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Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date	**Thursday, 24 March 2022**	Time	**2.00 pm**
Venue	**Telford International Centre**		

Enquiries Regarding this Agenda		
Democratic Services	Lorna Gordon	01952 384978
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Committee Membership:		
	M Brandreth	Shropshire, Telford & Wrekin Clincial Commissioning Group
	J Britton	Executive Director: Childrens Safeguarding & Family Support
	Cllr A J Burford	Cabinet Member for Adult Social Care and Health, Integration and Transformation
	S Dillon	Director: Adult Social Care
	J Dunn	Community Safety Partnership
	Cllr I T W Fletcher	Conservative Group, TWC
	Cllr A D McClements (Chair)	Labour Group, TWC
	Cllr K Middleton	Cabinet Member for Leisure, Public Health and Well-Being, Equalities and Partnerships
	L Noakes	Director: Health, Wellbeing & Commissioning
	Nicky O'Connor	Shropshire Telford & Wrekin Sustainability and Transformation Partnership
	A Olver	Voluntary Sector Representative
	B Parnaby	Healthwatch, Telford & Wrekin
	J Pepper	Shropshire, Telford and Wrekin Clinical Commissioning Group
	Cllr S A W Reynolds	Cabinet Member for Children, Young People, and Families
	J Rowe	Executive Director: Adults Social Care, Health Integration and Wellbeing.
	Cllr K T Tomlinson	Liberal Democrat, TWC

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AGENDA

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1.	**Appointment of a New Chair**	
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4.	**Minutes of the Previous Meeting** To confirm the minutes of the meeting of the Health & Wellbeing Board held on Thursday, 09 December 2021	3 - 8
5.	**Public Speaking**	
6.	**Terms of Reference**	To Follow
7.	**Update Briefing on the JSNA & Pharmaceutical Needs Assessment** To receive an update briefing on the Joint Strategic Needs Assessment Update and Pharmaceutical Needs Assessment from the Insight Manager, Policy & Development, Telford & Wrekin Council	9 - 16
8.	**Better Care Fund** To receive a presentation on the Better Care Fund & Narrative Plan from the Service Delivery Manager, Prevention and Enablement, Telford & Wrekin Council	17 - 46
9.	**Key System Pressures Update** To receive a verbal update from the Director of Urgent Care and Planning, NHS Shropshire, Telford & Wrekin Clinical Commissioning Group on the key system pressures experienced since the last Board update in Deember	Verbal Report
10.	**ICS Development Update** To receive the report of the ICS Programme Director, Shropshire, Telford & Wrekin ICS	To Follow
11.	**Health Protection Report 2021/2022** To receive the Health Protection Report 2021/022 from the Service Delivery Manager Health Protection, Telford & Wrekin Council	47 - 62
12.	**Healthwatch Mental Health & Urgent Care Survey Overview** To receive Healthwatch Telford & Wrekin's presentation on the Urgent Care Survey and Children's Mental Health Survey	63 - 152

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday, 9 December 2021 at 2.00 pm in Severn Suite, The Valley Hotel, Buildwas, Ironbridge, Telford, TF8 7DW

Present: M Brandreth, Cllr A J Burford, S Dillon, Cllr K Middleton (Chair), L Noakes, A Olver, B Parnaby, Cllr S A W Reynolds, J Rowe, Cllr K Tomlinson and Cllr P Watling

In Attendance: T Cox (Communications Officer), S Fraser (Autism Practice Lead), L Jones (Partnership Development Officer), A Grewal (Service Delivery Manager, Adult Social Care), A Mason (Independent Chair Local Safeguarding Partnership), L Mills (Service Delivery Manager Health Improvement & Libraries), (H Onions (Deputy Statutory Director of Public Health), E Pearce (ST5 Specialist Registrar in Public Health), A Plummer (Democracy Manager), S Tilley (Director of Urgent Care & Planning Shropshire, Telford & Wrekin CCG) and L Gordon (Democracy Officer (Scrutiny))

Apologies: J Britton, J Dunn, Cllr I T W Fletcher, N O'Connor and Dr Pepper

HWB27 Declarations of Interest

None

HWB28 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held 30 September 2021 be confirmed.

HWB29 Public Speaking

None

HWB30 Suicide Prevention Update

The Public Health Practitioner (DAAT Coordinator), Telford & Wrekin Council provided the board with an update report on the collaborative work, led by the Public Health team to prevent suicide across the Borough. The Board heard of the success of Suicide Prevention Day and Project 94 event on September 11 2021 which had prompted individuals to seek further support. A speaker from that event was invited to discuss their lived experiences and the support that was available with the board.

Members heard that partnership working was a key part of the suicide prevention strategy and that the support received by the voluntary and statutory sectors had been invaluable to the work they did.

The Board thanked the speaker for sharing their lived experience and highlighting the challenges that users of the services faced. They recognised that strategies such as Project 94 and other preventative measures were invaluable.

HWB31 Urgent and Emergency Care Improvements & Winter Preparedness

The Board received a report on Urgent and Emergency Care Improvements and Winter Preparedness from the Director of Planning, NHS Shropshire, Telford & Wrekin Clinical Commissioning Group (STWCCG). They outlined that health and social care across Telford & Wrekin faced a unique set of challenges. There had been longstanding issues regarding workforce, financial resources and service quality that continued to play a role as they entered winter. This was in addition to managing the ongoing Covid impact.

The Board heard that work had been done to make improvements, but it was emphasised that urgent and emergency care performance was dependent on primary care and other areas of the system. Accident and Emergency (A&E) faced ambulance challenges and further flow and capacity post discharge was needed to meet demand. The Director for Planning provided further context stating that there had been a 9% increase in those using A&E in comparison to pre-pandemic, a 14.5% increase in walk-ins and high numbers of self-presenters who hadn't contact 111 or their GP prior to attending. Of these a high percentage were discharged without care. There was a requirement to focus on people accessing the right services through a set of improvements at pre-Hospital level and through hospital flow and discharge.

At the pre-Hospital stage the board heard that funding had been allocated to increase same day capacity in Primary Care, which resulted in over 10,000 additional GP and allied health professional appointments between October and March. Additionally, they had implemented measures to increase use of 111 bookable appointments, but it was noted that recognitions and use of this was not where it needed to be. Flow through the Hospital to discharge into the community was managed through HALOs but seated discharge facilities have been created so that patients were moved out of the wards in order to free up beds. The Director for Planning assured the Board that SaTH had been reviewing regularly to ascertain and further improvements.

The Director of Planning informed the Board that their approach to winter preparedness had involved working with additional partners to examine existing arrangements and whether they were fit for purpose, with particular focus on the resurgence of flu. Using that information they had focused resources into enhancing voluntary sector support, respiratory work, care homes and community beds. These schemes were to be implemented until March/April 2022 with regular monitoring and adjustments where needed. The Board also heard that they would be running to create dialogue with the public. The Director of Planning thanked the Council for their input on a recent joint letter to the public and for the continued collaborative work.

Members thanked the Director of Planning for their comprehensive presentation. During the debate Members expressed concerns that pressures were already happening and that many features detailed in the reported are expected services. It was recognised that limiting factors such as availability of beds did exist and offered no short term fix, but the Board would like to know the parameters against which they were measured and quantative data of their effectiveness. The Interim Accountable Officer Shropshire, Telford & Wrekin CCG responded stating that this was an issue, particularly within domiciliary care as a result of the wage framework hindering their ability to provide staffed beds. Ongoing monitoring and modelling of A&E and hospital admissions had suggested that there was a requirement to be clearer on the alternatives available from the outset. Members agreed that there was often confusion around how to access the correct services and would like to see this become clearer. The Interim Accountable Officer Shropshire, Telford & Wrekin CCG advised the Board that he was happy to discuss in more detail at a later meeting.

HWB32 ICS Update

The Executive Lead, Shropshire, Telford & Wrekin Integrated Care System updated the Board on the progress made to ICS development and governance arrangements for Shropshire, Telford & Wrekin. They extended their appreciation to the Telford & Wrekin Council for their continued involvement in the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) and noted that the ICB statutory board went live from Friday, 1 April 2022 and will replace the Clinical Commissioning Group (CCG). It was noted that the ICP operated at a system level and constituted a broad alliance of organisations and representatives including the ICB and Telford & Wrekin Council. The ICB brought together those involved in planning and providing NHS services to take a collaborative approach to the delivery of population health and staff welfare ambitions.

The Board noted the report and the accompanying presentation.

HWB33 Autism Strategy Consultation

The Autism Practice Lead, Telford & Wrekin Council presented the consultation outlining the outcomes they hoped to achieve through the scheme. They highlighted that outcomes for those with autism were different, but they have a right to live happy healthy lives. On that basis they had worked in partnership with Autism West Midlands, Telford Autism Hub and the local community to explore further. At the time of the meeting they had received 151 responses to a questionnaire, however it was noted that there were 800 families on their database so there was still a long way to go to reach all families.

The Board heard that work had been undertaken with both adults and children's services in addition to schools regarding awareness and development. They had also been working towards a diagnostic pathway for children with BeeU.

The Autism Practice Lead informed Members that the engagement for the strategy had been extended to February. However, the All Age Autism Partnership Board was to be launched that week. The would form part of an ongoing strategy.

Members thanked the Autism Practice Lead for the report and noted the importance of consultation when creating a plan that offered real change. The Board recognised the importance of the development of an Autism Strategy to support the community and wider partner services in the borough for autistic people. They also supported the development and embedding of the All Age Autism Partnership Board.

HWB34 Update on the Vaccination Programme in Telford & Wrekin

The Chief Operating Officer: Shropshire Community Health Care NHS Trust & SRO STW ICS Covid Vaccination Programme provided the Board with an update on the Vaccination Programme in Telford & Wrekin. Members heard that from a standing start in December 2020 they had been tasked with vaccinating 91,000 people by February 2020 but surpassed this to over 100,000 vaccines. It was noted that this was a testament to Health & Social Care, the Local Authority and everyone involved. To the date of the meeting they had provided one million vaccines across Telford & Wrekin. Overall the Chief Operating Officer felt that the system had been doing well, but there was still more to do. They highlighted that 90% of those in ICU were unvaccinated. This proved to be one of the biggest challenges.

Figures surrounding first and second doses across the Borough were good and we were above the national average for booster delivery. At the time of the meeting Telford & Wrekin were second for those who were immune suppressed and in the top 5 for delivery in school aged children. The Board heard that the booster interval had changed for six months to three months which increased demand on service. As a result the Primary Care Network and Local Authority had come together to plan this and seven practices had agreed to support the next wave.

Evidence surrounding uptake in Telford and Wrekin had highlighted that areas including Woodside, Brookside and Stirchley had a lower uptake to the national average. Ongoing work was being completed with the Council to increase uptake in those areas.

The Chief Operating Officer reported that the most recent data suggested that the Vaccine was effective against Omicron, but three doses were recommended. They requested support from the Board in utilising the additional funding for pre-engagement with the Local Authority in ensuring the message reaches constituents.

Members thanked the Chief Operating Officer for their work on the vaccination programme, noting that without the vaccination effort the Covid impact could

have been far worse. There was still more to be done around the inequalities agenda and engagement was key.

HWB35 Healthwatch Mental Health Crisis Survey and Urgent Medical Care Survey

The Board heard that due to a lack of responses received the response times for the surveys had been extended. It was hoped that they would provide important feedback around mental health and urgent care.

RESOLVED: That the item be deferred to the next meeting in March 2022.

HWB36 Safeguarding Partnership Annual Report

The Independent Chair of the Telford & Wrekin Local Safeguarding Partnership presented their Annual Report for 2020-2021 and provided an overview of the work that had taken place in the last 12 months. This was to be the last year that the report would be produced in this format as a clear new structure has been agreed. It was recognised that there needed to be the capacity within the partnership to focus on specific children and adult safeguarding matters. It was therefore agreed that while the joint arrangements would remain at the Executive level that beneath this the Safeguarding Children Board and Safeguarding Adult Board would re-established during 2021/22.

The Board heard that the Adult Criminal Exploitation Sub-Group had been very valuable and had been innovative in treating demand from regular users of the service. It was noted that they were increasingly aware that the threshold excluded those who needed help and this had allowed them to still assist. The Independent Chair cited how the Children's services going from Requires Improvement to Outstanding made their work easier, and that they were confident that partnership and support would continue.

Members noted the report and recognised the important work covered within and its contribution to the wider safeguarding roles within Telford & Wrekin.

HWB37 Year of Wellbeing Update

The Service Delivery Manager Health Improvement & Libraries outlined the progress to date of the Year of Wellbeing Campaign launched in June 2020. The campaign wanted to see 5000 residents make a pledge to make positive improvements to their health. Of these 500 were to be from priority groups most affected by Covid 19. To date they had received 1882 pledges, 49% of which were from priority groups.

Members heard that since the launch of the campaign they had carried out a number of events and awareness days. In addition to utilising social media, email and the website to provide practical advice to people. The online posts

had been seen over 200,000 times and the 22,000 emails sent so far had continued to see a 50% average open rate, which was one of the highest in comparison to other Council email campaigns. Having employed a Year of Wellbeing Coordinator they were expecting to see engagement numbers increase. There was also further plans to reach more vulnerable groups.

The Board noted the progress made throughout the campaign and were pleased to see a focus on preventative measures.

The meeting ended at Time Not Specified

Chairman: ----------

Date: Thursday, 24 March 2022

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: MARCH 2022

REPORT TITLE: UPDATE BRIEFING ON THE JOINT STRATEGIC NEEDS ASSESSMENT AND PHARMACEUTICAL NEEDS ASSESSMENT

REPORT OF: LIZ NOAKES, DIRECTOR: HEALTH AND WELLBEING

PART A) – SUMMARY REPORT

1 SUMMARY OF MAIN PROPOSALS

1.1 This paper is an update for the board on:

- The statutory requirements for a Joint Strategic Needs Assessment (JSNA)
- The JSNA in 2022 – progress to date and future direction
- Pharmacy Needs Assessment (PNA)
- Headline population data for Telford & Wrekin

1.2 Statutory Requirements of the Joint Strategic Needs Assessment (JSNA)

The Health & Social Care Act 2012 (amending the Local Government and Public Involvement in Health Act 2007) introduced statutory responsibility for Health & Wellbeing Boards to develop Joint Health & Wellbeing Strategies based on an assessment of need outlined in a Joint Strategic Needs Assessment (JSNA).

The JSNA process provides intelligence of current and future health and wellbeing needs of the local population that are unique to each local area, to inform service planning, commissioning and delivery.

In Telford and Wrekin the JSNA is led by the Local Authority Insight Team on behalf of the HWB, and JSNA population intelligence documents are hosted on the Telford & Wrekin Council website.

1.3 The JSNA in 2022 – progress to date and future direction

1.3.1 The T&W approach to the JSNA

Historically, whilst the JSNA has always been seen as a process of producing a range of intelligence products to support decision making, a key element of our JSNA has been the 'Understanding Telford & Wrekin' document. This compendium of population and community intelligence was produced every 2 years. It was last published in 2019 and is available on the Telford & Wrekin Council website JSNA pages, alongside links to other profiles. Significant resource was required to

produce the document every 2 years, but as it was a snapshot in time it quickly became out of date as new data was published.

Whilst the refresh of this key JSNA document was delayed as intelligence capacity focussed on understanding and supporting the response to Covid, there has also been a significant change in approach to developing the next iteration of JSNA products for the HWB.

It is proposed that we will move to a model of providing JSNA products with the following approach:

- A set of profiles will be produced – these will contain all the elements covered in previous JSNA products: population & household characteristics, health, care, economic wellbeing, crime, education and skills, deprivation, inequalities – all areas will be reviewed and enhanced in terms of content and include more data
- These profiles will include the ability to see data at borough, ward and LSOA geographies for detailed place-based analysis and profiling
- Profiles will be built in Microsoft Power BI – this visualisation software will enable the introduction of interactive dashboards, where users can self-serve and drill down into data (eg by subject/geography/demographics), whilst also enabling the inclusion of much more content in an accessible way.
- Data will be updated regularly (ie we will move away from biennial update of a static document to data updates being an ongoing process)
- Profiles will be web based and accessible by all partners
- Revised JSNA website pages will be launched helping users navigate new profiles
- A written summary of key population messages will be available and updated as new info is available
- Deep dives into specific subjects that can be commissioned to supplement the intelligence available in these specific profiles.

1.3.2 The JSNA work programme for 2022

Work has already begun in developing the new JSNA profiles, as detailed in 1.3.1. Primarily, work is initially focussed on developing the technical infrastructure to launch the new JSNA – this involves structuring data to enable the regular refresh, developing new ways to visualise data to make it accessible and easy to use and ensuring the correct licensing. Many profiles are already in the testing phase ready to launch in the first quarter of 2022/23

Another key intelligence update for 2022 will be the launch of the 2021 Census data by the Office for National Statistics. The Census continues provides a unique once-a decade insight into our population, updating our insight into many topics including:

- Population growth – how has our population grown, changed and aged
- Population characteristics – ethnicity, languages, nationality of our changing population
- Population health and disability
- Sexuality and armed forces data gathered for the first time
- Changing tenure of homes – rental growth, household characteristics

- Employment

Based on these key developments, the following is proposed for the overall JSNA timetable in 2022:

- Q1 2022/23 – JSNA website revised and re-launched, new JSNA profiles launched on website.
- Q2 and Q3 2022/23 – Initial Census data launched – key messages around T&W provided, updates to all JSNA profiles containing Census data, profiling of population data to small geographies

It is proposed that the HWB received updates at forthcoming meetings on these developments.

1.3.3 Population Health Management

Alongside development of JSNA products, an appointment has also been made in autumn 2021 of a Population Health Management Analyst. This post is jointly funded by the CCG and Local Authority and is already supporting the development of health data within the JSNA, place based MH profiles, perinatal strategy, PNA and other work, as well as supporting joint working of intelligence teams going forwards.

1.4 Pharmacy Needs Assessment

Health and Wellbeing Boards assumed a legal duty for publishing and maintaining an up-to-date local pharmacy needs assessment (PNA) in April 2013. This briefing updates the HWBB on the current 2021/22 process to complete a cross-County PNA for both Telford & Wrekin and Shropshire Local Authorities. Prior to this, PNA's had been completed for each County separately, with Telford & Wrekin's latest PNA being refreshed in 2017/18. This new approach has been taken to ensure that findings and recommendations are made in line with the new structures around the Integrated Care System (ICS) across Shropshire, Telford & Wrekin, who alongside NHS England will take the lead on the majority of pharmacy commissioning requirements.

