- **Active SMiles** 25 members of staff took part, with 19 completing all 10 commutes, 308 commutes were completed in total, participants said *“Much less stressful than driving in traffic. Also made connections with people who I see on route such as dog walkers other commuters, it may only be a good morning conversation everyday but still a connection”* and *“I enjoyed this challenge – it highlighted a number of gains for my job role that could be beneficial to the rest of my team.”*

## Plans for next quarter – what we are hoping to achieve

- **Green Spaces Are Go** an additional 380 activity sessions are expected to have been delivered at approx. 50 different locations across the borough by the end of December.
- **Active SMiles** – responding to participants request to use the scheme for the school run there is a plan to run the scheme during January and February in a couple of schools with a view to embedding behaviour change with parents and their children.
- **Telford & Wrekin Council Climate Adaptation Plan** development following staff workshop in December, Members Seminar planned and presentation of plan to Cabinet in May 2024

## Inequalities Focus:

- **Green Space are Go** targeted towards under-represented groups - people from lower socio-economic groups, people from ethnically diverse communities and people with disabilities, groups receiving grant funding include PODS, Telford & Wrekin CVS, The Chinese Cultural Centre and African Caribbean Community Initiative.
- **“Active SMiles”** seeking employers with high percentages of manual workers and use job title as one of the selection criteria if the scheme is over-subscribed

## Key Progress – against strategy / work plans

- As part of the Council's **Cost of Living Strategy**:
  - the household support fund scheme continues, which includes vouchers for low income families in school holidays
  - Meetings have been held with a range of community organisations who are running lunch clubs/social groups to signpost them to cost of living information and grant funding opportunities
- Other cost of living strategy actions which continue are:
  - Frozen general council tax increases for the second consecutive year, the council has also given all households who receive council tax reduction benefits an additional discount of up to £100 to lower their bills further.
  - Supported children who receive free school meals with extra supermarket vouchers to provide food half term
  - Providing direct financial support to more households than ever before, including the discretionary support scheme.
  - Work with Citizens Advice Telford and Wrekin and Age UK to offer debt and money advice sessions around the borough, with particular focus on helping older residents access all of the benefits they are entitled to, resulting in an extra £1m of eligible benefits now being claimed.
  - Additional funding to local food banks

## Issues / challenges for HWB

- It is not known at this stage if the government funding that has been provided to support some of these schemes will continue beyond April 2024. In particular the Household Support Fund and the Council Tax Hardship discount funding.

## Plans for next quarter – what we are hoping to achieve

- Supermarket vouchers for children during the school holidays and a one-off voucher to pensioners on the lowest incomes will continue until at least March 2024
- We are continuing to operate a variety of hardship schemes for residents who are struggling financially, with increased funding agreed until March 2024
- Plans are still to be developed regarding the additional support that may be offered to residents over the winter 2023/24 period.

## Improving outcomes - data or brief case study/ story etc.

*The Council has provided grant funding to Age UK to enable them to expand their Older People's Benefits Advice Service in Telford & Wrekin. This has enabled them to maximise the benefit entitlement of older people in the Borough to an estimated value of over £1million. On average, each client supported with a benefits claim by Age UK has received £4,164 a year, and with most benefits awards being longer than a year, bringing significant revenue into the local community.*

### Case study from Age UK

*Mrs D was beginning to struggle with caring for her husband, as well as with her own health. Mrs D was assessed to be eligible for Attendance Allowance and was offered assistance to claim by Age UK.*

*Two months later, Mrs D was awarded Attendance Allowance at the high rate. Age UK also used their expert knowledge to help Mr & Mrs D with their Pension Credit claim.*

*Mrs D said:*

*"This outcome is absolutely amazing, I can't thank your Benefits Officer enough for her knowledge and support, the information we received was excellent throughout."*

# Housing and homelessness

## Key Progress – against strategy / work plans

- Opened a new refuge for those presenting as homeless due to domestic abuse offering 8 beds for women and their children.
- Opened a new 5 bed unit of temporary accommodation for singles and adults who we owe a housing duty.
- Increased the supply of temporary accommodation to reduce the use of B&B which is not suitable for families.
- Continue to work with partners to provide support to clients presenting as homeless
- Delivering a Landlord and Tenant support programme
- Continue to work with Housing Associations to increase successful nominations into social housing
- Using data on housing needs across adult and children's services shaping the development market to deliver more specialist and adapted accommodation including supported accommodation, extracare and provision for care leavers
- Maintaining daily multi-agency Rough Sleeping Task Force
- Continue to work with MPFT via dedicated Mental Health Nurse to provide rapid mental health support for rough sleepers.
- Developing work with children's services to ensure young people at risk of homelessness are identified and supported as early as possible.

## Improving outcomes - data or brief case study/ story etc.

- Since April we have prevented 283 applicants from becoming homeless
- Since April we have relieved 516 applicants from becoming homeless.
- Successfully housed **410** homeless families/individuals into social housing

## Plans for next quarter – what we are hoping to achieve

- Put into action SWEP (Severe Weather Emergency Protocol) for those embedded rough sleepers when the temperature drops 0 degrees or below for 3 or more days and find emergency accommodation.
- Development of our website regarding homelessness advice and support
- Establish a Homelessness Forum with shared responsibility for delivering the Homelessness Strategy.
- Continue to work with partners to manage customer expectations about the type, size and location of housing they may be offered
- Continue to work with developers and housing association partners to ensure that new properties reflect all housing needs.

## Issues / challenges for HWB

- Increasing numbers of clients including families presenting to services
- More complex clients with challenging behaviours who require multi agency response and support and impact on communities
- Shortage of affordable larger accommodation reflecting increase in larger families presenting as homeless
- Shortage of one bedroom self contained affordable properties for single clients
- Demand for more specialist supported accommodation to house those with mental health and substance misuse.

**Inequalities Focus:** Ongoing focus on homeless clients who present with complex and multiple needs.



# GP Access to Services

Interim highlight report to the Telford and Wrekin  
Health and Wellbeing Board  
14 December 2023



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# Summary

Healthwatch Telford and Wrekin have been receiving people's stories regarding their access to GPs across Telford and Wrekin, many of these have been negative. Similarly, so have Telford and Wrekin Council. It made sense to work together to promote the GP Access Survey jointly to give as many people as possible from Telford and Wrekin the chance to have their voice heard in relation to their experiences.

Recently NHS England published the results of the annual GP Patient Survey 2023, a survey which asked patients to rate their experience of their GP practice. This survey highlighted that some patients within Telford and Wrekin are still finding it difficult to get through to the Surgery on the phone, to get an appointment at a preferred time and with their GP of choice.

Healthwatch Telford & Wrekin and the Council acknowledge that demand for primary care services has increased and capacity to meet this demand is a struggle but it is important for the ICB to acknowledge and address patient experience and variation in patient experience between practices.

The survey asks people to identify which GP surgery they are registered with. Questions range from asking people to rate their overall experience of making their last appointment to their confidence in the health professionals they interacted with.

At the point of writing this report there were 5,395 survey responses. In addition, we have over 370 webform pieces of feedback regarding GP surgeries, these are not included in this highlight report.

Unlike the GP Annual Satisfaction Survey that only gets sent to a sample of patients from each GP surgery the Healthwatch survey enables every person in Telford and Wrekin to have their voice heard.

The survey asks people a range of questions from identifying which is their GP practice to the levels of confidence they have in the health professionals they see and how easy was it make their last appointment.

Initial results do show that at many practices people do find their experience in making their last appointment to be poor or very poor. Overall, just over a quarter collectively said it as good or very good, though two thirds of people rate it as very poor or poor. When people do get to see a GP their overall confidence is positive and okay with a smaller number saying it is not so.

Once the survey closes a full report will be published along with individual practice reports combing the Enter and View visit each GP practice is having to look at accessibility as well as promoting the survey.

# Interim Findings

At the point of writing this report there were 5,395 survey responses. In addition, we have over 300 webform pieces of feedback regarding GP surgeries, these are not included in this highlight report.

People were asked to identify which GP surgery they were registered with. One of the early questions asked people to rate their overall experience of making their last appointment.

The table below details the number of people who have responded to their overall experience of making their last appointment in relation to the GP practice they are registered with:

Respondents Counts Practice Analysis % Overall Headline %	Total	How would you describe your experience of making your last appointment?					
		Very Good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Unsure
Overall respondents and question responses	5395	964 17.9%	612 11.3%	471 8.7%	845 15.7%	2477 45.9%	26 0.5%
Please tell us which G.P. Practice you are registered with.							
Charlton Medical Practice TF2 6AQ	630 11.7%	59 9.4% 1.1%	51 8.1% 0.9%	45 7.1% 0.8%	103 16.3% 1.9%	370 58.7% 6.9%	2 0.3% 0.0%
Court Street TF7 5EE	154 2.9%	90 58.4% 1.7%	28 18.2% 0.5%	15 9.7% 0.3%	9 5.8% 0.2%	11 7.1% 0.2%	1 0.6% 0.0%
Dawley Medical Practice TF4 2AA	238 4.4%	27 11.3% 0.5%	37 15.5% 0.7%	30 12.6% 0.6%	41 17.2% 0.8%	102 42.9% 1.9%	1 0.4% 0.0%
Donnington Medical Practice TF2 8EA	482 8.9%	41 8.5% 0.8%	41 8.5% 0.8%	31 6.4% 0.6%	73 15.1% 1.4%	292 60.6% 5.4%	4 0.8% 0.1%
Hollinswood Medical Centre&nbsp; TF3 2EW	13 0.2%	4 30.8% 0.1%	4 30.8% 0.1%	2 15.4% 0.0%	- - -	3 23.1% 0.1%	- - -
Hollinswood Medical Centre - Deercote site TF3 2BH	25 0.5%	12 48.0% 0.2%	3 12.0% 0.1%	5 20.0% 0.1%	- - -	5 20.0% 0.1%	- - -
Hollinswood Medical Centre - Priorslee Site TF2 9SW	42 0.8%	24 57.1% 0.4%	7 16.7% 0.1%	2 4.8% 0.0%	5 11.9% 0.1%	4 9.5% 0.1%	- - -



Ironbridge Surgery TF8 7DT	123 2.3%	38 30.9% 0.7%	27 22.0% 0.5%	13 10.6% 0.2%	25 20.3% 0.5%	19 15.4% 0.4%	1 0.8% 0.0%
Linden Hall TF10 7EN	195 3.6%	102 52.3% 1.9%	24 12.3% 0.4%	21 10.8% 0.4%	26 13.3% 0.5%	22 11.3% 0.4%	- - -
Shawbirch TF5 0LW	444 8.2%	314 70.7% 5.8%	66 14.9% 1.2%	26 5.9% 0.5%	16 3.6% 0.3%	19 4.3% 0.4%	3 0.7% 0.1%
Stirchley TF3 1FB	487 9.0%	39 8.0% 0.7%	62 12.7% 1.1%	46 9.4% 0.9%	90 18.5% 1.7%	247 50.7% 4.6%	3 0.6% 0.1%
Sutton Hill TF7 4DH	107 2.0%	8 7.5% 0.1%	16 15.0% 0.3%	12 11.2% 0.2%	21 19.6% 0.4%	49 45.8% 0.9%	1 0.9% 0.0%
Teldoc Hadley TF1 5NG	79 1.5%	3 3.8% 0.1%	7 8.9% 0.1%	7 8.9% 0.1%	13 16.5% 0.2%	49 62.0% 0.9%	- - -
Teldoc Lawley TF4 2LL	560 10.4%	26 4.6% 0.5%	48 8.6% 0.9%	43 7.7% 0.8%	112 20.0% 2.1%	328 58.6% 6.1%	3 0.5% 0.1%
Teldoc Leegomery TF1 6PP	113 2.1%	6 5.3% 0.1%	11 9.7% 0.2%	7 6.2% 0.1%	24 21.2% 0.4%	65 57.5% 1.2%	- - -
Teldoc Madeley TF7 5BU	65 1.2%	5 7.7% 0.1%	4 6.2% 0.1%	5 7.7% 0.1%	14 21.5% 0.3%	37 56.9% 0.7%	- - -
Teldoc Malinslee TF3 2JZ	254 4.7%	11 4.3% 0.2%	24 9.4% 0.4%	29 11.4% 0.5%	54 21.3% 1.0%	133 52.4% 2.5%	3 1.2% 0.1%
Teldoc Oakengates TF2 6JJ	355 6.6%	29 8.2% 0.5%	43 12.1% 0.8%	38 10.7% 0.7%	62 17.5% 1.1%	181 51.0% 3.4%	2 0.6% 0.0%
Woodside TF7 5NR	98 1.8%	18 18.4% 0.3%	15 15.3% 0.3%	8 8.2% 0.1%	16 16.3% 0.3%	40 40.8% 0.7%	1 1.0% 0.0%
Wellington TF1 1PZ	521 9.7%	14 2.7% 0.3%	30 5.8% 0.6%	36 6.9% 0.7%	64 12.3% 1.2%	376 72.2% 7.0%	1 0.2% 0.0%
Wellington Road Surgery TF10 7HG	260 4.8%	63 24.2% 1.2%	45 17.3% 0.8%	38 14.6% 0.7%	49 18.8% 0.9%	65 25.0% 1.2%	- - -
I am not currently registered with a GP Surgery	4 0.1%	1 25.0% 0.0%	- - -	- - -	1 25.0% 0.0%	2 50.0% 0.0%	- - -
I am registered with a Shropshire GP – please tell us which below	146 2.7%	30 20.5% 0.6%	19 13.0% 0.4%	12 8.2% 0.2%	27 18.5% 0.5%	58 39.7% 1.1%	- - -

When people had rated their experience of making their last appointment they were they asked to say why they had chosen this answer. This was an optional comment. 87% of people have left various comments. The following are examples of a very small number of positive and negative comments. The full range of comments will be included for each practice in their individual reports.

## Positive

"I can normally get an appointment when I need one as I have ongoing health issues I do not always need to see a doctor but as I have been with the doctors a long time they all know my medical history"

"It was a general appointment but I was seen by a nurse practitioner on the day."

"Was offered a same day telephone appointment and then when the clinician spoke to me they wanted to see me face to face and gave me options of site locations and times to suit"

"It was good because I secured a telephone appointment but I was on the phone for such a long time while they tried to find me one. It was stressful"

"It often takes a long time to get through to make an appointment, but the reception staff are always helpful and do their best."

## Negative

"Tried to get an appointment for my 13 month old but nothing for a week. Receptionist told me to ring the next day to get an on the day appointment but said I'll need to ring at 8am because after the 8am queue all appointments are gone."

"Rang surgery and was told there were no same day or bookable appointments and my only solution was to call back 8am the next day to see if any more same day appointments were available. Tried but could not get through to surgery. Had to request a call back to see if I could have an appointment. The soonest call back was 8 days later."

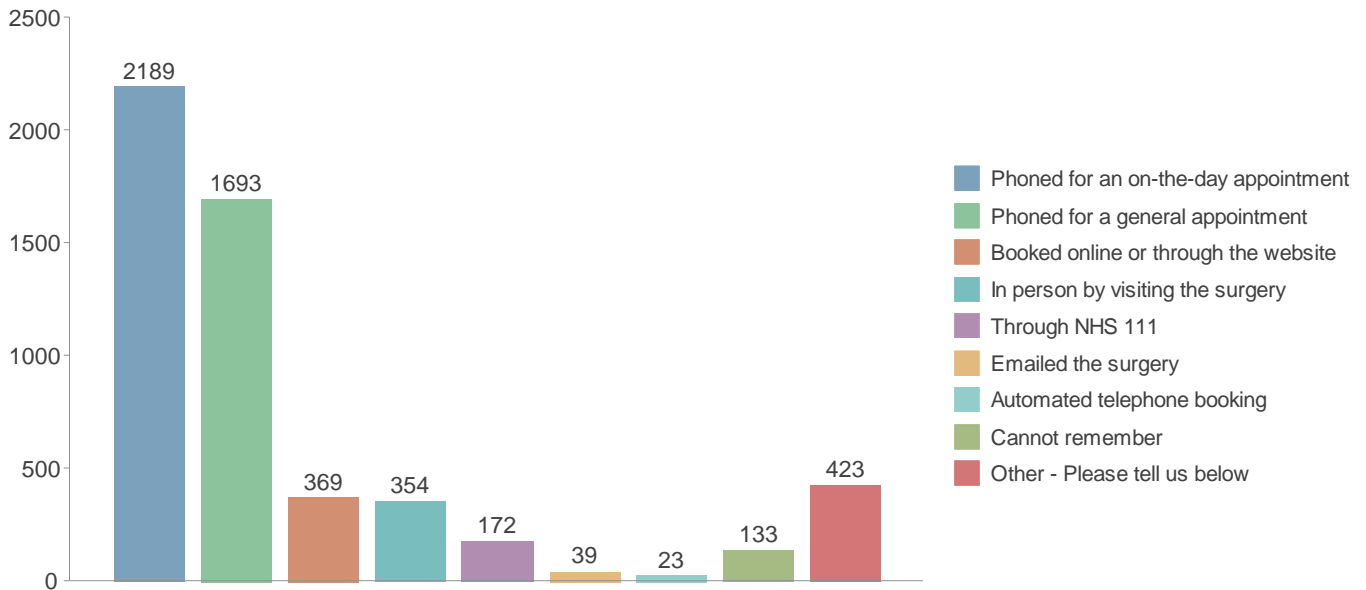
"It took 45 minutes to get through to be told there were no available appointments and to call again the next morning."

"I wasn't given an option for time or date for the telephone appointment, just that it will be on a set date, after 8am. On the day appointments are never available, as you'll sit on hold for 40 minutes, then be told there's none left. This, despite calling as soon as lines open."

"An extremely long wait to get through to then be rudely told 'there are no appointments left for today - you have to ring first thing in the morning' explained that when I first phoned, the phones were at capacity and then when I finally got through, I had been left in a queue."

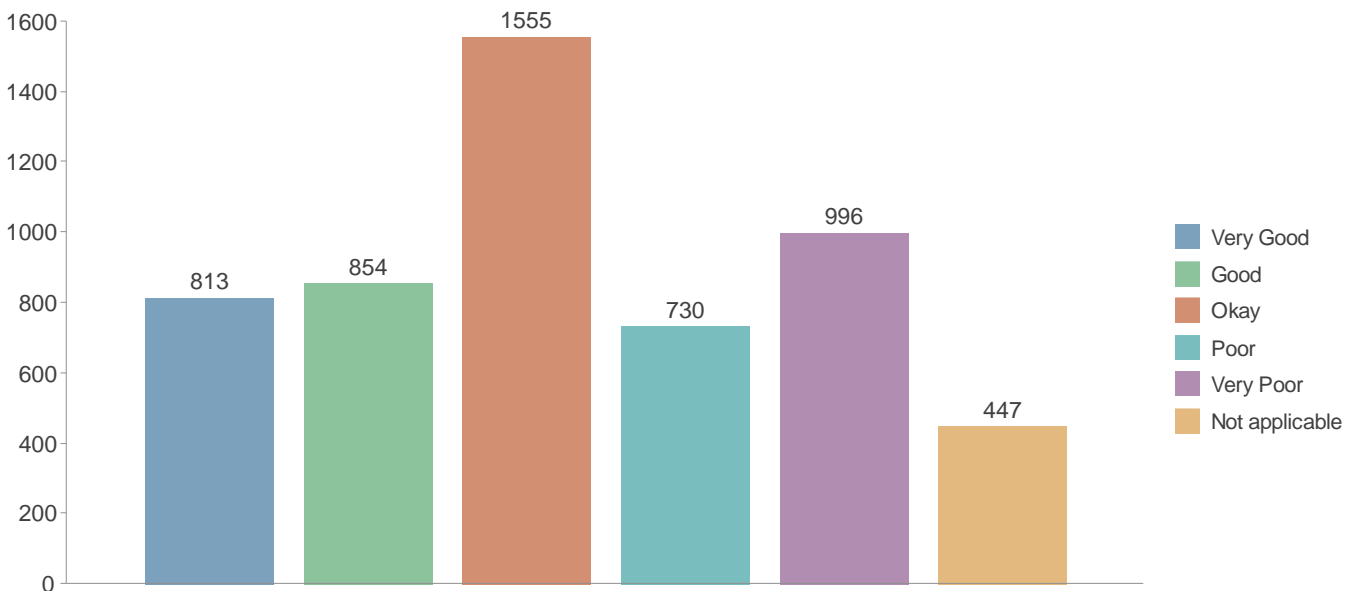
The majority of people, 72% phoned up for an appointment, with a smaller number of online (7%) and in person bookings (7%), plus some through NHS 111 (3%).

### How did you book your last appointment?

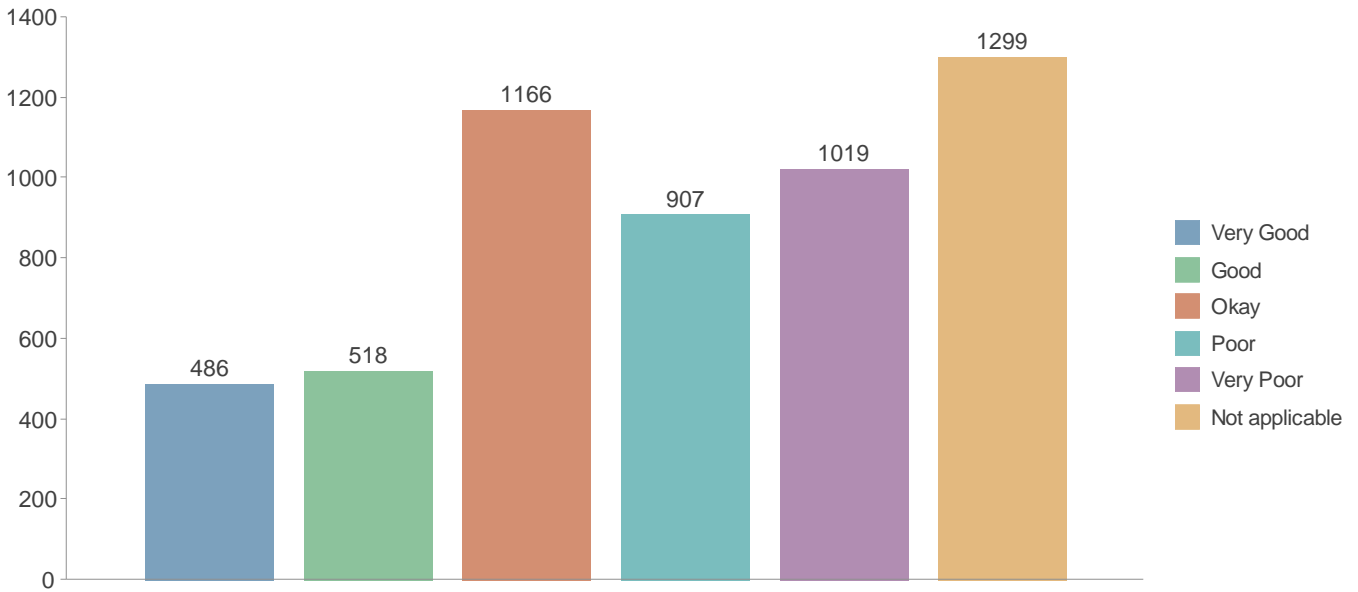


The survey then asked people to rate their experience of several aspects connected with their appointments. 29% of people were 'okay' about the timing of the appointment, with 31% good or very good. 33% said it was poor or very

### Timing of your appointment

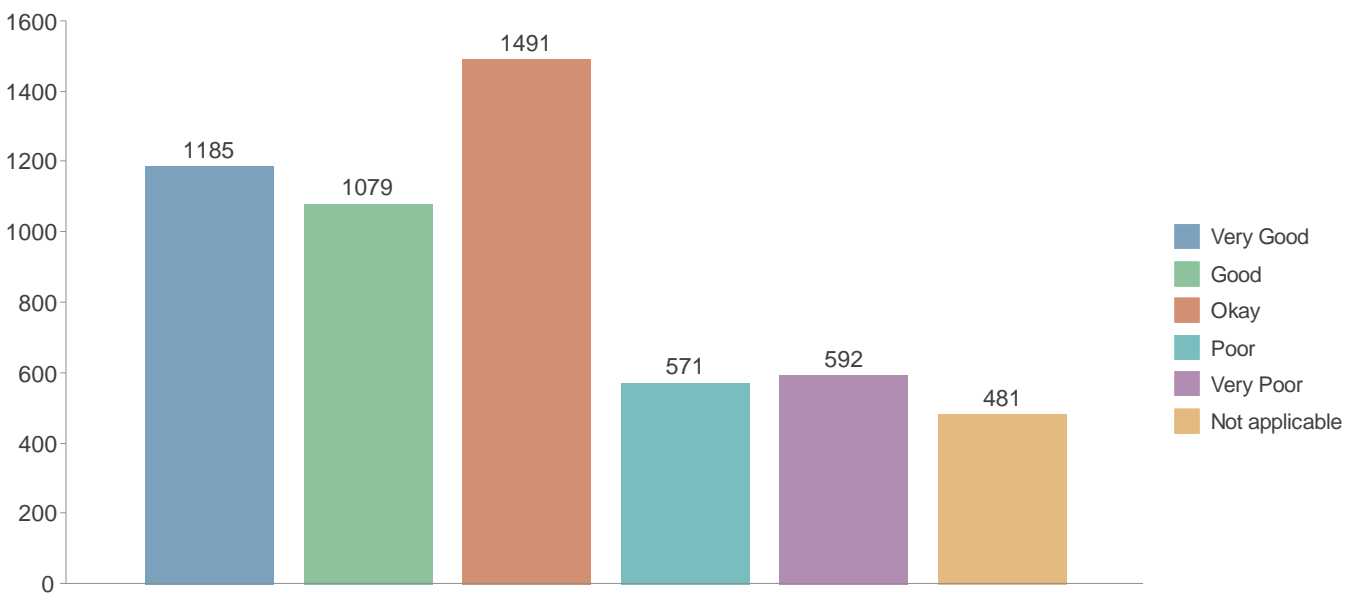


### The wait to be called back for telephone appointment



36% of people said it was poor or very poor about the wait to be called back, 29% said it was okay with 18% indicating it was good or very good.

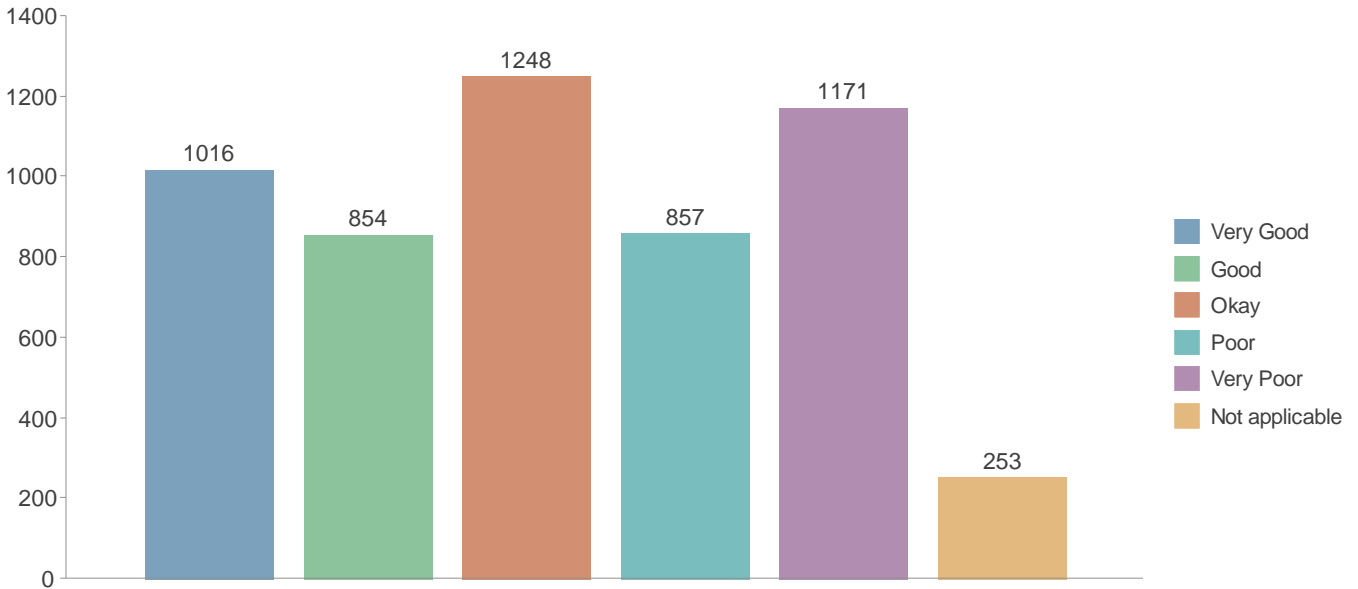
### Explaining your care or Treatment



Positively, 42% of people said it was good or very good regarding the explanation of the care or treatment they needed, 28% adding it was okay. 22% of people felt it was poor or very poor.

On the subject of people having their needs met this changed with 38% of people saying it was poor or very poor and 23% okay. 35% thought it good or very good.

### Meeting your needs



The Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) has developed a Primary Care Access Improvement Plan in response to the Fuller Stocktake report 'Next Steps for Integrating Primary Care' (May 2022) and to comply with government mandate. This was recently approved by the STW ICB at its meeting on 29 November 2023.

Healthwatch Telford and Wrekin highlighted to TWIPP and ICB managers that they are conducting a survey about GP access and that their local survey has had a larger number of responses than the national survey and that this insight should be used by the practices and the ICB.

Healthwatch Telford and Wrekin have raised concerns about the use of digital technology across Pillars 1 and 2 of the Primary Care Access Improvement Plan. We asked 'How are you going to empower those that do not have access to digital, choose not to use digital or even if you were to provide it still would not use it?' We added that whilst we appreciated telephony will all be overhauled there's still the issue for those not able/choosing not to use digital that may create a two tiered system. Digital exclusion is a real issue and concern.

The interim response to 'How would you describe your experience of making your last appointment?' shows that 62% of people describe their experience as poor or very poor. 9% that is was okay and only 29% as good or very good. This is in contrast to the GP Practice Survey that when looked at, based on its results, at PCN level does tell a different story.

# Recommendations

1. That the Health and Wellbeing Board receive the final Healthwatch Telford and Wrekin GP Access Report at a future meeting.
2. That Healthwatch Telford and Wrekin share the final GP Access Report with the ICB by the end of January 2024.
3. That the Health and Wellbeing Board request the ICB to attend and present how it will respond to the voice of the people of Telford and Wrekin and meet their respective needs for access to GP services within the TWIPP.

**Healthwatch Telford and Wrekin**

**Meeting Point House**

**Southwater Square**

**Southwater**

**TF3 4HS**

**[www.healthwatchtelfordandwrekin.co.uk](http://www.healthwatchtelfordandwrekin.co.uk)**

**t: 01952 739540**

**e: [telford.admin@healthwatchtelfordandwrekin.co.uk](mailto:telford.admin@healthwatchtelfordandwrekin.co.uk)**

 **HealthwatchT\_W**

 **HealthwatchTW**

 **HealthwatchTelfordandWrekin**

 **HealthwatchT&W**

The contract to provide the Healthwatch Telford and Wrekin service is held by Engaging Communities Solutions C.I.C.

[www.weareecs.co.uk](http://www.weareecs.co.uk)

t: 01785 887809

e: [contactus@weareecs.co.uk](mailto:contactus@weareecs.co.uk)

 **@EcsEngaging**

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**Integrated  
Care System**  
Shropshire, Telford and Wrekin



**Shropshire, Telford  
and Wrekin**

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# **STW ICB System-level Primary Care Access Improvement Plan**

**November 2023**

Agenda Item 7

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# Executive Summary

Following the publication of the Delivery plan for recovering access to primary care in May 2023, integrated care boards (ICBs) are required to develop system-level access improvement plans. This aligns with their leadership responsibilities and accountability for commissioning general practice services and delivery as well as, from April 2023, community pharmacy, dental and optometry services.

National guidance was published at the end of July 2023 detailing the required contents of the system level plan.