Since September 2021, colleagues form both Telford & Wrekin and Shropshire Councils, the CCG, the Local Pharmaceutical Committee and NHS England have been coordinating the new needs assessment process. Key elements included are:

- Mapping of local pharmacy services, such as dispensing medicine, public health services, health and medicines reviews and COVID-19 vaccination and testing provision
- Comprehensive summary of demographic factors and health and wellbeing needs
- Public and provider surveys on views of local community pharmacy services
- Equalities impact assessment
- Assessment of gaps in provision and recommendations regarding future provision and service developments for the ICS footprint

The draft PNA will be open for consultation during Summer 2022 (likely June and July), meeting the 60 day consultation requirement. The proposed PNA and all

consultation responses relating to Telford & Wrekin services will be presented to the HWBB in September 2022. Any changes and modifications will then be made to allow for publication in October 2022.

The PNA process is part of the wider Joint Strategic Needs Assessment process.

1.5 Headline JSNA population messages for Telford & Wrekin (March 2022)

Part B contains a summary of the key current JSNA population health messages for T&W

2 RECOMMENDATIONS

- That the HWB note the proposed new approach to JSNA profiles, compared to the approach taken in previous years, and the associated work programme
- That the HWB agree to receive a regular JSNA update
- That the HWB note the revised PNA process, compared to the process undertaken in previous years
- That the HWB agree to review the PNA proposals and consultation responses in detail in September 2022

3 SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective (s)?	
	Yes	*The JSNA supports all the HWB priorities.* *The PNA supports the Council priorities of 'every child, young person and adult lives well in their community' and 'a community-focused, innovative council providing efficient, effective and quality services'*
	Will the proposals impact on specific groups of people?	
	Yes	*PNA: Community pharmacies are a key means of supporting health and wellbeing through the delivery of primary care services for all members of the community*
TARGET COMPLETION/DELIVERY DATE	*JSNA is an ongoing process of producing and refreshing, however key updates will be delivered in Q1 and Q2 of 2022/23 as detailed above.* *The completed PNA will be published in October 2022*	
FINANCIAL/VALUE FOR MONEY IMPACT		There are no direct financial implications foreseen from accepting the recommendations of this report.

		Information and intelligence about the demand likely to accrue to health and social care services is already in use by the Council to create financial modelling and forecasting. Data identified and developed as part of this work will be helpful in refining the future financial models necessary to identify the impacts of demand and a changing health picture on Care services. It may also help to identify the impact on the Council of changes and demands elsewhere in the public services. This information will be valuable in producing information to support future budget strategy decisions. TAS 7/3/22
LEGAL ISSUES		Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended) places a duty upon the Council and each of its partner clinical commissioning groups (CCGs) to produce and publish a joint strategic needs assessment (JSNA) through the Health and Wellbeing Board. The JSNA must be produced in co-operation; with regard to any statutory guidance issued by the Secretary of State; involve the Local Healthwatch organisation for the area and involve people who live or work in the area. The aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. The statutory guidance upon Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies was last issued by the Secretary of State on 26th March 2013, with additional guidance issued from time to time. Under Section 116A the Council and each of its partner CCGs must prepare joint health and wellbeing strategies for meeting the needs and have regard to the JSNA and strategies in the exercise of their functions [section 116B] KF 16 March 2021
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	*The JSNA demonstrates inequalities in Telford and Wrekin, including variations in need due to characteristics or geographical factors.*

		The PNA is part of the wider JSNA. The PNA will also contribute to understanding and support decision making around primary care delivery for STW ICS.
IMPACT ON SPECIFIC WARDS	No	*The JSNA highlights variations in levels of need in different communities and contains ward-level information.*

4 PART B) – ADDITIONAL INFORMATION

Below is a summary of the main JSNA population headlines for Telford and Wrekin. This is provided for information and context for the HWB. These headlines will be developed and enhanced into a full JSNA summary as outlined in 1.1.3

Population

- As at mid-2020 Telford and Wrekin's population is estimated to be 181,322. This is an increase of approximately 14,500 people (8.7% since 2011)
- The borough's population growth rate has been higher than the regional and national growth rate since 2015, and for the period 2011-2020 is the second highest in the West Midlands region
- The number of births has been decreasing in recent years. Between mid-2019 and mid-2020 the borough saw the lowest annual number of births (1,989) and the highest number of deaths (1,717) in the ten-year period 2011-2020.
- Natural change (the difference between the number of births and the number of deaths) has decreased since 2011 and internal migration has become the key driver of population change in the borough.
- Telford & Wrekin no longer has a population that is younger than the average in the region. The median age of residents in the borough has increased by 3.5 years since 2001 and as of mid-2020 the average age of residents, at 39.6, is the same as West Midlands (39.6) and slightly lower than England (40.2)
- The changing age profile of the borough has seen the proportion of the population aged over 65 increased by 26.9% between 2011 and 2020, an increase of around 7,400 people.
- The population is also becoming more diverse, and it is expected that the forthcoming release of 2021 Census data will provide a detailed insight into the changing population of the borough.

Economic Wellbeing

- Telford and Wrekin is a place of socio-economic contrasts. Parts of the borough are amongst the most deprived in England, with deprivation rates

comparable to inner cities, whilst other areas are amongst the least deprived in England
- Around 24.9% of the population of Telford & Wrekin live in areas in the 20% most deprived nationally, around 45,100 people.
- The borough has lower rates of people claiming unemployment benefits than regionally or nationally (T&W 4.2%, W Mids 5.4%, England 4.4%)
- The largest employment sectors in the borough are manufacturing and retail (each representing 17.2% of jobs)

Health
- Our population has higher rates of poor health on some key measures and the population don't always make healthy lifestyle choices.
- Life expectancy for both males and females in the borough remains worse than England. Male life expectancy at birth is 78.2 (England 79.4) and female life expectancy at birth is 81.9 (England 83.1)
- The mortality rate from causes considered preventable in people aged under 75 is worse than England for males.
- Residents report higher levels of bad or very bad health compared to England (T&W 6.2%, England 5.5%), around 10,400 people.
- The standardised mortality ratio for people aged under 75 is worse than the national ratio for cardiovascular disease, cancer, respiratory disease, severe mental illness, and is similar to the national rate for liver disease.
- Diagnosed depression in those aged 18 and over is reported as 15.9% of the population in 2020/21, higher than the prevalence for England. This equates to around 24,300 people.
- Obesity rates in the borough for both children and adults are higher than England rates. Levels of excess weight in adults have increased to 70.9% in 2019/20 compared with 65.6% in 2016-17. This is significantly higher than the England average (62.8%).
- Around 21,300 adults in the borough smoke, 15.4%, similar to the national rate (13.9%)
- Around 63.5% of adults are estimated to be physically active, similar to the national rate (66.4)

Children and young people
- Around 22.1% of children live in relative low income families, higher than the England rate (19.1%) and around 8,200 children
- Around 30.1% of secondary school pupils have been eligible for free school meals at any time during the past 6 years, higher than the England rate of 28.5%.
- Educational attainment data has been disrupted for the past 2 years due to the pandemic. The JSNA will be updated with attainment data once attainment of our pupils is available.
- The borough has higher rates of pupils with special educational needs than national, with 14.2% of primary pupils (England 12.6) and 14.4% of secondary pupils (England 11.5%) having SEN support.

- A lower proportion of the population at age 19 have Level 3 attainment, at 51.1% (England 57.4%).
- Obesity rates of children in reception and in year 6 are both significantly higher than the England rate
- Around 425 Children are in care in Telford & Wrekin and around 170 are on a child protection plan
- The under 18 conception rate, at 20.6 per 1,000, is higher than the England rate of 15.7.

JSNA will also look to understand the differences and inequalities in the borough, examining these headlines across different geographies and population groups, in order to build a detailed picture of our population.

Report prepared by:
Helen Potter, Insight Manager, Telford & Wrekin Council
Helen Onions, Consultant in Public Health
Dr Emma Pearce, ST5 Specialist Registrar in Public Health

Better Care Fund (BCF)

Report to Telford & Wrekin Health and Wellbeing Board March 2022

Michael Bennett, Service Delivery Manager, Prevention and Enablement, Telford & Wrekin Council
&
Tracey Jones, Deputy Director of Partnerships, Shropshire, Telford and Wrekin Clinical Commissioning Group

The BCF aims to (as a partnership):

- Locally transform the health and social care system
- Work towards a fully integrated intermediate care service to prevent admissions to an acute hospital
- Support residents to live in the way they choose
- Reduce dependency on services
- Integrate with the wider TWIPP and STP programmes

Better Care Fund inter-relationships

- BCF programmes are integral to delivery of specific Place and system work programmes. Specific and shared priorities of the system can be clearly through:
- BCF Board and Programme
- TWIPP plan supporting integration, community resilience, prevention and tackling health inequalities at Place while supporting system priorities
- Alignment to Urgent Care priorities
- Alignment to Local Care Programme priorities
- BCF identified as an Enabler / Associated Programme within the STW ICS UEC Plan 21/22
- High impact Changes Action Plan reviewed through the system Discharge Alliance and Urgent Care governance
- Tackling health inequalities through the updated Health Inequalities Plan learning from the impact of Covid-19 Review

Better Care Fund national conditions

- Minimum level of funding agreed, agreed by HWB Boards (jointly agreed)
- Specific proportion of investment to Adult Social Care
- Specific proportion of BCF invested in commissioned NHS out of hospital services
- Clear plan for DToC High Impact Change Metrics
- Maintain progress on previous national conditions
  - Seven day services across health and social care
  - Improved data sharing
  - Joint approach to assessments and care planning
- Nationally agreed metrics
  - Avoidable admissions (new in 2021/22)
  - 14+ and 21+ day Length of Stay (new in 2021/22)
  - Discharge to normal Place of Residence
  - Maintained at home 91 days post Re-ablement
  - Permanent admissions to care homes
- Submitted in November 2021 for 2021/22

BCF metrics and current performance

BCF Performance Dashboard March 2022

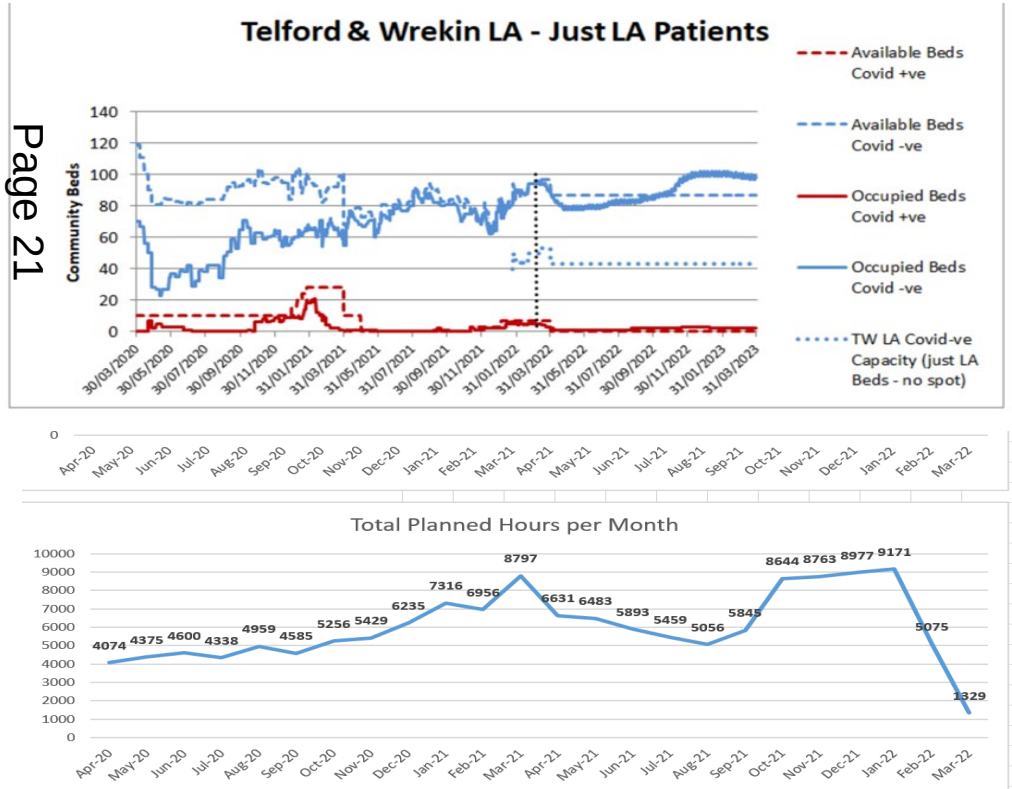
Key metrics	Performance/ position	Comments
Avoidable admissions (new metric)	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i) — 19-20 Actual: Available from NHS Digital (link below) at local authority level. Please use as guideline only; 20-21 Actual: 549.5; 21-22 Plan: 548.0	549.5 reported in the November data reporting
Length of Stay 14+ and 21+ day	Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange) — Proportion of inpatients resident for 14 days or more: 21-22 Q3 Plan: 8.6%; 21-22 Q4 Plan: 9.2%. Proportion of inpatients resident for 21 days or more: 3.8%; 4.0%	9.3% for 14 days LOS/ 4.2% for 21 days year to date 11.6% for 14 day LOS/ 5.6% for 21 days in November 10.6% for 14 day LOS/ 5.4% for 21 days in January Q4 saw increased DTOC in annual reporting and was factored into annual target setting.
Discharge to Normal Place of Residence	Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange) — 21-22 Plan: 92.4%	92.3% year to date 92.0% in November 93.4% in January (latest data) Q4 saw increased DTOC in annual reporting and was factored into annual target setting.
Permanent admissions to care homes		Target of 492/ 100,000 population (160 people). Outturn for 2020/21 was 391/100,000. (127 people) Current projections shows increased trajectory- moving away from the previous similar trajectory to last year. Some increase in EMI related long term care placements Further reviews being undertaken of data
At Home 91 days after Reablement		T&W target is 76%% Monthly tracking in place. Dropped slightly from 82.7% last month. Metric based on October –December reviews through Q4

Previous Performance	2017-18	2018-19	2019-20	2020-21	2021-22
Telford & Wrekin	307.3	548.9	472.7	390.7	653.0
National	585.6	579.4	584.0	498.2	

Previous Performance	2017-18	2018-19	2019-20	2020-21	2021-22
Telford & Wrekin	61.7%	65.4%	71.4%	76.4%	81.2%
National	82.9%	82.4%	82.0%	79.1%	

Managing demand

	2016	2017	2018	2019	2020	2021	2022
TOTAL	1161	1311	1527	1728	2200	2650	383
AVERAGE	97	109	127	144	183	221	192
		13%	16%	17%	27%	20%	-13%



- Fact Finding Assessments (referrals for complex discharge) overall 120% increase over 5 years.
- Jan- Feb 2022 shows -13% reduction (-55) less than last year
- Bed utilisation continues to increase due to increase demand and impact of covid 19 on capacity
- Domiciliary care demand continues to increase through supporting Home First and higher care needs
- Admission avoidance referrals have increased and been maintained at c55 / week

Pooled budget value

Summary Statement	Budget based on Period 12 2016/17 Annual Budget £	2017/18 Annual Budget £	2018/19 Annual Budget £	2019/20 Annual Budget £	2020/21 Annual Budget £	Annual Budget £
Intermediate Care	6,004,400	5,524,049	6,423,928	7,394,811	7,552,187	7,641,250
Community Resilience	1,283,321	1,056,221	1,107,414	972,012	996,311	1,016,237
Telford Neighbourhood Care	3,485,636	3,959,686	4,003,876	4,279,510	4,386,498	4,514,965
Other Care	3,432,564	7,640,491	9,694,094	11,734,627	11,445,021	11,437,007
Grand Total:	**14,205,922**	**18,180,447**	**21,229,312**	**24,380,960**	**24,380,017**	**24,609,459**

- BCF is formed from six budgets;
  - BCF minimum requirements from the NHS
  - Disabled Facilities Grant
  - Additional contributions from CCG and Council
  - iBCF directly to the Council
  - Winter Pressures directly to the Council

- Increased Pooled Budget values due to:
  - Increased DFG funding
  - iBCF introduced in 2017/18 and increased
  - Winter pressures monies introduced in 2019/20
  - Nationally identified CCG inflation uplifts in 2019/20 and 2020/21
- Budget for 2022/ 23 to be confirmed

BCF programme priorities for 2021/22 and updates

Maximise potential for admission avoidance including Hospital at Home / Virtual Ward and HSCRRT	HSRCCT staff in place. Average of 55 referrals / week this year Falls Pathway developed with WMAS Working closely with SPA and SATH to increase referrals. Development of Virtual ward includes alignments to HSCRRT Working closely with SCC to support their Team Business case for admission avoidance agreed. Twice monthly reporting of referrals. Developing more reporting metrics for admission avoidance
Community Teams further integrated - TICAT, IDT, HSCRRT, Frailty Team, Care Home MDT into a single function	IDT Hub has TWC, SCHT and SCC integrated within the new location. ASC aligned across admission avoidance and hospital discharge IDT pathway being reviewed as part of the System Discharge Alliance work programme TICAT staff within Care Home MDT Desktop review against Admission Avoidance guidance
Develop specific approaches with PCNs including MDTs supporting risk stratification/ active case management	MDT in place with GP practice Linking with PCN Programme lead to further develop Proactive Prevention part of the Local Care Programme
Development towards a Single Referral Point	Work programme in place SPA within CCC in place to support admission avoidance
Maximise ILC and wider Prevention models and alternatives to formal care/ services	4826 hits in Virtual House to date. Ave 286 visits/ month. Regular communication to promote ILC and preventative support options Weekly programme continues to expand including ALD, Mental Health, Sensory Impairment Drop-Ins with Sign Language Gradual increase in Walk-Ins alongside OT, Sensory, Pathway Zero, Locality and Enablement assessments Directing prevention and early help to the ILC across TICAT reviews, Hub appointments Developed video for ADASS to showcase Virtual House and part of Digital Innovation Challenge Fund by ADASS and Microsoft.
Develop the Older People strategy	Task Group in place taking planning forward Seeking to develop Virtual ward for EMI/ Dementia as part of the work programme
Review options for delivery of bed based Enablement services	Options Appraisal updated and further meeting being planned For further review and discussion in TWIPP and Local Care Programme
Review alternatives and options for building capacity to meet demands eg OTs reducing LOS in Enablement beds OT working as one NHS and Council team	NHS and Council OTs agreed to review gaps and duplications and link into existing ICS AHP Council and Faculty meetings. Audit of therapy and nursing staff across Enablement beds completed Winter scheme of therapists showing reducing time for therapy optimised
Domiciliary care development and expansion to further promote Home First	Pathway profile remains essentially unchanged. Overall increase in demand met through commissioning Agency capacity at additional cost. Supreme Bridging funding agreed until March 2022. Pathway Zero processes in place with SaTH linked to ILC and WIP TICAT review FFAs as part of IDT functioning to ensure correct pathway Discretionary Enablement Grant in place but with limited take -up Working group reviewing technology or Virtual calls instead of formal care.