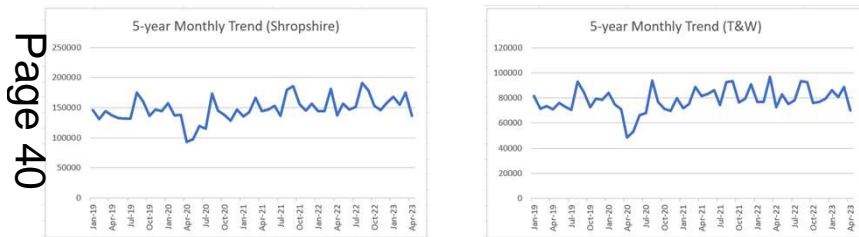
The STW Primary Care Access Improvement Plan sets out our ambition to improve local access to general practice, maintain and improve patient satisfaction and work to streamline access to care and advice.



# Executive Summary

## Where we started

Primary Care have been working hard to return access to pre covid levels as well as increasing the access available to patients. We now see around 2.86m appointments a year with an offer of over 9% more appointments than we had pre covid with 7 out of 10 patients being seen face to face, as seen below:



Overall the STW position with GP survey results are good and two STW practices were amongst the top 10 practices in the Midlands Region in the 2023 GP Patient survey receiving a congratulations message from the Regional Medical Director for Primary Care. Our response rate for these GP Surveys is currently 41%.



# Executive Summary

## What are we going to do

Our NHS Access & Recovery Plan is underpinned by the 4 national pillars, Empowering Patients, Implementing Modern General Practice, Building Capacity and Cutting Bureaucracy. Within Primary Care here is a highlight of the things we are doing to and where we aim to be:

### Empowering Patients

- Roll out of the NHS App functionality to 90% of Practices by March 2024 (compared to 75% for the National plan)
- Increase all patient self referral activity by 50%
- Increase usage of the Community Pharmacy service to the 81 Community Pharmacies across STW

### Implementing Modern General Practice

- As an ICB we are/we encourage all Practices to apply for funding to move to a Modern General Practice Model with currently 21 out of 51 Practices engaging by implementing this we will plan to:



# Executive Summary

- Improve Digital Telephony across the system by offering call queuing, call back, call routing and integration with clinical systems for all STW practices.
- Improve and offer improved online requests for patients across all 5 Practices.
- Increase navigation, assessment and response of our Practices.

## Page 42 Building Capacity

- Increase Healthcare Professional workforce across STW.
- Improve GP Retention across STW and improve current retention of clinical staff.
- Work with Practices and PCNs to increase and improve our level of Practice Nurse.
- Continue to develop and implement our STW wide Estates Strategy to ensure all of Primary Care is fit for purpose
- Ensure Primary Care as a higher priority with all plans of new housing developments across the Region



# Executive Summary

## Cutting Bureaucracy

- Work with Secondary Care to improve the Primary Care/Secondary Care interface
- Improve onward referrals of patients across the system
- Offer all Practices the ability to be part of the National GP Improvement Plan with tailored and intensive support offered to help improve services.
- Clear points of contact for patients across the system
- Ensure complete care for patients when being seen in Primary Secondary Care including patients having everything they need when being discharged.

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Throughout this plan you will see the detail around the current position of STW, the work we are doing to improve and maintain services, what we plan to achieve throughout this plan and also all risks that we have identified. This includes an overview of PCN and Practice priorities that have been identified and actions that have been put in place around those priorities.





# Introduction

General Practice is one of the most dynamic and innovative parts of the health service. We saw this in the rapid and comprehensive rollout of the NHS COVID-19 vaccination programme.

Since March 2020, when the Covid-19 pandemic was declared, our health and care system has come through the most challenging few years in its recent history. The pandemic changed the way we worked, lived and how our health and care was delivered. As a system, we have learned a lot about working together and trialled and tested new ways to provide services, many of which remain and improve access for patients. However, the pandemic has also exacerbated our challenges and the demand for services which we now need to work through together and ensure access to care and advice is streamlined.

Like many parts of the NHS, General Practice is under intense pressure. Where demand is greater than capacity, it means General Practice can't always be effective and patient experience and access is negatively impacted.

The core purpose of the STW General Practice Access Plan is to demonstrate how we can mitigate the crisis facing primary care through a shared vision for improving access and quality of care.



It is important to note that NHS STW are receiving support as part of the national Recovery Support Programme which provides focused and integrated support to work through local complex challenges with a key focus on financial recovery.



# Vision

The Shropshire, Telford & Wrekin (STW) Integrated Care System (ICB) has developed this Primary Care Access Improvement Plan to outline how our health and care system will work together to improve access to General Practice.

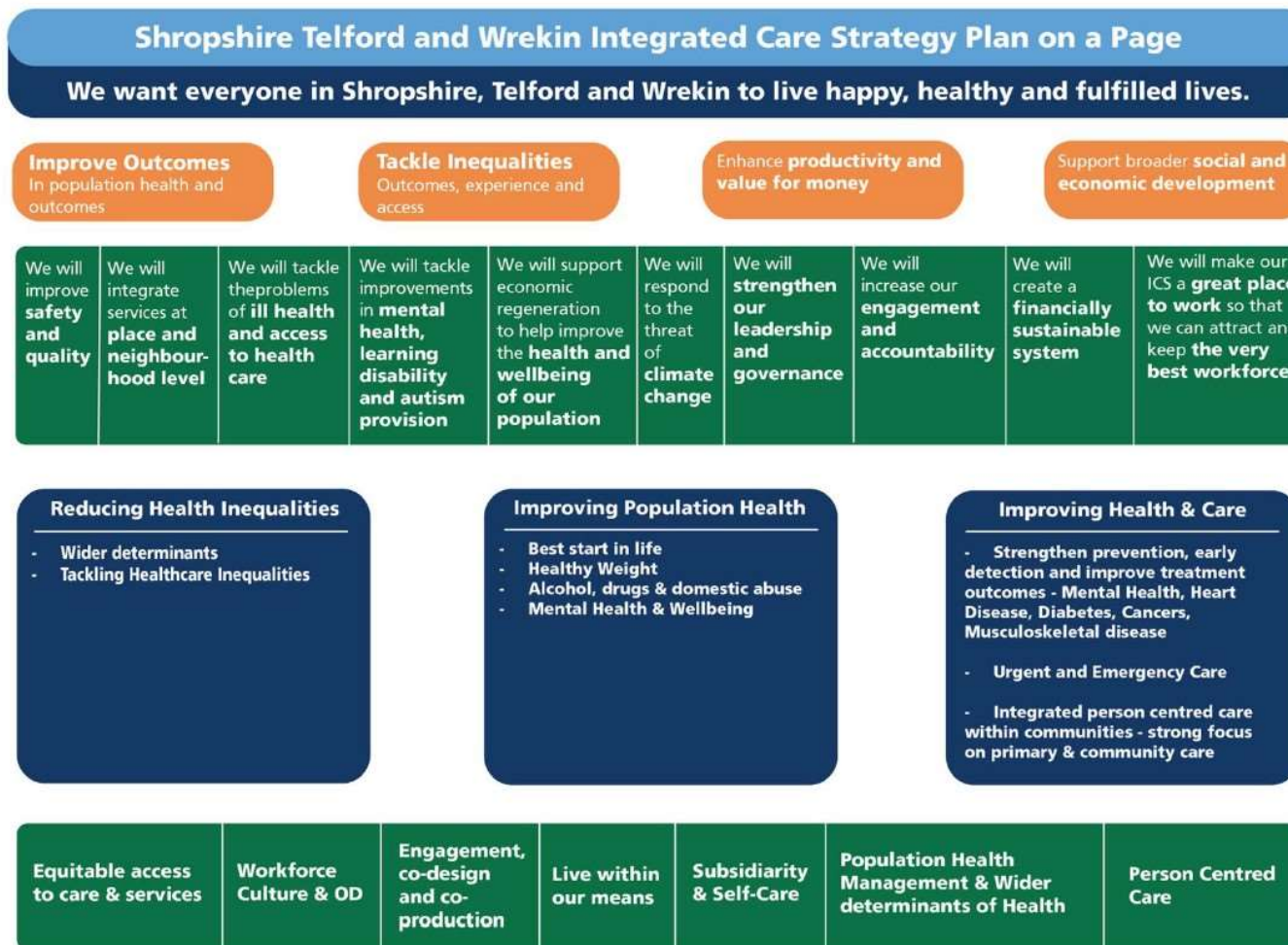
We want everyone in Shropshire, Telford and Wrekin to have good access to general practice services and be able to access good quality care when they need it. We will work together with Primary Care Networks, General Practices, our communities and partners to improve access and streamline access to care.

NHS STW will encourage the implementation of a modern approach to general practice that makes it easier for patients to contact their practices by phone or online and supports practices to rapidly assess the nature and urgency of requests by involving the whole practice team. This is Modern General Practice Access.



# STW Integrated Care Strategy Plan on a page

STW ICS Vision, Pledges and Strategic Priorities are summarised in the diagram below:



# Why do we need a GP Access Recovery Plan?

- The **Fuller Stocktake report 'Next Steps for Integrating Primary Care'** (May 2022) built a broad consensus on the vision for integrating General Practice with 3 essential elements:

1. streamlining access to care and advice;
2. providing more proactive, personalised care from a multidisciplinary team of professionals; and
3. helping people stay well for longer

- This remains the national intent. But before the wider reforms necessary to achieve this vision can be implemented, **the pressure needs to be taken off general practice and the 8am rush tackled.**



- The national plan requires systems to focus their improvement plan on:

**'streamlining access to care and advice'**

- It has 2 central ambitions:
  - ***To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment.***
  - ***For patients to know on the day they contact their practice how their request will be managed.***



- General practice in Shropshire, Telford & Wrekin, comprises of 51 practices (37 Shropshire, 14 T&W) operating from over 70 sites.
- There are 8 PCNs ranging in size from 31,000 to 127,000.
- In 2022 General Practice delivered around 2.86 million appointments a year (1.88m Shropshire, 977k T&W).
- Appointment data shows that there are more appointments in General Practice now than pre-pandemic an increase of 9%.
- In July 2023 7 out of 10 patients seen face to face, 55% of patients in T&W and 52% in Shropshire were seen same day/next day, but perceptions are that you can't get an appointment - media coverage and social media reinforce this.
- In January 2021 general practice provided 207,515 appointments increasing to 254,312 in January 2023, an increase of 22.55%.
- If people think they can't get a GP appointment, they go elsewhere such as to A&E. In STW, we have some of the most stretched A&E departments in the country, impacting on waiting times and ambulance delays.

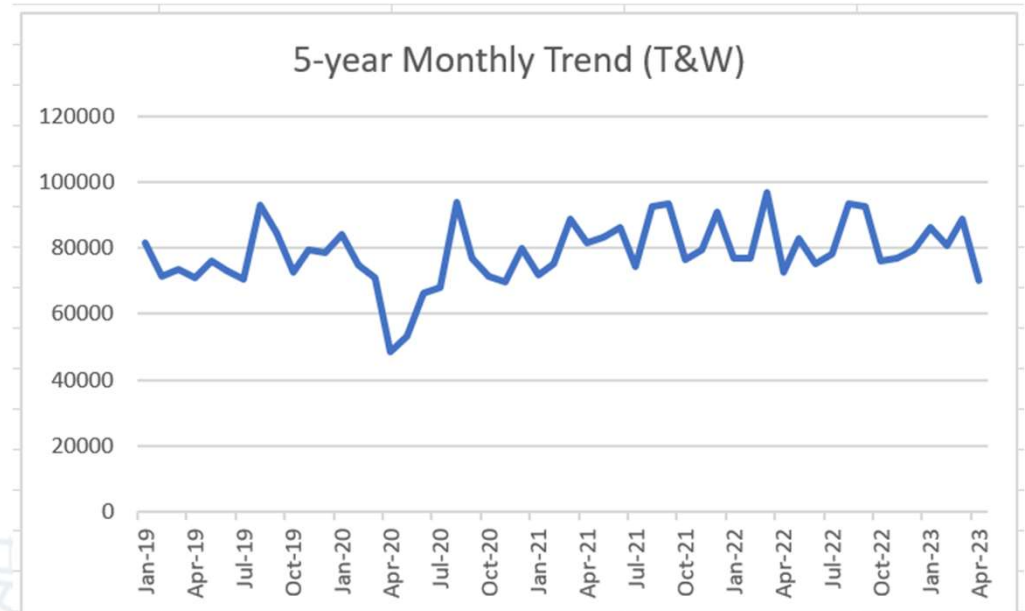
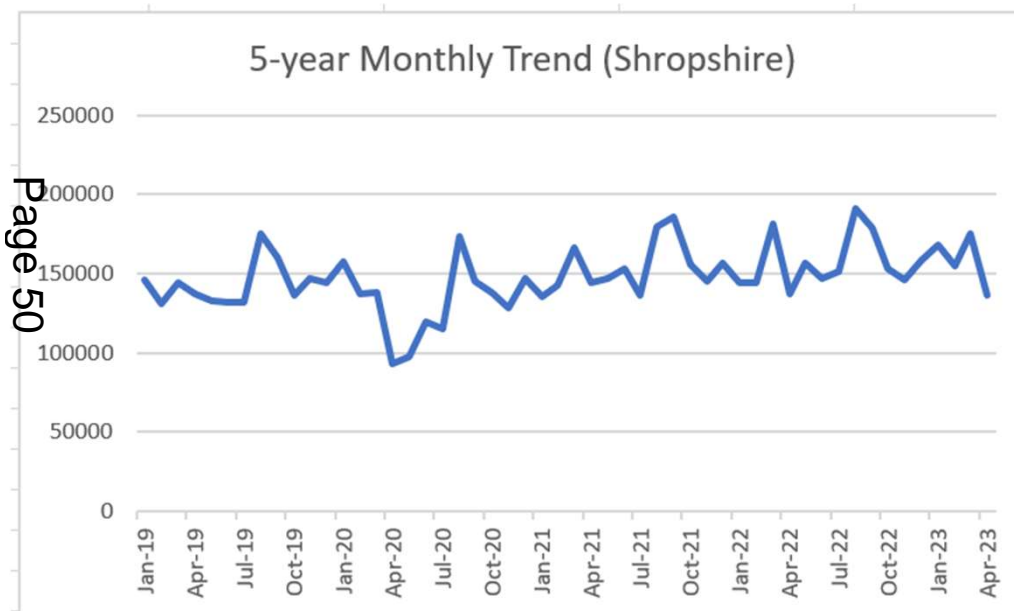


- The Nationally GP Patient Survey is used to measure patient satisfaction and is a key metric for the Primary Care Access Recovery Plan (PCARP).
  - Overall the STW position is good and above national average.
  - However, STW is showing on trend in line with the national and regional picture with a decrease in overall patient satisfaction.
  - Two STW practices were amongst the top 10 practices in the Midlands Region in the 2023 GP Patient survey receiving a congratulations message from the Regional Medical Director for Primary Care.
  - There is local variation which needs to be addressed with Telford Practices showing lower patient satisfaction than Shropshire practices.



# STW Data - General Practice appointment capacity trend last 5 years

There are more appointments in General Practice now than pre-pandemic with 7 out of 10 patients seen face to face.





# STW Data - What do we know about patient experience of GP access in Shropshire, Telford & Wrekin

## National GP Patient Satisfaction Survey 2023

- The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.
- **In STW 15,236 questionnaires** were sent out, and 6,194 were returned completed. This represents a **response rate of 41%**.
- The survey contains a number of questions related to access and quality of care.
- NHSE published the results for 2023 in July which incorporates field work undertaken between January and April 2023.
- Results are available at national, ICS, PCN and practice level.



## Survey considerations:

- Sample sizes at practice level are relatively small.
- The survey is conducted annually and provides a snapshot of patient experience at a given time.
- Insight from GPPS is just one element of evidence we use when considering patients' experiences of general practice in order to identify potential improvements and highlight best practice.



# STW Data - GP Patient Satisfaction Survey Trend pre pandemic to 2023

## Overall experience of GP practice

SHROPSHIRE, TELFORD AND WREKIN ICS

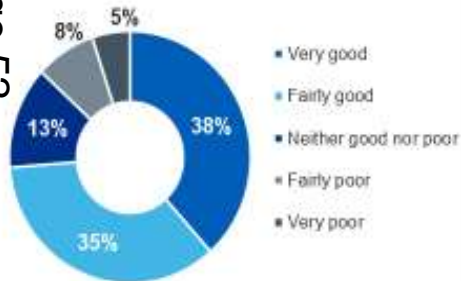
GP PATIENT SURVEY

STW results remain above the national average but on trend with the national and regional picture showing a decrease in overall patient satisfaction.

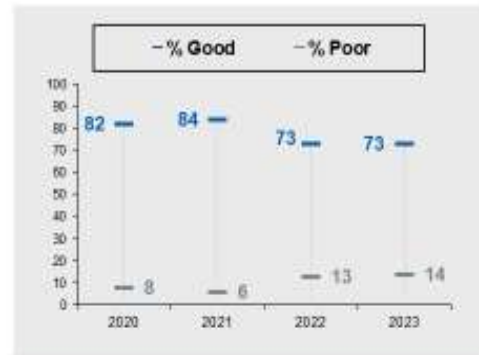
### Q32. Overall, how would you describe your experience of your GP practice?

#### ICS result

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#### ICS result over time



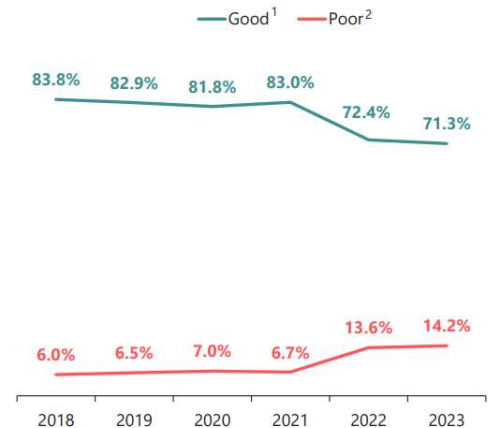
#### PCN range within ICS - % Good



#### Comparison of results



#### National Trend



<sup>1</sup> %Good = %Very good + %Fairly good  
<sup>2</sup> %Poor = %Very poor + %Fairly poor

Base: Asked of all patients. National (749,020); ICS 2023 (6,116); ICS 2022 (6,015); ICS 2021 (6,933); ICS 2020 (6,107); PCN bases range from 233 to 1,756



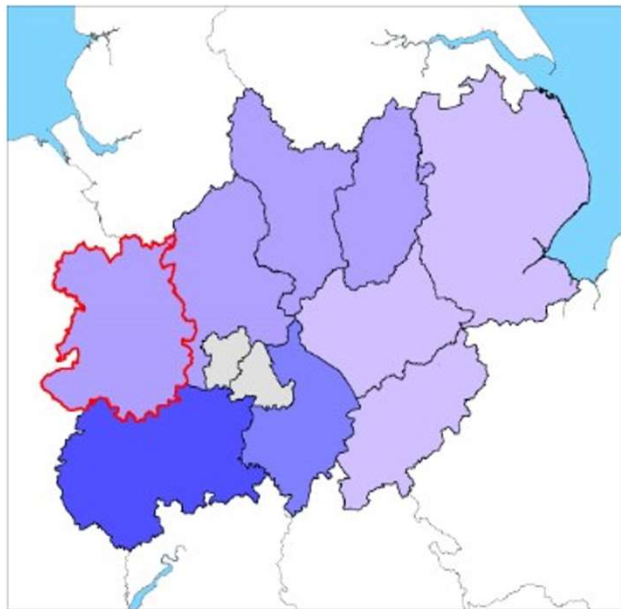
# STW Data - GP Patient Satisfaction Survey Regional picture

## Overall experience: how the ICS results vary within the region

GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?

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Results range from

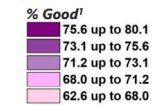
**63%**  
to  
**76%**

ICSs across England are divided into five groups (quintiles) based on their results, as shown in the key. The map shows the ICS results within this region based on these groups (the ICS represented by this pack is highlighted in red).

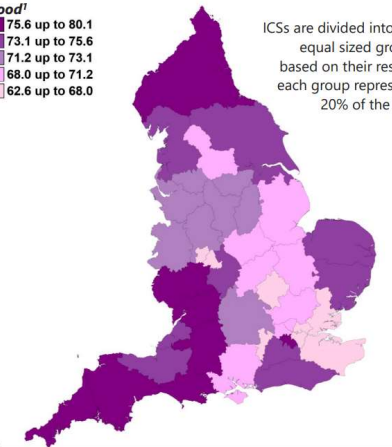
Comparisons are indicative only: differences may not be statistically significant

### Overall experience of GP practice

Q32. Overall, how would you describe your experience of your GP practice?



ICSs are divided into five equal sized groups based on their results, each group represents 20% of the ICSs



<sup>1</sup>%Good = %Very good + %Fairly good

Base: Asked of all patients. ICS bases range from 6,116 to 46,211



# STW Data - Summary of GP Patient Satisfaction Survey Results 2023 by Shropshire Primary Care Networks

PCN/Practice	Registered Population	National GP Patient Survey Result Question			
		Q1. Find it easy to get through to someone on the phone	Q4. Find it easy to use the GP practice website to look for information or access services?	Q16. Satisfied with the appt (s) you were offered.	Q32. Overall described experience of GP practice as good.
National		50%	65%	53%	71%
South West Shropshire PCN	37,241				
The Meadows Medical Practice		95%	96%	80%	95%
Bishop's Castle Medical Practice		94%	82%	68%	91%
Craven Arms Medical Practice		92%	79%	78%	94%
Portcullis Surgery		85%	84%	71%	88%
Station Drive Surgery		70%	73%	68%	79%
Church Stretton Medical Practice		73%	78%	52%	73%
South East Shropshire PCN	59,538				
Brown Clee Medical Practice		97%	100%	96%	100%
Cleobury Mortimer Medical Practice		96%	89%	84%	95%
Alveley Medical Practice		92%	72%	82%	92%
Albrighton Medical Practice		74%	82%	78%	90%
Much Wenlock & Cressage Practice		78%	82%	44%	83%
Bridgnorth Medical Practice		24%	72%	43%	78%
Highley Medical Practice		76%	53%	53%	64%
Ironbridge Medical Practice		62%	61%	45%	70%
North Shropshire PCN	91,554				
The Caxton		82%	90%	68%	83%
Cambrian Medical Practice		50%	61%	61%	80%
Churchmere Medical Group		41%	72%	57%	73%
Pfas Fynnion Medical Centre		79%	78%	58%	86%
Wem & Prees Medical Practice		51%	50%	38%	66%
Market Drayton Medical Practice		20%	46%	33%	60%
Hodnet		89%	93%	69%	85%

The boxes in blue in the table highlight where practices score the same or higher than the national average. **Most of the 38 practices in Shropshire score considerably higher than the national average.**

**PCN improvement plans include targeted interventions where practice scores are lower.**

Hodnet is not a member of a PCN but their patients receive PCN DES services via North Shropshire PCN





# STW Data - Summary of GP Patient Satisfaction Survey Results 2023 by Shropshire Primary Care Networks

PCN/Practice	Registered population	National GP Patient Survey Result Question			
		Q1. Find it easy to get through to someone at the GP practice on the phone?	Q4. Find it easy to use the GP practice's website to look for information or access services?	Q16. Satisfied with the appt(s) you were offered.	Q32. Overall, described experience of GP practice as good.
<b>NATIONAL</b>		50%	65%	53%	71%
<b>Shrewsbury PCN</b>	<b>128,274</b>				
Knockin Medical Practice		99%	87%	78%	97%
The Beeches Medical Practice		83%	87%	68%	90%
Westbury Medical Practice		88%	63%	67%	84%
South Hermitage Surgery		83%	69%	66%	83%
Maryville Medical Practice		80%	77%	57%	83%
Brosely Medical Practice		81%	68%	65%	83%
Pontesbury and Worthen Medical Practice		57%	85%	60%	84%
Belvidere Medical Practice		70%	71%	55%	89%
Clive Medical Practice		74%	73%	49%	80%
Prescott Surgery		57%	74%	56%	86%
Marden Medical Practice		58%	82%	51%	80%
Riverside Medical Practice		64%	67%	58%	75%
Radbrook Green Surgery		47%	68%	60%	83%
Mytton Oak Surgery		35%	71%	43%	75%
Severn Fields Medical Practice		25%	56%	31%	63%
Shawbury		74%	72%	60%	82%

The boxes highlighted blue in the table highlight where **Shrewsbury PCN practices score the same or higher than the national average. Most practices score considerably higher than the national average.**

**The PCN improvement plan includes targeted interventions where practices scores are lower.**

Shawbury is not a member of a PCN but their patients receive PCN DES services via Shrewsbury PCN



# STW Data - Summary of GP Patient Satisfaction Survey Results 2023 by Telford & Wrekin Primary Care Networks

PCN/Practice	Registered Population	National GP Patient Survey Result Question			
		Q1. Find it easy to get through to someone on the phone	Q4. Find it easy to use the GP practice website to look for information or access services?	Q16. Satisfied with the appt (s) you were offered.	Q32. Overall described experience of GP practice as good.
National		50%	65%	53%	71%
<b>Teldoc PCN</b>	<b>6,327</b>				
Teldoc PCN		15%	50%	33%	57%
Shifnal & Priorslee		29%	52%	31%	51%
<b>SE Telford PCN</b>	<b>38,204</b>				
Court Street Medical Practice		80%	89%	70%	83%
Stirchley Medical Practice		16%	51%	34%	61%
Woodside Medical Practice		48%	72%	59%	70%
<b>Wrekin PCN</b>	<b>31,845</b>				
Hollinswood Medical Practice		62%	58%	58%	76%
Dawley Medical Practice		20%	31%	25%	53%
Woodside Medical Practice		11%	35%	29%	42%
<b>Newport and Central PCN</b>	<b>58,814</b>				
Shawburch Medical Practice		78%	78%	70%	91%
Linden Hall Surgery		40%	64%	48%	82%
Wellington Road Medical Practice		25%	57%	59%	85%
Donnington Medical Practice		19%	40%	28%	49%
Charlton		5%	52%	25%	45%

The boxes highlighted blue in the table highlight where T&W practices score the same or higher than the national average. The majority of practices score less than the national average on one or more of the survey questions

T&W have higher levels of deprivation. There is published evidence showing links between deprivation producing higher demand on GP services and a poorer perception of services received. Telford & Wrekin practices have a proven higher level of deprivation and we are working with them to improve patient experience.

The PCN improvement plan includes targeted interventions where practices scores are lower.

Charlton is not a member of a PCN but their patients receive PCN DES services via a contract with a neighbouring practice.



# STWT Data - What patients told us through engagement

As part of ongoing engagement with our population, key themes for GP were:



Concern over difficulty getting an appointment (e.g. especially post-covid appointments run out by 8:05 am) (192/22%)



Consider providing easier and quicker access to appointments (e.g. short waiting times, avoiding having to call multiple times) (115/13%)



Consider improving access to face-to-face appointments (e.g. instead of phone appointments) (106/12%)  
Concern over long waiting times to get an appointment (103/12%)

*“Easier access to face to face and phone consultations” (75 – 79, female, Shropshire)*

*“Improve appointment waiting times. I am waiting six weeks for an appointment” (65 – 69, female, Shropshire)*

*“Being able to see my doctor when I want to. The surgery needs to open later in the evenings and weekends” (60 – 64, female, Shropshire)*

## Summary of Findings:

- **Out of the 2,445 respondents who were registered with a GP, more than half rated GP services as very good or good.**
- Key areas of concern include the availability of appointments, choice of appointment times and the availability of and access to mental health services.
- Suggestions to improve access to appointments were shared, with the need for easier and quicker appointment booking and the availability of more face-to-face appointments highlighted.

NHS STW will work with PCNs, Healthwatch and partners to continue to receive patient feedback in year.

# Our Plan - How we will improve access to Primary Care

## Primary Care Access Recovery

Empowering Patients

Implementing Modern General Practice Access

Building Capacity

Cutting Bureaucracy

Tackle the 8am rush

Easier and quicker for patients to get the help they need

Continuity of Care

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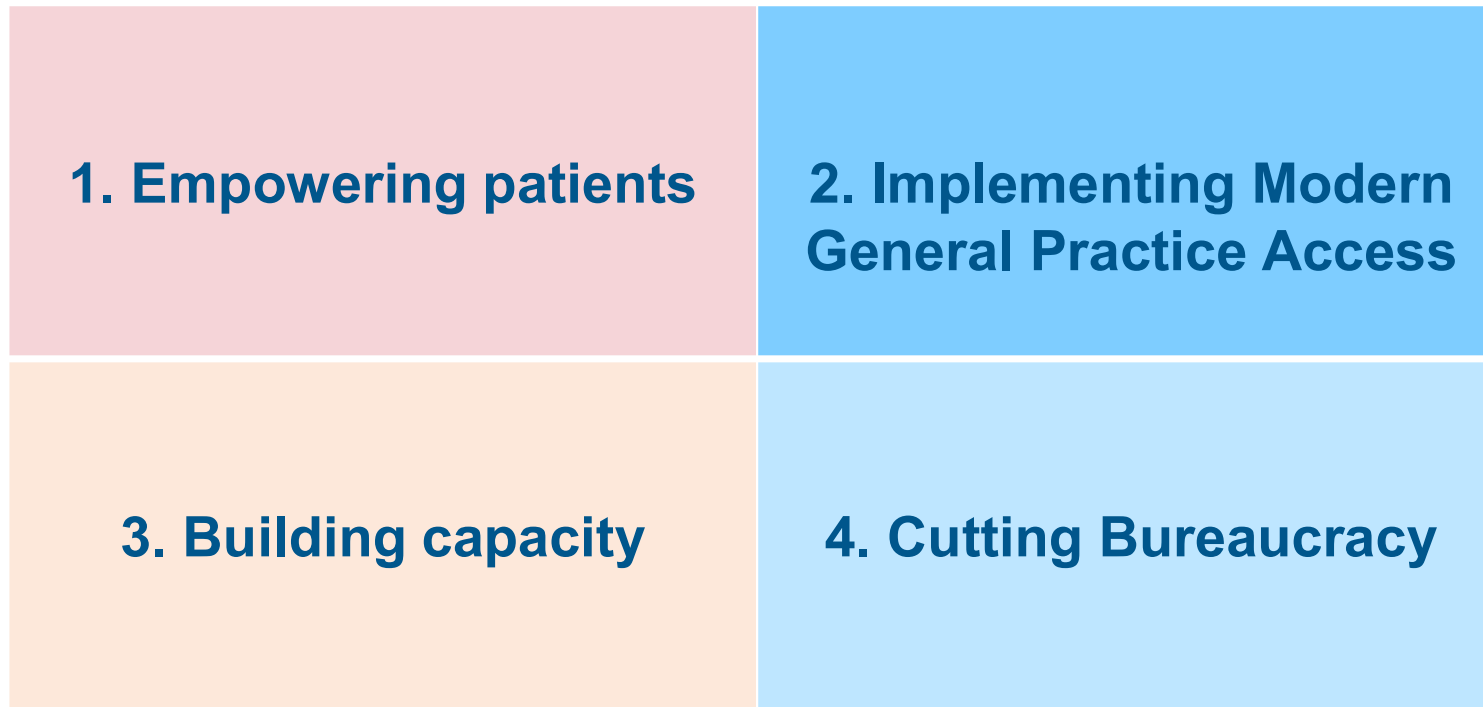
## Headline work areas

- **PCN and Practice Improvement Support**
- **Primary/Secondary Care Interface**
- **Community Pharmacy**
- **Digital Development**
- **Transformation Support**
- **Workforce**
- **Estates**
- **Communication and Engagement**
- **Health Inequalities**
- **Equality, Diversity and Inclusion**
- **Assuring Delivery**
- **Risks and mitigations**



# How we will improve Access to Primary Care?

The NHSE Primary Care Access Recovery Plan (PCARP) is underpinned by 4 pillars:-



Our plans in each of these areas are set out in the following slides





## **Pillar 1 - Empowering Patients - investing in tools they can use to stay healthy and manage their care without needing to see their GP**

**Improving information and NHS App functionality** - roll out of existing NHS App functionality to 90% of practices by March 2024. Compared to the National plan which sits at only 75%

**Aim: Give more of the public access to four existing functions:**

- to view their prospective clinical records (including test results);
- to order repeat prescriptions;
- see messages from their practices as an alternative to text messaging; and
- manage routine appointments



In STW, the NHS App has over 168,000 log-ins a month and 214,878 STW people have signed up. All of STW practices will offer this functionality by March 2024.