Key themes affecting delivery of programmes

- Impact of Covid 19 on
  - Workforce
  - Provision
  - Capacity
  - Performance
  - Planning and innovations to maximise use of resources
  - Individual experience
- Planning and working in unison as System partners
- Supporting key priorities eg admission avoidance staffing
- Development of the Independent Living Centre and Virtual House
- More focus on strengths based approaches

BCF programme for 2022/23 initial considerations

- Maximise potential for admission avoidance including Hospital at Home / Virtual wards
- Enhance integrated working of Community Teams – integrating TICAT, IDT, HSCRRT, Frailty Team, Care Home MDT, Virtual wards into a single function to maximise discharge
- Develop Community MDTs with SCHT and PCNs including supporting risk stratification/ active case management supporting anticipatory care
- Maximise Proactive Prevention approaches to reduce/ delay use of statutory services
- Develop the Older People strategy
- Integrate HICMs to urgent care delivery ie Hospital Improvement/ Flow workstream
- Develop options for delivery of a sustainable Intermediate care function (including beds, Enablement interventions; key outcomes)
- Re-commission domiciliary care provision to maximise resources and meet increased demand

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Better Care Fund Narrative Plan template

Health and Wellbeing Board(s)

Telford and Wrekin Health and Well-Being Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

How have you gone about involving these stakeholders?

The Better Care Fund (BCF) Plan has been jointly developed and agreed between NHS Shropshire, Telford and Wrekin CCG (CCG) and Local Authority through the BCF Board. The BCF plan was initially developed and agreed within the BCF Board as an annual planning workshop. The Plan was subsequently presented to the Telford and Wrekin Integrated Place Partnership (TWIPP) for agreement. TWIPP has representation from the CCG, Shropshire and Telford Hospitals Trust (SATH), Shropshire Community Health NHS Trust (SCHT) and the independent and voluntary sector; Healthwatch, Adult Social Care and Public Health.

The Plan demonstrates a clear integration with the Place based (TWIPP) and wider system Shropshire Telford and Wrekin ICS Urgent and Emergency Care Plan 21-22. Development of the Plan and key metrics were considered multi-stakeholder system meetings (representatives from organisations indicated above) including the Discharge Alliance, Urgent Care Delivery Group and Urgent Care Board, Local Care Transformation Programme as well as TWIPP.

Planning Requirements and Templates were shared with system partners in October 2021. The BCF Narrative Plan was presented at TWIPP on 11th November 2021; Chair of HWBB on 12th October and approved by the Executive Director and Chair of HWBB, who have delegated authority to approve. The Narrative Plan and Template are timetabled to be formally presented at the next HWBB meeting on 9th December 2021.

Strategic and operational involvement from Healthwatch, the voluntary and independent sector includes membership and representation in HWBB, TWIPP, the Discharge Alliance, Older People Strategy Governance group and Urgent Care Board. Independent and voluntary sector representatives are also part of the DFG and housing meetings. The involvement includes detail of the development of the overall BCF programme and individual schemes. BCF programme themes and programme development are also presented to the Making It Real Board and Carers Partnership Board.

Formal approval of the BCF Programme is through the Health and Well-Being Board (HWBB). Regular formal reporting is also a requirement.

Executive Summary

This should include:

- **Priorities for 2021-22**
- **key changes since previous BCF plan**

The Better Care Fund (BCF) Plan has been jointly developed and agreed between NHS Shropshire, Telford and Wrekin CCG (CCG) and Local Authority through the BCF Board and partner organisations across statutory and the independent and voluntary sector.

The Plan brings together a clear integration with the Place based Boards and wider system Urgent and Emergency Care and ICS Plans and stakeholder groups through agreed Governance arrangements.

The BCF programme for 2021/22 has evolved over the last three year. The previous programmes have sought to establish and embed key integrated teams and approaches. It has also established and embedded Place, integration of teams and clear alignment to system programmes, while supporting Urgent Care and wide ICS priority programmes. This years programme is seeking to:

- Maximise integrated working post covid within localities;
- Enhance Proactive Prevention including ILC as a driver of Strengths- based assessment and Early Help Hub; Virtual House to showcase technology enabled care, Community MDT to provide risk appropriate interventions; use of technology enabled care as an alternative to formal or personal care calls
- Maximise the impact of integrated teams as many are now established;
- Consider next steps for integrated working of teams.
- Consider options to Level Up Enablement services
- Ensure sustainability of key schemes through longer term contracts. Some programmes will extend over more than one year (expand)

The key priorities for 2021-22:

- Maximise potential for admission avoidance
- Community Teams further integrated
- Develop specific approaches with PCNs including MDTs supporting risk stratification/ active case management
- Development towards a Single Referral Point
- Maximise ILC and wider Prevention models
- Develop the Older People strategy
- Review options for delivery of bed based Enablement services
- Review alternatives and options for building capacity to meet demands eg
- OTs reducing LOS in Enablement beds
- OT working as one NHS and Council team
- Domiciliary care development and expansion to further promote Home First
- Develop processes to agree funding of specific contracts for more than 12 months

BCF programmes continue to be integral to delivery of specific Place and system work programmes. Specific and shared priorities of the system can be clearly through:

- BCF Board and Programme
- TWIPP plan supporting integration, community resilience, prevention and tackling health inequalities at Place while supporting system priorities
- BCF programmes aligned to Urgent Care priorities
- BCF identified as an Enabler / Associated Programme within the STW ICS UEC Plan 21/22
- High impact Changes Action Plan reviewed through the system Discharge Alliance and Urgent Care governance
- Tackling health inequalities through the updated Health Inequalities Plan learning from the impact of Covid-19 Review

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

BCF Board has an agreed set of principles for joint commissioning arrangements. Clear processes have been developed to share local commissioning strategies and identify commonalities in order to address strategic issues across the Place and wider health and social care economy.

The BCF Board is made up of senior representatives from TWC, STWCCG and SCHT. (latest Terms of Reference 2020/21 except and Governance chart included)

Aims and Objectives

Commissioners and operational managers from Telford and Wrekin Council (TWC) Commissioners from Telford and Wrekin Clinical Commissioning Group (T&WCCG) and operational managers from Shropshire Community Health NHS Trust form a Board to

- Establish a joint governance structure to agree joint priorities
- Monitor existing Programmes of work and future agreed jointly agreed areas of work
- Inform commissioning within a whole system integrated care
- Delegate commissioning and / or contracting responsibilities to a coordinating representative where identified
- Make recommendations and decisions
- Monitor joint financial arrangements
- Understand the priorities of each organisation
- Agree risk sharing arrangements.
- Provide scrutiny and assurance support

The Board will provide scrutiny and assurance to their respective organisations and the Health and Well-Being Board of the agreed areas of work whilst respective organisations retain oversight and accountability for service planning, quality and outcomes.

Membership

The membership of Board will be:

15

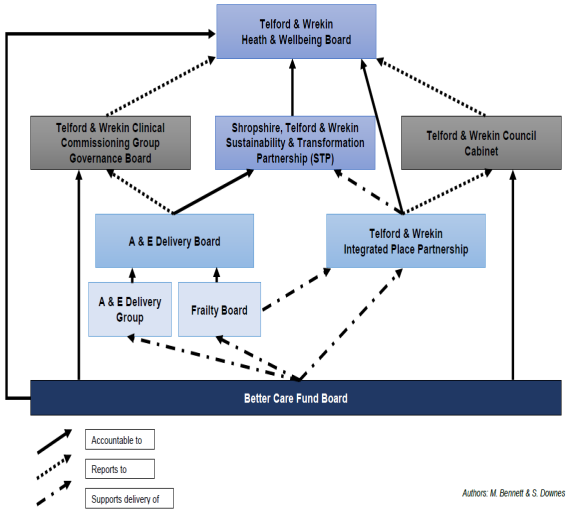
Telford and Wrekin CCG
Director of Partnerships
Programmes Director
Head of Commissioning
Head of Finance

Telford and Wrekin Council
Director – Governance, Procurement and Commissioning
Director - Health & Wellbeing
Service Delivery Manager – Finance
Service Delivery Manager – Governance, Procurement and Commissioning
Service Delivery Manager – Enablement

Shropshire Community NHS Trust
Telford Locality Manager

Better Care Fund Board Governance and Relationships Structure

(as at Sept 2019)



Authors: M. Bennett & S. Downes

BCF Board formally reports to TWIPP through a combined Programme and performance reporting Dashboard (excerpts below) and regular full programme updates

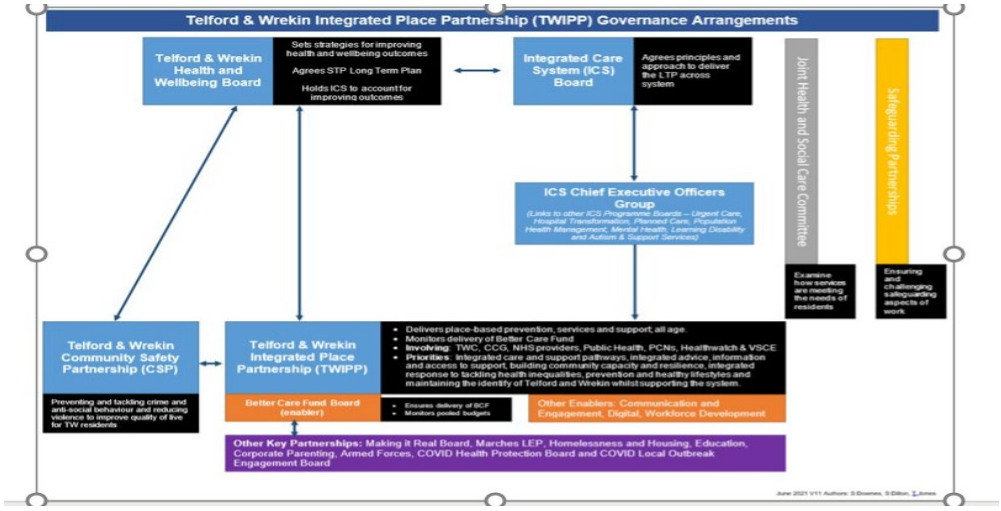
BCF Performance Dashboard September 2021

Key metrics	Performance/ position	Trends	Comments
NEL admissions/ avoidance	Details to be confirmed		BCF metric will be related to admission avoidance as indicted in Policy Guidance. Details tbc
LOS on MFFD	Average LOS Days on FFT List: Apr-20 2.85 2.97 3.18; May-20 3.26 2.86 4.23; Jun-20 2.79 3.47 3.92; Jul-20 5.54 4.92 5.30; Aug-20 4.04 4.68 8.31; YTD 3.70 3.78 4.99 (NHS Shropshire CCG / NHS Telford & Wrekin CCG / Powys Teaching Health Board). Discharged within 24 hrs / within 48 hrs / within 72 hrs +: System 17% 24% 59%; Shropshire 18% 27% 55%; Telford & Wrekin 16% 21% 63%; Powys 11% 18% 71%		Baseline of 3.8 days ave (Jan-March 2020) Target 2.4 days Domiciliary care have reduced capacity impacting on flow (national issue). Action Plan in place reported to Discharge Alliance and UCDG Monthly analysis of all factors impacting of MFFD LOS through beds
Pathway profile	Base Line PW0 / Now PW0 / Base Line PW1 / Now PW1 / Base Line PW2 / Now PW2 / Base line PW3 / Now PW3: System 50% 87% 45% 7% 4% 3% 1% 3%; Shropshire - 48% 59% 40% 26% 12% 15%; Telford - 50% 59% 35% 26% 15% 15%; Powys - 49% 13% 38% 78% 13% 9%		Profile up to August 2021 Pathway profile against national metric included (needs to be separated from T&W) Pathway profile of P1:2:3 has not changed significantly Some increases in Pathway Zero since re-launch
Permanent admissions to care homes	Previous Performance / 2017-18 / 2018-19 / 2019-20 / 2020-21 / 2021-22: Telford & Wrekin 307.3 548.9 472.7 391.2 306.0; National 585.6 579.4 584.0 584.0		Target of 404/ 100,000 population. National levels (579/100,000) Outturn for 2019/20 was 472/ 100,000 142 people; Outturn for 2020/21 was 391/100,000. (127 people) Some increase in EMI related long term care placements
At Home 91 days after Reablement	Previous Performance / 2017-18 / 2018-19 / 2019-20 / 2020-21 / 2021-22: Telford & Wrekin 61.7% 65.4% 71.4% 76.4% 78.4%; National 82.9% 82.4% 82.0% 82.0%		T&W target is 80% Monthly tracking in place. Upward trajectory remains. Metric based on October –December reviews through Q4

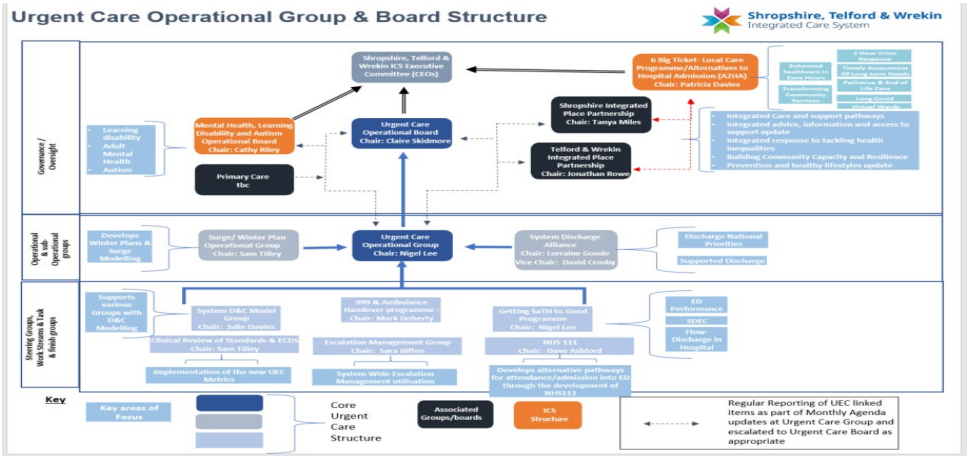
BCF programmes 2021		
Maximise potential for admission avoidance including Hospital at Home / Virtual Ward and HSCRRT		Business case for admission avoidance agreed. Funding for ASC and NHS staffing for HSCRRT identified. Paramedic and Therapist in place. ASC recruitment commenced. Increase in referrals to HSCRRT after a drop. Implementation Group in place. HSCRRT to share learning to support Shropshire's team development. Daily and weekly calls with Frailty Team
Community Teams further integrated - TICAT, IDT, HSCRRT, Frailty Team, Care Home MDT into a single function		IDT Hub has TWC, SCHT and SCC integrated within the new location. Further approach of the development of the future model to be considered in local planning meetings
Develop specific approaches with PCNs including MDTs supporting risk stratification/ active case management		MDTs in place with GP practice Linking with PCN Programme lead to further develop
Development towards a Single Referral Point		Work programme in place
Maximise ILC and wider Prevention models and alternatives to formal care/ services		3182 hits in Virtual House to date Gradual increase in Walk-Ins alongside OT, sensory Pathway Zero and Locality assessments Weekly programme continues to expand including ALD, Mental Health Sensory Impairment Drop-Ins with Sign Language Developing video for ADASS to showcase Virtual House and part of Digital Innovation Challenge Fund by ADASS and Microsoft.
Develop the Older People strategy		Workshops completed and presented to TWIPP and HWB Board Task Group in place and planning the development a Partnership Board and outline structure of the Strategy that will be form the Consultation

TWIPP provides formal updates to HWBB. Regular periodic formal BCF updates are presented to HWBB including the BCF Plan and end of year update.

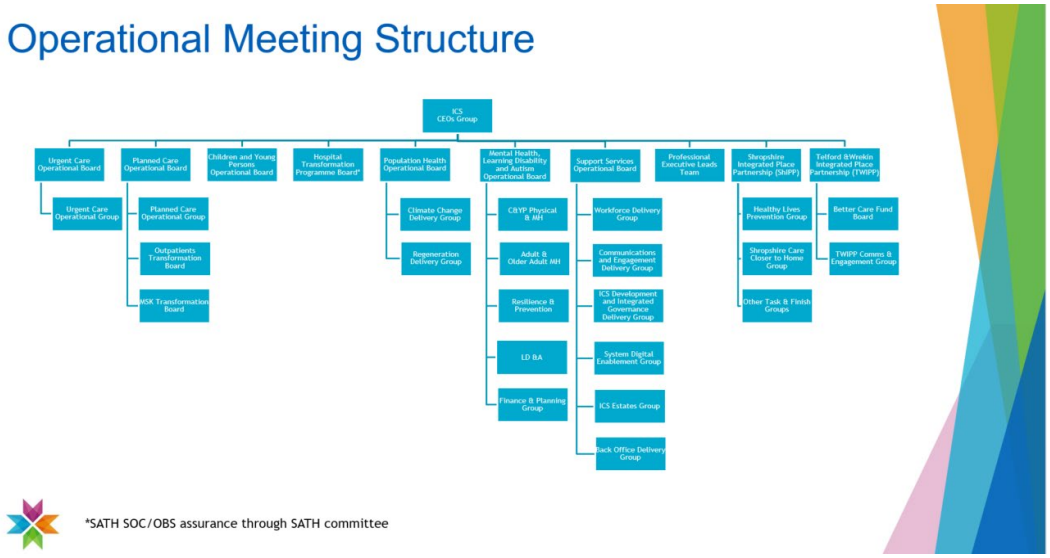
TWIPP is the Place Based Board with an agreed plans and ongoing work will create an integrated health and care system, working as a multi-organisational partnership both in terms of planning and commissioning services across the Place. Like the ICS, TWIPP seeks to integrate care across different organisations and settings, join up hospital and community-based services, physical and mental health, and health and social care. This joined up, integrated approach brings real benefits to patients.