- National interest has been shown with the local success of 98% of practices (50/51 practices) offering patients prospective on-line access to their records at 31<sup>st</sup> October 2023.
- At end of September 2023 47% of GP patients aged 13 years+ registered for the NHS App.
- 73% of STW practices offer patients the ability to order repeat prescriptions online.
- 82% of practices have enabled secure messaging through the NHS App.
- 80% of practices have enabled patients to book and manage routine appointments, such as smear tests, B12 injections and vaccination clinics.

# Pillar 1 - Empowering Patients

## Increasing self directed care

### Aim: Increase self referral activity by 50%

For some conditions general practice involvement is not necessary if it is clear to patients where to get care and it is clinically safe to do so directly. This is more convenient for patients and frees up valuable practice time.

This is already a reality for some conditions, but we will increase the number of self-refer options, guided by clinical advice.

Clinical pathway	STW Timeline for delivery
Optometry	September 2023
<b>Selected Community musculoskeletal services</b>	January 2024
<b>Audiology for older people including hearing aid provision</b>	June 2024
<b>Community podiatry</b>	September 2024
<b>Falls</b>	July 2024
Although in the national plan, NHS STW currently has no plans to introduce self referral pathways for community equipment, wheelchair services or weight management	



# Pillar 1 - Empowering Patients

## Community pharmacy

Currently community pharmacy is an underutilised resource across the ICS. There are 81 community pharmacies with a highly trained clinical workforce that could be utilised to increase capacity, boost access and improve experience for patients.

Incorporating prescribing into the new undergraduate pharmacy curriculum realises further opportunities with community pharmacy as the availability of prescribers in the workforce increases.

The future vision is for community pharmacy to be deeply integrated and utilised within primary care systems, enabling:

- Seamless referrals from general practice
- Greater system capacity
- More care to be delivered in the community
- Increased patient choice
- Innovative methods of service delivery

There are challenges to realising this future vision:

- Workforce challenges within the pharmacy sector
- Public awareness of the care available through community pharmacy
- Perceived professional standing of community pharmacy within healthcare systems.

Ongoing work is focussed towards overcoming these barriers.



# Pillar 1 - Empowering Patients

## Expand the community pharmacy offer

**Common Conditions Service** will launch before the end of 2023, subject to national consultation, enabling pharmacists to supply prescription-only medicines, including antibiotics and antivirals to treat 7 common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women). Once scaled up, it is anticipated to make up 3% of all appointments.

**Blood pressure check service** – Good blood pressure control helps to reduce heart attacks and strokes. Introduced in 2021 there is further national funding to expand this offer and support increased activity

**Oral contraceptive service** - enables community pharmacies to manage ongoing oral contraceptives for women. Over 50,000 oral contraceptives are prescribed each year in STW, we estimate a quarter of women taking oral contraceptives could be using this service by 2024.

## Independent Prescribing Pathfinder Programme

STW ICB is recruiting 3 pharmacies as part of this national pathfinder programme which will see community pharmacists prescribing using NHS services for the first time.

## IT Connectivity Between Pharmacy and GP Practice

Investment for interoperable digital solutions to streamline referrals, provide additional access to relevant clinical information from the GP record, and share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record.



# Pillar 2 - Implementing Modern General Practice Access

- The central ambition is to tackle the 8am rush by implementing Modern General Practice Access which has 3 components:

Better digital  
telephony

Simpler  
online  
requests

Faster  
navigation,  
assessment and  
response

- Clinically urgent requests should be assessed on the same day
- When the request is not urgent, an appointment, if needed, should be scheduled within two weeks.

- Makes it easier for patients to contact their practices by phone or online and supports practices to rapidly assess the nature and urgency of requests by involving the whole practice team.
- This approach is a major change to how many practices have traditionally worked.
- Patients may be asked to provide more information about their issue when they make a request, but in return the practice team can better assess their need and tell them on the day how their request will be handled, based on clinical need and respecting their preference for a call, face-to-face appointment or online message.





## Pillar 2 – Implementing Modern General Practice Access

### Better Digital Telephony

- During the 8am rush an average-sized practice can receive over 100 calls in the first hour of opening on a Monday.
- The ambition is to put an end to people getting engaged tones when they call their practice.
- Frustration of long waits on the phone without information can affect the caller's interaction with reception staff when they do get through.
- This occurs when practices have analogue phone systems with a fixed number of lines and no call management system.

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STW ICB received £479,000 to support the transition to cloud based digital telephony for all 17 practices (16 Shropshire, 1 T&W) currently on analogue systems or in unsuitable evergreen contracts

### Digital Telephony Functionality

- **queuing:** enables practices to manage multiple calls, patients are notified of queue position and wait time, and never get an engaged tone
- **call-back:** patients have the option to be called back when they are higher in the queue
- **call-routing:** supports directing patients to the right person or team (eg a medicines team serving the whole PCN)
- **integration with clinical systems:** allows practice staff to quickly identify patients and find relevant information with less searching.

The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background.

## Pillar 2 – Implementing Modern General Practice Access

### Simpler Online Requests

- While people will always be able to ring their practice, we want to make online requests easy and dependable.
- Practices are required contractually to provide online access. However, this was introduced during the pandemic when practices did not have time to fully implement systems.

- Practices that have implemented this new approach say most patients find it more convenient to go online to make a request and are often happy to get a response the same way.
- These practices find that far fewer patients request face-to-face appointment
- It also means many requests can be dealt with without an appointment, which can be quicker for patients and practices, and means those patients who need an appointment get one sooner.
- When more people go online, this frees up the phones for those who prefer to call and spreads work across the day

We have received **£488,000** in 2023/24 to make high quality online digital tools available to practices. We are developing a plan with our practices in readiness for a national procurement framework for this to be launched in Dec 23/Jan 24

## Pillar 2 – Implementing Modern General Practice Access

### Faster navigation, assessment and response

- The aim is to make it easier for people to contact their practice and to make getting a response the same day the norm, so patients know how their request will be dealt with.
- Care navigation becomes a critical role as it is estimated that 15% of current GP appointments could be navigated to self-care, community pharmacy, admin teams or other more appropriate local services.
- Other patients can be directed to the most appropriate practice staff member for assessment and response, without first being seen by a GP.

A new national Care Navigation Training programme was launched in summer 2023 with one place for each PCN and practice. At end of September, **35 staff from 29 practices (20 Shropshire, 9 T&W) have completed this training.**

- A key element of navigation is identifying those patients who would like or benefit from continuity and this is part of the national training.
- National evidence shows that relational continuity yields significant benefits for patients, systems and staff, and is especially important for patients with multiple or complex conditions.<sup>59</sup>
- The care navigator role improves continuity; this may be as simple as asking if the patient would like to wait for a preferred staff member or using flags in a patient's notes to direct them to a certain staff member.

Work has been ongoing to increase referrals from General Practice to Community Pharmacy using the Community Pharmacist Consultation Service (CPCS). During September 2023, **41% of practices used CPCS to refer 507 patients to community pharmacies**



# Pillar 2 - Implementing Modern General Practice

## Examples: Digital Tools

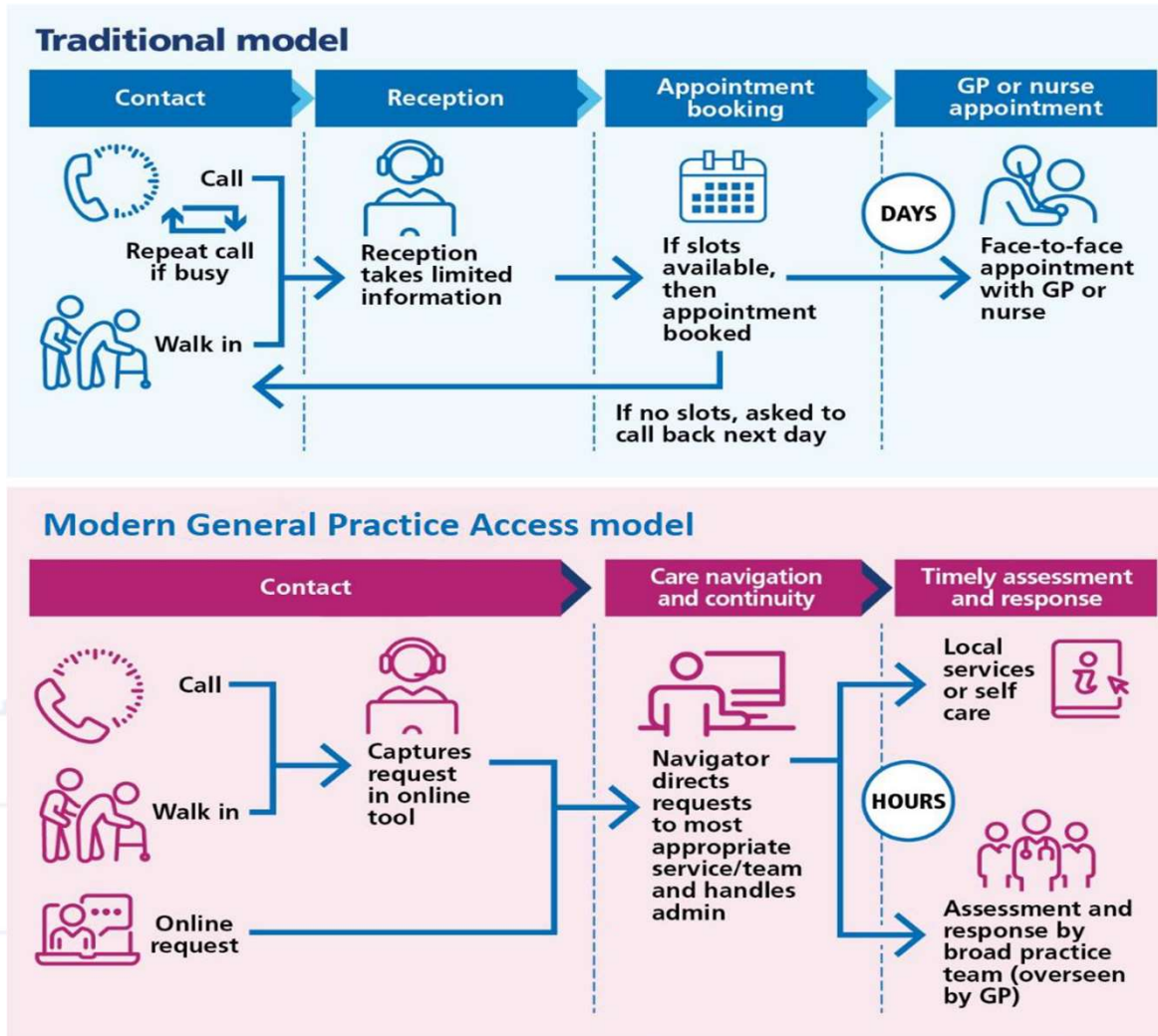
- Cloud digital telephony including call back, call queuing
- Online consultation available with online forms
- Online appointment booking for non-triage appointments
- Patients can use NHS App to order prescriptions, book routine appointments etc
- Website compliant with the national useability guidance
- Direct booking of appointments by 111 into practice slots available - 1:3000 registered practice population

## Examples: Practice processes

- Processes to review appointment, telephony and online data to understand and match demand and capacity
- Collecting data from the patient regarding needs at point of contact
- Care navigation system to direct to other appropriate services
- Improved processes for non-patient workload to release capacity e.g. online prescription requests, online registration, electronic repeat prescriptions
- Use of different consultation modes depending on need and patient preference
- Use of online messaging and text messages to contact patients
- Community pharmacy referral process
- Using digital tools to support effective practice processes
- Effective use of PCN Additional roles and clear referral criteria
- Patient communication process to inform about the change to new model.



# Pillar 2 - Implementing Modern General Practice Access



## Pillar 2 - Implementing Modern General Practice Access

### PCN Capacity and Access Improvement Plans

In March 2023, NHSE published the new PCN contract which requires PCNs to produce a Capacity and Access Improvement Plan (CAIP) and introduced a PCN Capacity and Access Payment (CAP).

This plan has 2 components:-

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baseline starting point against a set of metrics a PCN and individual practice improvement plan setting out the changes they intend to make to address the following 3 areas:-

- I. patient experience of contact;
- II. ease of access and demand management; and
- III. accuracy of recording in appointment books



All 8 PCN improvement plans were signed off by ICB Executive Team at the end of July 2023.

- They included all the required actions of the PCNs and covered all related aspects of the national access recovery plan.
- They demonstrated a correlation between the areas where practices scored lower or were non compliant from their baseline start point assessment and the improvement actions in their plan.
- STW PCN CAP payment, created through repurposed PCN incentive payment funding, totals £2m for 23/24.
  - 70% is being paid in 12 equal monthly instalments.
  - 30% is paid at year end based on an assessment by the ICB of PCN evidence of the desired impact of the changes. PCNS need to demonstrate improvement in all 3 of the required areas (left) to receive their full 30% payment.
- A summary of the individual PCN improvement plans are at Appendix 1.

# Pillar 2 - Implementing Modern General Practice Access

Local activity to improve access is aimed to make it more straightforward for people to get the care that they need when they need it. Improvement plans and communications focus on raising trust and awareness of:

- New healthcare professionals in practices
- The increased offer from pharmacists
- New access routes and systems – from triage to online forms
- New digital solutions – NHS App, improved GP practice websites, digital registration, and access to GP records.

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# Pillar 3 - Building Capacity

- The NHS Long Term Workforce Plan 2023 includes General Practice and the wider primary care contractors.
- Shorter term, as practices improve access, they will have to manage more patient requests and optimise the use of the full practice team.
- It also means **we need to continue to build total general practice capacity.**
- The **immediate growth will be in the broader practice team**, strengthening the foundation for more multidisciplinary working in the future.

## Larger multi-disciplinary teams

- Since 2019 STW PCN additional roles have grown the total number of clinical and direct patient care staff in general practice by over **234 full time equivalent (fte) staff** (July 2023).
- Further recruitment by the end of March 2024 to the full £12m PCN ARRS allocation for 2023/24 will grow this number even further to **260 fte**.
- The STW Primary Care Training Hub and Clinical Facilitators work closely with all PCNs supporting these areas providing access to preceptorship programmes, advanced practice training, CPD, peer support and clinical supervision.
- A breakdown of the PCN ARRS roles plans by job roles is at Appendix 2.



# Pillar 3 - Building Capacity

## GP Recruitment and Retention

- GP numbers have steadily dropped over recent years to a level that is not consistent with a robust GP workforce
- In September 2023 there were 305 headcount and 237 FTE fully-qualified GPs
- Although the headcount number has remained fairly constant over recent years, the number of FTE GPs has reduced by 17% over the past 8 years from 285 to 237.
- Although there are a high number of GP trainees on the STW GP Training Scheme, it will take time for these doctors to work their way through

We have plans in place to bring new **doctors** into general practice, retain those working today and encourage recent leavers. These plans are set out in the STW General Practitioner Strategy and Action Plan. Examples include:

- 6 GP leads supporting the development of recruitment and retention initiatives from pre career choices through to GPs considering retirement or a career change
- Fellowship programmes for the newly qualified
- Mentorship programme for both Fellows and more experienced GPs
- Marketing GP as a career to medical students and final year doctors
- Persuading/enabling GP Trainees (particularly International Medical Graduates) to work in STW after qualification
- Working with practices to identify recruitment support needs/advice
- GP Education Leads organise GP led CPD.



## Pillar 3 - Building Capacity

### General Practice Nurse (GPN) recruitment and retention

The number of GPNs has dropped slightly in recent years to 222 headcount, which equates to 155 fte (July 2023), of which 71 are Advanced Nurse Practitioners (ANP) equating to 56 fte.

The national picture for this profession is also reflected across STW in that a significant number of GPNs are at or nearing retirement age.

STW GPN Development Strategy outlines specific objectives to support supply, recruitment and retention. The associated action plan includes:-

- Facilitating student nurse placement in primary care
- Supporting newly qualified nurses into general practice alongside preceptorship programmes such as The Fundamentals of GPN, new to practice and GPN Fellowship programmes
- Developing Health Care Assistants
- Facilitating access to the Nurse Associate Apprenticeship programme
- Upskilling GPNs to Advanced Practice levels
- Education and development forums
- Peer support networks, access to CPD and funding
- clinical supervision and development of the Professional Nurse Advocacy programme.



# Pillar 3 - Building Capacity

## Non-Clinical Staff Groups

STW Training Hub support the non-clinical workforce with training and education opportunities that aim to upskill, improve capability and capacity across the general practice workforce.

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An annual Training Needs Assessment helps to identify key development priorities including leadership management, care navigation and staff mental health & wellbeing.

As well as funding individual, bespoke training requests, PCNs are also supported to deliver non-clinical training during Protect Learning Days, subject to available funding.

The NHS logo, consisting of the letters 'NHS' in white, bold, sans-serif font, set against a blue rectangular background.



# Pillar 3 - Building Capacity

## ICB General Practice Estates Strategy

We have 51 practices operating from over 70 premises. We know that many practices are at or reaching capacity in terms of space, particularly with the increase in the workforce through the PCN additional roles staff.

We also know that a significant proportion of our General Practice estate is not fit for purpose.

The current Primary Care Estates Strategies were completed in 2020 as individual strategies for the then separate CCGs.

Work has been ongoing on the development of the next revision of the Primary Care Estates Strategy – this time focussed on an individual PCN basis rather than on an individual practice basis and taking into consideration the PCN plans related to clinical and non-clinical workforce and the impact of the additional roles staff.



- The PCN plans will contain a list of developments prioritised by the PCNs.
- This work is now nearing completion and we know that the capital investment requirement is going to be significant, at a time when there is currently no source of NHS capital.
- The plans will be collated to form an ICB General Practice Estates Strategy in November 2023, they will then go through an ICB prioritisation process, having regard to that of the PCNs also. This will ensure that should new capital become available, we can ensure that this funding is targeted to the most urgent developments.
- The final stage will be for the General Practice Estates Strategy to be incorporated into the overarching ICB Estates and Infrastructure Strategy due for completion March 2024.

# Pillar 3 - Building Capacity

## Higher priority for primary care in housing developments

- As practice teams grow, there will be an associated need to invest in the GP estate.
- We know that many practices have reached or exceeded current capacity in terms of space to deliver core GP services. Some are in old and/or converted residential dwellings.
- There is no source of NHS capital of sufficient scale for building extensions or new builds (which is unlikely to change before the next Government spending review in 2025).
- NHSE has indicated that the government will update planning obligations guidance to ensure that primary care infrastructure is addressed by local planning authorities



- We work closely with both local Councils as part of normal planning processes and has invested in additional technical capacity in 2023/24 to ensure that Section 106 and Community Infrastructure Levy (CIL) applications are routinely made as part of the planning process to secure healthcare infrastructure funding from housing developers.
- This has been particularly successful in Shropshire with a pipeline of over £2.5m secured between now and 2034. There are a further 5 applications planned for 23/24.
- Telford & Wrekin Council has a different approach which makes securing health infrastructure investment from housing developers less successful.
- We are in discussion with Telford & Wrekin Council to explore ways in which this could be addressed.
- In the meantime, we will develop 6 T&W s106 applications in 2023/24 against planned housing developments
- We are working with Shropshire Council to explore options for joint estates solutions outside of s106 and CIL

# Pillar 3 - Building Capacity

## Key Deliverables and Timelines for Elective Backlog Recovery 2023/24

### Key standards

- No patient should wait over 65 wks for elective surgery by end of March 24
- 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
- GP referral for suspected cancer to treatment should take no longer than 62 days.

### In response:

- Pathways have been reviewed/ revised to ensure they are as short as possible and patients are seen in the right place
- Providers appropriately balancing the provision of capacity between cancer, urgent and elective patients
- Additional capacity has been commissioning from the independent sector and in sourcing providers
- Consultants are undertaking additional sessions
- Mutual aid support
- Increased patient choice with use of DMAS and latterly PIDMAS



## Key Deliverables and Timelines for increasing GP Direct Access to Diagnostics 2023/24

GPs currently have direct access to the following diagnostics:

- MRI – Head (including brain), Knee, Spine
- CT - Chest, Abdomen, Pelvis, KUB
- NM - Bone, Lung
- Plain Film - All body parts.
- Ultrasound – Abdomen, Pelvis, Groin, Neck, Testes, Urinary tract, Thyroid
- The suspected lung cancer pathway has dedicated CT slots.

Plans are being developed to offer a walk-in service for chest x-rays, with a view to this being operational from early 2024.

The Community Diagnostic Centre Phase 1 opened in Telford in October 2023 which provides the opportunity to explore further options for GP direct access. The ICB will work General Practice to determine which pathways would be most beneficial to explore.

# Pillar 4 – Cutting Bureaucracy

## Improving the General Practice/Secondary Care Interface

- The NHSE ambition is to reduce time spent by practice teams on lower-value administrative work and work generated by issues at the primary-secondary care interface. Practices estimate they spend 10% to 20% of their time on this.
- ICB chief medical officers are required to establish a local mechanism, which will allow both general practice and consultant-led teams to raise local issues, to jointly prioritise working with Local Medical Committees, and to tackle the local high-priority issues.
- In the 2023/24 contract NHSE significantly streamlined the PCN contract financial incentive targets from 36 to 5 indicators to enable practices to focus on improving patient experience and to create the capacity to deliver the changes in this plan.



In November 23, STW will launch a **General Practice/Secondary Care Interface Oversight Group** chaired by the Chief Medical Officer with membership from Medical Directors of all 4 local secondary care providers, the GP Board and the Local Medical Committee. Meeting monthly, a key priority of the group is to develop a joint plan to address:

- **Onward referrals:** if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice
- **Complete care (fit notes and discharge letters):** trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than leaving patients to return prematurely to their practice
- **Call and recall:** for patients under their care, NHS trusts should establish their own call/recall systems for follow-up tests or appointments.
- **Clear points of contact:** single routes for general practice and secondary care teams to communicate rapidly: e.g. single outpatient department email for GP practices or primary care liaison officers in secondary care.

# PCN and Practice Access Improvement Support Offers

## National GP Improvement Support Programme (GPIP)

Introduced in May 2023, this programme consists of 3 tiers of support to help general practice deliver change. These offers are underpinned by a set of principles to ensure change is clinically led, data-driven, evidence-based and measurable.

- **Tier 1 Universal Offer** of online support resources and is open to everyone. NHS England have run a series of webinars on each of the key areas of this plan, including learning from peers.
- **Tiers 2&3 Intensive and Intermediate** support programmes are designed to help practices in the most challenging circumstances or those that simply feel they do not have the capacity or bandwidth to plan a path towards a Modern General Practice Access approach. The intensive is a 6 month programme, the intermediate a 3 month programme. Both options involve hands-on support, a data diagnostic and a tailored analysis of demand and capacity.
- It is anticipated that the above programmes will be repeated in 2024.
- There are also national PCN digital transformation and leadership development programmes.



- We are liaising with targeted practices to encourage sign up for these programmes which are voluntary.
- STW practices have found the timing of this offer challenging with 17 practices unable to engage because the enrolment criteria requires they are on cloud based digital telephony.
- Capacity to participate is also an issue as the only source of funding for backfill for the 26 and 13 week programmes is the PCN CAIP.
- So far, **STW have 1 Shropshire and 1 T&W practice on the Intensive Programme and 1 Shropshire and 3 T&W practices on the Intermediate Programme.**
- So far, no PCNs have signed up for the national programmes due to capacity and/or eligibility.



# PCN and Practice Improvement Support Offers

## Support Level Framework

- The Support Level Framework (SLF) is an element of the national GP Access Recovery Plan to be organised and funded locally. It is a diagnostic tool intended to support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends.
- It is delivered through a 3 hour one off facilitated conversation with members of the practice team including a senior GP. The aim is to agree priorities for improvement and develop an action plan to address these areas over the forthcoming year.
- The outcome of the SLF can be used to inform which national support programme might be most beneficial for an individual practice to apply for. The associated action plan should be reviewed by the practice at 3 monthly intervals.



NHS STW has commissioned the Shropshire/Staffordshire GP Support Team to deliver these quality improvement sessions. They are already a commissioned service, are experts in quality improvement diagnostics and the team are known to practices.

The aim is that all practices not participating in the national support programmes will have completed the SLF by no later than Q1 2024/25.

This support offer will be delivered in phases. The Primary Care Team is targeting the most challenged practices for this support offer. However participation is voluntary so the offer is open to any practice wishing to participate.

**So far, 15 practices (11 Shropshire and 4 T&W)** have committed to engage in this conversation via this local offer, with 3 now complete. Five additional SLFs will be completed as part of the national offer totalling 20.

# PCN and Practice Improvement Support Offers

## Transformation and Transition Funding

- It is recognised that that ahead of moving to the Modern General Practice Access model, the existing appointment book needs to be reduced ahead of time to provide good capacity at the launch of the new approach.
- NHSE have provided additional funding for additional short term workforce capacity at time of 'go live' for practices that commit to significant transformation transitioning from one operating model to another.
- It is accepted that not all practices will be able to implement all elements of the Modern General Practice Access model in this financial year. NHSE have indicated that the ICB will receive a similar financial allocation in 2024/25 and therefore the Primary Care Team are working with practices to manage the deployment of the available transition funding over the 2 years.



NHS STW has received **£379,000** NHSE transition funding for 2023/24. The national estimate of funding per average sized practice is £13,500.

The first phase of practice funding applications were received in August 2023 resulting in **15 practices receiving approval (9 Shropshire and 6 T&W) and committing £227,000 of funding (£133,079 Shropshire and £93,914 T&W).**

In signing up for this funding, practices commit to:-

- use the funding allocated to support the transition to the Modern General Practices Access model
- implement the proposed changes by the end of March 24
- track and report to the ICB relevant data to establish the impact of the changes
- ensure that there is no duplication of funding with other GP Access Recovery funding streams

**A second wave of invitations to apply for this funding has recently taken place with a further 8 practices applying. This will now be an open offer to practice to encourage applications and use of the full allocation.**



# Communications and Engagement Plan

The ambition for communications and engagement is to make **navigation clearer and easier to understand** for patients and staff. **A robust delivery plan has been developed to promote key messages and achieve objectives** at both place and within local communities across STW.

The communications plan will **dovetail into the multimedia behaviour change campaign for winter (Think Which Service)**. This integrated PR and marketing campaign has been informed by **local research to build confidence in health and care services, to educate on how and when to use services and showcase the benefits** of doing so.

The insight used to inform this campaign, as well as the data collected during the county's Big Health and Wellbeing Conversation for the Joint Forward Plan, has helped to structure messaging and allowed us to **be highly targeted in addressing the strongest concerns for each audience**, as well as the channels used to communicate, with a clear call to action.

The communication materials will **be shared on an ongoing basis for feedback with our People's Network** for the county, which comprises over 400 residents engaged in health and care issues. We will also **socialise materials with General Practice colleagues**, as well as with PPGs, to ensure we have considered the patient voice and have created the most effective and impactful communications for audiences.



# Communications and Engagement Delivery

Resources will be used to **build understanding** externally but to also **support staff to hold conversations with patients**; to help them to understand what different healthcare services do; what different members of the General Practice team can help with; how practices are moving towards more digital access routes; and why they may be seen by someone other than a GP or nurse.

**Digital Access:** to build knowledge and confidence in the NHS App and digital access routes.

**Wider Practice Team:** to explain there is now a much broader range of staff in the practice team. Greater knowledge will help practices increase use of these roles, protecting GP time.

**Wider Care Available:** to help the public better access the right care by explaining when, why and how to access self-care advice, community pharmacy, general practice, NHS 111, 111 online and A&E (linking in with the winter campaign 'Think Which Service').

Our ambition is to **support and enhance patient and staff understanding of the new ways of working** in General Practice through sustained internal and external communications (and across multimedia channels) tied in with the national resources on three key components:



# Health Inequalities National Context

The NHS Long Term Plan places preventing ill-health and reducing health inequalities at the heart of the NHS.

Tackling health inequalities is a core priority for the NHS, as people from deprived backgrounds are more likely to develop long-term health conditions, suffer poor health and experience reduced life expectancy.

The NHS Prevention Programme commits to supporting people to keep healthier, for longer. This includes helping people make healthier lifestyle choices and treating avoidable illness early on.

1. Weight Management
2. Alcohol
3. Tobacco
4. Cardiovascular Disease
5. Stroke
6. Cancer
7. Respiratory
8. Mental Health

The National Healthcare Inequalities Improvement Programme (HiQiP) asks systems to focus on five priority areas:

1. Restoring NHS services inclusively
2. Mitigating against digital exclusion
3. Ensuring datasets are complete and timely
4. Accelerating preventative programmes (including the initiatives outlined in the NHS Prevention Programme, Core20PLUS 5 Key Clinical Areas for Adults and Core20PLUS 5 Key Clinical Areas for Children & Young People.
5. Strengthening leadership and accountability.



**CORE20 PLUS 5**

**NHS**

# Health Inequalities System Commitments

Shropshire, Telford & Wrekin Integrated Care System (ICS) pledges to tackle the problems of ill health, health inequalities and access to healthcare through a shared approach to ensuring health inequalities are mainstream activity that is core to, and not peripheral to, the work of the NHS.

- 2023/24 Health Inequalities Implementation Plan sets out 20 priority objectives, aligned to the national key lines of enquiry and Core20PLUS5 Clinical Areas for Adults and Children and Young People.
- STW has enacted system governance changes following an internal review in Q4 2022/23, with the commencement of a dedicated Prevention and Health Inequalities Board Chaired by Local Authority Director of Public Health. Membership includes Executive Leads from all Providers, including PCNs.
- Support offered by ICB Health Inequalities Lead and Project Manager to Executive Leads in Provider organisations (including PCN Health Inequalities Leads) to assist in progressing the health inequalities agenda and making connections across Providers.
- Introduction to Health Inequalities Understanding and Awareness session delivered to ICB staff. A central resources page is available on the internal website for all system staff to access further training and resources, ensuring staff are supported in delivering duties under 2012 Act.
- STW have developed with partners one system-wide Integrated Impact Assessment (IIA) which provides consistency in the system approach to considering impact and involving the public. The IIA widens the traditional EQIA addressing the 9 protected characteristics under PSED to include duties regarding factors such as social exclusion, socially deprived communities, quality, travel and access and climate change.



# Health Inequalities – Enablers to Better Access

STW 2023 Patient Satisfaction Survey Results shows that when results are grouped at a PCN level, all Shropshire PCNs were above the national average whereas Telford based PCNs showed below the national average for up to 10/19 questions with three below the national average for 'Overall how would you describe your experience of your GP practice'.

- Empowering patients through providing Accessible Information, Encourage Shared Decision-Making, Promote Health Literacy, Enable patients to access their medical records, test results, and health information electronically.
- Engage in Regular Communication by making it easy for patients to reach out with questions or concerns and provide opportunities for follow-up appointments and discussions to track progress.
- Health & Wellbeing Coaches, Social Prescribers and Care Coordinators in place who are supporting many different cohorts of patients including those living with cancer, those isolated, and patients most at risk of developing long term conditions to make lifestyle changes.
- Improving and supporting increased use of online access for those who are digitally able (plus through connections to digital literacy support) and reducing telephone traffic will ensure quicker access for those that need a traditional route.
- Increasing levels of Friends and Family responses to provide a richer source of feedback for Practices to review and act upon.
- Supporting GP Practices to improve ethnicity recording for all patients but in particular those with a Learning Disability or Autism to support a Population Health Approach and inform targeted action to improve access for underserved communities.



# Health Inequalities - Action

The ICB leads a number of projects which align closely to the Core20PLUS5 National Approach for Tackling Healthcare Inequality.

Each project focuses solely on supporting communities living in higher levels of socio-economic deprivation, those from diverse ethnic backgrounds, inclusion groups or people with protected characteristics.

These are delivered collaboratively across ICS partners, including working closely with PCNs and GP Practices to embed and streamline partnership working and better integration with our community and voluntary sector and thereby support to reduce pressures on Primary Care but ultimately improve patient outcomes.