TWIPP is recognised within the STW ICS Urgent Emergency Care Plan, Board (and its sub-groups within the Urgent Care governance arrangements) and within ICS Governance.



ICS Governance Chart (July 2021) highlights TWIPP as a direct report and BCF Board as a work-stream into TWIPP (below)



Telford &Wrekin Integrated Place Partnership (TWIPP)	Jonathan Rowe, Executive Director Adult Social Care, Health Integration & Wellbeing (T&W Council)	1. Better Care Fund (BCF) Board 2. TWIPP Communications & Engagement Group • Delivery of place-based prevention, services and support (all ages) in T&W • Integration between health and care

BCF funding and programmes are recognised as an Enabler/ Associated Programme within the Urgent Care programme and a sub-group of TWIPP within ICS governance.

Overall approach to integration

Brief outline of approach to embedding integrated, person centred health, social care and housing services including

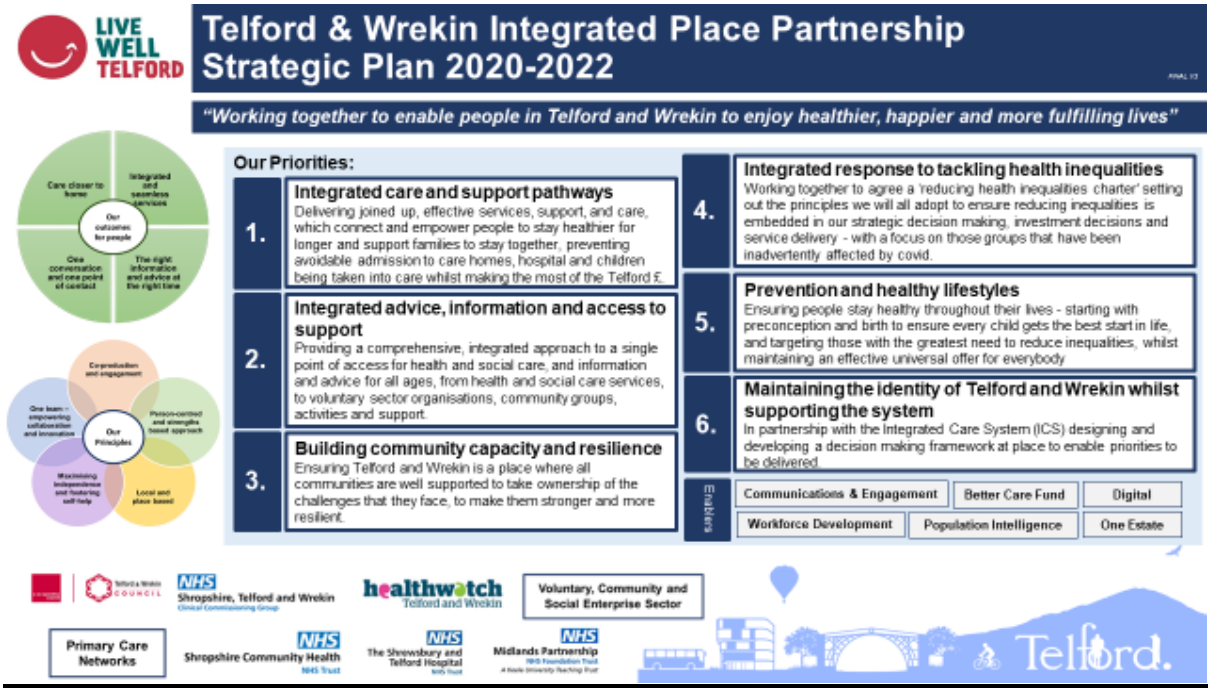
- **Joint priorities for 2021-22**
- **Approaches to joint/collaborative commissioning**
- **Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.**
- **How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 20201-22**

Joint priorities of the system can be clearly through:

- BCF Board and Programme
- TWIPP plan
- BCF programmes aligned to Urgent Care priorities
- BCF identified as an Enabler / Associated Programme within the STW ICS UEC Plan 21/22
- High impact Changes Action Plan

TWIPP has a set of strategic priorities (below) and Deliverables for 2021/22 that support Place and system priorities, intending to deliver services which connect and empower people to stay healthier for longer and prevent unnecessary admission to hospital. The Strategic priorities and Deliverables of TWIPP sets out:

- Person-centred approaches by TWC and partner organisations
- Strength-based community approaches to build community capacity and resilience
- Preventative, early interventions and Heathy Lifestyles including Making Every Contact Count and Community Hubs
- Maintaining independence
- Integrated approaches to care and support
- Tackling health inequalities through integrated approaches



Midlands Region Urgent and Emergency Care Recovery Priorities

Shropshire, Telford & Wrekin Integrated Care System

1. Manage ED Demand more effectively through NHS111;
o Increase utilisation of booked slots in A&E accessible via NHS111 – interim target of 70% of NHS11 heralded patients receiving a booked time slot.
o Increase the utilisation of directly bookable urgent secondary care services including SDEC and specialty hot clinics
o Establish clinical pathways via NHS 111 into urgent community and mental health services

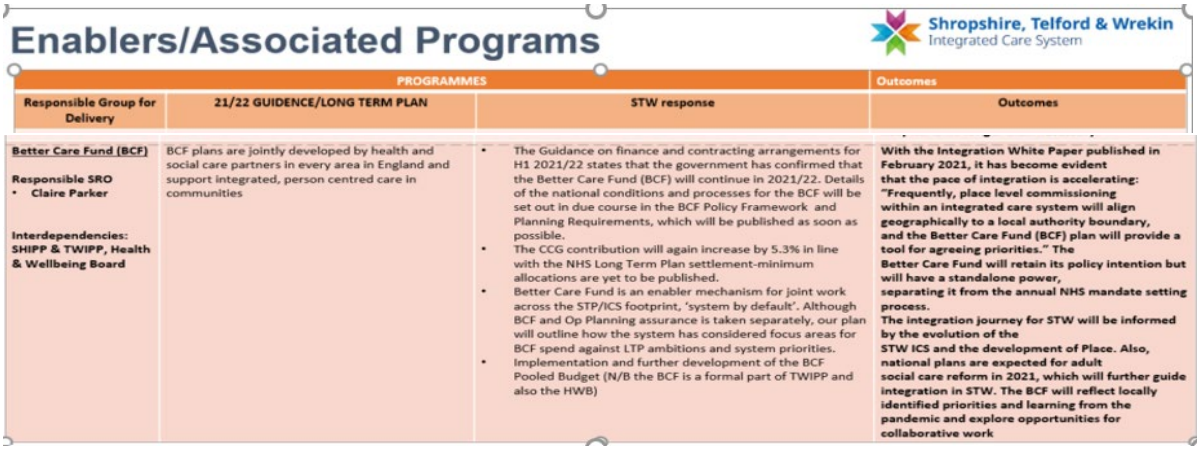
2. Manage ED demand more effectively through 999;
o Systems should continue to drive a safe reduction in avoidable conveyance, with particular consideration for alternative referral pathways.

3. Improve flow through hospitals through admission avoidance;
o SDEC and Acute Frailty Services physical estate and staffing resource, ensuring senior appropriate specialist support , should be restored to ensure that all Type 1 ED providers provide a minimum of 12 hours per day 7 days per week SDEC and a minimum of 70 hours per week Acute Frailty Services.
o Direct referral routes to secondary care, including SDEC and AFS, should be supported through 111/999/Primary and Community care
o Systems should safely maximise admission avoidance through use of "Clinical Criteria to Admit" and adoption of virtual wards to monitor patients remotely.

4. Improve flow through hospitals employing early assessment and admission;
o System should ensure acute facing specialties have consultant presence which reflects service demand across any 24h period.
o Ensure appropriate specialist support is available to all EDs and SDEC and assessment units, 7 days a week.

5. Maximise capacity through enhanced discharge
o All providers should continue to deliver timely and appropriate discharge from hospital inpatient settings and continue to seek an improvement in average length of stay with a particular focus on more than 7, 14 and 21 days.
o Provision of early follow up of patients with specialty needs should be made available for 48h, 7 day, or 14 day follow up to ensure continued recovery.

BCF programmes are integrated into the Core Urgent and Emergency Care work-streams that deliver the local, regional, and national priorities (above). BCF is identified as an Enabler/ Associated Plan within the STW ICS UEC Plan 21/22 (below)



Enablers/Associated Programs

Shropshire, Telford & Wrekin Integrated Care System

PROGRAMMES			Outcomes
Responsible Group for Delivery	**21/22 GUIDENCE/LONG TERM PLAN**	**STW response**	**Outcomes**
Better Care Fund (BCF) **Responsible SRO** • **Claire Parker** **Interdependencies: SHIPP & TWIPP, Health & Wellbeing Board**	BCF plans are jointly developed by health and social care partners in every area in England and support integrated, person centred care in communities	• The Guidance on finance and contracting arrangements for H1 2021/22 states that the government has confirmed that the Better Care Fund (BCF) will continue in 2021/22. Details of the national conditions and processes for the BCF will be set out in due course in the BCF Policy Framework and Planning Requirements, which will be published as soon as possible. • The CCG contribution will again increase by 5.3% in line with the NHS Long Term Plan settlement-minimum allocations are yet to be published. • Better Care Fund is an enabler mechanism for joint work across the STP/ICS footprint, 'system by default'. Although BCF and Op Planning assurance is taken separately, our plan will outline how the system has considered focus areas for BCF spend against LTP ambitions and system priorities. • Implementation and further development of the BCF Pooled Budget (N/B the BCF is a formal part of TWIPP and also the HWB)	**With the Integration White Paper published in February 2021, it has become evident that the pace of integration is accelerating: "Frequently, place level commissioning within an integrated care system will align geographically to a local authority boundary, and the Better Care Fund (BCF) plan will provide a tool for agreeing priorities." The Better Care Fund will retain its policy intention but will have a standalone power, separating it from the annual NHS mandate setting process.** **The integration journey for STW will be informed by the evolution of the STW ICS and the development of Place. Also, national plans are expected for adult social care reform in 2021, which will further guide integration in STW. The BCF will reflect locally identified priorities and learning from the pandemic and explore opportunities for collaborative work**

BCF programmes approach to integration spans hospital discharge and Enablement; admission avoidance; prevention and improving health inequalities:

Programme	**Approach to joint and integrated working**
Maximise potential for admission avoidance including Hospital at Home / Virtual Ward and HSCRRT	•HSCRRT as an integrated health, social care and independent sector team based in a single location and shared approach
Community Teams further integrated - TICAT, IDT, HSCRRT, Frailty Team, Care Home MDT into a single function	•TICAT aligned to the Urgent Care programme supporting discharge from hospital •HSCRRT was developed through an Place-based prioritisation It is now being replicated by Shropshire colleagues •Care Home MDT was developed in TWC and is now being replicated by Shropshire colleagues •Joined up approach to Pathway Zero linking acute leads to ILC and independent sector First Point provider
Develop specific approaches with PCNs including MDTs supporting risk stratification/ active case management	•Further developing Community MDTs including
Maximise ILC and wider Prevention models and alternatives to formal care/ services	•Piloting Technology Enabled Care as alternatives to personal care and including NHS to integrate health technologies •ILC partnership with independent sector and accessible to NHS colleagues •Proactive Prevention (strength based approaches to prevention) identified as priority in Local Care Programme
Develop the Older People strategy	•Stakeholder workshops held and Steering Group with wide statutory and non-statutory stakeholder representation
Review options for delivery of bed based Enablement services	•SCHT lead to review Benchmarking data •SCHT agreed recruitment of staff at risk to support Winter scheme
Review alternatives and options for building capacity to meet demands eg	•91 day OT review post Enablement

OTs reducing LOS in Enablement beds OT working as one NHS and Council team	• TWC and SCHT OTs jointly developing single handed care assessments
Domiciliary care development and expansion to further promote Home First	• Independent provider leading recruitment at risk to increase domiciliary care capacity • Independent provider utilising community alarms as part of Planned Overnight Care offer
Develop processes to agree funding of specific contracts for more than 12 months	• BCF programmes planned with partners across more than one year to maximise potential of success

Two joint posts highlight the positive approaches to joint/collaborative operational delivery and commissioning:

- Service Delivery Manager for Prevention and Enablement is a jointly funded CCG and Council post providing operational delivery of services, operational leadership of integrated teams and services, BCF Programmes and reporting.
- The Place Based Commissioning and Procurement Lead is a joint post with STWGGC and TWC to work with partners to maximise purchasing potential with the care provider market and develop effective processes with partners and stakeholders

The BCF programme for 2021/22 has evolved over the last three year. The previous programmes have sought to establish and embed key integrated teams and approaches. It has also established and embedded Place, integration of teams and clear alignment to system programmes, while supporting Urgent Care and wide ICS priority programmes. This years programme is seeking to:

- Maximise integrated working post covid within localities;
- Enhance Proactive Prevention including ILC as a driver of Strengths- based assessment and Early Help Hub; Virtual House to showcase technology enabled care, Community MDT to provide risk appropriate interventions; use of technology enabled care as an alternative to formal or personal care calls
- Maximise the impact of integrated teams as many are now established;
- Consider next steps for integrated working of teams.
- Consider options to Level Up Enablement services
- Ensure sustainability of key schemes through longer term contracts

2019/20	2020/21	2021/22
TWIPP	TWIPP	Maximise potential for admission avoidance including Hospital at Home / Virtual Ward and HSCRRT
Intermediate Care Team	Integrated Teams	Community Teams further integrated - TICAT, IDT, HSCRRT, Frailty Team, Care Home MDT into a single function
Integrated Discharge Team function	Community Resilience	Develop specific approaches with PCNs including MDTs supporting risk stratification/ active case management
Pathway Zero	Neighbourhoods and Prevention	Development towards a Single Referral Point
Health and Social Care Rapid Response Team (HSCRRT)	Frailty	Maximise ILC and wider Prevention models and alternatives to formal care/ services
Frailty Front Door	Frailty Front Door	Develop the Older People strategy

Care Home MDT	Care Home MDT	Review options for delivery of bed based Enablement services
DTOC High Impact Changes	DTOC High Impact Changes	Review alternatives and options for building capacity to meet demands eg OTs reducing LOS in Enablement beds OT working as one NHS and Council team
Disabled Facilities Grant	Disabled Facilities Grant	Domiciliary care development and expansion to further promote Home First
		Develop processes to agree funding of specific contracts for more than 12 months

Integrated teams developed through the BCF programmes (HSCRRT and Care Home MDT) as well as system programmes have been recognised as good practice by the ICS and being replicated within the system.

Supporting Discharge (national condition four)

What is the approach in your area to improving outcomes for people being discharged from hospital?
How is BCF funding activity supporting safe, timely and effective discharge?

The approach to discharge is though specific BCF programmes and schemes and system wide processes:

Discharge to Assess (D2A) model and Trusted Assessor (TA) approach
The model was an efficient and streamlined approach to support discharge from hospital when individuals were identified as Medically Fit for Discharge (MFFD). This would reduce length of stay and ensure each would have Enablement or rehabilitation before a determination of their long term needs, thus improving outcomes and individual experience.

The TA approach was to support acute hospital staff completing Fact Finding Assessments (FFAs) while TICAT supported pathway decision-making where required. These had been implemented prior to Covid-19. Delayed Transfers of Care (DToC) performance was within the top 20 nationally on occasion before the metric was suspended due to Covid-19. However these was further developed through the IDT Hub (summarised below)

Integrated Discharge Hub (IDT Hub) development in line with Covid Discharge Guidance

The IDT was developed in March 2020 in line with the Covid-19 Discharge Guidance. TICAT staff joined system partners within a single virtual and actual Hub to enhance the D2A and Trusted Assessor approaches in order to facilitate discharges on the day they were MFFD. The IDT Hub was shown to be effective in completion of FFAs within 24 hours; improving Pathway 1 decisions against baseline ratios; reducing average length of stay after being MFFD.

Discharge Alliance Work programme
The Discharge Alliance group is a sub-group of the Urgent Care programme, evolved from implementing the IDT Hub. The ‘Alliance’ recognises the collective responsibility and contributions across statutory and independent sector organisations to deliver the ever-developing projects:

Workstream 1 - Early implementation of the Hospital Transformation Programme – LEAD (Chris Preston)
Workstream 2 - MSK transformation – LEAD (Kerry Robinson)
Workstream 3 - Alternatives to hospital admission – LEAD (Wasique Chaudhry)
Workstream 4 - Outpatient transformation – LEAD (Julie Davies)
Workstream 5 – Workforce – LEAD (Jonathan Rowe)
Workstream 6 – Integrated Procurement – LEAD (Victoria Rankin)

System Discharge Alliance Group Workstream updates

Workstream	Title of Project	Lead	Linked Big Ticket	Rag Rating Red - Outstanding Amber - In progress Green - Completed/Noted
1	Systems Discharge Alliance	New chair identified Lorraine Goude	1,3	3 weekly meetings in place Interim chair in place, new chair identified
2	Reporting patient concerns pathway	Heather Easton	1,3	Completed and workstream activities being monitored
3	Reporting patient concerns sub group	Heather Easton	1,3	A subgroup is in place to review reporting concerns
4	Pathway Zero refresh	Patricia Blackstock/ Michael Bennett	1,3	Ongoing meeting with Sath and partners to relaunch the process-last meeting held 30.7.21
5	UEC Performance Dashboard & Data Pack	Helen Lingham /Sean Parrish	1,4	SATH monthly Pathway profile and LOS on MFFD reports are key reporting and monitoring metrics. Pathway reporting on National Pathway 0,1,2 3 to be included using SATH
6	NHS Benchmarking submission	Emma Pyrah	1,3	Benchmarking information and date being collated. Deadline for submission 23.7.21
7	Monitoring High Impact Change Metrics and linking to workstream progress	Chair	1,3	To be tabled as agenda item for discussion at discharge alliance meetings
8	Quarterly meeting in place to review action plan from Audit by Ian Sturgess	Heather Easton	1,3	Review completed 29.7.21-update in presentation
9	Community MADE action plan	Sarah Robinson	1,3	Update in presentation
10	IDT Staffing and location	Richard Allman-Evitts	1	Updated in presentation
11	Complex Discharge process T&FG	Patricia Blackstock/ Michael Bennett	1,3	Updated in presentation Analysis of pathway profile and LoS on MFFD being carried including Trend analysis Action Plan developed and being updated for further reporting to UCDG Updated included Improving discharge performance within MFFD/ Criteria to Reside is met

Nine High Impact Change Metrics

The Nine High Impact Changes are reviewed within the Discharge Alliance. The Action plan integrates a number of schemes across the system which reports into the Urgent Care Delivery Group and Board.