- Data Teams are supporting the development of a Population Health Management Approach, working with Primary Care to inform targeted intervention.
- Each PCN has developed a targeted Health Inequalities Plan based on their local population need. There are a number of projects that specifically focus on practices with the highest deprivation levels and proportionally greater numbers of seldom-heard patients.
- PCNs are working in collaboration with partners such as local colleges, Local Authorities, the community and voluntary sector and Healthwatch to progress this work. Examples include exercise offers with Shrewsbury Town FC, Mental Health outreach through local Food Banks and targeted work to improve cancer screening with those with a Learning Disability or Autism.
- Community-based ICS-led projects focused solely on inequalities are exploring data solutions to share consented health data back to General Practice
- System CVD Prevention Clinical Lead recruited to lead support on preventive action, working closely with Primary Care to utilise best practice methods and processes for risk stratification.
- Local engagement pieces are working closely with PCNs to pilot recommendations to reduce barriers to access e.g. Core20PLUS Connectors – a volunteer-led project which aims to raise awareness of cancer signs, symptoms and screening services in underserved communities and communicate barriers to access to NHS organisations. Current joint working between PCNs and VCSE to pilot tools to improve screening uptake in rural, ethnic and LD&A communities.
- The ICB Prevention and Health Inequalities Team has supported Primary Care workforce to express interest in the National Core20PLUS Ambassador Programme (an opportunity for development and learning). A local peer support will be established to further embed health inequalities knowledge and action within Primary Care.



# Equality, Diversity and Inclusion

The ICB, via the implementation of this Plan, will ensure that vulnerable, marginal and minority patient groups are supported in maximising their access to General Practice.

The Primary Care Team works closely with the ICB People Team and is a key stakeholder attending the Systemwide EDI steering group to ensure that strategic EDI objectives are translated into specific, General Practice targets and actions.

Through a sense of belonging, we aim to create an inclusive culture which encourages different perspectives and celebrates diversity.

The ICB will embed inclusion as one of the key principles that runs through everything we do.

The STW ICS EDI steering group provides effective leadership overseeing the delivery of:

- NHS EDI improvement plan, ensuring progress toward achievement of the 6 high impact actions and Long-Term Plan priorities., including engagement with staff networks to combine the protected characteristics who face similar challenges in the workplace.
- Values based leadership for inclusion and decision-making using equality indicators. Transforming employee lifecycle by embedding diversity through targeted interventions.
- Drive progress on Workforce Race Equality Standard and Workforce Disability Equality Standard action plans





# Assuring Delivery - Governance

- ICBs are required to submit their system improvement plans to their public boards by November 2023 with a further update in February or March 2024.
- The NHSE has put GP Access recovery on the same national priority status as elective and UEC recovery.
- We have reviewed our governance structure to ensure it reflects the priority status of GP access recovery and there is a direct line of sight to Board.
- We have formed a new **Primary Care Improvement and Transformation Board**, chaired by the Chief Medical Officer.
- The Board reports into the system Integrated Delivery Committee (IDC) in line with the established reporting arrangements for Elective and UEC Recovery Boards. The IDC reports into Board.

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The Board has 3 primary areas of oversight which include primary care in its widest definition to include General Practice, Pharmacy, Optometry and Dentistry:-

1. Ensuring development and implementation of the system GP Access Recovery Plan.
2. Primary Care Transformation e.g. Fuller Report 'Next Steps for Integrating Primary Care'
3. Pharmacy, Optometry and Dentistry – oversight of the delivery of development plans and monitoring of service delivery in partnership with the Shared Commissioning and Contracting service provided by BSOL

The Terms of Reference and organogram of the Primary Care Improvement and Transformation Board governance structure is provided at Appendix 3.

# Assuring Delivery – Measures of success

## How will we know we are making an impact?

NHS STW will

- mirror the measures used nationally to show the local position against the metrics set for the key access improvement measures (shown on the next slide)
- develop our own local metrics and a new performance data pack to measure additional key local success measures (draft shown slide 54)
- meet with PCN leads to monitor delivery against the agreed Capacity Access Improvement Plans on a quarterly basis, October/November 2023 and February 2024, before the end of year review.
- work with PCNs and practices to receive patient satisfaction feedback in year
- review patient feedback received from Healthwatch and other local partners.

NHS STW has recruited a new Primary Care Analyst to monitor Primary Care Access metrics and support wider General Practice data collection and review.



# Assuring Delivery – General Practice Improvement Dashboard – Metrics and Monitoring

Key Measures	Workstream	Metric Description	Workstream lead	National target/Regional/STW target	Data source	Frequency
Headline Metrics Page 92	Pharmacy	# of Pharmacy First/Common Conditions Service , Oral Contraceptives consultations delivered	James Milner	TBC - understanding required of national and local baseline to	NHSBSA Calc	Monthly
		# of Blood Pressure consultations delivered	James Milner	TBC - total BP consultataions	NHSBSA Calc	Monthly
		# of additional PF/CCS (2) , OC (3) & BP (4) consultations delivered	James Milner	Baseline to measure # - TBC	NHSBSA Calc	Monthly
	Transformation	Appointments within 2 weeks - all appointments	Alec Gandy	85% (current lower threshold for ACC-08 achievement) (March 24)	GPAD	Monthly
		Appointments on same day if need is urgent (1) - All appointments	Alec Gandy	~40% but TBC (March 24)	GPAD	Monthly
	Digital	# of practices on digital telephony	Antony Armstrong	>90% on CBT by March 2024	ICB assessment	Quarterly
		% of practices with high quality online/workflow tools	Antony Armstrong	20% March 2024 ambition Definition of high quality TBC	TBC	TBC
Manifesto Metrics	Contracting	# of additional GP appointments (national: 50 million with baseline 307m; shares appts 357m; regional	Emma Pyrah	N: 50 m R: 9.8m (Mar 24) notional only	GPAD	Monthly
	Workforce	# of Direct Patient Care staff	Phil Morgan	N: 37,321 (March 2024) R: ~5,109 - notional	NWRS NHS Digital	Monthly
		# of additional GPs	Phil Morgan	N: 40,526 (March 2024) R: TBC	NWRS NHS Digital	Monthly
ONS survey questions	Contracting	Ability to get through to GP practice on the same day (%)	Emma Pyrah	National data only	ONS/PCOR	Bi-monthly
		Ease of contact (%)		National data only		
		Satisfaction with GP practice (%)		National data only		
		Know on day how request will be managed (%)		National data only		
	Transformation	Making contact with GP online (%)	Emma Pyrah	National data only	ONS/PCOR	Bi-monthly

The National team are to confirm targets and how best to capture the data required.



# Assuring Delivery – General Practice Improvement Dashboard – Metrics and Monitoring

## Local Metrics and the new performance management data pack

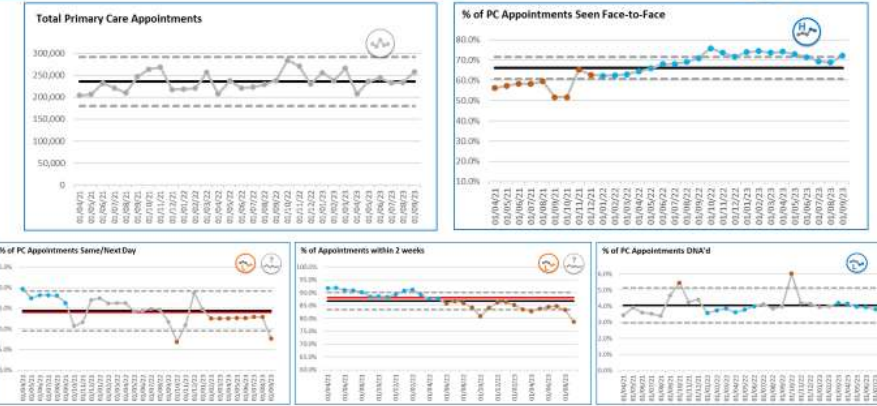
Digital
#/ rate of online consultations 1000 reg pop
#/referral rate to CPCS 1000 reg pop
#/% practices on cloud based telephony
#/% practices whose web site meets national ' what good looks like'
#/% of practices with full call management functionality enabled
Workforce
# additional ARRS staff vs plan
National/Local support programme
#/% practices signed up for intensive/intermediate
#/% practices signed up for care navigator training
PCN signed up for care navigator training
PCN signed up for Digital Transformation training
#/% of practices signed up for the Support Level Framework
#/% of practices applied for transition funding

## Sep 23 – Primary care

STW Primary Care Performance measures

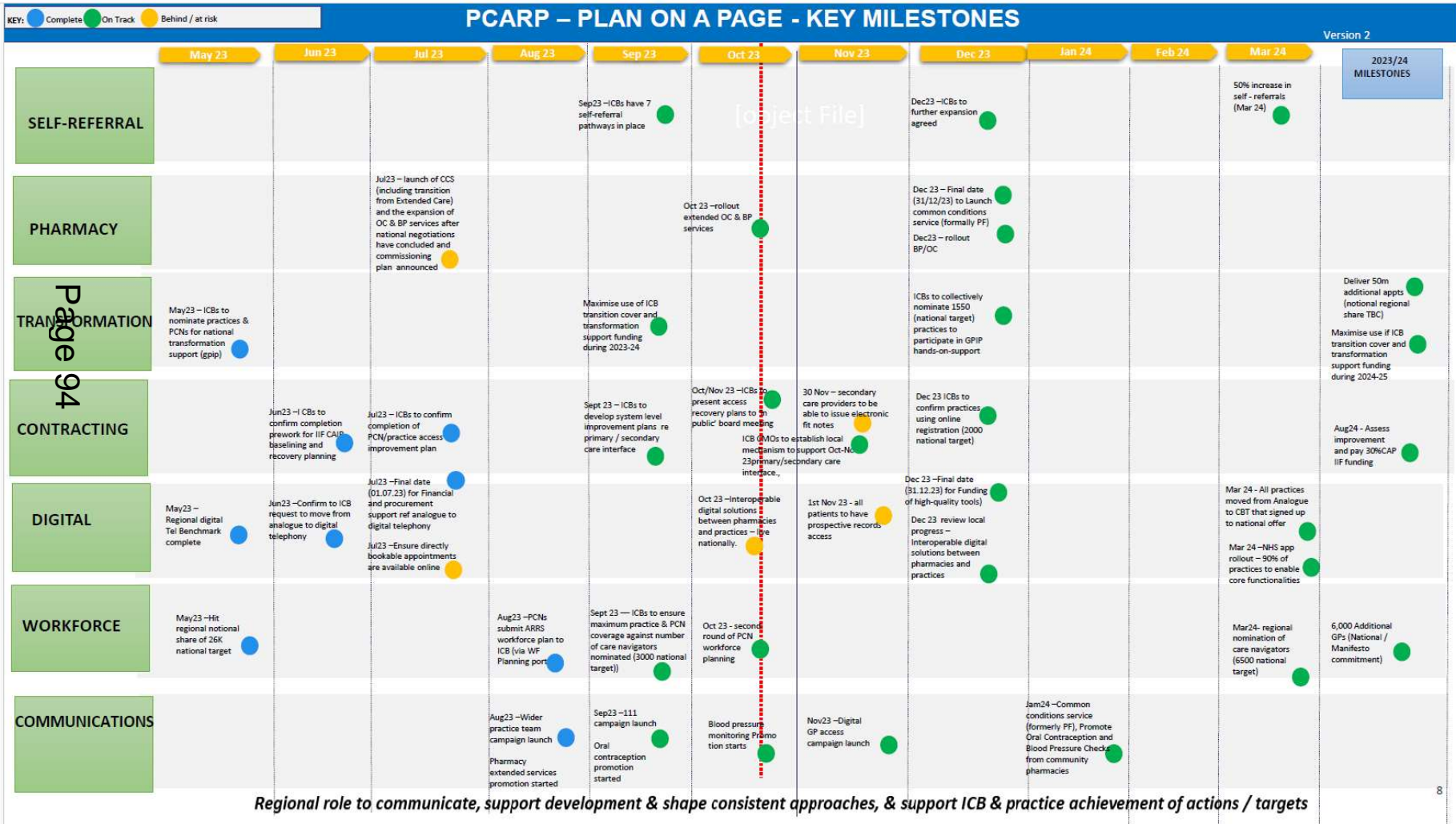
Primary Care	Metric Type	Plan	Target	Actual	Actual Variance		Latest Month	Target Type	SPC Variation	T10 Variance
					Vs Plan	Vs Target				
Appointments in General Practice - Total	STW	244974	-	257662	5.2%	-	Sep-23	-	🟢	0.3%
Appointment Same day/Next Day %	STW	-	54%	47.6%	-	13.0%	Sep-23	National	🟡	-
Appointment with 2 weeks %	STW	-	88%	78.6%	-	10.0%	Sep-23	National	🟡	-
No of GP appointments within 2 weeks	STW	-	215577	202614	-	-6.0%	Sep-23	-	🟡	15.6%
No of GP appointments same or next day	STW	-	132286	122704	-	-7.2%	Sep-23	-	🟡	17.7%
ARRS - Headcount	STW	-	329	329	-	0.0%	Sep-23	National	🟢	-
ARRS - FTE	STW	-	250	250	-	0.0%	Sep-23	National	🟢	-
No of GPs in post (FTE)	STW	-	300	300	-	0.0%	Aug-23	-	🟢	-
% Referrals to Community Pharmacy Consultation Service	STW	-	315	507	-	61.0%	Sep-23	National	🟢	-
% using the NHS App for accessing General Practice (Mar24 Target)	STW	-	90%	41%	-	-55.0%	Sep-23	National	🔴	-
Increase in on-line consultations	STW	-	2623	4698	-	79.3%	Sep-23	National	🟢	-

## Primary Care appointments (Sep 23)



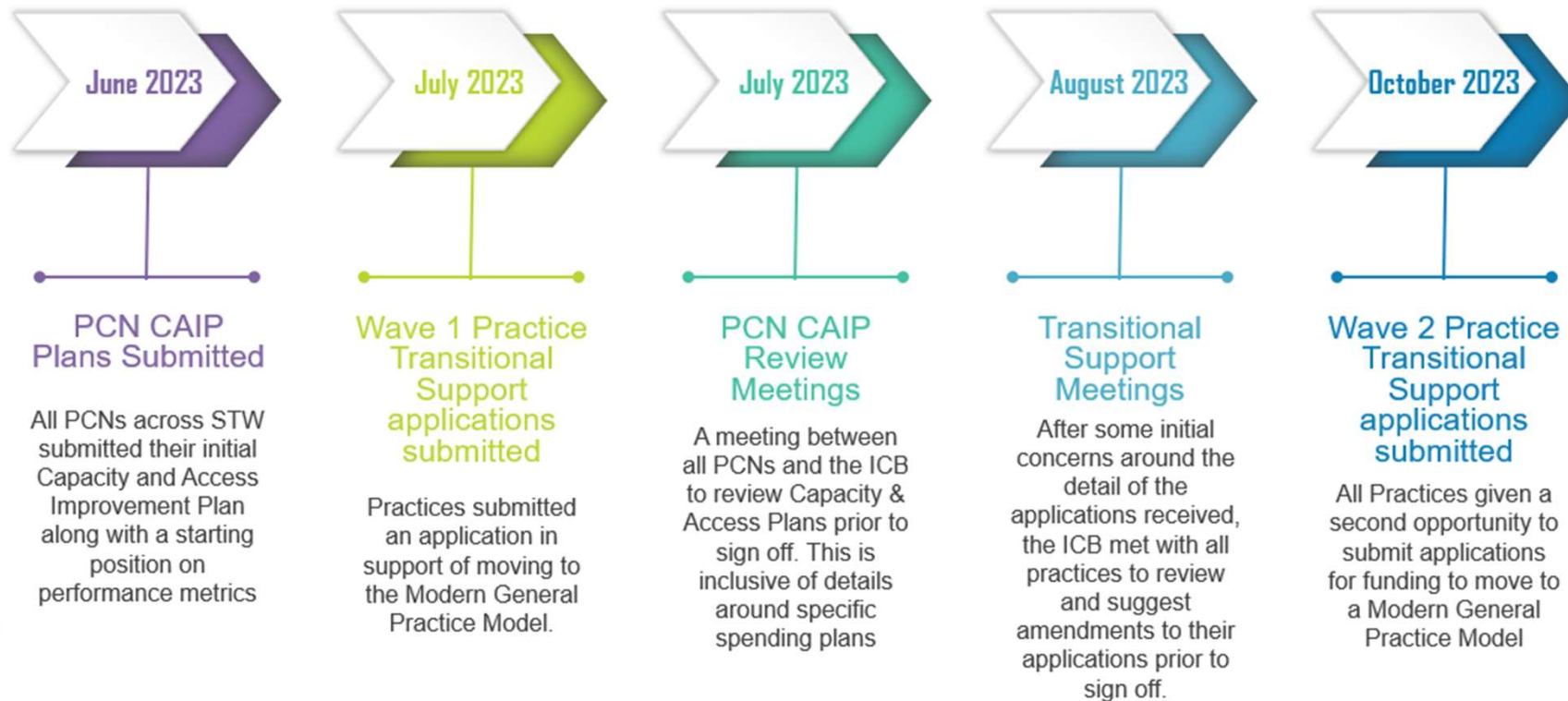


# Assuring Delivery – General Practice Improvement Dashboard – Key Milestones

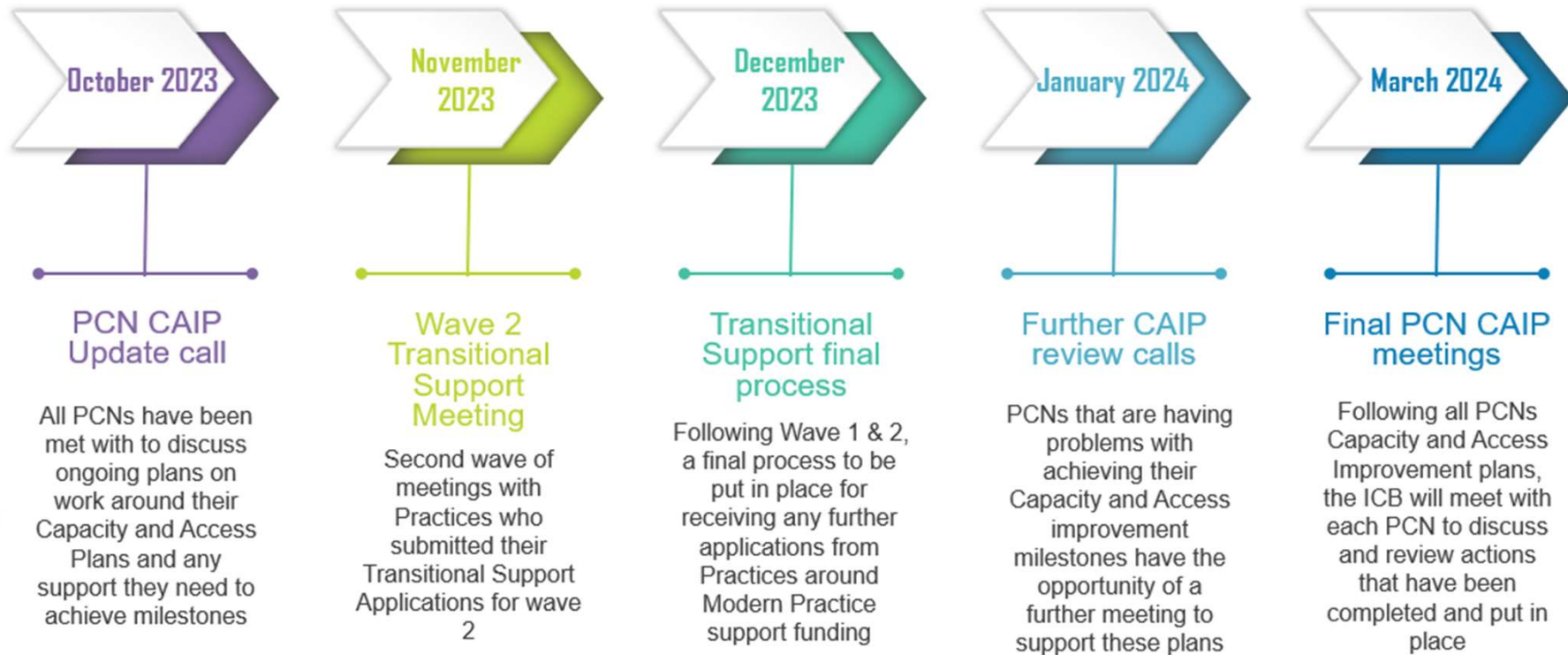


# Assuring Delivery – General Practice Improvement measures for PCNs

Below is a local timeline to show how the ICB are identifying and monitoring agreed milestones that PCNs and Practices have put in place to improve access across Primary Care in STW.



# Assuring Delivery – General Practice Improvement measures for PCNs





# Key risks for Delivering Improvement

The key risks to delivery of access improvements have been identified below and mitigated as shown in appendix 4.

1. The GP Access Recovery Plan does not address the underlying core problem that demand in primary care outstrips capacity even though more appointments are provided now than before the pandemic.
2. The PCN/practice GP Access support funding is non-recurrent which makes implementing long term workforce/capacity solutions difficult
3. Many of STW GP Practices scored higher than the national average in the 2022 and 2023 GP Patient Survey access related questions, some significantly. This makes achieving 'significant improvement' as described in the national guidance difficult.
4. Increasing usage of digital patient access routes is difficult where digital infrastructure/ broadband capability is low. This is particularly the case in our more rural areas.
5. Patient reluctance to embrace digital access modes or to see alternative health care professionals
6. Capacity of PCN and Practice staff to engage with and enact change, particularly during the increased demands of winter. There is no additional system winter monies for additional General Practice capacity this year.
7. Workforce shortages/ difficulties in recruiting staff especially clinicians.
8. Estates – shortage of space in practices to accommodate additional staff. No NHS capital funding source to enable extension of existing premises or new build
9. Funding.



# GP Access Improvement Financial Summary 2023/24

Funding Stream	Total STW Non Recurrent Allocation
PCN Capacity and Access Payment	£2,000,000
Practice Transformation and Transition Funding	£379,000
Practice Digital Telephony Funding	£479,000
Practice Digital Tools Funding	£488,000
System Development Fund	
GP Fellowships	£309,000
GP Retention	£98,000
Supporting GP Mentors	£73,000
Practice Nurse Measures	£25,000
PCN Transformation	£152,000
Community Pharmacy expansion	£60,000
Primary Care Training Hub	£103,000
<b>PCN Additional Roles Reimbursement Scheme</b>	<b>£12,000,000</b>

We have undertaken due diligence processes to ensure that these funding streams are being utilised for access improvement in line with the national requirements and that there is a no duplication of funding requests between workstreams

A summary of PCN and Practice expenditure is shown in Appendix 5.





**Integrated  
Care System**  
Shropshire, Telford and Wrekin



**Shropshire, Telford  
and Wrekin**

# Appendices

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**November 2023**

# Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - Shropshire

PCN	Shrewsbury
No. practices	16 (Belvidere, Marden, Marysville, Riverside, Severn Fields, South Hermitage, Radbrook Green, Mytton Oak, Claremont Bank, The Beeches, Pontesbury & Worthen, Prescott, Westbury, Clive, Knockin and *Shawbury)
Clinical Director	Dr Charlotte Hart
PCN Population	128,374

## Key areas of focus

- Improve ease of use and functionality of websites
- Improve availability and uptake of Friends and Family test
- Introduce a care navigation digital desktop aid to standardise and improve care navigation in all Practices including supporting training
- Increase usage of local Community Pharmacy Consultation Service to increase usage
- Provide tailored local content promoting access routes to replace national communications on waiting room screens
- Provide additional support from the PCN Management team to the two lowest performing practices, with shared learning from the two highest performing practices
- Provide standardised communication materials for Practices to share with their Patient Participation Groups to increase public knowledge and understanding of access routes
- Improve uptake of online consultation access route

## Key areas of focus (continued)

Shrewsbury Primary Care Network is proposing four additional projects to run alongside their Access Improvement Plan

### 1. Winter Illness Service

With an initial focus on respiratory conditions, pilot a centralised service to provide additional support to practices from the autumn bringing additional acute capacity into General Practice.

### 2. Digital Triage Hub

Working with a small number of pilot Practices, to provide additional clinical and administrative staff to handle weekend digital triage requests (currently turned off).

### 3. Back Office Centralisation

Commencing with notes summarising, employ staff at a PCN level to standardise and centralise certain administrative functions to release capacity in Practices.

### 4. Pharmacist led Virtual longer term condition clinics

Roll out of end-to-end management of patients with chronic long terms conditions including medication reviews and subsequent treatment changes to provide additional capacity in Practices to focus on those for whom a virtual review is not appropriate.

# Appendix 1 – Summary PCN Capacity and Access Improvement Plans 2023/24 - Shropshire

PCN	South West Shropshire
Number of practices	6 (Bishops Castle, Church Stretton, Craven Arms, Portcullis, Station Drive and The Meadows).
Clinical Director	Dr Deborah Shepherd
PCN Population	37,241

## Key Areas of Focus

- Ensure practices are making maximum use of all digital telephony functionality
- Engage with Patient Participation Groups to help understand the challenges patients face and what the practices are doing to address them.
- Monitor friends and family feedback data and endeavour to increase response rates to inform quality improvements.
- All practices will use NHSE supplied website audit tool and toolkit for website improvement to ensure websites are easy to access and navigate as well encouraging use of online consultation routes, appointment booking etc.

## Key areas of focus (continued)

- Enable one member of staff from each Practice to attend NHSE supported care navigation training and develop a care navigation resource pack
- Increase the number of patients registered with the NHS App in all Practices.
- Practices in the PCN are compliant with national guidance on appointment mapping.
- Purchase of digital dashboard to allow real time performance data monitoring of capacity and access and other performance indicators across the PCN.
- Increase the uptake of online consultations



# Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - Shropshire

PCN	North Shropshire
No. practices	6 (Cambrian, Churchmere, Drayton, Plas Ffynnon, The caxton, Wem & Prees)
Clinical Director	Tim Lyttle (from 1st Dec Dr Simon Jones and Dr Nick Von Horsberg)
PCN Population	91,554

## Key areas of focus

- Ensure full cloud based digital telephony functionality is utilised
- Ensure that telephony data is routinely reviewed to inform impact and areas for further improvement
- Increase the uptake of online consultations working with Patient Participation Groups to champion usage and promote via digital and other comms routes
- Improve the standard, content and ease of use of websites
- Ensure all are compliant with Friends and Family requirement
- Establish a workforce subcommittee to aid with identifying clinically high pressure areas, practices under pressure and overall clinical mix requirements. The workforce committee will support the PCN management team with staff recruitment, induction, appraisals (including personal development plans) and the organisation of staff wellbeing support.

## Key areas of focus (continued)

- Purchase digital support system (Ardens) collectively as a PCN which will report on and collate appointment data, working closely with GPAD to ensure appointment data is correctly mapped and will therefore meet contractual requirements and the PCN can address appointment usage, wastage and efficiency.
- Explore the potential for the PCNs systems, management team and processes to align and comply with the SCC systems. The aim is that the PCN and its practices will have sufficient real-time data management systems to proactively manage peaks in Primary Care demand, and these will be continuously developed and considered when looking at workforce, recruitment and rotas.
- Working with external partners and agencies to create a remote Pharmacy Technician service for the PCN that supports the practices with medicine reconciliation through their Docman systems, general medicines related tasks and the increasing burden of sourcing alternatives for patients.

# Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - Shropshire

PCN	South East Shropshire
No. practices	9 (Albrighton, Alveley, Bridgnorth, Broseley, Brown Clee (with Ditton Priors), Cleobury Mortimer, Highley, Ironbridge, Much Wenlock & Cressage)
Clinical Director	Dr Jessica Harvey
PCN Population	59,938

## Key areas of focus

- Improving telephony functionality via increasing awareness of callback function and implementing in practices that don't have it
- Improved signposting and care navigation support proposed for Practice reception/ admin teams.
- Increase patient awareness of alternative medical professionals across the Practices (for example – ARRS staff)
- All SES PCN member Practices achieved above the National Average in 2022 regarding the provision of online consulting, however, the PCN's Digital Technician will engage with those practices who currently offer limited provision.
- The PCN plans to utilise it's Clinical Pharmacists to increase access to appointments for patient medication queries/ concerns by creating pre-bookable telephone consultations.

## Key areas of focus (continued)

- Establish a Holistic Health Centre for the Highley population, enabling increased medical services not just from the General Practice, but a more combined health approach from staff within the PCN and hopefully, those allied health professionals such as midwives and health visitors also attending the centre. In creating an environment for health and wellbeing it is hoped that this will lead to improved patient engagement with services, overall improved health outcomes for the local population and increased satisfaction of the patient experience.



# Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - T&W

PCN	South East Telford
No. practices	3 (Woodside, Stirchley and Court Street)
Clinical Director	Dr Nitin Gureja and Dr Melanie Thompson
PCN Population	38,204

## Key areas of focus

- Making the practice websites user friendly, encouraging patients to use this as one of their default methods to access GP services, easing demand at the front door and on the phone.
- Monitor patient experience using patient surveys.
- Create a process within the PCN to analyse and act on feedback.
- Increase online appointments
- Implement Patient Triage across the PCN
- Utilise GP community pharmacy consultations to reduce demand for minor ailments

## Key areas of focus (continued)

- Standardise and map appointment slots correctly, for improved reporting and monitoring, across the PCN
- Collate and analyse PCN practice level appointment data and review appointments monthly to ensure appointments are mapped to the most appropriate appointment category to improve accuracy of data



# Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - T&W

PCN	Wrekin
No. practices	3 (Wellington, Hollinswood, Dawley)
Clinical Director	Dr Dez Ebenezer, Dr Rohit Mishra, Dr Navneet Singh
PCN Population	34,845

## Key areas of focus

- Recruit care navigators to help with Quality Outcomes Framework recalls etc so patient do not need to call the practice to make an appointment ie reduced phone incoming volumes.
- Refresher training on care navigation for admin team to ensure that patients are seen by the most appropriate member of the clinical team
- Recorded welcome message to divert callers to website.
- Improved signposting and care navigation support proposed for Practice reception/ admin teams.

## Key areas of focus (continued)

- Hollinswood - Noted poor satisfaction with practice website on the last GP patient survey. To make improvements to the website to improve satisfaction.
- Dawley - Working with NHSE on intensive GP Improvement Programme looking at appointment appropriateness, smoothing patient flow
- Dawley - Introduction of a cloud based telephony system with upfront messaging and options to divert patients to appropriate service/department.
- Increased use of clinical streamer to deal with each contact. Roll out of Floery linked staggered and escalating invites for Quality Outcomes Framework registers so patients don't need to call the practice to make an appointment
- Dawley - Introduction of an urgent care hub to work with Duty Doctor and to support call handlers.
- Wellington - Using hybrid of e-consults to divert phone traffic. Also prerecorded message to divert to online consultation options. Telephony system call back functionality to be enabled.

# Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - T&W

PCN	Teldoc
No. practices	2 (Teldoc, Shifnal and Priorslee)
Clinical Director	Dr Ian Chan and Dr Rashpal Bachu
PCN Population	63,217

## Key areas of focus

- Patient Participation Group (Teldoc; S&P) to conduct patient survey with specific focus on experience of telephone contact; website ease of use
- Exploit Website to increase range and number of contact options/conversion rate
- Benchmark website conversion - review Feb 2024; User satisfaction to be included as part of survey; trend of 'access' related complaints to be monitored.
- Increase on the day bookable appointments
- Test call queueing options against volume/band width
- Full review of appointment mapping across the PCN to improve access to appointments

# Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - T&W

PCN	Newport and Central
No. practices	4 (Donnington, Linden Hall, Wellington Road, Shawbirch)
Clinical Director	Dr Stefan Waldendorf
PCN Population	58,814

## Key areas of focus

- Improving telephony functionality
- Improving website functionality and ease of navigation
- Improving care navigation skills and competencies
- Mapping pathways and identifying blocks and pinchpoints
- Trialling an Acute Capacity Overspill Service
- Maximising the utilisation of the full online messaging and consultation functionality offered by AccuRX
- Expand the use of the Community Pharmacy Consultation Service (CPCS)
- Patient Comms campaign to promote digital access routes

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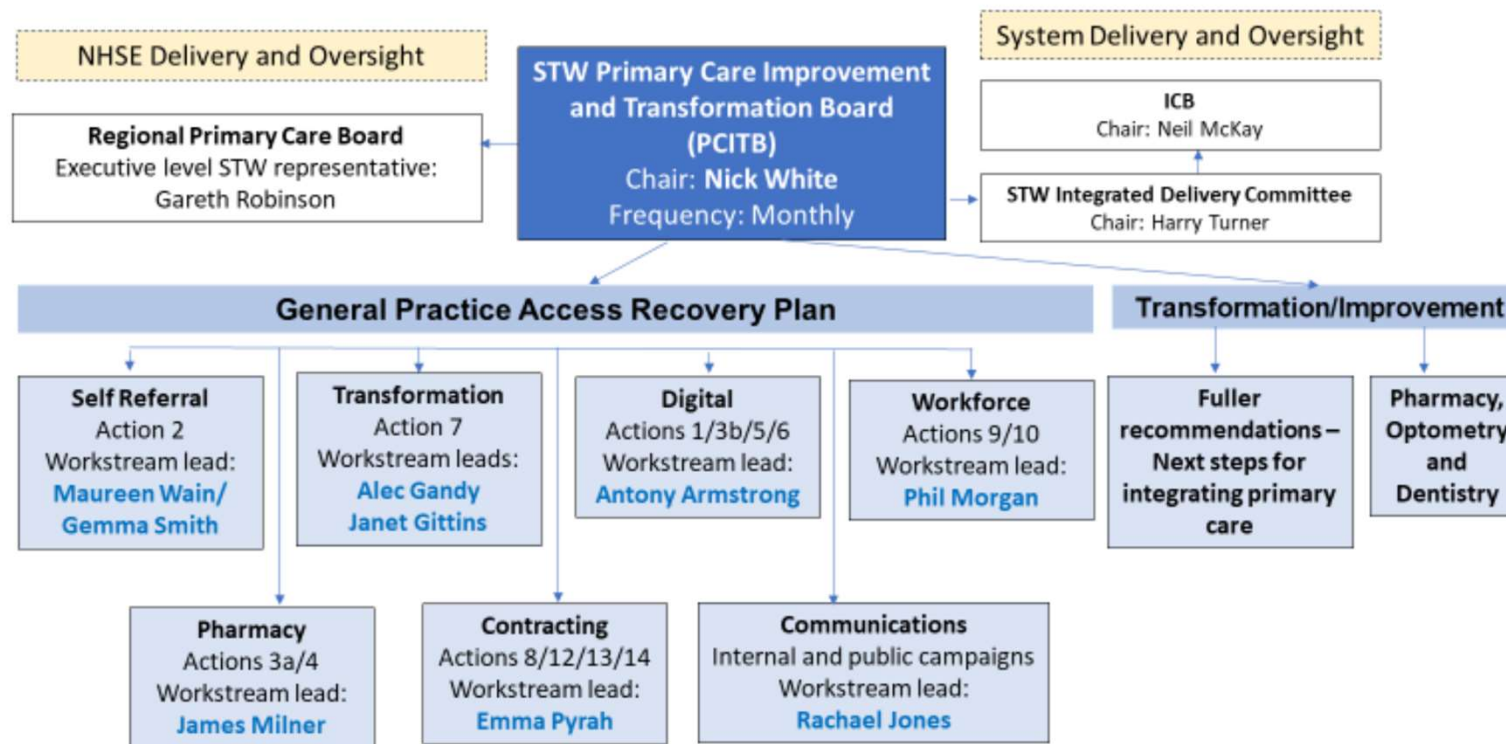
## Appendix 2 – Summary of PCN Additional Roles by Staff Group and full time equivalent (Sept 2023)

Role	No.	Role	No.
Advanced Paramedic	4	MHP Band 6	1
Advanced Pharmacist	0.5	MHP Band 7	7
Advanced Clinical Practitioner Nurse	7	MHP Band 8	1
Advanced Physiotherapist	1	Nursing Associate	5
Care Coordinator	46	Occupational Therapist	2
Clinical Pharmacist	34	Paramedic	17
Dietician	4	Pharmacy Technician	14
Digital and Transformation Lead	8	Physician Associate	11
First Contact Physio	16	Social Prescribing Link Worker	40
General Practice Assistant	13	Trainee Nurse Associate	2
Health and Wellbeing Coach	14		
<b>Total</b>		<b>247.5</b>	



# Appendix 3 – Primary Care Improvement and Transformation Board Governance Structure

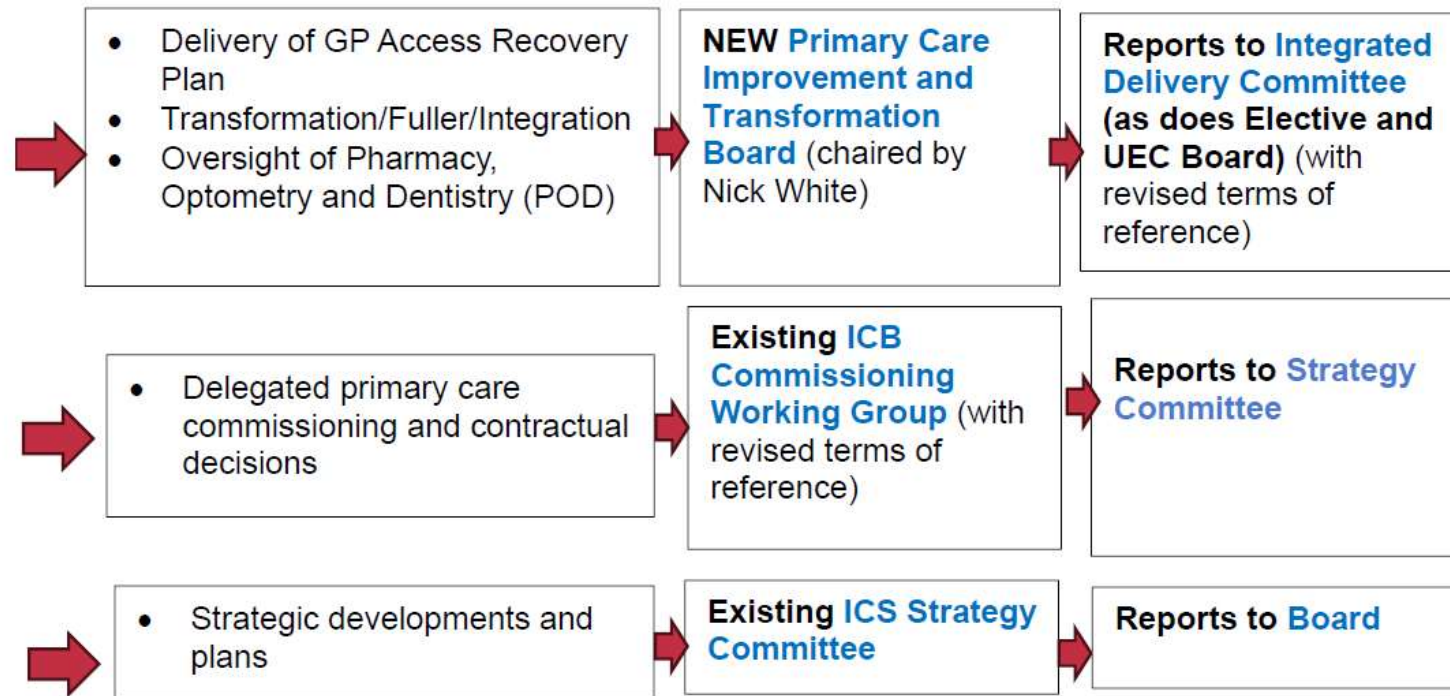
STW ICB Primary Care Improvement and Transformation Governance Structure (Aug 23)





# Appendix 3 – Primary Care Improvement and Transformation Board Governance

## Proposed Primary Care Commissioning Governance



# Appendix 3 - Terms of Reference of the Primary Care Improvement and Transformation Board

## 1. Role and responsibilities

The Primary Care Improvement and Transformation Board (PCITB) will provide oversight of delivery of STW Primary Care Improvement and Transformation Programmes aligned to delivery of commitments within the NHS Long Term Plan, the Government's mandate to NHS England, Delivery Plan for Recovering Access to Primary Care and the Fuller review including ensuring integration and alignment with emerging key national Primary Care Policy. Primary care in the above context includes General Practice, Pharmacy, Optometry and Dentistry.

The PCITB will:

- Oversee the implementation of the 'Delivery Plan for Recovering Access to Primary Care' (May 2023) and progress against key deliverables and milestones.
- Assure (with workstream leads) the ICS Integrated Delivery Committee of overall progress towards targets and deliverables.
- Shape, monitor and maintain strategic direction for the products and services delivered under the programme.
- Support and monitor the delivery of the objectives of the Primary Care Access Recovery Plan and its seven workstreams.
- Ensure alignment across multiple programmes, products and workstreams, removing blockers and resolving tensions.
- Oversee digital delivery against and alignment with core policy initiatives.
- Oversee delivery of the Fuller recommendations 'Next steps for integrating primary care' in line with national policy and ensure alignment with other STW transformation programmes where appropriate.
- Oversee the implementation of local strategies, plans and integration of pharmacy, optometry and dentistry.
- Ensure cohesive communications and messaging to senior internal and external stakeholders.
- Oversee the financial position of the delivery plan for recovering access to primary care.
- Identify and resolve dependencies and issues across portfolios and the wider system.
- Review escalated risks and issues and assure and agree plans for mitigation.
- Act as a collaborative vehicle to bring views together across STW and to co design integrated approaches to Primary Care.
- Prioritise key deliverables and co-ordinate internal and external demands e.g. prioritisation and pipeline.
- Receive briefings from other teams and programme boards on key changes.
- Ensure the continuous improvement of services through the identification of learnings and implementation of good practice.

# Appendix 3 - Terms of Reference of the Primary Care Improvement and Transformation Board

## 2. Membership

- Chair: ICB Chief Medical Officer
- Co Chair: ICB Executive lead for Primary Care
- ICB Associate Director of Primary Care
- GP Access Recovery Workstream Leads x 7
- GP Board nominated member
- PCN nominated representative
- Primary Care Finance Business Partner
- ICB Quality lead for primary care
- ICB BI lead for primary care
- Local Network representation for Pharmacy, Optometry and Dentistry

Other representatives as agreed with the Chair as required by agenda items.

## 3. Cadence and reporting

- Meetings will be held once every month (day/time to be confirmed).
- The agenda will be split into 2 parts. The first part will be dedicated to oversight of the implementation of the General Practice Access Recovery plan. The second part will be dedicated to primary care transformation programmes and key updates and developments in pharmacy, optometry and dentistry.
- The agenda and supporting papers will be circulated to all members ahead of the meeting; with the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.
- The PCITB will report directly to the ICS Integrated Delivery Committee; a Chair's summary will be presented to each Committee.
- The PCITB shall make whatever recommendations to the Integrated Delivery Committee it deems appropriate on any area within its remit where action or improvement is needed.
- These Terms of Reference are subject to review at least annually on the understanding they need to be dynamic and respond to change in the external environment as we move forward.



# Appendix 4 - Key risks to delivering Improvement

Risk	Mitigation
<p>The GP Access Recovery Plan does not address the underlying core problem that demand in primary care outstrips capacity even though more appointments are provided now than before the pandemic</p>	<ul style="list-style-type: none"><li>• The Modern General Practice Access model and expanding patient access routes and alternatives to General Practice such as the community pharmacy offer will provide some additional capacity.</li><li>• ICB continues to support with recruitment and retention initiatives to increase General Practice and wider MDT capacity</li><li>• Explore all opportunities to expand the estate available to General Practice to provide face to face care and accommodate additional roles</li><li>• Continue to proactively address the Elective backlog to reduce the demand on General Practice that this causes</li></ul>



## Appendix 4 - Key risks to delivering improvement

Risk	Mitigation
<p><b>The PCN/practice GP Access support funding is non-recurrent which makes implementing long term workforce/capacity solutions difficult</b></p>	<ul style="list-style-type: none"><li>• PCN Additional Roles funding for 2023/24 has been confirmed as going in the baseline for 2024/2025 which means it becomes recurrent enabling PCNs now to recruit to permanent posts.</li><li>• Use the additional non recurrent funding as an opportunity to pilot new models to collect the evidence for business cases for ICB permanent funding.</li></ul>
<p><b>Many of STW GP Practices scored higher than the national average in the 2022 and 2023 GP Patient Survey access related questions, some significantly. This makes achieving 'significant improvement' as described in the national guidance difficult.</b></p>	<ul style="list-style-type: none"><li>• PCN improvement plans targeted to areas where performance is lower.</li><li>• The ICB will take into account the starting point of PCNs and practices when they assess the level of improvement achievement at year end.</li></ul>

# Appendix 4 - Key risks to delivering Improvement

Risk	Mitigation
<p><b>Increasing usage of digital patient access routes is difficult where digital infrastructure/ broadband capability is low. This is particularly the case in our more rural areas</b></p>	<ul style="list-style-type: none"><li>• Short term – ICB digital lead to support PCNs and practices to fully utilise all national digital funding routes.</li><li>• Medium to long term – ICB has a Digital Strategy which recognises the need to invest in digital infrastructure.</li><li>• The ICB will take into account the suitability and availability of digital solutions to improve access in each PCN when they assess the level of improvement achievement at year end.</li></ul>
<p><b>Patient reluctance to embrace digital access modes or to see alternative health care professionals</b></p>	<ul style="list-style-type: none"><li>• National comms campaign.</li><li>• Proactive ICB communications campaign and resource pack for practices to support messaging to change public perception that seeing a GP face to face is always necessary</li></ul>





## Appendix 4 - Key risks to delivering improvement

Risk	Mitigation
<b>Capacity of PCN and Practice staff to engage with and enact change, particularly during the increased demands of winter. There is no additional system winter monies for additional General Practice capacity this year</b>	<ul style="list-style-type: none"><li>• We will proactively signpost PCNs and practices to national GP Improvement Support Programme and funding sources</li><li>• PCN CAP payment is identified as a source for practices to secure backfill to participate in the national support programmes.</li><li>• GP Support Team commissioned to provide a one off 3 hour facilitated quality improvement session to help inform practice areas to focus on and the relevant actions to address</li></ul>
<b>Workforce shortages/ difficulties in recruiting staff especially clinicians</b>	<ul style="list-style-type: none"><li>• Significant focus on Attracting, Recruiting and Retaining GPs via the refresh of the STW GP Strategy.</li><li>• Support package to attract PCN additional roles advertised as part of recruitment documentation.</li><li>• Focus on 'growing your own' to support more rural PCNs where recruitment is particularly challenging.</li><li>• Practices and PCNs supported to access Nurse Associate Apprenticeship to support GPN succession planning.</li><li>• Learner placements in primary care are facilitated to support future recruitment intentions.</li><li>• Employing newly-qualified initiatives</li></ul>

## Appendix 4 - Key risks to delivering improvement

Risk	Mitigation
<b>Estates – shortage of space in practices to accommodate additional staff. No NHS capital funding source to enable extension of existing premises or new build</b>	<ul style="list-style-type: none"><li>• PCN Workforce and Estates Strategies due for completion November 2023</li><li>• Ensure that GP estates needs are reflected in the ICS Infrastructure Strategy</li><li>• Work with both Councils to ensure all avenues to access non NHS capital funding are explored for GP premises expansion or new build</li><li>• Continue to lobby NHSE for the restart of national capital funding programmes for General Practice</li></ul>
<b>Funding</b>	<ul style="list-style-type: none"><li>• The Primary Care Team regularly signpost PCNs and practices to available external sources of funding and encourage uptake.</li><li>• The ICB's significant deficit position means that there is no unallocated ICB funds to provide additional funding for General Practice Access</li></ul>

# Appendix 5 – Summary of PCN Capacity Access Expenditure

Shrewsbury PCN	North Shropshire PCN	South West Shropshire
<p><b>Support funding to practices for:</b></p> <ul style="list-style-type: none"> <li>▪ Backfill attendance at Peer Review meetings</li> <li>▪ Administrative time to review accuracy of GPAD recording</li> <li>▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends &amp; Family and Register with a GP services</li> <li>▪ Upgrade Practice websites</li> <li>▪ Release Reception staff for Care Navigation training</li> <li>▪ Support and train reception team to use the new Care Navigation Desk Aid</li> </ul> <p><b>PCN level support for:</b></p> <ul style="list-style-type: none"> <li>• Premises costs, non-ARRS staff costs and equipment relating to the development and delivery of a Winter Illness Centre</li> <li>• Additional PCN Management resource to support delivery of the CAIP</li> <li>• Waiting rooms screens in all Practices and a local, tailored comms approach to messaging</li> <li>• Purchase of Care Navigation desk aid for all Practices.</li> </ul>	<p><b>Support funding to practices for:</b></p> <ul style="list-style-type: none"> <li>• Local use to improve access</li> <li>• Costs of additional clinical support and locum support</li> <li>• Costs attached to improvements / upgrades to existing cloud based telephone systems</li> <li>• Improvements and upgrades to websites</li> <li>• Investment in software such as MJOG to support Friends and Family feedback and other targeted patient surveys.</li> <li>• Staff training support in areas such as care navigation and signposting.</li> </ul> <p><b>PCN level support for:</b></p> <ul style="list-style-type: none"> <li>• PCN new website development</li> <li>• Staff Well-Being and resilience support</li> <li>• Tools to support data extraction and management - Ardens Manager and Ardens</li> <li>• Additional Management and admin cover to benchmark, formulate plans and initiatives, monitor progress, share best practice, peer review and evaluation of outcomes.</li> </ul>	<p><b>Support funding to practices for:</b></p> <ul style="list-style-type: none"> <li>• Promotion of the NHS App &amp; online access</li> <li>• Upgrade practice websites</li> <li>• Support telephony improvements</li> </ul> <p><b>PCN level support for:</b></p> <ul style="list-style-type: none"> <li>• New PCN software and data dashboard produced to improve, review and monitor data. This intelligence will inform improvement plans and future service delivery.</li> </ul>

# Appendix 5 - Summary of PCN Capacity Access Expenditure

Newport & Central PCN	SE Shropshire PCN	SE Telford PCN
<p><b>Support funding to practices for:</b></p> <ul style="list-style-type: none"> <li>▪ Support to Practices in increasing usage of the NHS APP</li> <li>▪ Administrative time on GPAD</li> <li>▪ Resources to review approach to promoting NHS App, Online Appointment booking, Friends &amp; Family and Register with a GP services</li> <li>▪ Upgrade Practice websites</li> <li>▪ Release Reception staff for Care Navigation training</li> </ul> <p><b>PCN level support for:</b></p> <ul style="list-style-type: none"> <li>• Additional PCN Management resource to support delivery of the CAIP</li> <li>• Full review of call processes across the PCN to improve patient access</li> <li>• Website design across the PCN</li> <li>• Drive patient online contacts via AccuRX</li> <li>• Increase PCN Care Navigation training and support</li> </ul>	<p><b>Support funding to practices for:</b></p> <ul style="list-style-type: none"> <li>▪ Backfill for Practice staff to attend meetings</li> <li>▪ Support for practices to improve telephony</li> <li>▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends &amp; Family and Register with a GP services</li> <li>▪ Review and upgrade Practice websites</li> <li>▪ Release Reception staff for Care Navigation training</li> </ul> <p><b>PCN level support for:</b></p> <ul style="list-style-type: none"> <li>• Review and improve PCN usage of Pharmacy services</li> <li>• Additional PCN Management resource to support delivery of the CAIP</li> <li>• Improve usage of the Community Pharmacy service</li> <li>• Establish a Holistic Health Centre service for PCN patients (namely in Highley)</li> </ul>	<p><b>Support funding to practices for:</b></p> <ul style="list-style-type: none"> <li>▪ Ensure all practice websites are user friendly</li> <li>▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends &amp; Family and Register with a GP services</li> <li>▪ Actively promote Friends and Family</li> <li>▪ Release Reception staff for Care Navigation training</li> </ul> <p><b>PCN level support for:</b></p> <ul style="list-style-type: none"> <li>• Promote and improve online usage with patients</li> <li>• Review online appointment systems and plans</li> <li>• Improve usage of the Community Pharmacy service</li> <li>• Full review into appointment books</li> </ul>

# Appendix 5 - Summary of PCN Capacity Access Expenditure

Teldoc PCN	Wrekin PCN	
<p><b>Support funding to practices for:</b></p> <ul style="list-style-type: none"> <li>▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends &amp; Family and Register with a GP services</li> <li>▪ Continue to review and improve websites</li> <li>▪ Support and train reception team to use the new Care Navigation Desk Aid</li> </ul> <p><b>PCN level support for:</b></p> <ul style="list-style-type: none"> <li>• Increase % of appointments bookable online</li> <li>• Increase eConsult usage</li> <li>• Full test of call queue process</li> <li>• Review appointment mapping across the PCN</li> </ul>	<p><b>Support funding to practices for:</b></p> <ul style="list-style-type: none"> <li>▪ Review of practices telephony</li> <li>▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends &amp; Family and Register with a GP services</li> <li>▪ Review and upgrade Practice websites for each Practice</li> <li>▪ Increase Care Navigation within Practices</li> <li>▪ Review and improve access to extended hours</li> </ul> <p><b>PCN level support for:</b></p> <ul style="list-style-type: none"> <li>• Promote online patient access and review usage</li> <li>• Improve usage of the Community Pharmacy service</li> <li>• Urgent Care Hub established across the PCN</li> <li>• Increase patient signposting</li> <li>• Review PCN Friends and Family responses</li> </ul>	



Telford & Wrekin  
Co-operative Council

Protect, care and invest  
to create a better borough

## Borough of Telford and Wrekin

Health & Wellbeing Board Thursday 14<sup>th</sup> December 2023

Telford and Wrekin Alcohol and Drugs Strategy 2024-2029

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<b>Cabinet Member:</b>	Cllr Kelly Middleton - Cabinet Member: Healthy, Safer & Stronger Communities & Partnerships
<b>Lead Director:</b>	Liz Noakes - Director: Health & Wellbeing
<b>Service Area:</b>	Health & Wellbeing
<b>Report Author:</b>	Tony Mercer – Senior Public Health Commissioner
<b>Officer Contact Details:</b>	<b>Tel:</b> 01962 380597 <b>Email:</b> tony.mercer@telford.gov.uk
<b>Wards Affected:</b>	All Wards
<b>Key Decision:</b>	Key Decision
<b>Forward Plan:</b>	Yes
<b>Report considered by:</b>	SMT - 7 November 2023 Business Briefing - 16 November 2023 Health and Wellbeing Board - 14 December 2023 Cabinet - 4 January 2024

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### 1.0 Recommendations for decision/noting:

The Board is asked to:

- 1.1 Approve the Telford & Wrekin Alcohol and Drugs Strategy 2024-2029.

### 2.0 Purpose of Report

- 2.1 This report introduces the refreshed Telford & Wrekin Alcohol and Drugs Strategy 2024-2029 developed by the Telford and Wrekin Alcohol and Drugs Partnership Board during 2023.

### 3.0 Background

- 3.1 Addiction to alcohol and other drugs use has a huge impact on everyone in society. In England, an estimated 600,000 people are dependent on alcohol and



300,000 on heroin and/or crack cocaine. Addiction to alcohol and other drugs can be both a cause and a consequence of wider inequalities, especially health inequalities, and the prevalence of addiction is highest in the most deprived communities.

- 3.2 The previous Telford & Wrekin Drug and Alcohol Strategy, approved by the Health & Wellbeing Board, the Community Safety Partnership and Cabinet in 2019, was based on the national Drug Strategy. Telford and Wrekin has successfully achieved the key three aims of its previous 2018-2023 Alcohol and Drugs Strategy; increasing the number of people receiving alcohol treatment, improving outcomes for alcohol and drugs treatment, and providing better support for children and young people affected by their parents' addiction to alcohol and other drugs. However, the COVID-19 pandemic brought major challenges to the implementation of the strategy and had a significant impact on partnerships planning and access to services.
- 3.3 In 2021 the government published the Dame Carol Black Review and a new national strategy, *From Harm to Hope*, setting out an ambitious 10-year plan to prevent, treat and support recovery from addiction to alcohol and other drugs. In 2022 the local Alcohol and Drugs Partnership Board was reformed to oversee the production of a new strategy and is chaired by the Director of Public Health. In 2023 a new Alcohol and Drugs Forum was launched to bring together all partners working with people with alcohol and other drug problems and to co-produce the new strategy with the Partnership Board.
- 3.4 The draft Telford and Wrekin Alcohol and Drugs Strategy was approved by the Telford and Wrekin Community Safety Partnership in September 2023. Alcohol and drugs are a specific priority in the Telford and Wrekin Council Health and Wellbeing Strategy. Alcohol and drugs are also factors in other priorities identified in the Health and Wellbeing strategy, especially domestic abuse, mental health and wellbeing, housing and homelessness, and long-term health conditions

#### **4.0 Summary of main proposals**

- 4.1 This strategy has been developed by the Alcohol and Drugs Partnership Board in the context of the key recommendations of the *Dame Carol Black Review (2021)* and the 10-year national strategy, *From Harm to Hope (2021)*. Throughout the strategy development process, we have engaged with, and listened to, partners, professionals, and people with lived experience in a number of ways including focus groups, a stakeholder event and ongoing consultation and co-production through the new Telford Alcohol and Drugs Forum.
- 4.2 The strategy proposals are set out across the following framework:

- **Prevention:** building resilience in young people to prevent them beginning to use drugs and intervening early to prevent the escalation of problems with alcohol and other drugs among vulnerable young people and families
- **Reducing harm:** reducing alcohol and drug related harms, especially preventable deaths, hospital admissions and other harms to communities
- **Treatment:** increasing the numbers of people in treatment with an alcohol problem, accessing treatment from all parts of the criminal justice system, and further improving local alcohol and drugs treatment outcomes
- **Recovery support:** expanding recovery support and supporting the growth of a diverse, visible recovery community

4.3 The Strategy document includes a series of sixteen commitments and an overview of how the Strategy commitments will be delivered. A detailed action plan and a set of key performance indicators are being developed by the Alcohol and Drugs Partnership Board to monitor the implementation of the strategy.

## 5.0 Alternative Options

5.1 None.

## 6.0 Key Risks

6.1 There are clear responsibilities and duties for local authorities in relation to alcohol and drugs services set out in the Crime and Disorder Act 1998, Health and Social Care Act 2012, Public Health Ringfenced Grant conditions and the Supplementary Substance Misuse Treatment and Recovery Grant conditions. This strategy includes local implementation of those expectations. Oversight of the various funding streams to deliver these responsibilities and duties is provided by the Office of Health Improvement and Disparities, who are also a member of the Telford and Wrekin Alcohol and Drugs Partnership Board.

## 7.0 Council Priorities

7.1 The Alcohol and Drugs Strategy will make a significant contribution to the following Council Priorities:

- Every child, young person and adult lives well in their community
- All neighbourhoods are a great place to live
- A community focused innovative council providing effective, efficient and quality services.

## 8.0 Financial Implications

8.1 Although the strategy is a plan of action for the period to 2029, a significant amount of the funding remains unknown and unconfirmed for years beyond 2023/24. Government SSMTR grant has recently been announced for 2024/25 with £442k available to the Council, and £31k for inpatient detox, but Public Health grant will be announced later as part of future Local Government grant settlement

announcements by Central Government. This is normally in December each year and may be preceded by a spending review or budget announcement which may also give future indications.

Once Government grant settlements are finally announced the Council will determine its Medium Term Financial Strategy which will propose the budget for the coming year(2024/25) including directing the allocation of Public Health Grant.

- 8.2 The expenditure forecast for 2023/24 is around £2.5m and 2024/25 is expected to be around £2.7m, and this will be met from within existing and planned resources available from Public Health Grant, SSMTR Government grant and contributions from partners.

## **9.0 Legal and HR Implications**

- 9.1 Section 17 of the Crime and Disorder Act 1998 requires local “responsible authorities” to reduce the harms related to the use of drugs, alcohol and other substances in its area and the Telford and Wrekin Alcohol and Drugs Partnership Board fulfils this function on behalf of the Telford and Wrekin Community Safety Partnership.
- 9.2 Section 12 of the Health and Social Care Act 2012 places a duty on local authorities to improve public health, including providing services designed to prevent and treat addiction to alcohol and other drugs. The Public Health Ringfenced Grant, provided by the government support local authorities in the discharge of these responsibilities, includes a grant condition for local authorities to have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

## **10.0 Ward Implications**

- 10.1 None.

## **11.0 Health, Social and Economic Implications**

- 11.1 Alcohol and other drugs is a specific priority in the Telford & Wrekin Council Health & Wellbeing Strategy.

Alcohol and drugs are also factors in other priorities identified in the Health & Wellbeing strategy, especially domestic abuse, mental health and wellbeing, housing and homelessness, and long-term health conditions.

It is well known that parental problems with alcohol and other drugs is an adverse childhood experience which can have life long effects and that it also has the potential to cause trauma in adults.

There are overlaps between the alcohol and drugs agenda and the Building Safer Stronger agenda and the current Community Safety Strategy also includes tackling alcohol and drug related harm as a priority.

Alcohol and other drugs is also a key inequalities issue, disproportionately affecting the most deprived communities and individuals.

The NHS in Shropshire, Telford & Wrekin have committed to tackle addiction to alcohol in the Integrated Care System Joint Forward Plan. This is an NHS England mandated priority for local areas.

## **12.0 Equality and Diversity Implications**

12.1 Addiction to alcohol and other drugs drives health inequalities and disproportionately affects those from our most deprived communities and within underrepresented groups. An Equality Impact Assessment was carried out alongside the Needs Assessment at the start of the strategy development process and appropriate actions will be incorporated into the annual action plan to address any equality and diversity issues.

## **13.0 Climate Change and Environmental Implications**

13.1 None.

## **14.0 Background Papers**

- 1 06/06/2023 Health & Wellbeing Board Telford & Wrekin Drug & Alcohol Strategy 2019 - 2023

## **15.0 Appendices**

- A Telford & Wrekin Alcohol and Drugs Strategy Draft 2024 – 2029

## **16.0 Report Sign Off**

<b>Signed off by</b>	<b>Date sent</b>	<b>Date signed off</b>	<b>Initials</b>
Legal	01/11/2023	01/11/2023	RP
Finance	11/10/23	24/10/2023	RP
Director	12/10/2023	19/10/2023	LN

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Telford & Wrekin  
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# Alcohol and Drugs Strategy

## 2024-2029



# Foreword

**Addiction to alcohol and other drugs use has a huge impact on everyone in society. In England, an estimated 600,000 people are dependent on alcohol and 300,000 on heroin and/or crack cocaine. Addiction to alcohol and other drugs can be both a cause and a consequence of wider inequalities, especially health inequalities, and the prevalence of addiction is highest in the most deprived communities.**

Telford and Wrekin has successfully achieved the key three aims of its previous 2018-2023 Alcohol and Drugs Strategy; increasing the number of people receiving alcohol treatment, improving outcomes for alcohol and drugs treatment, and providing better support for children and young people affected by their parents' addiction to alcohol and other drugs.

In 2021 the Government published a new national strategy, From Harm to Hope, setting out an ambitious 10-year plan to prevent, treat and support recovery from addiction to alcohol and other drugs. Telford & Wrekin Council has re-established a local Alcohol and Drugs Partnership Board bringing together senior leads from partner organisations, to co-produce this new strategy with the newly established Alcohol and Drugs Forum, an operational forum of local organisations working with people with alcohol and other drug problems.

Following consultation with stakeholders and local needs assessment work, this strategy will focus on four areas:

- early intervention to prevent the escalation of alcohol and other drug problems, particularly among vulnerable young people and families;
- reducing alcohol and drug related harms, especially preventable deaths and hospital admissions;
- further improving treatment access and outcomes; and
- expanding recovery support and supporting the growth of a diverse, visible recovery community.

Achieving the outcomes in this strategy will make a significant contribution to delivery of the Telford & Wrekin Health and Wellbeing Strategy, the Community Safety Strategy and the Council Plan – protect, care and invest to create a better borough. The success of the strategy is dependent on the commitment of all partners working together and listening to local people with lived experience of addiction and recovery to really make a difference.