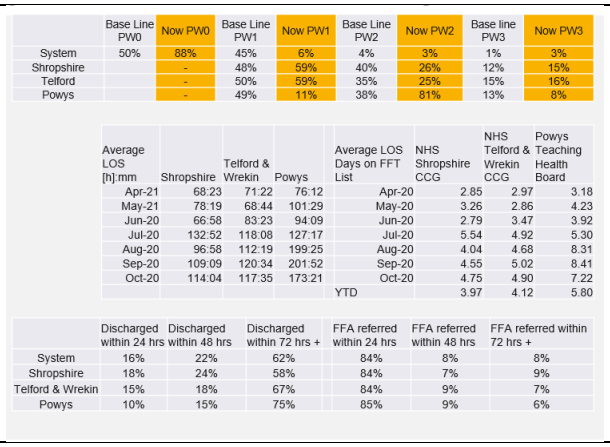
Shropshire, Telford and Wrekin
9 High Impact Changes
Draft Action Plan Oct 2021

Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

No	Impact	Where are we now?	Where do we want to be?
1	Early discharge planning.	Criteria to Reside processes in place in place Integrated Discharge Hub developed in line with national direction to support immediate discharges Flow Fortnight Events held to improve processes including EDD Stranded Patient Review processes in place Discharge Facilitators in place	EDDs and associated actions to achieve them in place MDTs fully in place including community and voluntary sector to support discharge planning
2	Monitoring and responding to the system demand and capacity	Acute and Community Demand and capacity modelling developed, in place and maintained place for covid-19 planning, capacity tracking, winter planning and continuing through the year Weekly reporting dashboard and demand and capacity modelling/ planning in place	Demand and Capacity processes remain in place
3	Multi-disciplinary/multi-agency - working.	MDTs in place: IDT; ICT; HSCRRT, Care Home MDT Integrated Discharge Hub developed …to support co-ordinated immediate discharges and planning based on joint assessment processes and protocols and on shared and agreed responsibilities Developed improved working with SATH therapists to enable integrated discharge approach	Further Improvement with MDT's ie relationships between organisations and voluntary sector.
4	Home First- Promoting and maximising the potential so that Enablement in people's homes takes place where possible.	Current ratio of c60:30:10 essentially maintained through the development of the IDT Monitoring performance in line with national indicator of 50:45:4:1% Developed improved working with SATH therapists to enable a more integrated discharge team Development of Pathway Zero and link to Social Care where needed	Increase ration of Pathway 1 Capacity to support Home First eg therapy capacity for early mobilisation
5	Flexible working patterns across 7 days	Systems and processes in place to develop target discharge numbers over 7 days including 7 day IDTs, Council Teams over 7 days; SATH weekend Discharge Teams Rapid Response over 7 days and OOH providers in place Reviewing staffing and processes to maximise Sunday discharges	7 day IDT calls Discharges across 7 days Split weekend data/activity explicitly Reflect on 7 day working outcomes
6	Trusted assessment - using trusted assessment processes to complete assessments …and accelerate discharges in a safe and timely way.	IDT Hub completing FFAs by liaising with ward staff utilising Trusted Assessor approaches SATH utilising therapists in completing FFAs FFAs increased numbers from development of IDT and staffing profile IDT Hub including Councils and SCHT to ensure effective communication and support FFA completion and decision-making	Further enhance Trusted Assessor approach to increase same day discharges
7	Engagement and Choice – early engagement ….and delivery of the Choice policy ….when no line meet Criteria to Reside	System wide Choice policy in place and reviewed. Council policies in place Developed and implemented Pathway Zero; further prioritised as part of immediate discharge	Reinforced Choice policy at step down from hospital immediately
8	Enhancing health in care homes.	Care Home MDT in place and implemented in T&W for admission avoidance and early discharge from hospital. Care Home support in Shropshire being developed in line with Care Home MDT. Teams provide training and support within care homes ??GP practices aligned to care homes?? EHCH plans in place and rolled out. Emergency Passport, Red Bag Scheme, Advanced Care Planning (ACP), support and training in care home	Further work required-links to quality/commissioning activity
9	Housing and related Services	Housing support for early discharge in place and prioritised as part of discharge process Identified workers and accommodation on place Limited housing options available particularly for those with physical disabilities	

Some key BCF programme, functions and approaches to improving outcomes are highlighted below, delivering and monitoring of safe discharge:

BCF Programme / function	Approach to improving outcomes
TICAT staff based within the IDT Community Matrons within TICAT	Integrated pathway with acute hospital through the IDT to accelerate pathway decision-

	making and early discharge- based in a single base Funding nurses to be within TICAT ensures clinical assessments and reviews to support decision-making and risk assessments
TICAT includes admission avoidance	The TICAT team is part of the integrated admission avoidance function- diverting potential admissions and reducing pressures on the acute hospital
All pathways for Enablement	TWC accepts just about all referrals as Enablement so no long term decisions are made in hospital. This also helps to accelerate discharge
Support to Pathway Zero	TWC led development of a local Pathway Zero approach in 2018 (pre-dating Covid -19 Discharge Guidance) and now supports the developed approach with acute hospital lead with alignment to ILC and First Point of Contact
Discharge Alliance monitoring of High Impact Change Metrics	See below
Performance monitoring through the system Discharge Alliance	
Care Home MDT supports care home returns	The Care Home MDT supports direct interventions within and training and development of staff within care homes. It also in-reaches to the acute hospital to accelerate early return to permanent residence and supports post-discharge care planning and Advanced Care Planning The Care Home MDT approach is being replicated by Shropshire colleagues
Quality monitoring of discharges	System partners developed a 'Quality Concern' reporting process to highlight discharge issues which when reported, are reviewed by the acute hospital
Integrated/ MDT Enablement reviews across all pathways	Weekly MDTs with the providers, Enablement therapists, Matrons and case workers following a defined process to maximise Enablement outcomes within shortest timescales.
OT reviews post Enablement	Council OTs support reviews post Enablement as part of 91 day review; single handed care

	Base Line PW0	Now PW0	Base Line PW1	Now PW1	Base Line PW2	Now PW2	Base line PW3	Now PW3
System	50%	88%	45%	6%	4%	3%	1%	3%
Shropshire		-	48%	59%	40%	26%	12%	15%
Telford		-	50%	59%	35%	25%	15%	16%
Powys		-	49%	11%	38%	81%	13%	8%

Average LOS [h]:mm	Shropshire	Telford & Wrekin	Powys
Apr-21	68:23	71:22	76:12
May-21	78:19	68:44	101:29
Jun-20	66:58	83:23	94:09
Jul-20	132:52	118:08	127:17
Aug-20	96:58	112:19	199:25
Sep-20	109:09	120:34	201:52
Oct-20	114:04	117:35	173:21

Average LOS Days on FFT List	NHS Shropshire CCG	NHS Telford & Wrekin CCG	Powys Teaching Health Board
Apr-20	2.85	2.97	3.18
May-20	3.26	2.86	4.23
Jun-20	2.79	3.47	3.92
Jul-20	5.54	4.92	5.30
Aug-20	4.04	4.68	8.31
Sep-20	4.55	5.02	8.41
Oct-20	4.75	4.90	7.22
YTD	3.97	4.12	5.80

	Discharged within 24 hrs	Discharged within 48 hrs	Discharged within 72 hrs +	FFA referred within 24 hrs	FFA referred within 48 hrs	FFA referred within 72 hrs +
System	16%	22%	62%	84%	8%	8%
Shropshire	18%	24%	58%	84%	7%	9%
Telford & Wrekin	15%	18%	67%	84%	9%	7%
Powys	10%	15%	75%	85%	9%	6%

	reviews to maximise independence and Care Lifting and Handling training to support carers in their roles

BCF Metrics

8.1 Avoidable admissions

		19-20 Actual	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only		549.5	548.0

The identified Plan is a challenging target. This is a new metric and the plan is based on current predicted data trends. Trends have been affected by covid, reduced flu during 20/21 and 21/22 which is expected to increase this year; increased acute hospital and ambulance demand with mitigations by the integrated admission avoidance team (HSCRRT). The proposal is to reduce slightly, which is believed to be a Stretch target.

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	8.6%	9.2%
	Proportion of inpatients resident for 21 days or more	3.8%	4.0%

The identified Plan is a challenging target. Delayed Transfer of Care targets were set for each quarter, with longer delays in Q4. Reviewing the Length of Stay (LoS) data, this shows a similar trend.

In addition, monthly System monitoring of LOS on the Medical Fit for Discharge (MFFD) list shows a monthly increase in LOS on MFFD over the last six months from a baseline of 2.4 days. This increase is adding further challenge to achieve the identified target.

Average LOS Days on FFT List	NHS Shropshire CCG	NHS Telford & Wrekin CCG	Powys Teaching Health Board
Apr-20	2.85	2.97	3.18
May-20	3.26	2.86	4.23
Jun-20	2.79	3.47	3.92
Jul-20	5.54	4.92	5.30
Aug-20	4.04	4.68	8.31
Sep-20	4.55	5.02	8.41
Oct-20	4.75	4.90	7.22
YTD	3.97	4.12	5.80

The action plan agreed by the Discharge Alliance to improve performance is in place to increase domiciliary care capacity that has reduced due to impacts of covid and market dynamic highlighted locally and nationally. The action plan includes ICS agreement for additional HDP schemes to improve this performance.

8.3 Discharge to normal place of residence

	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.4%

The identified Plan is a challenging target. This is a new metric. The 19/20 outturn was 93.2% (93.3% ave to Month 5); 20/21 was 91.2% (90.3% ave to Month 5). 21/22 data ave to Month 5 shows 92.1%.The impact of covid including highlighted increases in EMI presentations, predicted increase in flu and decline in the metric during Q4 last year indicates likely challenges to achieve target. Monthly monitoring by Pathway is in place (below)

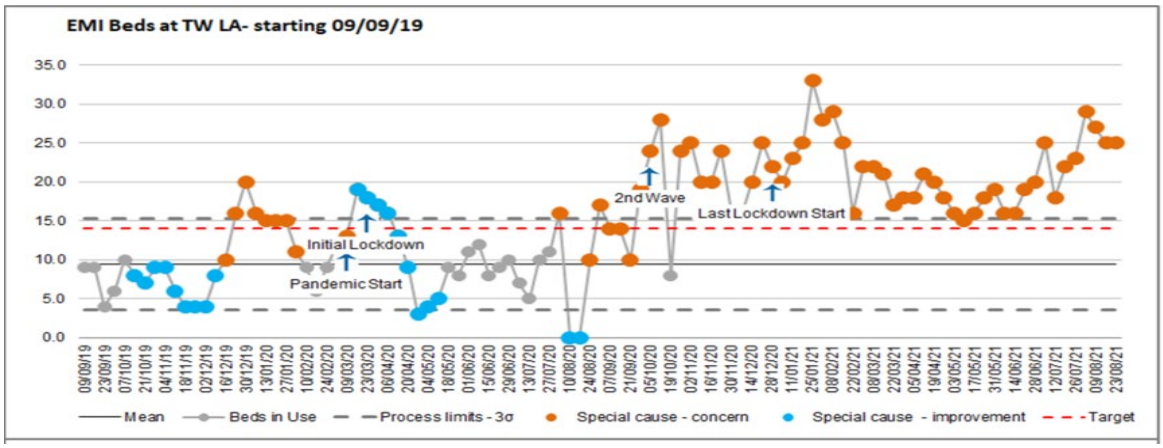
	Base Line PW0	Now PW0	Base Line PW1	Now PW1	Base Line PW2	Now PW2	Base line PW3	Now PW3
System	50%	88%	45%	6%	4%	3%	1%	3%
Shropshire		-	48%	59%	40%	26%	12%	15%
Telford		-	50%	59%	35%	25%	15%	16%
Powys		-	49%	11%	38%	81%	13%	8%

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	404	473	391	492
	Numerator	125	147	124	160
	Denominator	30,921	31,087	31,739	32,515

This is a challenging target. There has been recognition locally and across systems of a reduction in 2020/21 due to some reluctance to agree placements into residential settings due to covid. There was a prediction that there would be increases this year. Locally, there have been increasing in numbers of complex care presentations this year, particularly EMI/ Dementia.

Monthly monitoring shows increases in this metric are higher that previous years with increases by nine people rather than the expected two or three.



8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	80.0%	71.4%	76.4%
	Numerator	80	162	172
	Denominator	100	227	225

The identified Plan is a challenging target. Actuals have increased from 65.4% in 2019/20; 71.4% in 2019/20 and 76.4 in 20/21. The national rate for 20/21 has reduced from 82% the previous year to 79.1%.

There are different approaches to identifying Enablement potential. TWC have focussed on almost all of people over 65 are discharged from hospital for Intermediate Care (Enablement) as Pathway 2 and Pathway 3 (Discharge to Assess) discharges. Data for 20/21 indicates that 16.9% are deceased before the 91 days. This is consistent with the previous year.

There has been a significant increase during covid of individuals needing EMI beds for Enablement (highlighted above) including needing One–to-One care on discharge and throughout their Enablement episode.

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The DFG Capital Grants awarded supported vulnerable people to remain independent, safe and healthy. This is a person-centred approach to understanding and assessing needs and strengths of individuals and families; supporting each individual to live a fulfilling life, while preventing needs escalating, admissions or re-admissions to hospital and reducing pressure on services.

The Grant fund was administered by the Housing department in the Councils Housing, Employment and Infrastructure Area who work in conjunction with housing providers, social care and OT teams. Key interventions related to DFG are made through:

- Preventative interventions within the locality teams
- Trusted Assessments and early help/ preventative assessments
- Occupational Therapy assessment (aids, minor and major adaptations)
- Commissioned services from Wrekin Housing Trust (housing provider) and other providers to deliver adaptations
- Home Improvement Agency within the Council supporting adaptations including falls prevention support

In June 2016 a Housing Assistance Policy was adopted to show how DFGs and other related grants would be delivered to residents within the Borough. This also added an additional support through Wellbeing Assistance which provides up to £10,000 for those on passporting benefits that require work on their home which if not completed would mean they would be admitted into hospital or care or prevented from being in hospital or care.

In June 2017 TWC lifted the means test criteria from this grant for any client requiring a stairlift, enabling more clients to be supported and referrals are through occupational therapists or other health professionals.

The range of Grants is currently:

- Discretionary Disabled Supplementary Top Up Grant - adding to the current £30,000 to a maximum of £10,000
- Disabled Facilities Grant Investigation Grant - assisting applicants who need to carry out investigations prior to any adaptation work being able to be carried out, up to £10,000
- Wellbeing Assistance up to £10,000 for repairs to help

    - Enable a discharge from hospital when an applicant cannot be discharged because of an issue connected to their home
    - Prevent admittance into hospital or residential care because of an issue connected to their home
    - Prevent additional care being provided at home because of an issue connected to their home.

TWC continues to monitor the uptake of all the Housing Assistance policy and referral numbers for adaptations. Where financially possible, TWC will continue with the Wellbeing Grant with the benefit restrictions being lifted. This enables the installation of equipment, such as stair lifts and hoists, to be completed more quickly and support replacement of faulty equipment, discharge from hospital or a care setting and reduce the likelihood of admission to residential homes and hospital

Key stakeholders are involved in development of DFG expenditure through monthly review and planning meetings: Council Housing Solutions, Housing Design and Occupational Therapists, RSLs, private landlords and independent sector representatives. The meetings focus on timescales for completion of adaptations; planning and design issues; use of technologies to support independence and future planning

TWC are in the advanced planning stage of commissioning a review of DFG as part of supporting residents to remain living independently with a view to establishing a business case to increase investment to deliver long term cost savings through independent living and reduced reliance on health and social care services. While recognising the range of support, including access to DFG and grant related support, assistive technology, community alarms, aids and adaptations, TWC want to confident of maximise the offer of independent living particularly via DFG and grant related support both for existing residents and also to meet forecast future demand.

The main aims of the review will be to:

- Enable local vulnerable people to live as independently as possible, without the need for traditional care and support
- Provide an analysis of the support we are currently providing to enable independent living across all vulnerable groups particularly via DFG and related grant support
- Make recommendations for improvement or broadening of the offer where necessary including any supplementary provisions including step up/step down accommodation
- Map the internal process for identifying need/determining grant and delivery
- Recommend any necessary process changes to ensure it is as efficient and effective as possible.

- Showcase aspects of work we are doing well to extend independent living and the impact DFG/grant is having
- Understand the financial benefit/impact of supporting independent living to support business planning, investment decisions and external funding bids by the Council and its partners
- Support the development of a range of Council policies in relation to supporting independent living
- Make a significant contribution to the elements of the Council's Social Care Cost Improvement Plan (SCCIP) relating to supporting independence

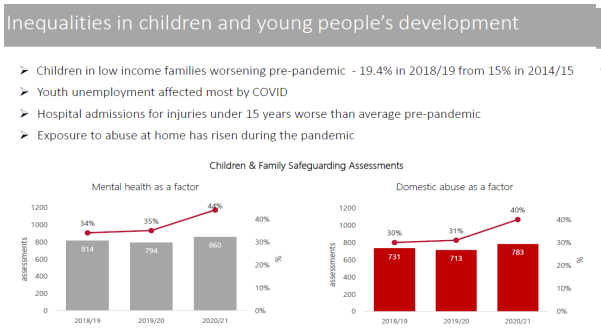
Equality and health inequalities.