**Addiction to alcohol and other drugs can be both a cause and a consequence of wider inequalities, especially health inequalities.**



**Liz Noakes**

Director of Public Health  
Chair of Telford and  
Wrekin Alcohol and Drugs  
Partnership



**Cllr Kelly Middleton**

Healthy, Safer and  
Stronger Communities and  
Partnerships, Lead Public  
Health, Mental Health and  
Domestic Violence

# National context

Addiction to alcohol and other drugs drives health inequalities and disproportionately affects those from our most deprived communities and within underrepresented groups. Following the Dame Carol Black Review (2021) and the 10-year National Strategy, From Harm to Hope (2021), additional investment has been made to expand local treatment and recovery systems. This strategy has been compiled in the context of some of the key recommendations of the Dame Carol Black Review and priorities in the new national strategy.

## Dame Carol Black Review

- increase focus on prevention and early intervention;
- support all young people to build resilience and to avoid substance use;
- commission a full range of evidence-based harm reduction and treatment services;
- ensure that thriving communities of recovery are linked to drug treatment systems;
- improve treatment pathways from criminal justice settings;
- improve the provision of physical healthcare for people in treatment.

## From Harm to Hope: National 10 year Strategy (2021)

- delivering school-based prevention and early intervention;
- supporting young people and families most at risk of problematic substance use;
- delivering world-class treatment and recovery services;
- ensuring better integration of services;
- increasing referrals into treatment in the criminal justice system;
- keeping prisoners engaged in treatment after release.

# Local context

## Telford & Wrekin

### Health & Wellbeing Strategy 2023-2027

Our vision - happier, healthier, fulfilled lives



- Alcohol and other drugs is a specific priority in the Telford & Wrekin Council Health & Wellbeing Strategy.
- Alcohol and drugs are also factors in other priorities identified in the Health & Wellbeing strategy, especially domestic abuse, mental health and wellbeing, housing and homelessness, and long-term health conditions.
- This strategy is also important in the context of:
  - Inclusive resilient communities, particularly those most affected by alcohol and other drugs and those least likely to take up treatment and support services; and
  - Starting well, living well, ageing well, given the impact of alcohol and drugs throughout the life course.
- Alcohol and other drugs is also a key inequalities issue, disproportionately affecting the most deprived communities and individuals.
- The current Community Safety Strategy also includes tackling alcohol and drug related harm as a priority (this strategy is being reviewed during 2023).
- The NHS in Shropshire, Telford & Wrekin have committed to tackle addiction to alcohol in the Integrated Care System Joint Forward Plan. This is an NHS England mandated priority for local areas.

## The experience of local people

“ I grew up in the Traveller community and was introduced to drugs at a young age. Around the age of twelve, I began drinking and substance misuse became a normal part of my day-to-day life I was expelled from school at the age of thirteen and kicked out of home. I went to live with my uncle, who travelled around on the fairs. My life was very dysfunctional, and I was abusing alcohol and drugs daily. ”

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“ My drinking and drug-taking got worse as the relationships I was in got more destructive and abusive. As a result, my children were removed from me. ”

“ I attend three meetings a week of Narcotics Anonymous or Alcoholics Anonymous, and I am starting to experience life clean and sober, one day at a time. My hope is to one day have my own home and get my children back in my life. ”

“ I grew up in a stable environment, but at the age of 16, everything changed. I was in an abusive relationship and experienced miscarriage and postnatal depression. This is where my drinking and drug use began. ”

“ Admitting that I had a problem and that I was powerless over alcohol was a huge wake-up call for me. ”

“ I am now nearly 18 months sober. I never thought that after my last rock bottom, I would be able to do this. It hasn't been easy, there have been tears and tantrums, but there have also been lots of laughter and happy days. My life is the best it has ever been for me and my children. I couldn't be happier. ”

## Alcohol and drugs – language and stigma

The World Health Organisation recognises addiction to alcohol and other drugs as a chronic health condition. However, the stigma associated with addiction often means that people in early recovery face many barriers to receiving the help and support they need to rebuild their lives, such as access to healthcare services, employment, education and housing. Small changes to some of the language we use to talk about addiction can have a big impact on how people understand it and begin to address stigma. For example:

The phrase **alcohol and other drugs** highlights that alcohol is a drug that some people cannot use and keep themselves safe, while other drugs such as heroin and cocaine should not be any more stigmatised than alcohol. Research suggests that both professionals and members of the public respond less judgementally and more positively to the phrase substance use than **substance misuse**.

People in 12-step recovery meetings are comfortable with referring to themselves as Addicts and Alcoholics but professionals should always use **person-first language** to reduce stigma, for example, a mother with an alcohol problem, or a professional man struggling with a cocaine addiction.

stigma ['stign  
shame or disg  
2. (pl. -ta ['st



## Background

The previous Telford & Wrekin Drug and Alcohol Strategy, approved by the Health & Wellbeing Board, the Community Safety Partnership and Cabinet in 2019, was based on the national Drug Strategy.

Despite achieving some of its key priorities, the COVID-19 pandemic brought major challenges to the implementation of the strategy, with all organisations across the partnership needing to implement appropriate infection control measures. This had a significant impact on partnerships planning and access to services.

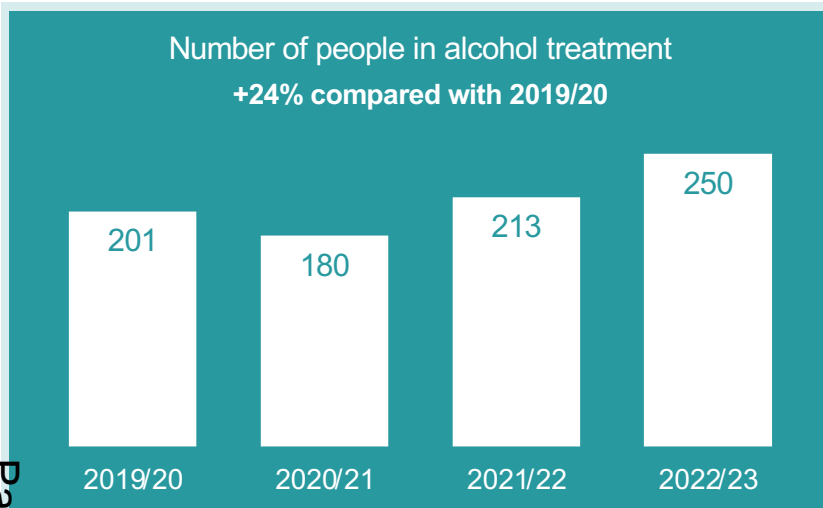
In 2022 the local Partnership Board was reformed to oversee the production of a new strategy. In 2023 a new Alcohol and Drugs Forum was launched to bring together all partners working with people with alcohol and other drug problems and to co-produce the new strategy with the Partnership Board.



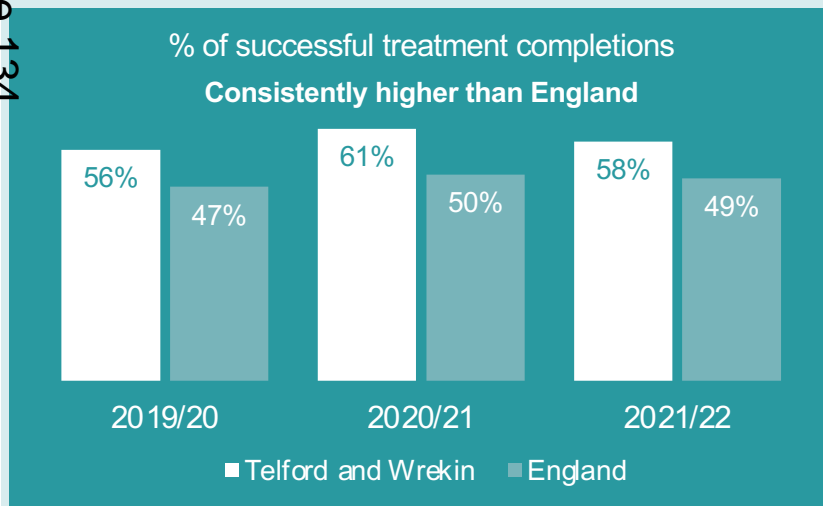


# Key successes and achievements of the 2018-2023 strategy

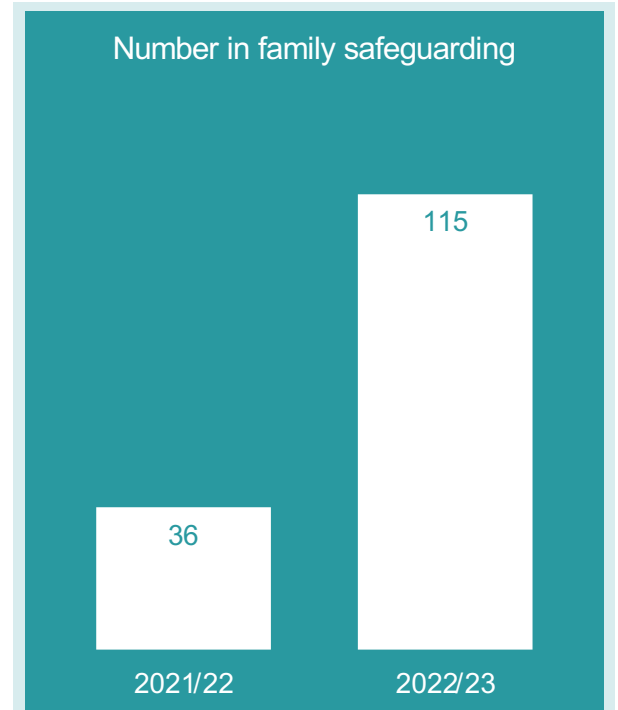
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Number of people starting alcohol treatment



Numbers of people successfully completing treatment for alcohol and other drugs



Intensive support for families with children affected by alcohol and other drugs (service commenced Q2 2021/22)

## Engaging with partners, professionals and people with lived experience

Throughout the past decade In Telford & Wrekin Council, working in partnership and listening to people with lived experience has shaped our work in the alcohol and drugs agenda.

During the development of this Strategy, we have engaged with, and listened to, partners, professionals, and people with lived experience in a number of ways including:

Page 135. four focus groups with people currently using services in February 2023;

a full day stakeholder consultation in April 2023 with over 60 participants;

- three focus groups, as part of the Health and Wellbeing Board Strategy consultation, that included questions about local alcohol and drugs services and support in May and June 2023; and
- ongoing consultation and co-production through the new Telford Alcohol and Drugs Forum.



*'It was a great day being in the room with everyone else discussing what we are going to do about alcohol and drugs in Telford'*





# Governance and accountability



## Alcohol and Drugs Partnership Board

The Partnership Board is the strategic partnership responsible for developing and monitoring local alcohol and drugs strategies by:

- ensuring local strategies and plans meet local needs;
- providing oversight and governance of local alcohol and drugs strategies; and
- monitoring and evaluating local alcohol and drugs strategies.

## Alcohol and Drugs Forum

The Forum is an operational partnership which supports the work of the Partnership Board by:

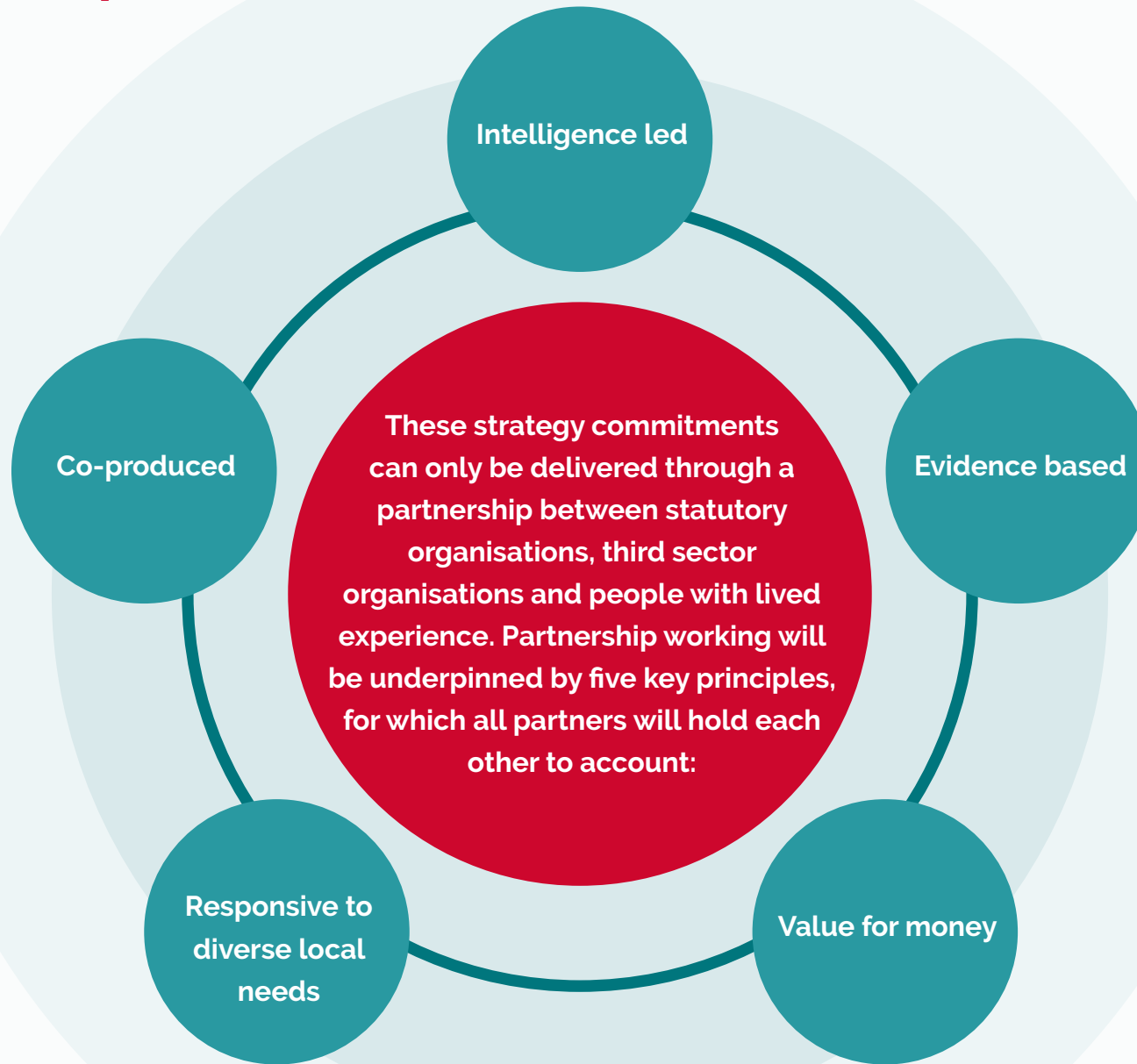
- bringing together relevant stakeholders, including people with lived experience;
- co-producing local strategies with the Partnership Board;
- delivering the new Strategy through annual action plans; and
- giving a voice to local people with lived experience of addiction and recovery.

# Telford & Wrekin Alcohol and Drugs Partnership and Forum

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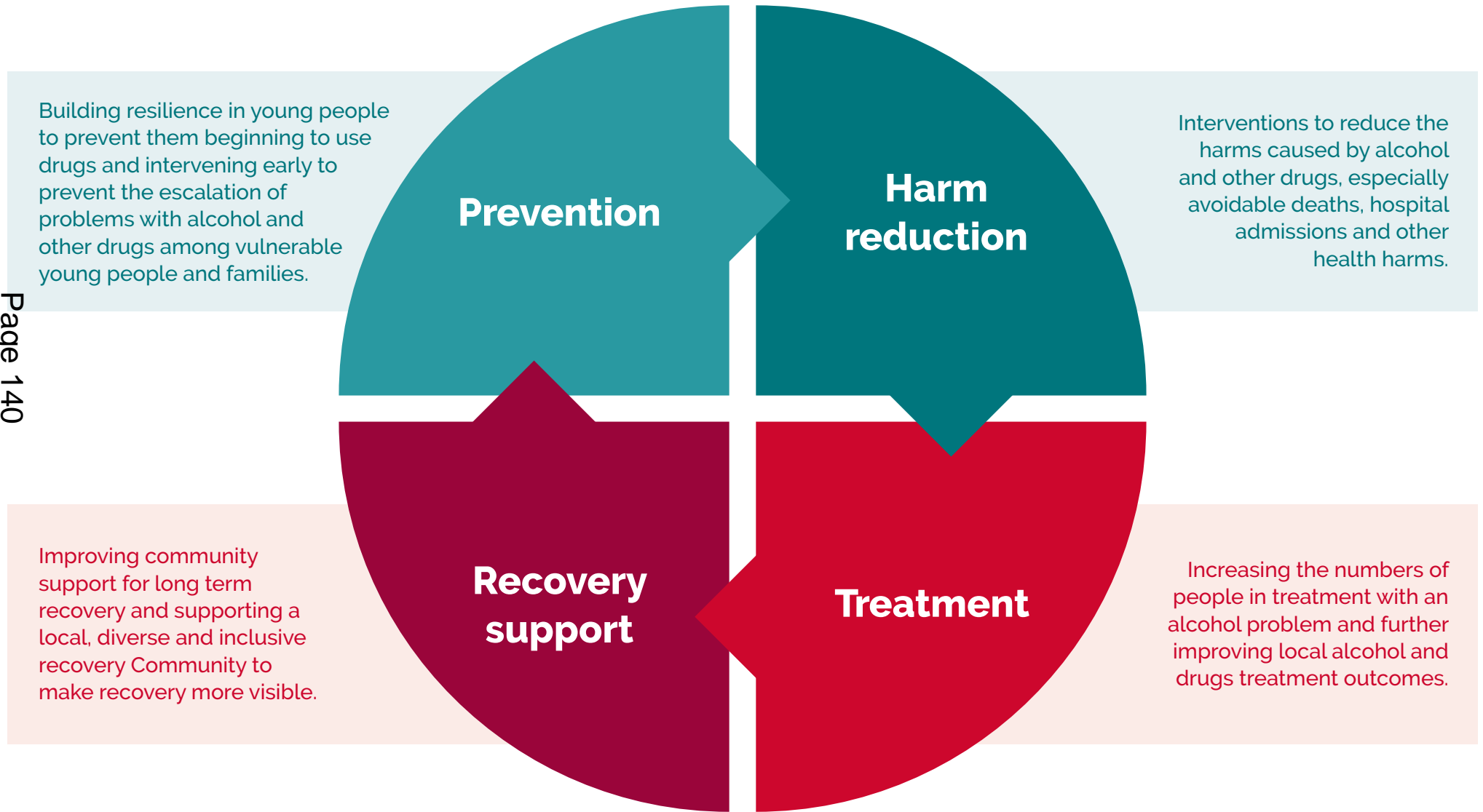
## Partnership principles





# Our strategy themes

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## Prevention – what the needs assessment tells us



**73% of young people and young adults** reported cannabis use as being problematic, 10% lower than reported nationally.



Alcohol use was reported as a problem by **55% of young people** entering treatment, 8% higher than the national rate (47%).

 **42%**

For the period 2021/22 in Telford and Wrekin there was **an increase of 42% of young people presenting to treatment for alcohol and drugs**, compared to 2020/21.



In Telford and Wrekin, the proportion of **young people leaving treatment successfully has fallen to 39%** in 2021/22, compared to 69% nationally.



In Telford and Wrekin **28% of all those in treatment live with children**, above the national rate (24%).



**69% of new presentations** to treatment (240 adults) in 2019-20 **were parents** compared to 52% nationally.



It is estimated that there are **899 opiate users in Telford and Wrekin** (lower than the national rate).



There are estimated to be **634 crack cocaine users**, (higher than the national rate).



There are estimated to be **2,030 alcohol dependent adults** in Telford (higher than the national rate).

## Prevention – what we have heard through engagement

“ Workers can **do more to notice that young people** need help and refer them to services and have a safe space to talk and start the process of getting help earlier. ”

“ **Education from an early age** that also targets different cultures, stop the normalisation, you don't know the risks until you are knee deep in it. ”

“ **Using social media** to raise awareness of addiction, where to access support and help someone who is suffering from addiction. ”

“ My use of **alcohol increased and became a problem because of my teeth** and the pain I was always in. Alcohol helped the pain. ”

“ The difficulty in getting **GP and Dentist appointments** is only inflaming this. Its easier to get hold of my dealer than it is to get a GP appointment. If people are in extreme physical or mental pain they will take anything to stop it. ”

## Prevention – what have we been doing

- ✓ Delivered 50 bespoke harm reduction sessions with vulnerable young people in schools in conjunction with school nursing teams.
- ✓ Raised awareness of the health impacts of using alcohol and cocaine together.
- ✓ Implemented the Family Safeguarding Model.
- ✓ Crucial Crew events delivered to over 2300 year 6 pupils.
- ✓ Trauma informed training delivered to over 150 individual workers.
- ✓ 70 schools completed awareness training through Future in Mind and Severn Training Alliance.
- ✓ 10% of schools Relational Approach (programme) accredited, 51% of all primary schools have completed the training to date.
- ✓ Alcohol awareness interventions delivered through healthy lifestyle advisors.

**Increase resilience to prevent more people starting using drugs.**

**Target vulnerable young people to prevent problematic use of alcohol and other drugs.**

**Intervene early with families with alcohol and other drug problems.**

**Prevent escalation into problematic use of alcohol and other drugs.**

## Harm reduction – what the needs assessment tells us



9.3

Drug related deaths have been increasing annually since 2016, however, the current rate of **9.3 per 100,000 population** remains lower than the national rate of 10.8 per 100,000 population.



360

Naloxone kits distributed during 2022/23



13.7

The rate for alcohol specific mortality in Telford and Wrekin has increased to **13.7 per 100,000** for the period 2017-19 compared to **10.9 per 100,000 nationally**.



Drug related hospital admissions have fallen to **43 per 100,000** population for the latest period (2021-22) the same as that recorded nationally.



Alcohol related hospital admissions have risen to **546 per 100,000** population, compared to **494 per 100,000 nationally** during 2021-22.





## Harm reduction – what we have heard through engagement

“ **Women are scared to say about the use of alcohol/drugs** and seek help because of the feeling that their children will be taken off them. ”

“ Watching someone you are using with have a fit or falling and breaking bones. **The really dangerous situations you put yourself in when you are using.** The sexual attacks that happen and leave physical and mental injuries. You see nothing about that in the media or in the education. ”

“ **GPs are crucial** with this but comments like “you are only 4 units over your daily allowance so maybe you should start taking a look at it” are not helpful. They don't even have any more than five minutes to talk. They are generally not interested. ”

“ **It's the physical injuries that you get that are not really talked about.** We all know it can damage our livers or that you catch blood born virus but its the falling over and knocking yourself out because of how drunk you are on a regular basis that is dangerous. ”

## Harm reduction – what have we been doing

- ✓ Provided 700 targeted outreach contacts per year.
- ✓ Delivered 4 harm reduction training sessions per year for professionals and peer support organisations.
- ✓ Increased needle exchange provision in community venues.
- ✓ Improved continuity of care processes to reduce overdoses on discharge from prison.
- ✓ Additional training and provision of Naloxone throughout local services who have contact with those at risk of opiate overdose.
- ✓ Co-located treatment workers with recovery services to support the work of volunteers and provide harm reduction information and advice.
- ✓ Increased Hep C testing in treatment services.
- ✓ Achieved micro-elimination of Hepatitis C among people who have injected drugs who are now in treatment.
- ✓ Implemented a multi-agency alcohol and drugs related death database to quickly review deaths and implement changes as appropriate.
- ✓ Relunched Telford Drug Alerts system.

**Reduce alcohol and drug related deaths.**

**Reduce alcohol and drug related hospital admissions.**

**Reduce alcohol and drug related offending and other harm in communities.**

**Reduce blood borne viruses among people who inject drugs.**

## Treatment – what the needs assessment tells us



During 2021-22, it is estimated that **55% of adults** who are opiate dependent are currently in treatment (better than the national rate of 53%).



During 2021-22, it is estimated that **15% of adults** who are alcohol dependent are in treatment (lower than the national rate of 20%).



The number of adults starting treatment for opiates **increased by 5.1%** during 2021-22, with **497 adults** in treatment for opiates during the year.

**NEW 167**

During 2021-22, there were **167 new presentations** for alcohol treatment, with **213 adults in treatment** for alcohol during the year.



**8.1% of adults** successfully completed treatment for opiates during 2021-22, significantly above the national rate of **5%**.



**48% of the adult alcohol treatment population** successfully completed treatment during 2021-22, significantly above the national rate of **37%**.

## Treatment – what we have heard through engagement

“ Give them **help as soon as they get arrested** because young people don't like to look vulnerable so they will act like they don't care. ”

“ **Services need to communicate more**, services should not gate keep their clients and should be treating each person with a multi-disciplinary approach and. Each service should have a clear view on what role they play to avoid any duplicated work and to ensure all areas are covered. ”

“ It would help that **if someone has presented at hospital twice in a year** with an alcohol related injury, that they are automatically passed over to you for contact. “I was presenting at hospital on a regular basis, yet it was the police who bought me here after a public order offense. ”

“ The mental health team wouldn't see me whilst I was an addict yet it was when I got help with **my mental health** here that my addiction was easier to stop. ”

## Treatment – what have we been doing

- ✓ Developed a single point of contact (SPOC) for the entire system through an Access Team.
- ✓ Increased case management capacity by 30 places.
- ✓ Improved treatment access for people leaving prison.
- ✓ Increased residential rehabilitation by 10 places per year.
- ✓ Increased the number of inpatient detoxifications for those that need them.
- ✓ Provided annual health checks for everyone in treatment.
- ✓ Introduced locality teams, based across the borough, to improve treatment access.
- ✓ Provided peer support before, and following detoxification, and following alcohol or drug related unplanned hospital admissions.
- ✓ Supported the introduction of dual-diagnosis Calm Cafes through peer-based organisations.
- ✓ Supported the introduction of an Alcohol Care Team at the Princess Royal Hospital.
- ✓ Improved treatment access for Probation clients through co-location.



**Further improve treatment outcomes.**

**Increase treatment access by people drinking problematically.**

**Address physical and mental health needs.**

**Improve treatment access for people leaving prison and in other parts of the criminal justice system.**

## Recovery support – what the needs assessment tells us

# 401

**401 adults** started accessing recovery support services during 2021-22.



5,219

**Volunteers gave 5,219 hours** to supporting people in early recovery during 2021-22.

# 17%



During 2021/22, **17% of individuals accessing treatment for drugs reported housing problems**, slightly lower than the national average, 20%.



**25% of adults** entering treatment during 2021/22 in Telford and Wrekin reported being **in regular employment**, lower than the national rate of 30%.

# 33%

**33% of adults** beginning treatment **reported long-term sickness or disability**, significantly higher than the national rate, 19%.



**36% of adults** in treatment for long-term addiction to opiates, for 6 months or more, were introduced to **community mutual aid groups**.

## Recovery support – what we have heard through engagement

- Page 154
- “ I **stumbled into recovery services**, no one told me about them. It would help if services contacted you. start to deal with the mental health, the reason why someone is drinking. ”
  - “ I found out about the support on offer through the local authority, I started attending online groups through them and once in the project it gave me a **sense of stability and space to grow**. ”
  - “ I found out about recovery in Telford through a local service I was going to, the support they gave helped me get clean and **they continue to support me in my recovery**. ”
  - “ I would like **more support around being re-housed** when leaving a recovery project, but the recovery support has been good. ”
  - “ I think there needs to be **more recovery support for females**, I attend NA meetings which are mainly dominated by males. ”
  - “ This organisation has supported me through very tough times and **I really recommend the support available** to anyone wanting to get well. ”
  - “ Things work well **if you are willing** to take the support available. ”
  - “ It was difficult to get information about recovery in Telford, **I had to find groups by myself**, I eventually found a local organisation who gave me information about recovery in the area. ”
  - “ With the **drop-in centres** there are plenty of notices advertising recovery within the Telford area. ”
  - “ The supported housing project that I am currently in is an excellent programme giving you every **opportunity to grow**. ”

## Recovery support – what we have been doing

- ✓ Additional funding to identify, and support the attendance of, 100 additional individuals to local mutual aid groups.
- ✓ Recovery support calls following discharge from structured treatment on a 6 monthly basis for 5 years, undertaken by peer-led recovery organisations.
- ✓ 1 year coaching and mentoring for local recovery community organisation leaders.
- ✓ Pre/Post Detox Peer Recovery Connector to link those undertaking detoxification to local recovery organisations.
- ✓ 10th Annual Recovery Conference to celebrate recovery in Telford and Wrekin.



## **Recovery support** – strategy commitments

**Improve access to housing, education, employment and training opportunities.**

**Support the growth of a local, vibrant and sustainable Recovery Community.**

**Expand the design and delivery of interventions by people with lived experience.**

**Increase the numbers of people with alcohol and other drug problems, their families and friends, accessing local mutual aid groups.**

# Our strategy commitments

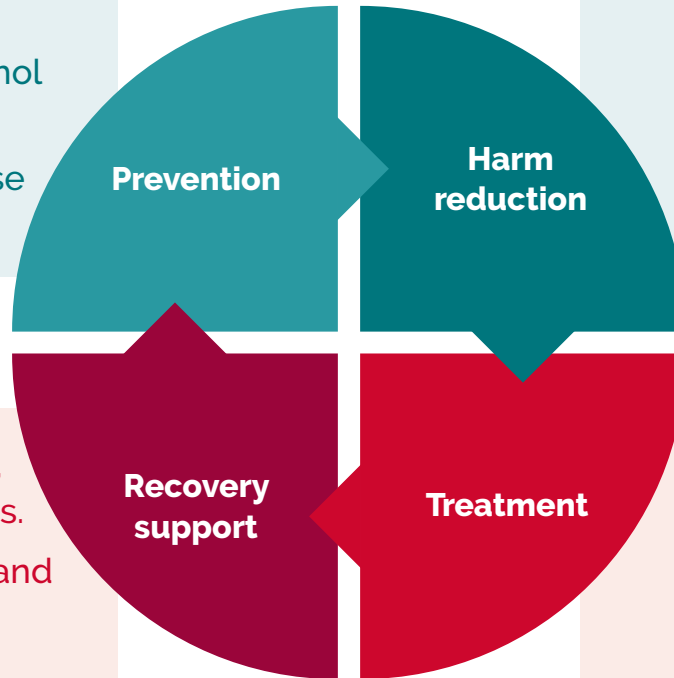
Page 157

Increase resilience to prevent more people starting using drugs.

Target vulnerable young people to prevent problematic use of alcohol and other drugs.

Intervene early with families with alcohol and other drug problems.

Prevent escalation into problematic use of alcohol and other drugs.



Reduce alcohol and drug related deaths.

Reduce alcohol and drug related hospital admissions.

Reduce alcohol and drug related offending and other harm in communities.

Reduce blood borne viruses among people who inject drugs.

Improve access to housing, education, employment and training opportunities.

Support the growth of a local, vibrant and sustainable Recovery Community.

Expand the design and delivery of interventions by people with lived experience.

Increase the numbers of people with alcohol and other drug problems, their families and friends, accessing local mutual aid groups.

Further improve treatment outcomes.

Increase treatment access by people drinking problematically.

Address physical and mental health needs.

Improve treatment access for people leaving prison and in other parts of the criminal justice system.



## How we will deliver our commitments

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Provide specialist support for families experiencing significant alcohol or drugs problem.

Deliver personalised harm reduction interventions for young people at risk of drug related harm.

Roll out Trauma Informed Toolkit to all local schools and colleges.

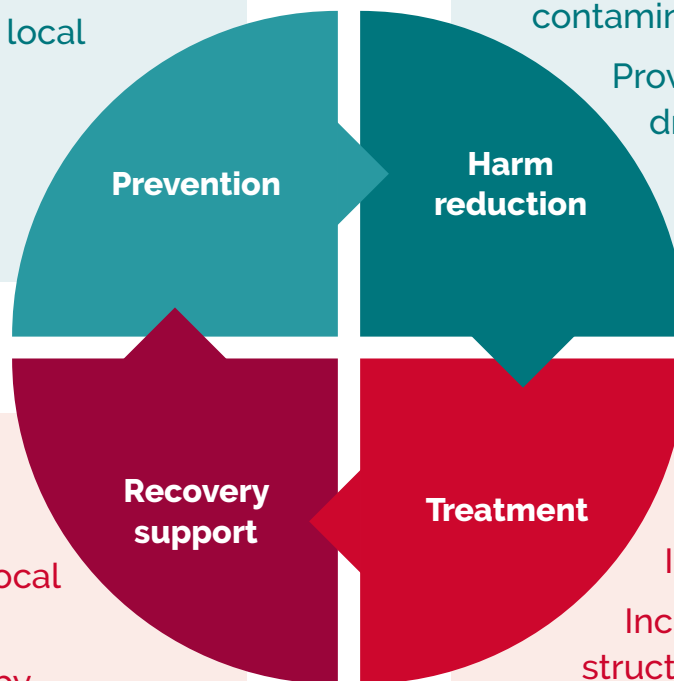
Continue to expand resilience based alcohol and drugs education in local schools and colleges

Review local drugs and alcohol deaths and share appropriate learning among partners.

Co-ordinate a local Drug Alert System to disseminate information quickly about novel or contaminated batches.

Provide hep C testing for people who inject drugs not currently engaged in structured treatment.

Drug test on arrest for trigger offences.



Deliver free accredited educational courses for people in recovery.

Expand the number of bed spaces in local recovery housing.

Create opportunities for local experts by experience to contribute to planning, delivering and monitoring treatment and recovery support interventions.

Expand the range of support available to families and friends of those experiencing problems with alcohol and other drugs.

Monitor, benchmark and audit treatment interventions through Service Improvement processes.

Increase the number of assessments for structured alcohol treatment in community settings.

Proactively offer peer-support before and after alcohol detoxification.

Expand the appropriate use of community alcohol and drugs treatment orders as alternatives to custodial sentences.

# Appendix 1: Alcohol and Drug Strategy – outcomes framework and supporting indicators

Prevention	Harm reduction	Treatment	Recovery support
<b>Commitments</b> <ul style="list-style-type: none"> <li>• Increase resilience to prevent more people starting using drugs</li> <li>• Target vulnerable young people to prevent problematic use of alcohol and other drugs</li> <li>• Intervene early with families with alcohol and other drug problems</li> <li>• Prevent escalation into problematic use of alcohol and other drugs</li> </ul>	<b>Commitments</b> <ul style="list-style-type: none"> <li>• Reduce alcohol and drug related deaths</li> <li>• Reduce alcohol and drug related hospital admissions</li> <li>• Reduce alcohol and drug related harm in communities</li> <li>• Reduce blood borne viruses among people who inject drugs</li> </ul>	<b>Commitments</b> <ul style="list-style-type: none"> <li>• Further improve treatment outcomes</li> <li>• Increase treatment access by people drinking problematically</li> <li>• Address physical and mental health needs</li> <li>• Improve treatment access for people leaving prison and in other parts of the criminal justice system</li> </ul>	<b>Commitments</b> <ul style="list-style-type: none"> <li>• Improve access to housing, education, employment and training opportunities</li> <li>• Support the growth of a local, vibrant and sustainable Recovery Community</li> <li>• Expand the design and delivery of interventions by people with lived experience</li> <li>• Increase the numbers of people with alcohol and other drug problems, their families and friends, accessing local mutual aid groups</li> </ul>
<b>Supporting indicators</b> <ul style="list-style-type: none"> <li>• Estimated prevalence (<i>NDTMS: annually</i>)</li> </ul>	<b>Supporting indicators</b> <ul style="list-style-type: none"> <li>• Deaths from drug misuse (fingertips: annually)</li> <li>• Alcohol specific mortality (fingertips: annually and <i>NDTMS: monthly</i>)</li> <li>• Admission episodes for alcohol specific conditions (fingertips: annually and <i>NDTMS: monthly</i>)</li> <li>• Hospital admissions for substance misuse (<i>NDTMS: monthly</i>)</li> <li>• Eligible persons in treatment receiving Hep C test (fingertips: annually)</li> </ul>	<b>Supporting indicators</b> <ul style="list-style-type: none"> <li>• Successful completion of treatment (fingertips: annually and <i>NDTMS: monthly</i>)</li> <li>• Treatment number (<i>NDTMS: annually and monthly</i>)</li> <li>• Treatment waiting times (NDTMS: annually)</li> <li>• Referral sources (NDTMS: annually)</li> <li>• Unmet health need (<i>NDTMS: monthly</i>)</li> <li>• Prison leavers continuity of care (<i>NDTMS: monthly</i>)</li> <li>• Treatment progress (<i>NDTMS: monthly</i>)</li> </ul>	<b>Supporting indicators</b> <ul style="list-style-type: none"> <li>• Housing situation (<i>NDTMS: annually and monthly</i>)</li> <li>• Employment situation (<i>NDTMS: annually and monthly</i>)</li> <li>• Parental support (<i>NDTMS: monthly</i>)</li> <li>• In training and education (<i>NDTMS: monthly</i>)</li> </ul>

Bold italics denote data sources that are restricted statistics and limitations on use apply

## Appendix 2: Links with local strategies and plans

Locally linked strategies	Prevention	Harm reduction	Treatment	Recovery support
	Commitments	Commitments	Commitments	Commitments
<b>Telford &amp; Wrekin Health and Wellbeing Strategy</b>	<ul style="list-style-type: none"> <li>• Increase resilience to prevent more people starting using drugs</li> <li>• Target vulnerable young people to prevent problematic use of alcohol and other drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce alcohol related harm in communities</li> </ul>	<ul style="list-style-type: none"> <li>• Address physical and mental health needs</li> <li>• Further improve treatment outcomes</li> </ul>	
<b>Telford &amp; Wrekin Domestic Abuse Strategy</b>	<ul style="list-style-type: none"> <li>• Intervene early with families with alcohol and other drug problems</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce alcohol related harm in communities</li> </ul>		
<b>Telford &amp; Wrekin Homelessness Strategy</b>	<ul style="list-style-type: none"> <li>• Intervene early with families with alcohol and other drug problems</li> <li>• Prevent escalation into problematic use of alcohol and other drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce alcohol related harm in communities</li> </ul>		<ul style="list-style-type: none"> <li>• Improve access to housing, education, employment and training opportunities</li> </ul>
<b>Telford &amp; Wrekin Mental Health Strategy</b>			<ul style="list-style-type: none"> <li>• Address physical and mental health needs</li> </ul>	<ul style="list-style-type: none"> <li>• Expand the design and delivery of interventions by people with lived experience</li> </ul>
<b>Telford &amp; Wrekin Belonging Strategy</b>	<ul style="list-style-type: none"> <li>• Increase resilience to prevent more people starting using drugs</li> <li>• Target vulnerable young people to prevent problematic use of alcohol and other drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce alcohol related harm in communities</li> </ul>		<ul style="list-style-type: none"> <li>• Improve access to housing, education, employment and training opportunities</li> </ul>
<b>Telford &amp; Wrekin Neglect Strategy</b>	<ul style="list-style-type: none"> <li>• Intervene early with families with alcohol and other drug problems</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce alcohol related harm in communities</li> </ul>		
<b>Safer Telford &amp; Wrekin Strategy 2021-24</b>		<ul style="list-style-type: none"> <li>• Reduce alcohol and drug related offending and other harm in communities</li> </ul>	<ul style="list-style-type: none"> <li>• Improve treatment access for people leaving prison and other parts of the criminal justice system</li> </ul>	
<b>STW (ICS) Joint Forward Plan 2023-28</b>			<ul style="list-style-type: none"> <li>• Address physical and mental health need</li> </ul>	



## WEST MERCIA POLICE AND CRIME COMMISSIONER Health & Wellbeing Board (HWB)

### Most Appropriate Agency (MAA)

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#### Recommendation

1. Members are invited to note the report.
2. Members are invited to consider implications of the West Mercia Police policy as part of both their own organisations and the wider system.
3. Members are invited to consider potential options relating to joint / co-ordinated governance activity.

#### Background

4. On the 3<sup>rd</sup> of April 2023 West Mercia Police introduced a new policy and procedure referred to as 'Most Appropriate Agency' (MAA). This is an operational police force policy. The consent of the PCC is not therefore required to implement it.
5. The policy is based on Humberside Police's Right Care Right Person (RCRP) policy and procedure which has now been rolled out nationally. A precis / summary of the West Mercia Police force policy can be found at Appendix A. This includes the rationale for implementation, principles of the policy, consultation activity undertaken by the force to date and existing force-led governance.
6. This paper provides a summary of activity undertaken by the PCC in response to the force's MAA policy, in respect of oversight, scrutiny and convening powers. This highlights ongoing concerns that are held by the Commissioner as well as potential opportunities to work with partners to ensure the force's policy is effectively implemented, ensuring the best possible outcomes for communities and mitigating the risk of avoidable harm to vulnerable people.

#### Summary on PCC activity relating to MAA Policy post-implementation.

7. ***PCC John Campion: "I believe strongly that the principle of MAA is the correct one, but its implementation comes with significant risks. Done well, as a whole system, it will undoubtedly enhance the response communities receive to a wide range of incidents and circumstances. Done incorrectly, it has the potential to create wide gaps in service provision and leave vulnerable people exposed to greater risk of harm".***

8. The PCC has regular Assurance and Accountability meetings (A&A) with the Chief Constable. This is a key mechanism through which the PCC fulfils his statutory duty to hold the Chief Constable to account for the performance, effectiveness and efficiency of the force.
9. Given the potential impact of the force's MAA policy on communities and partners, the PCC has ensured that MAA has featured heavily at the A&A meetings this financial year to date. Scrutiny and oversight of MAA has also featured as part of the PCC's adhoc, virtual A&A requests to the Chief Constable. These requests are submitted via email with the Chief Constable providing a written response to the issues raised. This dynamic process has enabled the PCC to escalate any specific concerns in relation to MAA (e.g. specific incidents) outside of a formal meeting setting, ensuring a timelier response.
10. At the A&A meeting on the 29<sup>th</sup> June 2023, the PCC raised the following concerns around the force's MAA policy to the Acting Chief Constable (A/CC):
11. The PCC raised anecdotal feedback that other forces who were early adopters had taken a more phased approach to implementation, inc. more extensive consultation with partners. The A/CC confirmed that learning from other early adopters was used to inform local implementation and believed that these forces had seen similar issues to those in West Mercia. On reflection, the A/CC would change the approach to the Safeguarding Advice Team, ensuring that all members of the team had significant safeguarding training prior to the policy going live.
12. The PCC raised concerns regarding partnership engagement pre and post-implementation of the policy. As set out in Appendix A, the force's MAA policy was initially introduced to partners through the Vulnerability Partnership Executive Group (VPEG) in August 2022; 8 months before it was implemented. VPEG was not the only mechanism for partnership engagement, with further contact made through letters to strategic leads, a survey of partners and utilisation of the Strategic Crime & Vulnerability Forum. However, the partnership response to the survey was considerably low; limiting the ability for this consultation activity to inform implementation of the force policy and also providing little reassurance to the PCC regarding the preparedness of other partner agencies to actively support the implementation of the policy, and therefore increase the chances of its success.
13. The PCC felt there was potential learning for the force in relation to partner engagement. The A/CC felt initial partnership engagement was sufficient. Going forward, the force will consider how to engage with key partners post-implementation to understand concerns, as well as considering the feedback that has been shared directly with the PCC. The PCC was clear that his consent was not required to implement the force's MAA policy, however greater buy in and cooperation from the PCC could have helped the force, particularly in respect of convening partners. To further support ongoing work with partners, the force has commissioned a partnership review. The review aims to improve understanding of the partnership ecosystem and drive effectiveness.

14. On the 7<sup>th</sup> July 2023 the Deputy Police & Crime Commissioner on behalf of the PCC sought further reassurance from the Acting Chief Constable (A/CC) via an ad hoc A&A request.
15. Further assurance was sought in relation to specific incidents, mechanisms to review learning from high harm incidents, safeguarding responsibilities, referrals to the Independent Office for Police Conduct (IOPC) and the need to review the impact of the MAA policy to prevent harm as much as possible.
16. A request was also made for a member of the Office of the Police & Crime Commissioner (OPCC) Policy team to observe the force's governance arrangements in respect of MAA via monthly scrutiny panels. The first meeting was attended on 22<sup>nd</sup> August and attendance continues in the short-medium term to ensure appropriate OPCC oversight.
17. It was formally confirmed in response by the CC that a 6-month evaluation of MAA/RCRP is under way and to include an assessment of the model supported with data from April – October 2023. On completion of the evaluation, the Crime and Vulnerability directorate will facilitate consultation with external partners. The PCC has requested to have oversight of this consultation and the thematic report is due for completion by the end of 2023.
18. Outside of the A&A process, the PCC reported on the implementation of MAA at the West Mercia Police and Crime Panel (PCP) meeting on 27 July 2023. This report provided a detailed background on MAA, its implications and concerns surrounding the partnership approach and the potential gaps MAA could highlight in partner service provision.
19. In response to this report from the PCC, the Chairman of the West Mercia Police and Crime Panel subsequently wrote to the leaders of the Member Authorities of the West Mercia Police and Crime Panel (Bromsgrove District Council, Herefordshire Council, Malvern Hills District Council, Redditch Borough Council, Shropshire Council, Telford and Wrekin Council, Worcester City Council, Worcestershire County Council, Wychavon District Council, Wyre Forest District Council).
20. This letter acknowledged the reservations about the MAA Policy, including the speed at which it has been implemented but asked each of the Councils within the West Mercia area to consider making a commitment to engage with and support the MAA policy. The letter also confirmed that the PCC would welcome their engagement and that any information required could be supported by the Office of the Police & Crime Commissioner.
21. In addition to established force governance arrangements set out in Appendix A, the PCC will continue to monitor the implementation of MAA using his statutory A&A framework to hold the Chief Constable to account.
22. The PCC is also exploring opportunities for joint governance / scrutiny activity with partners impacted by the policy. This includes engagement with the IOPC

(national oversight body for complaints and death and serious injury referrals) and partners on local Health & Wellbeing Boards.

### **What the PCC is seeking from Partners at the Health & Wellbeing Board**

23. The PCC welcomes partners engagement in providing feedback on the force's MAA policy as set out at Appendix A, and the concerns set out by the PCC above.

24. In particular, the PCC would invite partners to consider the following areas in respect of MAA:

- Are partners satisfied that they fully understand the implications of the policy for themselves from both a strategic and an operational perspective?
- Do partners understand what Police are doing and do they endorse it?
- Are partners clear on the threshold for police involvement if no crime is committed and there is no threat to safety?
- Are partners aware of the Police's approach to welfare calls?
- Partners assessment/concerns of resource gaps in service provision and how this gap will be filled to ensure the prevention of avoidable harm?
- Appetite for ongoing shared / co-ordinated governance of MAA
- Partner views on raising awareness off MAA/RCRP with the public to increase awareness and help better manage demand and improve outcomes?
- How partners locally may learn from the approach taken in Humberside since May 2020 to inform any dedicated response and community-based mental health services
- Any other concerns/advice we feel we should include?

25. The PCC also wishes to determine if partners would find it beneficial to establish a forum to facilitate partnership governance of the force's MAA policy. This could be a new multi-agency board or utilisation of existing governance boards such as local Health and Wellbeing Boards.

26. The PCC's office has undertaken research on the most effective forum to facilitate partnership governance of police-led MAA policies and has identified that a multi-agency governance structure could be created.

27. Within the Right Care, Right person policy paper published by the Government on the 26th July 2023 it is advised that cross-agency partnerships could be set up in each area in conjunction with the ICBs to implement the RCRP approach for people with mental health needs. It is suggested partners work together on achieving the following:

28. *"Agreeing a joint multi-agency governance structure for developing, implementing, and monitoring the RCRP approach locally. People with lived experience of the*



*urgent mental health pathway, including those from ethnic minorities, should form part of the governance structure and be actively engaged in considering how RCRP is implemented. In addition, from a health system perspective, Integrated Care Boards will play a key role in coordinating the approach to supporting the implementation of RCRP.*

29. *Reaching a shared understanding of the aims of implementing RCRP locally and the roles and responsibilities of each agency in responding to people with mental health needs. Given that 'mental health needs' covers people with a broad spectrum of needs, this should include agreeing what is the remit of health services (primary care and secondary mental health services), local authority services (including social care and substance misuse services), and voluntary, community and social enterprise organisations.*

30. *Enabling universal access to 24/7 advice, assessment, and treatment from mental health professionals for the public (via the NHS111 mental health option), as well as access to advice for multi-agency professionals, including the police, which can help to determine the appropriate response for people with mental health needs. Plans should be put in place to communicate the availability of this advice to the public and other organisations/professionals locally, who may otherwise call the police as their first point of contact”.*

31. There is no contention with the central premise of Right Care, Right Person / MAA; that people in mental health crisis require an expert healthcare response first and foremost. The PCC remains committed to working with partners to ensure a solid working relationship is in place between the police and health services to reduce inappropriate police involvement in care and support better access to mental health specialists for the public.

### **Financial Implications**

32. None.

### **Legal Implications**

33. See above.

### **Equality Implications**

34. None in relation to this report.

### **Supporting Information**

Appendix A – Summary of West Mercia Police Most Appropriate Agency Policy and Implementation.



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## **Contact Points**

Gareth Boulton, Police and Crime Commissioner Chief Executive

# Appendix A: West Mercia Police Most Appropriate Agency (MAA) Policy

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## Summary of Policy

1. On the 3<sup>rd</sup> of April 2023 West Mercia Police introduced a new policy and procedure referred to as 'Most Appropriate Agency' (MAA). A precis of the force's policy and relevant background are provided within this briefing. This information has been taken from West Mercia Police briefings and policy documents to best set out the force's rationale and position in respect of MAA.
2. The force's MAA policy is based on Humberside Police's Right Care Right Person (RCRP) policy and procedure.
3. Humberside Police identified that before the introduction of RCRP an average of 1,566 incidents per month were being reported to the police relating to issues such as concerns for welfare, mental health incidents or missing persons.
4. Humberside Police were concerned that by attending these incidents, they were not providing the most suitable intervention to vulnerable members of the public who required specialist support. This was putting both the public and their officers at more risk. It also meant that the public were not receiving the most effective response to incidents from public services.
5. Humberside Police made the conscious decision to refocus on core policing duties, as set out by Sir Robert Peel. These still form the basis of policing in the UK today. The core duties under common law are:
  - a. preventing and detecting crime
  - b. keeping the King's peace
  - c. protecting life and property
6. Following this decision, Humberside Police sought advice to understand where duty of care responsibilities lie and where other agencies would be more appropriate to attend calls for service. This advice was used as a basis to support the development of the RCRP initiative.
7. RCRP is a programme of work that has been carried out over a three-year period involving partners in ambulance, mental health, acute hospitals and social services. The premise of the initiative is that these partnerships ensure RCRP can achieve its aim to provide the best care to the public by ensuring the most appropriate response to calls for service.
8. RCRP and MAA as it has been introduced locally is intended to ensure that everyone, including the most vulnerable within the community, receive the correct service, by the most 'Appropriate Agency' – first time and every time.

9. The policy is underpinned by case law and legislation that specifically defines the parameters of the police role & purpose; and provides the legality, jurisdiction and legitimacy in which the police should be operating.
10. Whilst the policy is underpinned by relevant legal precedent and statutory guidance relating to police powers, discretion will always exist for operational commanders. If, or where, West Mercia Police choose to attend an incident where there is no statutory policing role, consideration would need to be given as to whether some potential actions from attending officers would be within the lawful execution of their duty. It therefore follows that the decision to attend must be clearly recorded, with the rationale and a clear tactical plan as to what is expected of the attending officers. This is a consideration for the Force around implementation of the new policy.
11. Policing powers are not always appropriate to resolve many of the situations that officers are requested to attend by the public. In many cases, a legal precedent has already ruled that the police service is not the most appropriate agency to act.
12. The majority of calls for service that will fall within the new policy are those that relate to “Medical, Health & Social Care”. The police service rarely have the qualifications, training, or experience to respond to these calls as effectively as trained medical professionals, and rarely have the legal basis, jurisdiction or legitimacy to act.
13. The type of calls that this procedure is intended to address generally fall under the following headings.
  - a. Medical/Health related calls for service
  - b. Safe & Well or Welfare checks
  - c. AWOL mental health patients
  - d. Patients with full capacity who leave health facilities (A&E, GP etc) unexpectedly
  - e. Police support to voluntary mental health cases
  - f. Requested use of Police attendance for security at premises occupied by or attended by partner agencies
  - g. Requested use of Police for transportation of patients in the care of other agencies
  - h. Police use of emergency powers to mitigate incidents being managed by other agencies which have escalated
14. The Force policy sets out that all calls for service will be assessed and only those where there is an identified statutory policing role or where the call handler has confirmed that it is the most appropriate agency, will an incident be created. In all other situations the call will be closed as a contact record.
15. West Mercia Police will continue to utilise the THRIVE assessment model for those calls for service where an incident has been generated; on the basis that

the creation of an incident will denote that a police response has been agreed. The THRIVE assessment tool will allow for the appropriate decision making in relation to the grading and allocation of these calls for service; as below.

*T: Threat*

What is the overall threat posed by the report, not only to the victim, but to the immediate family, children, community and location?

*H: Harm*

What is the impact of the threat? Consider not just the victim or witnesses, but also the community impact.

*R: Risk*

What risks are obvious or yet to be determined?

What resources and specialist assets are needed to safeguard the victim or community?

*I: Investigation*

What is the legality, necessity, proportionality in relation to the offence being reported?

*V: Vulnerability*

What are individual or community vulnerabilities?

Identify how police and partners best safeguard against harm.

*E: Engagement*

What is the safest means of engagement for the victim and what is the most effective means?

16. During the THRIVE assessment, there is an assessment as to whether there is an immediate risk to life or serious harm to an identified person and determine who is the most appropriate agency to mitigate that risk.
17. Even where a response from the most appropriate agency would be delayed, the Force's position is that it is always preferable that a qualified person from the most appropriate statutory agency, in possession of all the relevant facts, should attend to the person in need. The only exception would be that where there is an immediate, unconditional and real threat to life.
18. This procedure allows WMP to be clear on its policing propose and service delivery prior to deploying available resources.
19. The MAA policy seeks to define a consistent relationship between the Force and all other public authorities, statutory partner agencies and those commissioned to provide services on their behalf. Similarly, it seeks to present greater transparency for members of our community who are often confused as to the roles they can expect from health and social care providers and from the police service.

20. The Force is routinely contacted by partner agencies and members of the community to carry out a “welfare check” on a person whom they have concerns for, in the belief that police are the most appropriate agency and are responsible or liable for the welfare of identified individuals deemed to be vulnerable or at risk.
21. Consequently, partner agencies should therefore only have a need to call the Operations and Communications Centre (OCC) where there is an unforeseen, immediate, unconditional, and real threat to life; or where they are reporting an ongoing or imminent breach of the peace; or when reporting that a criminal offence has occurred, and they are requesting us to investigate it.
22. Call handlers at the OCC now recognise that there is no lawful power of entry for police officers in this situation. The provisions contained within Section 17 of the Police and Criminal Evidence Act 1986 (where there are grounds to suspect entry is necessary to save life or limb or prevent serious damage to property) have been significantly restricted and abolished all other general, common law powers to enter premises without a warrant, except the general power to prevent a breach of the peace. Parliament expressly defined and limited police powers of entry into domestic premises without a warrant.
23. By adopting this approach, the Force believes that the most vulnerable members of our community can be assured of a consistent approach and that decisions relating to their care are based on the most up to date facts by qualified and experienced staff and they are attended to by the most appropriate agency.

### **Implementation of the Policy**

24. In June 2022 Chief Officers considered adopting the principles of RCRP (known locally as the MAA) policy. The policy was approved in principle and the Force began working on implementation, to include stakeholder engagement.
25. In August 2022, ACC Rachel Jones outlined the proposed policy to the West Mercia Vulnerability Partnership Executive Group (VPEG). VPEG brings together partners from across West Mercia involved in safeguarding and public protection. Members of VPEG were provided with a presentation outlining the policy and given an opportunity to ask questions. Several partners indicated that they would need to go back and consider the implications of the policy.
26. The Force began to formally consult with partners after the August VPEG meeting. West Mercia Police engaged with over 60 organisations holding a series of workshops and engagement events in addition to inviting stakeholders to take part in a formal consultation exercise.
27. As part of the consultation exercise the Force sought direct feedback from over 60 partners via a survey questionnaire. Executive leads and senior members of organisations were asked to cascade the survey and communication to their workforce. The Force anticipated in the region of 600 responses, (representing approximately 10 responses per agency) but received just 19 (approx. 2% of the

expected returns). Most of the responses received indicated that the change in policy wouldn't have an impact on their organisation / service.

28. On the 9<sup>th</sup> of November 2022, ACC Jones wrote to members of VPEG thanking members for their contribution and outlining that the Force would be moving towards implementing the policy. In addition, ACC Jones set out how the policy would be monitored, and management information would be brought back to VPEG for review.
29. While West Mercia Police were in the process of implementing MAA, the Home Office, College of Policing (CoP) and the National Police Chief's Council (NPCC) were in the process of reviewing RCRP as a policy to be adopted nationally by all forces.
30. In February 2023 the Home Secretary (HS) wrote to each Police Chief and Police and Crime Commissioner outlining the work carried out by Humberside Police. In the letter the HS outlined how the CoP and the NPCC were developing a toolkit along with a range of products to assist Forces in implementing RCRP.
31. The toolkit was released in July 2023 with the CoP recommending that Forces begin to implement the toolkit and Policy between July and December 2023. Part of the work being carried out by the CoP and NPCC includes a National Partnership Agreement between governing bodies, such as the Department of Health and Social Care, the NHS and Home Office.
32. In addition to the toolkit products being developed a national team funded by the National Police Chiefs' Council (NPCC), will also be available to support forces to implement the toolkit between July and December 2023.
33. West Mercia has adopted the policy before the availability of the national toolkit and associated products. The impact of this and whether it would have presented any further opportunities to aid consultation, development and implementation is unknown.

## **Oversight and Governance**

34. Humberside Police (identified as an early adopter and best practice) is clear that several factors supported the successful implementation of RCRP. These included the following.
  - a. Governance structure – the development of tight governance, providing staff with clear guidance regarding parameters, information sharing and briefing expectations with statutory partners. Humberside Police also embedded legal advice in every step of RCRP initiative. This supported buy-in when staff were anxious about not meeting their duty of care.
  - b. Senior officer buy-in – having a chief officer lead who believed in RCRP and was prepared to drive it. Chief officer conversations are pivotal for gaining buy-in from other agencies and forming good partner relationships



- c. Partnership working – RCRP benefits from close and effective partnerships with other agencies. Well-defined boundaries were created via MOUs, which also ensure all parties are updated about any intelligence that will be useful to them.
  - d. Systems – Humberside Police and partner agencies already benefit from the use of standardised risk and need rating tools that are now employed alongside RCRP.
  - e. Staff in police control rooms to identify the right agency to deploy at the outset when responding to 999 calls about individuals experiencing a mental health crisis.
35. Within West Mercia, governance is provided by a monthly scrutiny panel, chaired by the Head of Public Contact, which will report into the monthly Local Policing and Operations Board and Quarterly Performance Review meetings chaired by the ACC for Local Policing and Operations. Quarterly reporting will be provided to relevant partners, allowing insight and joint consideration of any necessary action needed to adjust policy or procedure.
36. In addition to existing governance arrangements, the PCC will monitor the implementation of MAA using his statutory A&A framework to hold the Chief Constable to account. This will be supplemented by the attendance of a PCC representative at the force's monthly MAA Governance scrutiny panels.
37. The PCC is also exploring opportunities for joint governance / scrutiny activity with partners impacted by the policy. This is explored in more depth in the substantive paper.



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# Safeguarding Children Board Annual Report

**April 2022 - March 2023**



Agenda Item 11

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# Introduction from the Chair

**Telford and Wrekin Safeguarding Children Board is determined to ensure that people, rather than policies or processes remain at the heart of our work to safeguard and protect vulnerable children and adults.**

In July 2022, the Independent Inquiry into Telford Child Sexual Exploitation (CSE) was published which made 47 recommendations to improve the way in which those at risk, and victims, of CSE are safeguarded, supported and heard. The board and its partners have unanimously adopted these recommendations and the implementation of them is a major focus of work for each of them. Most importantly, at the heart of this work are the voices of three people with lived experience of CSE who are being consulted on how each of the recommendations are implemented. It is our aim that the 47 recommendations will be implemented by December 2023.

Child neglect is one of the most common reasons as to why families receive statutory safeguarding service intervention. The board this year has chosen to undertake a fundamental review of how services respond to the issue of neglect. In doing so, the voices of children and their families who have lived experience of statutory social services are informing this work. Their experiences will ensure that the support that is provided to them is focussed on supporting them to address the challenges in their lives and improve the outcomes for their children and family.

Together we hold each other to account and build learning through identifying best practice and areas which need improvement to improve the quality of life for residents within Telford and Wrekin and to ensure they remain free from harm.

In writing this year's annual report, we have continued to develop a more succinct and meaningful report that is better focused on the impact of the work of the board has on residents and agencies.

I would like to take this opportunity to thank the huge number of professionals who continue to work tirelessly in Telford and Wrekin to make it a safer place for our children and young people.



**Andrew Mason**  
**Independent Chair of Telford and Wrekin Safeguarding Children Board**

# Who is the Telford & Wrekin Safeguarding Children Board and what does it do?

Telford & Wrekin Council, West Mercia Police and Shropshire, Telford & Wrekin ICS have a statutory duty to put in place multi-agency safeguarding arrangements to protect and safeguarding vulnerable children. This responsibility is driven by the Telford and Wrekin Safeguarding Children Board which is funded, equally, by the three partners.



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Membership of the board is drawn from:

- Shropshire Community Health NHS Trust
- CAFCASS
- Shrewsbury and Telford NHS Hospital Trust
- West Mercia Youth Justice Team
- Midlands Partnership NHS Foundation Trust
- West Mercia National Probation Service
- Education and Skills
- West Midlands Ambulance Service
- GP

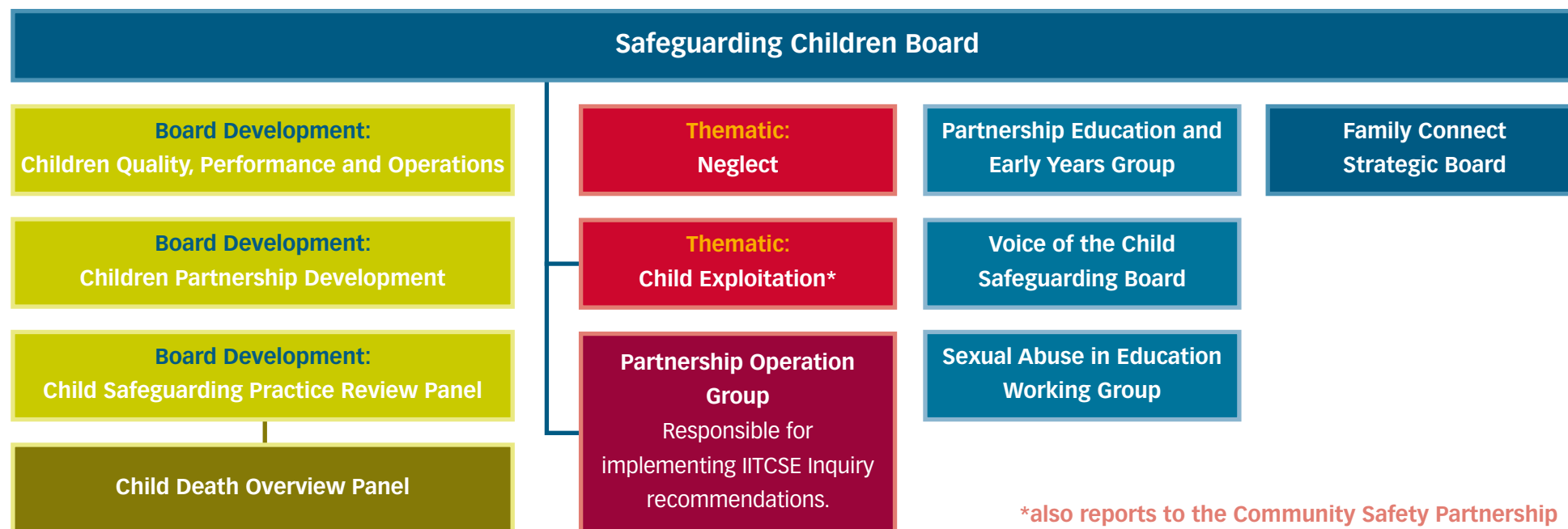
The board has agreed its core focus as:

- Put the person who has been harmed or at risk at the centre of everything that we do and listen to their views about what we can do to improve the safety of people;
- Hold members to account – are we/they doing enough to keep people safe;
- Collect and share information about how well we are keeping people safe and what more we could do;
- Make sure our workers and volunteers get the training they need to provide safe services and share concerns if they think a person is being hurt or abused;
- Review our policies and guidance to make sure we are constantly improving; and
- Raise awareness of safeguarding issues and what to do.