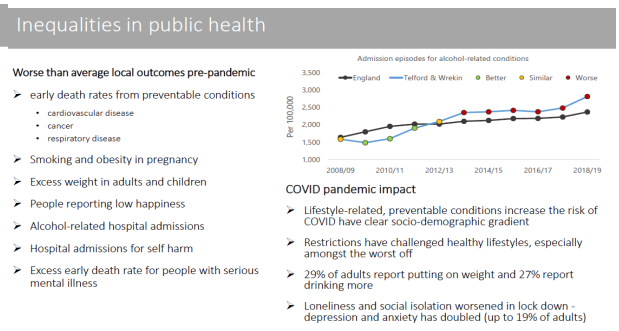
Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

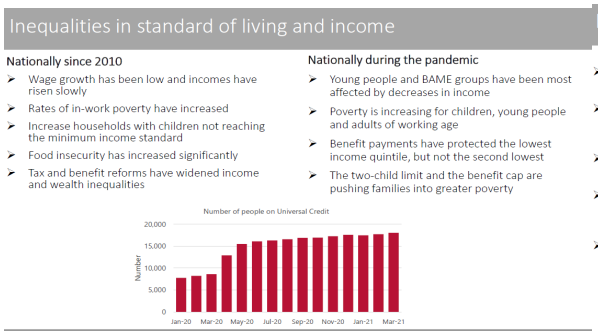
- **Changes from previous BCF plan.**
- **How these inequalities are being addressed through the BCF plan and services funded through this.**
- **Inequality of outcomes related to the BCF national metrics.**

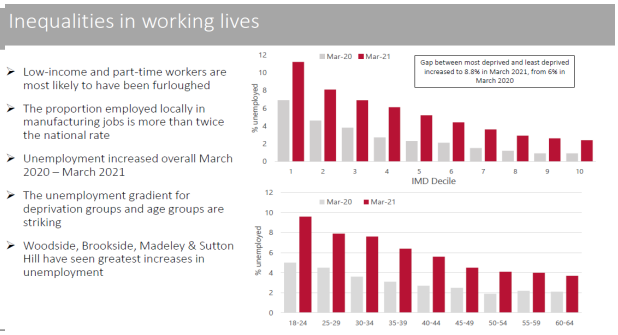
The impact of the Covid-19 Pandemic was seen to have impacted detrimentally in some communities in terms of health inequalities. The impact of Covid-19 on health inequalities was reviewed locally and issues highlighted across: (examples included)

- Children and Young Peoples development
- In Early Years; In Education and working lives
- Standard of living an income
- Places and communities including housing and homelessness
- Public Health including smoking, obesity, self-harm, well-being (loneliness and isolation), excess deaths for people with serious mental health









As well as the restoration of services inclusively, the strategic approach to inequalities was also further developed. The key priorities to addressing health inequalities, including the Equalities Act protected characteristics, is set out within the Telford and Wrekin Inequalities Plan 2021-2023, in line with the Marmot reviews. (Introduction and Health and Well-Being Strategic Context below). This was approved by the TWIPP in September 2021. This is an update on the previous Plan and Review of the Impact of Covid-19 on health inequalities.

Introduction

In 2021 there is compelling evidence of the need to reduce health inequalities. Build Back Fairer: the COVID-19 Marmot Review built on previous national reviews of health inequalities emphasising that the social, environmental and economic inequality in our communities that damages health and wellbeing had got worse in the 20 years before the pandemic.

All organisations and communities have faced an unparalleled challenge in responding to COVID-19. However certain communities and groups with longstanding health inequalities have been disproportionally affected. There are avoidable, and unfair differences in health between different groups of people, such as people from deprived areas and those from Black, Asian and minority ethnic (BAME) backgrounds.

The Black Lives Matter backdrop and the Commission on Race and Ethnic Disparities findings necessitate urgent action across many areas, including tackling health inequalities.

The Equality Act 2010 protected characteristics are clear context for health inequalities faced by some people, such as those with learning and physical disabilities.

The Health and Care Bill expects reducing health inequalities to be a mainstream activity in health and social care partnership integration.

Certain local health inequalities are already well known and can be tackled quickly. But we also need an approach to systematically identify inequalities which are currently less clear and then implement actions to narrow the gap.

This inequalities plan for Telford & Wrekin is the start of an ambitious way forward for tackling inequalities. The framework is based on the broad Marmot themes, recognising that the wider determinants of health impact on our local inequalities. A targeted, community-centered, intelligence-led partnership approach will be critical to our success.

Health & Wellbeing Strategy Context

Our Priorities

- Telford & Wrekin Integrated Place Partnership (TWIPP) priorities:
  - Building community capacity and resilience
  - Prevention and healthy lifestyles
  - Integrated response to health inequalities
  - Integrated advice, information and access to support
  - Integrated care and support pathways
- Drive progress on tackling health inequalities
- Improve emotional and mental wellbeing
- Ensure people's health is protected as much as possible from infectious diseases and other threats

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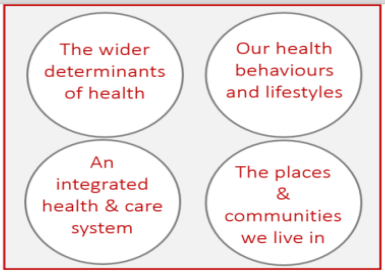
Delivering the Council Plan priorities - Protect, Care and Invest



population health framework

Our Outcomes

- Improve overall healthy life expectancy in men and women by at least one year by 2023
- Halt the increasing inequalities gap in healthy life expectancy, and continue to narrow the gap
- Narrow the inequalities gap in life expectancy for people with serious mental health problems

The drivers to systematically narrow the equalities gap are

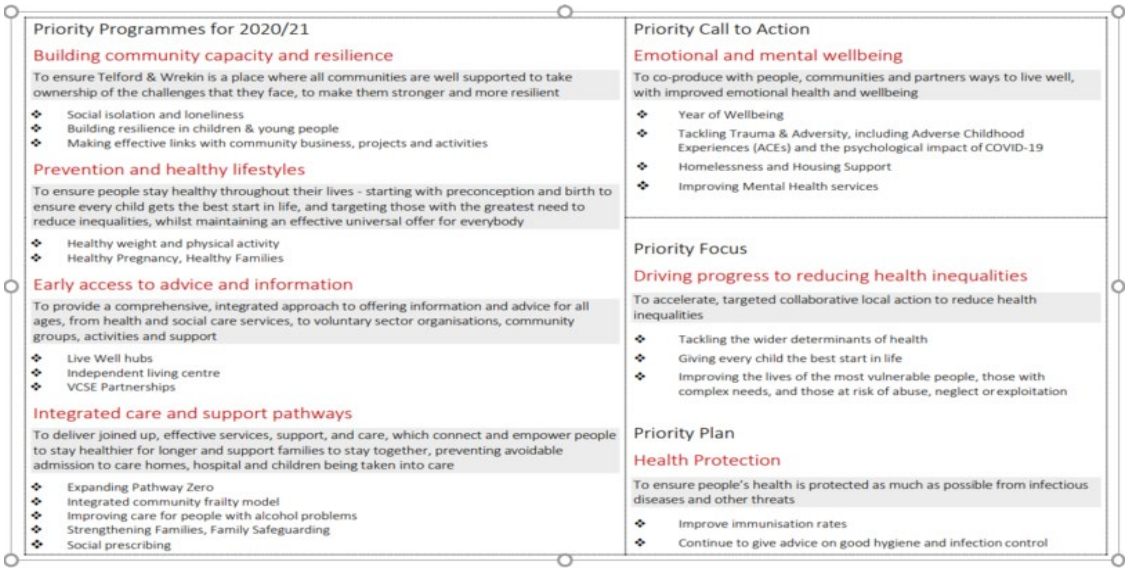
- Being Intelligence Led including population health management to drive local actions; understanding the factors that cause poor outcomes in different population groups including the Equality Act protected characteristics
- Community Centred Co-Production- using community –led approaches to help build connected and empowered communities
- Equitable Targeting of groups who are most at risk or underserved – reducing Inter-personal, Intra-personal, Community and access to service or transport barriers
- Place- based system-wide collaboration and systematic action at scale

The Themes of the Equalities Plan Framework have identified rationales, strategies and plans, priority interventions and Outcomes (summarised below from the Plan)

Best Start in Life	➢ implement a new smoke-free pregnancy pathway (as part of the NHS Tobacco Dependency Programme) ➢ expand initiatives to narrow the gap in school readiness and educational attainment for the most vulnerable children ➢ develop the enhanced parenting support for offer for those families most in need ➢ further develop bespoke, targeted support for young people who are NEET ➢ enhance emotional and mental health support for children and young people, especially those at most risk
Economic opportunity work, income, welfare, poverty, debt	➢ increase the number of people receiving welfare assistance (given Universal Credit cut from Oct 2021) – inc. older person's focus ➢ enhance community-based debt support e.g. through CAB – increasing the number of people who benefit from debt advice ➢ reduce unemployment rates in young people and those from BAME backgrounds ➢ improve employability support for people with learning disabilities
Community and Place	➢ further develop tailored wrap-around housing support for our most vulnerable residents / those facing homelessness ➢ enhance targeted interventions to reduce fuel poverty ➢ expand violence prevention initiatives such as mentoring in schools and targeted youth provision
Public Health and Prevention	➢ further develop the targeted approach of the Council's Healthy Lifestyles offer: • tier 2 weight management service for BAME community and people with a Learning Disability • whole-school approach to tackle excess weight in our most deprived communities • food poverty action – working with food banks • smoking support for people with mental health problems and those in routine and manual roles through workplaces ➢ NHS England – Health Inequalities and Prevention requirements e.g. smoking, weight management and alcohol
Health & Social Care Integration	➢ expand community and peer support for people with mental illness, learning disabilities and autism e.g.: • extend calm cafes • improve access to mental health services • reduce social isolation • improve the uptake of preventative health care • enhance the assisted technology offer
COVID-19 Impact	➢ continue to evolve the offer of COVID testing for both asymptomatic/symptomatic testing (LFT/rapid & PCR testing) in areas and groups where testing rates are lowest, through community venues and community champions ➢ develop a sustainable delivery model to improve uptake of COVID immunisation in those most at risk, including a comprehensive programme immunisation pop up clinics at accessible workplace and community venues ➢ NHS to restore services inclusively – e.g. improve early diagnosis of cancer and screening programme uptake in those most at risk

The Telford and Wrekin Inequalities Plan reports through TWIPP to the ICS Population Operational Board.

The previous Inequalities Priorities Programme (20/21) is below:



A specific thematic review of the BCF contribution to tackling inequalities took place in July 2021. This identified that specific inequalities were addressed through the BCF plan and services funded:

- Older People Strategy development with wide stakeholder engagement including protected characteristics
- ILC enhancing the access and information to those with sensory and dual impairment; improved accessibility through the town centre location; community led approaches as accessible as a community resource to utilise during the day, evenings and weekends
- Person-centred planning

- Maximising potential for admission avoidance – separation from families and communities
- Funding group to increase access to non-statutory community services for three protected characteristics
- Reviewing admission rates and reasons for individuals with presentations of Dementia in order to target approaches to improve outcomes
- Community MDT and risk stratification.

Conformation that components of the Better Care Fund that are earmarked for a purpose are used for that purpose

Annual planning, monthly reporting, development of Schedules within the Section 75 Agreement set out the expenditure across schemes and programmes. Below set out the summary for 20/21.

What the BCF funds and delivers

BCF Budget lines 2020/21		Comments
Intermediate Care	**£7,522,187**	
Rehabilitation and Enablement		Shropshire Community Trust therapists TICAT function support admission avoidance, discharge from hospital and Integrated Discharge Hub (IDT)
Domiciliary Care		Budgeted 47,000 hours. Currently forecast over 53,000 hours driven by FFA and admission avoidance increases CCG funding of Supreme Bridging service to support rapid discharge from hospital
Rehabilitation and Enablement Beds		Commissioned 43 block beds and 7 spot beds in 2020/21. GP Enablement medical support Utilised additional 40 covid funded; 20 designated settings and 16 winter beds
Shropshire Community Healthcare Trust		Aligned to SCT services including Rapid Response, Single Point of Referral, community and specialist nursing teams
Shrewsbury and Telford Hospital Trust		Aligned to SATH rehabilitation, supported discharge of stroke patients eg ESD, SATH neuro-rehab clinics and therapists
Community Resilience	**£996,311**	
Preventative Services		CCG Grants contribution to Age UK and Stroke 6 and 12 month reviews
Carers		Carers Contact Centre, specific Carers support roles, Emergency Support, Carers respite and Admiral Nursing
LA Grants		Grants (Commissioned services) includes Age UK and Information and Advice Contract (WIP)
Neighbourhood Care	**£4,386,498**	
Rehabilitation and Enablement		OT provision to deliver preventative interventions, Carer Moving and Handling, post Reablement reviews and DFG assessments
Assistive Technologies		Provision of technology enabled care to support sensory and physical impairment and AT Lead post. Funds Pill boxes; Community alarm provision and contract and Community Equipment Stores contract. Identified additional technology enabled care for 2 Carers in a Car
Preventative Services		Funding of Access Team (Family Connect); triages and directs referrals including to HSCRRT, Localities and OT Funds some Locality workers and Support Workers links to Supporting People
Shropshire Community Healthcare Trust		Aligned to community and specialist nursing teams and therapists
Other Care	**£11,445,021**	
iBCF and Winter Pressures Grant		Includes funding for additional SWs, OTs, Matron, Independent Assessor and Brokers Also funds domiciliary care bed price increases to ensure robust provision.
Maintaining Eligibility for LTC Clients		Supporting client care. Costs to the Council for this identified group is £3.1m
Programme Management		CCG monies aligned to specific PMO monitoring, finance, performance analysis and reporting, Quality Monitoring
Care Act Implementation		Range of required provisions including Information and Advice, Advocacy contracts, implementation of Safeguarding Board, training SWs in the legal process, specialist mobility assessments
Disabled Facilities Grant		Aligned to specific regulations in home adaptations. Increased utilisation and some budget pressures this year.
Grand Total:	**24,350,017**	

TWIPP – 22.04.2021

Similar work has been carried out this year with values attributed for the budget lines/ schemes including:

- Implementation of Care Act duties
- Funding dedicated to carer-specific support
- Reablement

The report is presented at TWIPP and part of the detailed submission and monitoring to HWBB.

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD 24TH MARCH 2022

HEALTH PROTECTION REPORT 2021-2022

REPORT OF DIRECTOR: HEALTH & WELLBEING (STATUTORY DIRECTOR OF PUBLIC HEALTH)

LEAD CABINET MEMBER: CLLR KELLY MIDDLETON

HEALTH & WELLBEING BOARD CHAIR: CLLR ANGELA MCCLEMENTS

PART A) – SUMMARY REPORT

1. SUMMARY

Introduction

1.1 A key priority of the Health & Wellbeing Board's current Health & Wellbeing Strategy is to 'ensure we protect people's health as much as possible from infectious diseases and other threats'. The Covid Pandemic has highlighted the importance of partners working together to protect our residents health and has made this work very prominent.

1.2 Since April 2013, when Directors of Public Health (DPHs) were transferred to Local Authorities they have held an assurance role with regard to health protection issues including outbreaks and emergency preparedness and response. However, depending on the scale and specific outbreak, DPHs have provided local leadership, expertise and advice and possibility management. The Covid Pandemic has highlighted the role DPHs and their teams have and will continue to take in Covid and other significant outbreaks of infectious diseases. Existing environmental health teams within local authorities continue their statutory role to support health protection systems working locally, regionally and nationally.

1.3 DPHs also have an assurance role in providing scrutiny of screening and immunisation programmes.

1.4 From October 2021, the UK Health Security Agency (UKHSA) became responsible for planning, preventing and responding to external health threats, and providing intellectual, scientific and operational leadership at national and local level, as well as on the global stage. UKHSA ensures the nation can respond quickly and at greater scale to deal with pandemics and future threats.

1.5 The oversight of Health Protection arrangements in Telford & Wrekin sit with the Shropshire, Telford & Wrekin Health Protection Covid Board that meets quarterly and has representatives from Local Authority, UKHSA and the NHS. The STW Health Protection Board seeks assurances on the following:

- Immunisation programmes (including childhood immunisations, flu and Covid)
- Outbreaks and communicable diseases
- Infection Prevention & Control update
- Covid
- Regulatory Interventions
- NHS Screening programmes

1.6 The Board is chaired by the Telford & Wrekin DPH and reports to the ICS Quality & Safety Committee and each Local Authority's Health & Wellbeing Board. The Health & Wellbeing Board will receive a report annually from the Health Protection Covid Board unless matters need to be escalated by exception.

1.7 The terms of reference can be found in Appendix 1. This annual update will focus on Covid and Local Authority Health Protection functions.

2. RECOMMENDATIONS

The Health & Wellbeing Board is asked to:

1. Approve the Terms of Reference for the STW Health Protection Assurance Board and
2. Note the contents of this annual update.

3. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="4">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to specific Council priorities?</td></tr>
<tr><td>Yes</td><td>• Every child, young person and adult lives well in their community
• Everyone benefits from a thriving economy
• All neighbourhoods are a great place to live
• Our natural environment is protected, and the Council has a leading role in addressing the climate emergency
• Community-focussed, innovative council providing efficient, effective and quality services.</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>No</td><td></td></tr>
<tr><td>TARGET COMPLETION/ DELIVERY DATE</td><td colspan="2">This is an assurance report that covers Health Protection activity up until March 2022</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes</td><td>There are no financial implications arising from the recommendations contained in this report.
RP-14.3.22</td></tr>
</table>

		The legal basis for the Council's work in this area and any potential implications are set out within the body of the report. Regular legal advice is taken on an ongoing basis from Legal Services. RP 14.03.22
LEGAL ISSUES	Yes	The Director of Public Health [DPH] is appointed under Section 73A of the National Health Service Act 2006.The DPH is, amongst other duties , responsible for the exercise by the local authority of any of its functions that relate to planning for, or responding to, emergencies involving a risk to public health. The DPH must prepare an annual report on the health of the people in the area of the local authority under Section 73B Public Health England [PHE]'s pandemic response role moved to the UK Health Security Agency [UKHSA] The remainder of PHE's public health functions transferred to the Department of Health & Social Care's Office for Health Improvement and Disparities. PHE closed on 01.10.2021. KF 16.03.2021
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	No	

PART B) – ADDITIONAL INFORMATION

4. BACKGROUND INFORMATION

4.1 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for Telford & Wrekin is responsible under legislation for the discharge of the local authority's public health functions.

4.2 The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:

- The Secretary of State's public health protection functions
- Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health
- Such other public health functions as the Secretary of State specifies in regulations

- Responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications
- A duty to ensure plans are in place to protect their population including through screening and immunisation.

4.3 Within Telford & Wrekin, the Health Protection Service delivers the local Health Protection function working with other partners across the system. The service area all sit under the Service Delivery Manager for Health Protection and consists of the following teams:

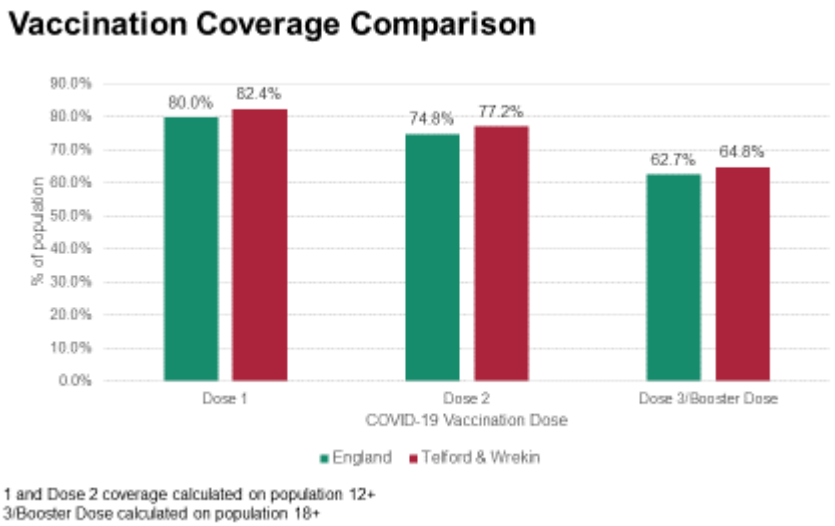
- Food, Health and Safety Team (FH&S)
- The Health Protection Hub (HPH)
- Internal Health & Safety (IH&S)
- Civil Resilience

Additionally Public Protection deliver functions relating to animal diseases and air pollution.

Health Protection Update

Covid Immunisation

4.5 As at the 24th February Covid vaccination coverage within the borough is slightly better than the national average but there are just over 29,000 people aged 12+ who remain unvaccinated (i.e. no doses).



4.6 **Omicron Vaccine Campaign**
From mid December 2021 the Council worked with the NHS and other partners as part of the vaccine "sprint" campaign, this involved the following elements:

- Deployment of Betty the Vaccine Bus to locations where vaccine uptake was lowest i.e. in our most ethnically diverse and social deprived communities
- Customer Contact Centre SMS text invitations to residents living near next day's Betty location:
    - ✓ 28,774 text messages sent to local residents
    - ✓ 2,666 outbound phone calls and many 1,000s VM messages left
- Targeted communication – Facebook and Instagram adverts sent to community groups and chats the day before Betty arrived in their neighbourhood:
    - ✓ adverts shown more than 300,000 times, viewed by 63,000 residents (cost £1.5k)

The campaign has narrowed the gap in first dose vaccination uptake between our most deprived and affluent parts of the borough. In detail:

- **1st dose uptake @ 12 Dec 80.7% increased to 82.2% on 26 Jan (1.5% improvement)**
    - 2,771 1st doses – 500+ at Betty & pop ups
    - 1st doses increased at regular Betty locations by 3% - 5%
    - 1st dose deprivation gap narrowed (to 15.1% from 15.8% - most deprived v most affluent quintile)
    - 1st dose ethnicity gap narrowed by 1% (to 12.2% from 13.3% - white v all BAME groups)
    - 1st dose uptake increased by 2% in all BAME groups (compared to 1% in white group)

- Since 12 Dec increase in the vaccines delivered for **1st, 2nd & booster doses was greater overall in those areas targeted**, **compared to those areas not targeted:**
    - **First dose vaccination coverage** was below 70% in 12/108 LSOAs (2 below 60%) as @ 12 Dec. All these LSOAs were targeted and by 26 Jan 7/108 LSOAs were below 70% (zero below 60%)
    - **1st dose vaccinations** - in targeted areas increased by 2.5% compared to 1.7% in those that were not
    - **2nd dose vaccinations** increased by 3.9% in targeted areas compared to 3.5% in other areas
    - **3rd or booster dose vaccinations** increased by 54.5% in targeted areas compared to 41.8% in those that were not

Communicable Disease Control and Outbreaks

Covid

4.7 In response to the Covid Pandemic Telford & Wrekin set up the Health Protection Hub (HPH). The Health Protection Hub established originally in June 2020 continues to be the team that provides front line management of outbreaks and cases within the

Borough. This team has however been considerably scaled back in response to the Government's 'Living with Covid' plan.

4.8 The existing Local Outbreak Management Plan describes how the Council works with our communities and key partners, the NHS Test and Trace programme, UKHSA West Midlands in the pandemic. There is alignment with the Shropshire Council and the Shropshire and Telford & Wrekin NHS system footprint. We are awaiting UKHSA guidance around the future management of outbreaks.

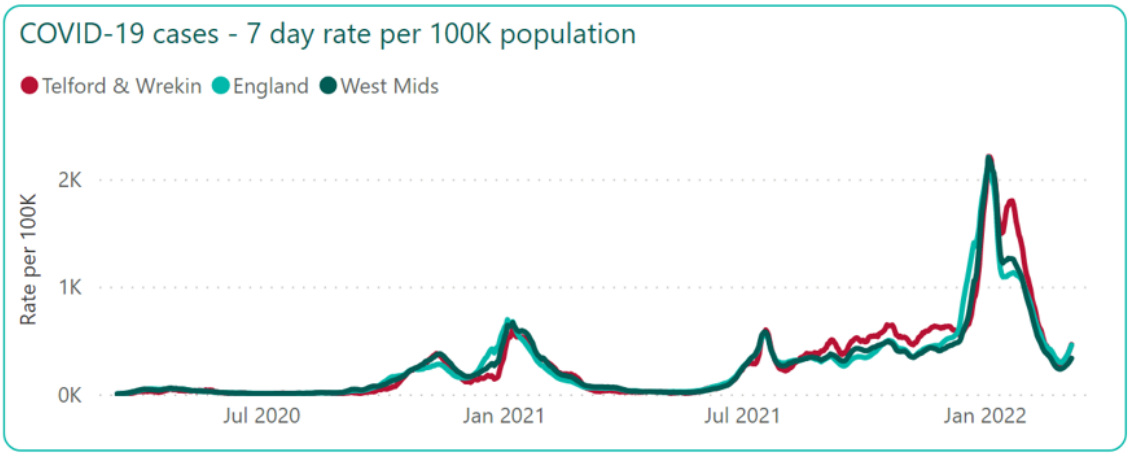
4.9 The STW Health Protection Covid Board, Member-led Outbreak Engagement Board has provided governance and oversight for the plan.

4.10 The Telford & Wrekin Health Protection Hub has provided a well-embedded operational response through local and enhanced contact tracing, coordination and management of local outbreaks, situations and complex cases and relationships with high-risk settings.

4.11 Since the start of the pandemic there have been more than 55,500 positive cases recorded for residents of Telford and Wrekin. At 30,701 cases per 100,000 population, the rate has been higher than that for England as a whole (29,046 per 100,000).

There have been three distinct peaks in Covid cases during the pandemic (once community testing was established):

- January 2021 – Delta variant
- July 2021 – following the easing of restrictions
- January 2022 – Omicron variant



Sadly as at 10 March 2022, 346 borough residents have died within 28 days of testing positive for Covid. This equates to a rate of 191 deaths per 100,000 population, which is below the England rate of 250 per 100,000.

Throughout the pandemic the Council's Insight Team have supported the Director of Public Health and the Health Protection Hub with a range of intelligence products including:

- Daily dashboards giving oversight of cases, emerging variants, testing and vaccination coverage.

- Detailed analysis of cases relating to outbreaks to support the work of the Hub in outbreak management and contact tracing.
- Weekly Covid report shared with borough residents informing them of the latest information on the virus and encourage testing in areas of low take up.
- Working with NHS colleagues to provide the intelligence for the targeted vaccination campaign.

Following the removal of Covid restrictions and the ceasing of free public testing, the Insight Team will continue to analyse the available data to monitor levels of infection and vaccination coverage. We are still awaiting precise details of what this will contain.

4.12 Since June 2020, the HPH has contact traced over 24,058 cases:

Time period	Number of Cases
2020 Total number	3466
2021 Total number	13424
2022 Total number	7168

The team have supported care settings, educational establishments and workplaces providing advice on cases, outbreaks and control measures. The team dealt with 994 outbreaks across all setting types – with some in care homes lasting many weeks. Incident Management Team (IMT) multiagency meetings comprising of partners including UKHSA, NHS Infection prevention Control, Department of Education and the management of the outbreak setting, chaired by managers of the HPH were held for the most complex outbreaks . In excess of 80 IMT's were held during the period June 2020 – February 2022.

4.13 The Health Protection Hub has comprised of Environmental Health Officers (EHOs), Public Health nurses, contact tracers, business support officers. Officers were either already employed, contractors or seconded from other council teams. This has enabled the team to meet the changing demands of the Pandemic. The size of the Health Protection Hub is now much smaller and comprises of officers who will deal with cases and outbreaks in high-risk settings, manage significant outbreaks in other settings and respond to Variants under Investigation or Variants of Concern as required. This team will also deal with other notifications of infectious diseases.

4.14 The reduced size of the HPH reflects recent significant changes to the management of Covid in England. On 21st February the Government published, its Covid 19 Response Living with Covid policy. This policy included the repeal of the legal requirement of the need to self-isolate following a positive Covid test from the 24th February, and the contact tracing of cases and contacts from the same date. Access to testing for all but high-risk settings and the vulnerable will end on 30th March.

4.15 The HPH will continue to focus on outbreaks and cases in high risk settings such as older people residential care settings and SEND schools.

4.16 The HPH ensured that Government run testing sites were deployed from the autumn 2020. We were well served having a Regional Testing site at Ironbridge Park and Ride, a Mobile Testing site at Rundle Lorry Park, which was later moved to Harper Adams University. The walk in testing sites known as 'Local Testing Sites' were then

introduced into the community. Four sites were set up –Madeley, Wellington, Oakengates and Donnington. We also deployed 'surge' testing across the borough for organisations who were in an outbreak situation with Variants of concern (VOCs) or Variants under investigation (VUIs).

4.17 Lateral flow testing (LFT) was introduced at the end of 2020 and we took the opportunity to set up Local Authority led asymptomatic Assisted Testing Sites at the theatre at The Place, Cosy Hall Newport and The Anstice in Madeley. These sites were closed in July 2021 and Lateral Flow self-testing distribution sites for the public were opened in Southwater, Newport, Madeley and Wellington Libraries as well as continuing distribution at The Place. In addition to this distribution took place at Granville alongside the PPE store and at Darby House for council front line staff. The total number of people tested at assisted testing sites are as follows: (up to Feb 2022)

- The Place
  163 positive, 21,345 negative & void, **21,508 total**

  Cosy Hall
  14 positive, 2,211 negative & void, **2,225 total**
- The Anstice
  27 positive, 2,207 negative & void, **2,234 total**

The Lateral Flow testing programming changed its focus in August 2021 to a Targeted community approach to encourage people in areas of deprivation to test where health outcomes were poorer. By working with community engagement teams, we were able to reduce the disparity in testing for these groups from 3% to 1%. The total number of LFD kits distributed at council sites is in excess of 30,000 kits.

4.18 All testing sites and provision will be stood down on March 30th 2022. Lateral flow testing for care home and NHS staff is expected to continue in some capacity, but at the time of writing this report the details of the schemes have not been made public. It is also expected that nationally a small number mobile testing units (MTU's) will be available to deploy if needed.

4.19 The Food, Health & Safety Team have delivered Covid secure visits in premises across the borough throughout the pandemic. Additional funding allowed for contractors to increase the size of the team to ensure that business as usual activities could continue alongside the Covid secure work. In excess of 731 Covid secure visits were undertaken at businesses across the borough to ensure that they were operating in a Covid secure way in 2021.

Notifiable Infectious Diseases

4.20 Local Authorities are empowered to take action in relation to the control of notifiable diseases within their boundaries. They are required to appoint a "proper officer" for this function.

4.21 In Telford & Wrekin Consultants in Communicable Disease employed by UKHSA are appointed as the proper officer.

4.22 Registered medical practitioners (RMPs) have a statutory duty to notify the 'proper officer' at their local council of suspected cases of certain infectious diseases.

Table 1: List of Notifiable Diseases

Table 1. List of notifiable diseases	
Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010	
Acute encephalitis	Malaria
Acute infectious hepatitis	Measles
Acute meningitis	Meningococcal septicaemia
Acute poliomyelitis	Mumps
Anthrax	Plague
Botulism	Rabies
Brucellosis	Rubella
Cholera	Severe acute respiratory syndrome (SARS)
Diphtheria	Scarlet fever
Enteric fever (typhoid or paratyphoid fever)	Smallpox
Food poisoning	Tetanus
Haemolytic uraemic syndrome (HUS)	Tuberculosis
Infectious bloody diarrhoea	Typhus
Invasive group A streptococcal disease	Viral haemorrhagic fever (VHF)
Legionnaires' disease	Whooping cough (pertussis)
Leprosy	Yellow fever
Report other diseases that may present significant risk to human health under the category 'other significant disease'	

4.23 The Health Protection service has the function for communicable disease control. The service area have a wide range of duties that cover many aspects of Health and

environmental protection and the control of infectious diseases. The roles and responsibilities of the Local Authority and UKHSA (formally PHE) is contained in the Roles and Responsibilities for Investigation of Infectious Disease - West Midlands Protocol.

4.24 The Food, Health and Safety team have duties that include the registration, inspection and investigation of food premise, food and water sampling, investigation of food borne illness and disease, labelling and allergens, food fraud, legionella and water system safety, health and safety, skin piercing registrations and private water supplies. These activities are all designed to ensure that food and water sold and consumed within the borough is safe to eat and drink.

4.25 Legal powers of providing a range of enforcement powers including the ability to prohibit and prosecute exist to support this function.

4.26 From 1st April 2022, the HPH will receive notifications of the all-infectious diseases (NOIDS). They will investigate single cases and outbreaks. The Food, Health and Safety Team will continue to support with onsite investigations and sampling. During the pandemic, there has been a decrease in the number of NOIDS as shown in Table 2.

4.27 The HPH will also deal with norovirus outbreaks in schools and care settings.

Table 2: NOIDS Notifications 2019-2021

Organism	2019	2020	2021
Campylobacter	195	119	87
ECOLI 0157	0	0	1
Salmonella	23	15	18
Cryptosporidium	5	7	4
Giardia	1	2	1
Shigella	1	1	0
Clostridium Perfringens	1	0	0
Legionella	2	0	0

Winter Preparedness

4.28 To ensure that the Local Authority and NHS partners had the pathways in place to cope with outbreaks of Winter Flu and Norovirus in schools and care homes, the DHSC asked that we complete a survey on winter plans and undertake a winter preparedness exercise.

4.29 A system wide exercise took place in early November. The exercise tested a scenario of a flu and Covid outbreak in a residential care setting.

4.30 In addition, as it is important to remind schools and care settings about the prevention of infectious diseases other than Covid, toolkits for both residential care homes and schools have been developed and circulated.

Regulatory Interventions

Food Health & Safety

4.31 As discussed above the Food Health & Safety Team have a variety of statutory health protection functions. The Food Standards Agency (FSA) is the government department that has oversight over food safety and the Framework Agreement on Official Feed and Food Controls by Local Authorities sets out what the Food Standards Agency expects from local authorities in their delivery of official controls on feed and food law.

4.32 During the past two years, food inspections have not taken place at the frequency required by risk assessment. The FSA has recognised that lockdowns' and the redeployment of EHO's to other roles (i.e. the HPH) has affected the food program and so have provided local authorities with a recovery plan. The FH&S Food Law delivery plan details how the team will meet the FSA targets. The FSA are also requiring local authorities to submit "temperature check" returns to monitor progress against the recovery plan. By March 31st 2022 the FH&S team will have inspected all not yet rated (new) businesses and all category A's B's and C's. This is 6 months ahead of the FSA target.

Table 3: FSA Food recovery Plan

4.33 Local Authorities have a duty to establish and implement a food-sampling program. The samples can either be proactive i.e. as part of a national food study or reactive e.g. samples taken because of a suspected food poisoning. Due to Covid, no sampling was undertaken in 2020; however, a sampling program resumed in November 2021.

Table 4 Food sampled from Nov 2021 – February 2022

Food Sampled	Type of analysis	Number taken	Number satisfactory	Number unsatisfactory
Ice	Microbiological Proactive	19	18	1

from Commercial premises				
Homemade Pate Pubs/ Restaurant's	Microbiological Proactive	5	5	0
Pork Scratchings National Study	Microbiological Proactive	9	9	0

Private Water Supplies

4.34 There are 153 private water supplies within the Borough. A private water supply is any water supply, which supplies one or more properties that is not provided by a water company. The water could be provided by a well, borehole or spring.

4.35 The FH&S team has a legal duty to risk assesses each private water supply in the borough (except for supplies to single non-commercial dwellings). The team are also responsible for arranging that private water supplies in their area are monitored for bacterial and chemical parameters to determine compliance with the drinking water standards and to take appropriate action to ensure that the defects are rectified.