How the board does things is as important as what it does. To shape how it delivers its role, the board has adopted the following principles and values:

- **Empowerment** – presumption of person led decisions and informed consent;
- **Prevention** – it’s better to take action before harm occurs;
- **Proportionality** – proportionate and least intrusive response appropriate to the risk presented;
- **Protection** – support and representation for those in greatest need;
- **Partnership** – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect; and
- **Accountability** – accountability and transparency in delivering safeguarding.

The board is chaired by an Independent Chair appointed by the three statutory partners with the objective of providing independent challenge and scrutiny. As part of our arrangements for external challenge, the Chair presents the board’s annual report to the Council’s Scrutiny Board for Children and Families and the Council’s Health & Wellbeing Board. To drive delivery of its objectives, the board has a series of sub-groups as set out below:



## Telford and Wrekin – the place

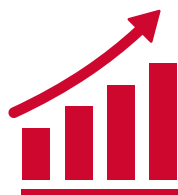
The borough which the board serves is a place of contrasts. Central to the borough is the New Town of Telford which was commissioned in 1968 and grew rapidly around existing communities including Wellington, Oakengates, Dawley and Madeley. Along the banks of the River Severn is Ironbridge, the birthplace of the industrial revolution and now a World Heritage site. Surrounding Telford is a rural hinterland – accounting for more than two thirds of the borough’s area.

The 2021 Census estimated the population of the borough to be 185,842 people. A quarter (45,504 people) are aged 0 to 19. From the 2011 to 2021 Census, the borough’s overall population increased by 19,000 people – an increase of 11% - making it the fastest growing area in the West Midlands. Many people who have come to live in the borough have been attracted by the value for money housing offer, our schools, outstanding natural environment, growing economy and our connectivity via road and rail into the West Midlands conurbation and beyond.

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**185,842**  
**POPULATION**



**11%**  
**POPULATION INCREASE**  
**FROM 2011 TO 2021**



**45,504**  
**PEOPLE (A QUARTER)**  
**ARE AGED 0 TO 19**

Whilst at face value the borough is prosperous and thriving, the Index of Multiple Deprivation shows that there are 18 neighbour areas in the Borough which are ranked amongst the 10% most deprived in England. This impacts on the life experience of these residents in terms of poorer outcomes with regards to health, education employment and housing. Just over 1 in 5 children (21.4%) aged 0 to 15 live in a household that is affected by income deprivation – the England average is 18.5%. Such challenges have undoubtedly increased because of the current cost of living crisis.

“The Social Gradient in English Child Welfare Services”, a study by Kingston University academics and Ofsted analysts, said that children from the poorest neighbourhoods in England were almost fourteen times more likely to be referred to social care services than those from the richest areas. This impact can be seen on the demand for support from children social care across the borough:

- 257 children on a child protection plan with a rate of per 10,000 population of 50.4 (March 2022) compared to the England rate of 42.1.
- 449 looked after children with a rate of per 10,000 population of 102 (March 2022) compared to the England rate of 70.
- Over a thousand contacts for support each month.



# What have we achieved in the last 12 months?

An essential objective of this report is to demonstrate the impact of the board and the multi-agency safeguarding arrangements that it has put in place. The following part of the report takes a month by month look at the activity of the board and the safeguarding impact that this has had.



Rapid Reviews and Childrens Safeguarding Practice Reviews which had been carried out during the previous year identified that non-accidental injuries in babies and children under the age of two was a key area of learning for professionals across Telford and Wrekin. In response, the Partnership organised a **Non-Accidental Injury Learning Event** which was attended by over 100 professionals from across all partners to focus on key issues including process, findings from the National Panel, emerging local themes and to reinforce consistent professional curiosity.

**Safeguarding impact:** Professionals are better equipped to identify those children at greater risk and intervene at a much earlier stage to safeguard against non-accidental injuries.



May saw the first **thematic review**, as a joint CSPR, undertaken into cases of neglect that had been referred to the Partnership. An independent reviewer was tasked with examining two separate cases involving child neglect to identify learning and enhance practice. This Review was completed and signed off by the board in June 2023.

**Safeguarding impact:** Reviews of this type are vital to ensure that safeguarding practice within Telford and Wrekin is continually evolving to enhance protections in place for children alongside support for their parents/carers. The review recommendations are informing the work of the Neglect sub-group into its review of policies and procedures to support relevant families.



The Partnership Development sub group (who meet quarterly to consider matters relating to multi-agency learning, policy development and the communication of key information across the partnership) had their first meeting of the new financial year which focussed on developing a robust multi-agency training offer which trialled a pilot of offering a selection of 19 courses related to safeguarding and associated topics, for up to 300 people from across the partner agencies. Topics included:

- Non accidental Injury Conference
- The importance of robust recording within casework (and top tips!)
- Threshold of Need Conference and monthly workshops
- Child Protection - An Introduction
- Child Sexual Exploitation (CSE) Awareness
- Cyber Security
- Female Genital Mutilation (FGM)
- Neglect
- Physical Abuse (Children)
- Domestic Abuse Awareness
- E-Safety Awareness

Feedback from these learning and development opportunities are monitored and to ensure that the training programme is of an appropriate quality and meeting need.

*"I wanted to say a big thank you for running this training session. I found it invaluable. I've shared your email [containing resources from the session and future dates] and encouraged attendance at your next training session. I really look forward to future sessions"*

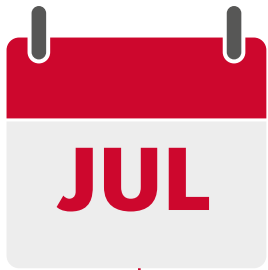
*"I really enjoyed the sessions and will certainly be using some of the statistics in updating our training packages over the Summer."*

*"I found the session really informative and useful"*

*"I really enjoyed the couple of hours of learning... I also think that the recording of the event to allow sharing is a great idea for those that were unable to attend..."*

The group also developed and published a [Best Practice Guidance for Professional Curiosity](#) which was shared with partners in February 2023.

**Safeguarding Impact:** the work of the Partnership Development group ensures that learning is disseminated across the partnership and reaches into all organisations to provide a consistent approach and knowledge base when undertaking their safeguarding duties.



The [Independent Inquiry – Telford Child Sexual Exploitation](#) (IITCSE) published its report making 47 Recommendations for the board and the three statutory partners together with the West Mercia Police and Crime Commissioner to implement. Partners unconditionally accepted all 47 of the recommendations. Later in the month, statutory partners met to agree governance arrangements for implementing the Inquiry recommendations which included an Independent Chair to oversee implementation. Most importantly, it was agreed that three Independent Lived Experience Consultants would inform the development of the response to the recommendations by the statutory partners to ensure that real change was embedded in the work of the board. A clear goal was adopted to implement the Recommendations by December 2023. Throughout the year, partners continued to work to implement the report recommendations through the Partner Operations Group – a task and finish group specifically established for this task.

**Safeguarding impact:** implementation of the IITCSE recommendations will enhance the way in which cases of CSE within the borough are addressed and how victims, survivors and their families are supported.



Work took place within the Quality, Performance and Operations sub-group to run a mock **Joint Targeted Area Inspection** (JTAI). This allowed partners to evaluate their services provided to vulnerable children and young people and address any areas requiring action.

**Safeguarding impact:** A proactive approach to undertaking our own JTAI ahead of any inspection by Ofsted, Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMIP) has allowed for early learning around how the local authority, police, health, probation and youth offending services are working together to identify, support and protect vulnerable children and young people.



Although the work of the **Child Safeguarding Practice Review Panel** (who meet monthly) takes place throughout the year September saw a peak in referrals being made to the Partnership requiring a Rapid Review. During April 2022 to March 2023 the Panel reviewed four cases that had been referred to the Partnership, one of which progressed to a Child Safeguarding Practice Review (CSPR). In addition to this, the Panel continued to progress six open CSPR cases, of which four were completed in year.

The following themes have been highlighted in the reviews undertaken this year and have resulted in some targeted work:



### **Neglect**

Neglect has been a theme for a number of years and, as mentioned above, work has been commissioned to explore how we can better support families in making lasting change and break the cycle of repeated generational patterns of behaviour.

### **Geographical relocation of the family**

Multiple reviews have highlighted difficulties for agencies when families move between different local authority areas, in response the CSPR Panel has written to the National Panel requesting that this issue be considered within their work plan for a national review to address this concern.

### **Professional Curiosity, Record Keeping and Information Sharing**

These themes have been addressed through the monthly 'Threshold of Need' workshop sessions which have been open to all professionals from across all agencies. They focus on how partners work together, share information and ensure that children and their families remain our main focus and provide effective support at the earliest opportunity. Taking a partnership approach from the earliest opportunity should mean that fewer children in Telford and Wrekin experience serious harm or neglect.

**Safeguarding impact:** All identified recommendations from reviews are implemented through changes to processes, focussed assurances and evidence being gathered from across the partnership and a variety of learning offers made to include the use of short '7 minute learning briefings', online seminars or wider conferences (like the Non accidental Learning event described earlier) all with the aim of aiding practitioner awareness, understanding and confidence across a variety of safeguarding topics.



The **Voice of the Child** is crucial to the focus of the Telford and Wrekin Safeguarding Children Board and as such work was started to explore how it can become more integrated into board meetings over and above the representative attending. New [training resources](#) have been incorporated into the training offer from the partnership and are primarily focussed at school aged children addressing areas they have raised as worrying them.

**Safeguarding impact:** Closer links between agencies and the children, young people and families they work with embraces true partnership working to fully understand and respond to issues as they arise within the borough. This creates a safeguarding culture which strives for improvement through cooperation rather than enforcement. Constantly evolving training ensures professionals are equipped to respond to an ever changing society and new risks.



The Quality, Performance and Operations sub group met and organised a **Multi-Agency Case File Audit (MACFA)** to be carried out which would review three cases where young people had multiple presentations to A&E in mental health crisis and Section 136s<sup>1</sup> were issued, prior to being admitted to adult mental health wards. The MACFA was completed and reported to board in March 2023 making a series of recommendations to improve the support provided to children and young people.

The group was also instrumental in leading work to develop a **multi-agency Performance Framework**, and data collection activity undertaken against performance indicators to enable agencies to make intelligence led decisions and focus resources in areas that are emerging as potential issues.

In preparation for the spring 2023 biennial Section 11 audit, implemented a new online platform which will operate across multi-regional areas to improve the quality of the audit process and the tracking of actions to improve outcomes.

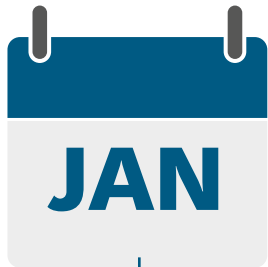
**Safeguarding impact:** The proactive use of MACFA's allows partners to jointly assess performance, highlight areas of good practice alongside identifying areas which need more robust work to be undertaken. This assessment of services allows room for professional challenge across partners to ensure the residents of Telford and Wrekin remain the focus of safeguarding work.

<sup>1</sup> Section 136 is part of the Mental Health Act that gives police emergency powers. Police can use these powers if they think you have a mental disorder, you're in a public place and need immediate help.



Discussions started to take place with partners around the production of a refreshed **Child Exploitation Strategy** to further address the recommendations in the **IITCSE** report. This work has been led by the Child Exploitation sub group and continues into the new financial year. All statutory partners, young people and families (both of lived experience of exploitation and from the wider society) are involved in developing and shaping the strategy.

**Safeguarding impact:** The final strategy will formalise a borough wide offer to tackle and support all known forms of child exploitation, underpinned by formal contextual safeguarding<sup>2</sup> principles. It will focus on four key areas, 'Understand and Identify', 'Prevention, Intervene and Support' and 'Disrupt and Bring to Justice'. It is anticipated that the strategy will be formally launched in the later part of 2023.



The start of the new year saw the start of work focussing on **neglect** within Telford and Wrekin following emerging learning from the thematic review started in May. An independent reviewer has now been tasked with reviewing how we work with families from the point of referral all the way through to Child Protection conferences. The reviewer will be engaging across all partners and at all levels to include front line practitioners for example, Independent Review Officers, Social Workers, Health colleagues. There will also be key participation from families with lived experience through the Dandelion Group to offer crucial insight into how the words we use and changes to documents would have aided the safeguarding process from their perspective.

**Safeguarding impact:** This all-encompassing piece of work is hoped to result in a change in approach and practice across all partners to move to a place where we see parents as partners in working toward a solution to improve outcomes for children. We aim to support, educate and motivate families towards lasting positive changes rather than demoralising and blaming them.

<sup>2</sup> 'Contextual safeguarding' is a theory developed by Dr Carlene Firmin of the University of Bedfordshire, which supports an approach to understanding and responding to children's experiences of significant harm beyond their families. It is recognised that the different relationships children form in their neighbourhoods, schools and online can feature violence and abuse.



February saw the launch of the [new Domestic Abuse Strategy](#) following extensive consultation with partners and survivor groups who actively shaped the strategy and commissioning process for the new service. Telford & Wrekin Council were also the first local authority in the UK to sign the Child to Parent Abuse Covenant, which has been developed by a social enterprise known as Parental Education Growth Support. Recognising Child to Parent Abuse has also been incorporated into the new Domestic Abuse Strategy. The NSPCC Harmful Sexual Behaviour audit was also commenced in this month with findings due in autumn 2023. The audit considers the multi-agency partnership response to harmful sexual behaviour within Telford and Wrekin.

**Safeguarding impact:** The new strategy commits to hearing and taking on board the voices and expertise of people who have experienced domestic abuse through the forum to ensure services meet the needs of those experiencing domestic abuse, whether young or old, parent or child.



Work to continue to raise awareness of the warning signs and impact of Child Sexual Exploitation (CSE), took place within the Partnership. A **CSE Awareness Day** event was organised with the Holly Project – a free, independent support service for the survivors of Child Sexual Exploitation (CSE) and their families, run by those with lived experience of CSE which saw attendance by over 60 professionals across all partners.

March also saw the launch of a revised [Threshold of Need guidance](#), developed by the Family Connect Strategic Board, which provided professionals with an increased awareness, confidence and skills in using the Partnership Threshold of Need. Professionals were reminded of the support available to children, young people and families within Telford and Wrekin with an emphasis being placed on contextual safeguarding and considering risks outside of the home.

**Safeguarding impact:** Greater clarity around the threshold of need among practitioners means that the partnership is able provide the right help, at the right time.



## Partnership review

As part of the process of ongoing review to ensure that local multiagency safeguarding arrangements are robust and effective, a review of safeguarding arrangements was commissioned in January 2023 – this work was driven by the IITCSE Recommendations and ongoing policy development by Government. The review was to report in May 2023.

## A heartfelt thank you to...

All the individuals and families who have taken the brave step to share their experiences and worked with us in pushing for change. The 100's of professionals up and down the borough who have continued to support the partnership, their colleagues and the residents of Telford and Wrekin.





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# Safeguarding Adults Board Annual Report

**April 2022 - March 2023**



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# Introduction from the Chair

**The Care Act 2014 makes a Safeguarding Adults Board (SAB) a statutory requirement. The purpose of Safeguarding Adults Boards is to help safeguard people who have care and support needs from abuse and prevent harm happening to them.**

Telford and Wrekin Safeguarding Partnership (TWSP) is determined to ensure that people, rather than policies or processes, remain at the heart of what we do. By law, the SAB must have three core members which are: Telford and Wrekin Council, West Mercia Police and the Integrated Care System and in order to work effectively we also have a wider range of partners who contribute within our sub groups and panels.

Together we hold each other to account and build learning through identifying best practice and areas which need improvement to improve the quality of life for residents within Telford and Wrekin and to ensure they remain free from harm. In addition to our local partners, TWSP is in regular contact with our counter parts up and down the country to proactively share learning identified in other areas which may also be of use to Telford and Wrekin.

The SAB has three core duties:

- develop and publish a strategic plan setting out how we will meet our objectives and how the board members and our partner agencies will contribute;
- to make sure that Safeguarding Adult Reviews take place for any cases which meet the criteria; and
- publish an annual report showing that we have done what we should be doing.

In writing this year's annual report, we have continued to develop a more succinct and meaningful report that is better focused on the impact the work of the Telford and Wrekin Safeguarding Partnership has on residents and agencies.

I would like to take this opportunity to thank the huge number of professionals who continue to work tirelessly in Telford and Wrekin to make it a safer place for our adults who need that little extra protection.



**Andrew Mason**  
**Independent Chair of Telford and Wrekin Safeguarding Partnership**

# Who makes up the Telford & Wrekin Safeguarding Adults Board and what does it do?

Telford & Wrekin Council, West Mercia Police and Shropshire, Telford & Wrekin ICS have a statutory duty to put in place multi-agency safeguarding arrangements to protect and safeguard vulnerable adults. This responsibility is driven by the Telford & Wrekin Safeguarding Adults Board which is funded, equally, by the three statutory partners.



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Membership of the SAB is drawn from:

- Shropshire Community Health NHS Trust
- Making it Real Board
- Shrewsbury and Telford NHS Hospital Trust
- Healthwatch
- Midlands Partnership NHS Foundation Trust
- Chief Officers Group
- Shropshire Partners in Care

The SAB has agreed its core focus is to:

- put the person who has been harmed or at risk at the centre of everything that we do and listen to their views about what we can do to improve the safety of people;
- hold members to account – are we/they doing enough to keep people safe;
- collect and share information about how well we are keeping people safe and what more we could do;
- make sure our workers and volunteers get the training they need to provide safe services and share concerns if they think a person is being hurt or abused;
- review our policies and guidance to make sure we are constantly improving; and
- raise awareness of safeguarding issues and what to do.

How the SAB does things is as important as what it does. To shape how it delivers its role, the SAB has adopted the following principles and values:

- **Empowerment** – presumption of person led decisions and informed consent;
- **Prevention** – it’s better to take action before harm occurs;
- **Proportionality** – proportionate and least intrusive response appropriate to the risk presented;
- **Protection** – support and representation for those in greatest need;
- **Partnership** – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect; and
- **Accountability** – accountability and transparency in delivering safeguarding.

The SAB is chaired by an independent chair appointed by the three statutory partners with the objective of providing independent challenge and scrutiny. As part of our arrangements for external challenge, the chair presents the SAB’s annual report to the Health & Wellbeing Board.

To drive delivery of its objectives, the SAB has a series of sub-groups and boards as set out below:

## Safeguarding Adults Board

**Board Development:**  
Adults Review, Learning and Training

**Statutory Group:**  
Safeguarding Adult Review Panel

**Statutory Group:**  
Domestic Abuse  
Local Partnership Board

**Board Development:**  
Performance, Quality and Data

# Telford and Wrekin – the place

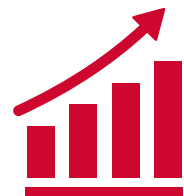
The borough which the SAB serves is a place of contrasts. Central to the borough is the new town of Telford which was commissioned in 1968 and grew rapidly around existing communities including Wellington, Oakengates, Dawley and Madeley. Along the banks of the River Severn is Ironbridge, the birthplace of the industrial revolution and now a World Heritage site. Surrounding Telford is a rural hinterland – accounting for more than two thirds of the borough’s area.

The 2021 Census estimated the population of the borough to be 185,842 people. A quarter (45,504 people) are aged 0 to 19. From the 2011 to 2021 Census, the borough’s overall population increased by 19,000 people – an increase of 11% - making it the fastest growing area in the West Midlands. As the population grows it is becoming more diverse and ageing, between 2011 and 2021, the number of people aged 65+ grew by 36% which is twice the regional rate of 18%.

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**185,842**  
**POPULATION**



**11%**  
**POPULATION INCREASE**  
**FROM 2011 TO 2021**



**36%**  
**AGED 65+ POPULATION**  
**INCREASE**

Many people who have come to live in the borough have been attracted by the value for money housing offer, our schools, outstanding natural environment, growing economy and our connectivity via road and rail into the West Midlands conurbation and beyond.

Whilst at face value the borough is prosperous and thriving, the Index of Multiple Deprivation shows that there are 18 neighbour areas in the borough which are ranked amongst the 10% most deprived in England. This impacts on the life experience of these residents in terms of poorer outcomes with regards to health, education employment and housing, such challenges have undoubtedly increased because of the current cost of living crisis. This impact can be seen on the demand for support from adults social care across the borough:

- the number of concerns raised in 2022/2023 remain stable at an average of 450 concerns logged each year, that’s just under two concerns reported each working day;
- during 2022/2023 – 62% of s42 enquiries were to protect females with males being at risk in 38% of cases; and
- 2022/2023 – saw a 53/47 split between females and males at the centre of concerns respectively.



# What have we achieved in the last 12 months?

An essential objective of this report is to demonstrate the impact of the SAB and the multi-agency safeguarding arrangements that it has put in place. The following part of the report takes a month by month look at the activity of the board and the safeguarding impact that this has had.



The Partnership kick started the new financial year with a focussed seminar on **pressure ulcers** which was delivered by our partners in Shropshire Telford and Wrekin Integrated Care System (ICS). The session allowed opportunity for open discussion to take place ensuring that attendee's knowledge and practice provided optimum care and applied the Safeguarding Adults Protocol.

**Safeguarding impact:** The knowledge and guidance of experts in the field of tissue viability and safeguarding was able to be shared among a wide range of professionals who are likely to be in contact with those at risk of pressure sores which could be an early sign of neglect.



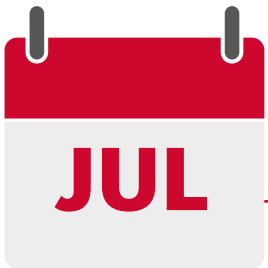
Learning identified through a previous case file audit exercise identified that **Motivational Interviewing training** would be hugely beneficial and, as such, a series of sessions were commissioned with places offered to partners. These sessions continued throughout 2023 to ensure as many professionals were able to attend as possible.

**Safeguarding impact:** The use of motivational interviewing is one of the many ways professionals can engage with individuals and families to effect positive and lasting change. It allows an individual to identify what thoughts and feelings cause unhealthy or unwanted behaviours and helps new thought patterns or behaviours to develop



The Partnership has many tools to audit how well partners have worked together to safeguard adults with care and support needs. One of these tools is **Multi Agency Case File Audits** (MACFA's) and June saw the completion of the one of these audits resulting in our first Safeguarding Adult Review (SAR) Awareness seminar being delivered to professionals, ensuring they are clear on the situations and process where a SAR referral is required.

**Safeguarding impact:** Professionals are familiar with the process and criteria for a referral to be made for review where an adult has been seriously harmed or sadly dies and there are concerns about how partners had worked together.



Work was undertaken with other Safeguarding Boards to make use of the **'Tricky Friends' animation** which was publicised across the partnership and highlights how friendships may not always be what they first appear to be.

**Safeguarding impact:** adults with care and support needs are empowered to identify when people they believe are friends may actually be abusing them and know to speak out against this



Work was undertaken in the **Performance, Quality and Data** (PQD) Sub Group to refresh and enhance the current data collection set which now allows a greater understanding of common forms of abuse in Telford and Wrekin and captures information around Making Safeguarding Personal.

**Safeguarding impact:** a holistic data set containing both quantitative and qualitative data allows decisions to be intelligence led and specifically tailored to meet the needs of those within our borough.



The new **Quality Framework and Standards** was agreed by the Safeguarding Adults Board in September. These set out what the shared priorities are and how we will hold partners to account in achieving them.

**Safeguarding impact:** By having a clear understanding of what is expected from all partners when safeguarding adults in Telford and Wrekin the Safeguarding Adults Board is able to monitor each partner's contribution to this shared responsibility, and if necessary, directly challenge when standards have not be adhered to.



Work continued to implement improvements across the services following the **West Midlands Care Act Audit** findings. The delivery of the action plan to address areas which needed improvement is monitored through the Adults, Review, Learning and Training (ARLT) sub group whose purpose is to promote a culture of continuous multi-agency learning and improvement.

**Safeguarding impact:** Safeguarding against new emerging risks requires a constantly evolving approach. The work of the ARLT sub group ensures that proactive steps are taken to address real areas of risk.



**Safeguarding Adults Week** falls within the month of November and, to mark the week, the partnership alongside Shropshire Partners in Care arranged a weeks' worth of learning and engagement events including a powerful seminar delivered by Daphne Franks, the daughter of a lady with severe dementia and terminal cancer who, because of this, never knew that she had married a much younger partner who went on to exploit her vulnerabilities. Please visit the [predatory marriage](#) website for more information. Safeguarding Adults Week also saw the first public engagement event in the Town Centre where representatives from across the partnership were on hand to offer advice and support.

**Safeguarding impact:** Following the predatory marriage seminar, changes were made by the registry office to further enhance safeguards in place so that, prior to a marriage, both parties are spoken to separately to ensure no one is under duress or unclear as to the decisions they are making due to conditions such as dementia.



Our [Domestic Abuse leaflets](#) were updated in consultation with our lived experience group to include information about [Clare's Law](#) and circulated to all leisure centres in Telford and Wrekin. Clare's Law gives anyone a right to ask the police if they believe that they or someone they know is in a relationship with an individual that could be abusive towards them.

**Safeguarding impact:** by raising awareness of domestic abuse and providing details of where to go to find help and support people with Telford and Wrekin will be better equipped to speak out and free themselves from an abusive relationship



To start the New Year the Safeguarding Adults Board took a proactive step in undertaking a series of internal audits to gather information which may be required for any future **CQC inspections**.

**Safeguarding impact:** this piece of work helped the partnership focus on reviewing policies and identify areas which needed enhancements to ensure safeguarding processes had the Making Safeguarding Personal (MSP) principle at its heart. MSP should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.



February saw the launch of the **new Domestic Abuse Strategy** following extensive consultation with partners and survivor groups who actively shaped the strategy and commissioning process for the new service. Telford and Wrekin Council were also the first local authority in the UK to sign the Child to Parent Abuse Covenant, which has been developed by a social enterprise known as Parental Education Growth Support. Recognising Child to Parent Abuse has also been incorporated into the new Domestic Abuse Strategy.

**Safeguarding impact:** The new strategy commits to hearing and taking on board the voices and expertise of people who have experienced domestic abuse through the forum to ensure services meet the needs of those experiencing domestic abuse, whether young or old, parent or child.



The Safeguarding Partnership is always trying to engage as much as possible with members of the public to understand their lived experiences of safeguarding and as such a new initiative was born, the **creation of a citizen group**.

**Safeguarding impact:** This new group will allow those with lived experience of the safeguarding process in Telford and Wrekin to directly feed into the work of the partnership and influence how we work continue to put people at the heart of our work

# Safeguarding Adult Reviews (SAR's) and Domestic Homicide Reviews (DHR's)

The purpose of the SAR Panel is to meet the statutory requirements of the Care Act 2014, the Local Safeguarding Adult Board<sup>1</sup> has a responsibility to conduct **Safeguarding Adult Reviews (SARs)**. This sub-group has delegated authority to undertake this activity to promote a culture of continuous learning and improvement across the organisations by using learning from case reviews to drive improvements in practice.

Since April 2022 the panel has received one referral meeting the criteria for a SAR to be undertaken. An independent reviewer has been commissioned and has been tasked to review the case to identify learning for partners involved. The findings from this review will be published on the Telford and Wrekin Safeguarding Partnership website once it has reached completion. The panel has also:

- Delivered a SAR awareness online seminar focussing on the SAR process and produced an accompanying 7 minute briefing to be used by professionals as a point of reference
- Reviewed and enhanced the content of information leaflets for families and professionals involved in a SAR which have received national praise
- Reviewed and revised the SAR referral form to ensure it meets the needs of the process
- Contributed and engaged with regional and national networks to ensure learning is proactively undertaken from SAR's in other areas.
- Undertaken an assurance exercise across the partnership to ensure partners are clear on how to refer in for a SAR and also benchmarked against other areas in relation to SAR's being undertaken

The **Domestic Homicide Review (DHR) Decision Panel** seeks to ensure that the processes in Telford and Wrekin to determine when a case meets the DHR criteria and the ensuing actions necessary to complete the review meet the standards within the Home Office Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews 2016 (referred to as the statutory guidance)<sup>2</sup>. The Domestic Homicide Review Decision Panel is responsible for making a recommendation to the chair of the Community Safety Partnership about whether a DHR should be commissioned or not.

The statutory guidance makes it clear that “where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted.”

During April 2022 and March 2023 the DHR Decision Making Panel received four referrals for consideration with one progressing to a review being led by an independent reviewer who will review the case to identify learning for partners involved.

<sup>1</sup> This is now known locally as Telford and Wrekin Safeguarding Partnership

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575273/DHR-Statutory-Guidance-161206.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf)

# Training and development

The last year has seen changes to the way that training is coordinated to allow for a holistic and all-encompassing approach to ensure that learning applicable to multiple review areas is brought together across both adults and children safeguarding boards.

The following **training** has taken place between April 2022 and March 2023 and allowed over 200 professionals access to courses, seminars and learning material to develop their practice and expertise even further, to help protect the residents of Telford and Wrekin:

- [Pressure Ulcers](#)
- [The importance of robust recording within casework \(and top tips!\)](#)
- [Safeguarding Adults Review \(SAR\) Awareness](#)
- [Self-neglect](#)
- [The Abuse of Older People with Hourglass](#)
- [Predatory Marriage](#)
- [National Trading Standards, Friends Against Scams - Coercion and control in financial abuse](#)
- [Cyber Security](#)
- [Adult Safeguarding](#)
- [Emotional Abuse](#)
- [Domestic Abuse Awareness](#)
- [Managing Medicines](#)

*"I wanted to say a big thank you for running this training session. I found it invaluable. I've shared your email [containing resources from the session and future dates] and encouraged attendance at your next training session. I really look forward to future sessions"*

*"very worthwhile session"*

*"I really enjoyed the sessions and will certainly be using some of the statistics in updating our training packages over the Summer."*

*"I found the session really informative and useful"*

*"I really enjoyed the couple of hours of learning... I also think that the recording of the event to allow sharing is a great idea for those that were unable to attend..."*

# Quality and performance

The purpose of the Adult Review, Learning and Training sub group is to promote a culture of continuous multi-agency learning and improvement throughout the partnership. Below is a table which detail the goals of the group and what has taken place over the last year to achieve them.

Our goals	What we did to meet them
The development, commissioning and communication of training, guidance, resources and tools;	Contributed to a timetable of safeguarding seminars and creation of 7 minute briefings.
Support the delivery of regional and single agency policies and procedures for safeguarding and promoting the welfare of adults;	Worked collaboratively with other Safeguarding Boards to make use of the 'Tricky Friends' animation and publicised this across the partnership.
Develop and monitor a performance framework to ensure effective partnership work to safeguard adults with care and support needs.	Reviewed partner's competency frameworks to ensure best practice is shared across partners.
Undertake multi-agency case file audits	MACFA completed in June 2022 with further 'peer challenges' taking place in 2023.
Undertake the Care Act compliance audit.	Audit completed and work continued to implement improvements across the services.
Develop appropriate learning, training and practice guidance	Contributed to multiple online and in person events to mark Safeguarding Adults Week, including a town centre drop in for members of the public and professionals to seek advice.
Develop policy and procedures locally and regionally with the West Midlands Regional Adult Safeguarding Groups	Reviewed the 'Person in a Position of Trust Policy' in collaboration with regional colleagues
Report progress against these objective and work plan to the Safeguarding Adults Board	Formalised a process of highlighting areas of concerns, sharing good practice and addressing learning from reviews.



## Partnership review

As part of the process of ongoing review to ensure that local multiagency safeguarding arrangements are robust and effective, a review of safeguarding arrangements was commissioned in January 2023 with meeting structure changes scheduled to be implemented before the Autumn.

## A heartfelt thank you to...

All the individuals and families who have taken the brave step to share their experiences and worked with us in pushing for change. The 100's of professionals up and down the borough who have continued to support the partnership, their colleagues and the residents of Telford and Wrekin.

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