4.36 An annual statutory return is required by the Drinking Water Inspectorate.

Table 5: PWS sample results 2021

Year	**Total number samples taken**	**Reg 9's** (Commercial supplies)	**Reg 10's** (Domestic supplies more than 2 properties)	Failures	Notices Served
2021 – TWC (Jan – Dec 2021)	1063	600	463	38	4
2022 – TWC (Jan – Feb 22)	119	112	7	1	2

Gross Alpha contamination of PWS supply
Following routine Private Water Supply Sampling in January 2021, results identified that a Borehole supply in the district had failed due to gross alpha particles in the supplies as defined by the EU water Directive.
This was of considerable concern, as the supply had not failed for this parameter previously.
The failure lead to extensive research by officers to see whether the levels seen were of a public health significance.
Having received advice from PHE Centre for Radiation, Chemicals and Environmental Hazards an extensive investigation took place involving the Council, Severn Trent, a private water supply specialist and Nuclear Environmental Laboratory.
Officers took a considerable amount of water samples from the supplies over a four-month period, which were analysed, for a suite of nucleoids by a specialist lab to calculate the total indicative dose (TID) of the water that would determine whether the supply was safe to drink.
The TID calculated from the results showed the levels identified were **not of a public health significance and the supply was safe to drink**

Air Quality

4.37 Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas.

4.38 The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion.

4.39 Since December 1997, each local authority in the UK has been carrying out a review and assessment of air quality in their area. This involves measuring air pollution and trying to predict how it will change in the next few years.

4.40 The aim of the review is to make sure that the national air quality objectives will be achieved throughout the UK by the relevant deadlines. These objectives have been put in place to protect people's health and the environment.

4.41 If a local authority finds any places where the objectives are not likely to be achieved, it must declare an Air Quality Management Area there. This area could be just one or two streets, or it could be much bigger. Telford & Wrekin does not currently have any AQMA's

4.42 The responsibility for undertaking these reviews sits with the Environmental Protection team in Public Protection. Currently Nitrogen Oxide (NOx) is monitored at 21 locations across the borough.

4.43 The annual status report can be found here Air quality progress reports - Telford & Wrekin Council

4.44 A review of the existing local air quality strategy (AQS) is currently been undertaken. This will mean reviewing the AQS and the current monitoring stations with the aim to develop a new AQS for the Borough, identifying priority measures to support ongoing reductions in pollutant emissions and feeding into the Borough's plans to achieve zero carbon emissions and address public health inequalities.

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None.

6. PREVIOUS MINUTES

None.

7. BACKGROUND PAPERS

None.

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Appendix 1

Shropshire Telford & Wrekin Health Protection Assurance (including Covid) Board

DRAFT TERMS OF REFERENCE

1. Introduction

Directors of Public Health (DPH) in Local Authorities (LAs) have been responsible for improving the health of their population since 1 April 2013. DPHs have an assurance role in health protection issues including outbreaks and emergency preparedness and response (Appendix 1). However, depending on the scale and specific outbreak, DPHs will provide local leadership, expertise and advice and possibility management. An outbreak is defined as two or more linked cases of the same illness in the same setting or situation.

DPHs also have an assurance role in providing scrutiny of screening and immunisation programmes.

From October 2021, the UK Health Security Agency (UKHSA) became responsible for planning, preventing and responding to external health threats, and providing intellectual, scientific and operational leadership at national and local level, as well as on the global stage. UKHSA ensures the nation can respond quickly and at greater scale to deal with pandemics and future threats.

The Secretary of State continues to have overall responsibility for improving health – with national health protection functions delegated to UKHSA, an executive agency of the Department of Health and Social Care. The most important functions of UKHSA are to protect the public from infectious disease outbreaks and provide surveillance, epidemiology and expertise in outbreak management.

Overall, the health and social care system together with Local Government has a shared responsibility for the management of outbreaks of COVID-19 in the Shropshire Telford & Wrekin.

Local Directors of Public Health are responsible for producing Covid Local Outbreak Management Plans (working through Health Protection Boards) and will be supported by System-wide partners. Directors of Public Health also have a role in providing assurance and response for local health emergency planning through the Local Health Resilience Forum.

2. The objectives of this STW System wide Health Protection Board

- Provide assurance to the ICS Quality & Safety Committee and Health & Wellbeing Board's that there are safe and effective plans in place about management of outbreaks and other health protection incidents;
- Agree the system wide framework for Local Outbreak Management Plans for Covid 19;
- Provide multi-agency and multi-professional input into development of Local Outbreak Management Plans and elements of the plans including testing, treatment, PPE;
- Oversee assurance of effective immunisation programmes;
- Oversee assurance of effective screening programmes;
- Provide multi-agency input into the development of system wide Infection Control processes across health and social care sector

- Monitor Healthcare Associated Infections and antimicrobial prescribing and resistance in the community and acute health care settings.
- Oversee assurance of wider infectious disease response.

3. Membership

Members of the Board will be:

Title	**Organisation**
Director of Public Health*	Telford & Wrekin Council
Director of Public Health	Shropshire Council
Consultant Health Protection	UKHSA
Executive Director of Quality	Shropshire, Telford & Wrekin CCGs
Acting Senior Infection Prevention and Control Lead	Shropshire, Telford and Wrekin CCG
Director of Planning	Shropshire, Telford & Wrekin CCGs
Deputy Chief Operating Officer (SaTH) & SRO Covid Immunisation Programme	SaTH

Consultant Clinical Scientist, Microbiology	SaTH
Consultant in Public Health	Telford & Wrekin Council
Consultant in Public Health	Shropshire Council
Health Protection Service Delivery Manager	Telford & Wrekin Council
Screening and Immunisations Manager for Shropshire and Staffordshire	NHSE/I – Screening/Immunisation Lead

*Chair

Other individuals may be invited to any meeting as and when appropriate. Members may nominate a relevant substitute if they are unavailable to attend a meeting.

The composition and terms of reference of the Board will be reviewed by the Board no less frequently than once every 12 months.

The Board will be chaired by the Director of Public Health Telford & Wrekin; if the Chair is not present at any of the meetings of the Board then the Director of Public Health Shropshire will chair the meeting. In the event that neither Director are present to chair the meeting, a chairperson will be elected from the remaining members.

4. Support

Telford & Wrekin will provide administrative support to the Board.

5. Frequency of Meetings

The Board shall meet bi-monthly until the TOR are reviewed.

healthwatch Shropshire

healthwatch Telford and Wrekin

Experiences of urgent medical care in Shropshire, Telford & Wrekin

Survey Report

(Updated 14 February 2022 to include NHS 111 service provider response)

Engagement period:
October - December 2021

Publication date:
14 February 2022

Contents

About Healthwatch

Healthwatch is the independent health and social care champion for local people

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g. Shropshire, Telford & Wrekin Clinical Commissioning Group, Shropshire Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how local services are working in Shropshire

We are not experts in health and social care and surveys are just one of the methods we use to put a spotlight on services and ask people to share their views with us. Usually our surveys are publicised and promoted through our engagement activities (e.g. talks and stands at events) as well as through online publicity and local press releases. Due to the pandemic we were unable to use face to face engagement for this topic.

Please note

Our survey was time limited but we continue to want to hear from people who are willing to share their experiences with us and we will share them with the providers, commissioners and regulators.

The context

Since July 2020, NHS England and NHS Improvement (NHSEI) has been piloting an 'NHS 111 First' service to encourage patients to call NHS 111[1] for an assessment of how urgent their condition is (triage) before attending accident and emergency (A&E) services. NHS 111 First is aligned to the five-year forward view for NHS Urgent and Emergency Care[2] and is now being rolled out across the NHS in England and NHS 111 providers.

If anyone has an urgent, but not life-threatening health problem they are encouraged to call NHS 111 to be directed to the correct service, whether that is an Emergency Department (Accident & Emergency), their GP, or self-care. Callers to NHS 111 can now receive time slots at local Emergency Departments (EDs) or other Urgent Treatment Centres (sited at Royal Shrewsbury Hospital and Princess Royal Hospital), as well as receive time slots with GPs or out of hours GP services. The new service aims to reduce waiting times at EDs and limit the number of people in waiting rooms to prevent the spread of COVID-19.

Initial findings in national research soon after the launch of NHS 111 First showed that many people did not know that NHS 111 First could book them into the different services they may need.

Healthwatch Shropshire (HWS) and Healthwatch Telford & Wrekin (HWTW) wanted to gather the views and experiences of people who have used NHS 111 First to understand how they were helped to access services, their awareness of NHS 111 First and their intentions to use it in future. We carried out an initial survey in spring 2021 and wanted to know how things may have changed since that survey.[3]

[1] https://www.england.nhs.uk/urgent-emergency-care/nhs-111/
[2] https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/urgent-and-emergency-care/
[3] Experiences of urgent medical care in Shropshire | Healthwatch Shropshire

What we did

HWS and HWTW initially worked with the Shropshire and Telford & Wrekin Integrated Care System (STWICS) to create a survey through which we could ask people to describe their experiences of seeking urgent medical care.

We worked to make sure as many people as possible were made aware of the survey. The call for feedback was publicised through:

- our email newsletters
- social media channels
- a press release to the local media, e.g. The Shropshire Star and BBC Radio Shropshire.

We shared details of the survey with our contacts across the local health and care system including:

- GP practices
- Hospitals and local Emergency Departments
- Pharmacies
- local councils
- community groups
- community centres and village halls.

Due to Covid-19 restrictions we were unable to use face to face contact to encourage people to share their experiences.

The people we heard from

We heard from 181 people.

Who are you completing this survey for?	HW Shropshire survey		HW Telford & Wrekin survey		Total	
	No.	%	No.	%	No.	%
Myself	63	62%	45	56%	108	60%
Someone else	37	37%	34	43%	71	39%
Blank	1	1%	1	1%	2	1%
Total	**101**	**100%**	**80**	**100%**	**181**	**100%**

A full demographic breakdown is available in Appendix A

Key Findings

First Point of Contact

- 48% of 181 respondents said they contacted NHS 111 first when they had an urgent medical need (46% in Shropshire and 51% in Telford & Wrekin) this compares with 59% in the same survey carried out in Shropshire in Spring 2021. (Experiences of urgent medical care in Shropshire | Healthwatch Shropshire)
- The proportion of people whose first point of contact was NHS 111 First varied across Shropshire, Telford & Wrekin, for example, it varied from 35% in the TelDoc Primary Care Network (PCN) to 60% in the Wrekin PCN. (A breakdown of respondents by GP practice is included in Appendix A, a list of practices in each of the Shropshire, Telford & Wrekin PCNs can be found here; Shropshire, Telford and Wrekin PCNs - Shropshire CCG)

NHS 111

Overall satisfaction with contacting NHS 111

- 43% of patients who contacted NHS 111 rated their experience as 'Very Good' or 'Good'. (This compares to 69% of those who completed the same survey in Shropshire in Spring 2021.) Nearly one third of people rated their experience as 'very poor'.
- Of the 43 people who rated their experience of contacting NHS 111 as 'Poor' or 'Very Poor' 32 provided further details. The two issues most frequently raised were:
    - calls to NHS 111 not being answered in a timely manner, e.g. waiting up to 90 minutes.
    - long waits for a call back from the service, e.g. up to 16 hours.

Experience of Booked Appointments

Twenty-four of the people who contacted NHS 111 First (26%) were booked into appointments with other services

- Of these 58% of people told us that they would rate their experience of booking an appointment through NHS 111 as 'Good' or 'Very Good', 25% described it as 'Poor' or 'Very Poor'.
- Only 17% told us they were seen more quickly than they expected to be. Ten people gave further details about their experience of the booking process, most described their frustration that the booking system did not affect the time they spent in the Urgent Treatment Centre or Emergency Department triage and treatment process.
- However, 20 out of 24 patients (83%) told us they would use the system of contacting NHS 111 first again if a booked appointment could be made for them.

The carers experience

Twenty-seven of the 34 people who contacted NHS 111 on behalf of somebody they cared for (79%) reported that they were able to discuss the patient's needs with the NHS 111 health advisor. Of the seven who reported they weren't able to discuss the patient's needs, five reported that it was because the call was not answered in a timely manner.

Awareness of NHS 111 First

Overall, 52% of all people (93) told us they were not aware that NHS 111 First could book appointments with services such as GP, A&E and Urgent Treatment Centres, 38% (68) that they were aware and 10% (17) were not sure. These proportions were very similar to those indicated in the spring 2021 survey, 55% were not aware, 35% were aware and 10% were unsure.

- Awareness varied across Shropshire, Telford & Wrekin from 20% of people from the TelDoc GP practices to 71% of people from the South-West Shropshire practices.

Intention to use NHS 111 First in future.

Overall, 95 (53%) of people were 'very likely' or 'somewhat likely' to contact NHS 111 the next time they were seeking urgent medical care, this compares to a figure of 71% in the spring Shropshire survey.

Experience of being treated

Overall, 91 (52%) rated their treatment as 'Good' or 'Very Good', compared to 78% in the spring, 22 (13%) as 'Average', compared to 7% in the spring and 59 (34%) as 'Poor' or 'Very Poor', compared to 12% in the spring. Four people (2%) were 'unsure'.

What is most important when seeking urgent medical care?

People told us that the two most important criteria were:

- 'My issue being solved quickly'
- 'Seeing someone who is well qualified/a specialist'

What people told us

What went well? What could have been improved?

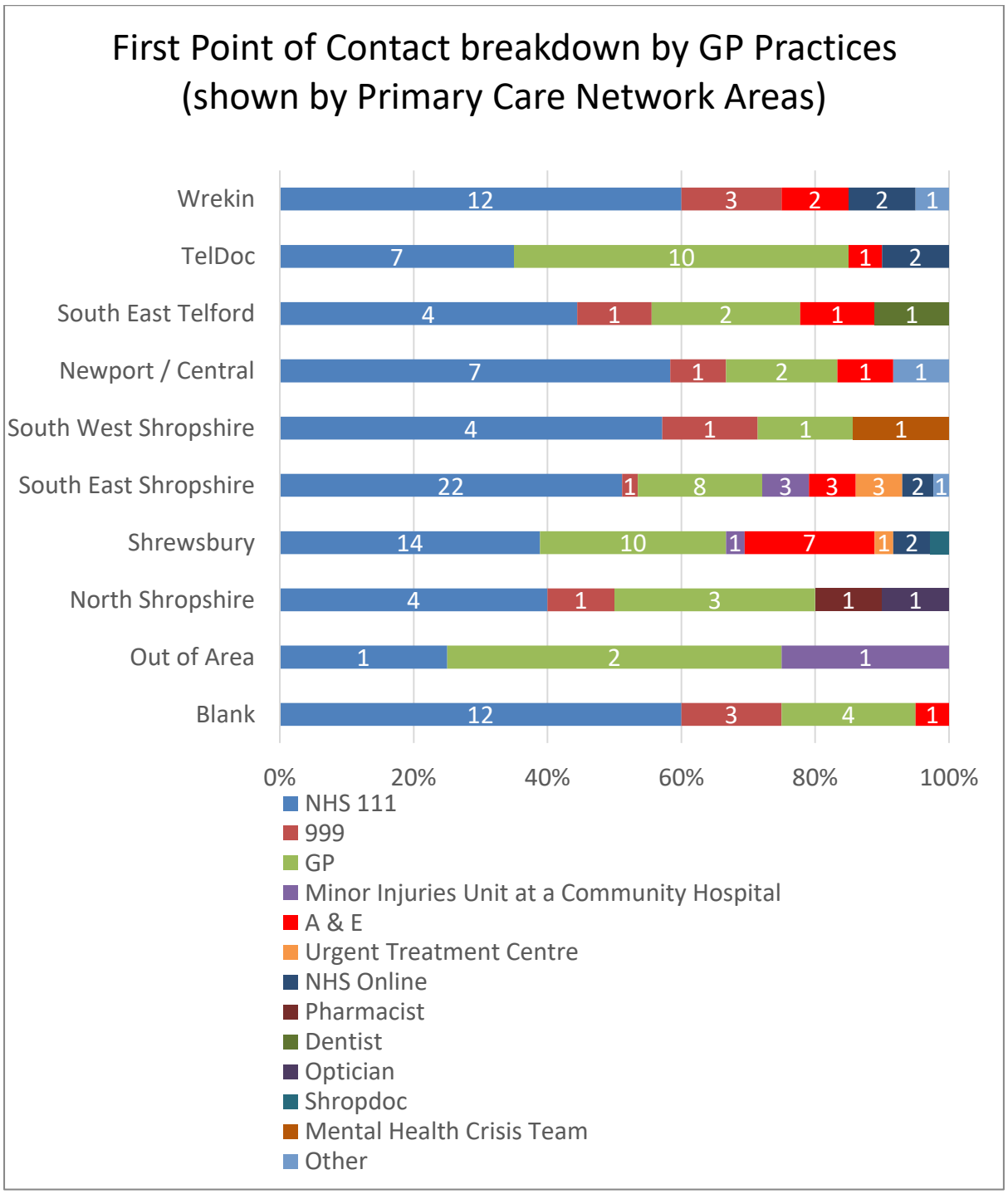
Some of the most useful information we received was shared in answer to this question. Thank you to everybody who shared details of their experiences in answer to this. Illustrative examples have been included in the report. We will share all the experiences directly with the relevant service providers to help improve services.

First Point of contact

What was the first NHS service you/they contacted in relation to this urgent medical problem?	Shropshire		Telford & Wrekin		Total	
	No.	%	No.	%	No.	%
NHS 111	46	46%	41	51%	87	48%
GP	24	24%	18	23%	42	23%
A & E	11	11%	5	6%	16	9%
999	5	5%	6	8%	11	6%
NHS Online	4	4%	4	5%	8	4%
Minor Injuries Unit at a Community Hospital[4]	4	4%	1	1%	5	3%
Urgent Treatment Centre[5]	3	3%	1	1%	4	2%
Other			3	4%	3	2%
Pharmacist	1	1%			1	1%
Dentist			1	1%	1	1%
Mental Health Crisis Team	1	1%			1	1%
ShropDoc	1	1%			1	1%
Optician	1	1%			1	1%
Total	**101**	**100%**	**80**	**100%**	**181**	**100%**

[4] A Minor Injuries Unit (MIU) is a healthcare centre which treats minor injuries. It is managed by a nurse and doesn't require an appointment. Shropshire MIUs Minor injury units in Shropshire (shropscommunityhealth.nhs.uk)

[5] People with injuries or illnesses which don't need emergency treatment can attend an Urgent Treatment Centre. Urgent and Out of Hours Care at SaTH



The proportion of people whose first point of contact was NHS 111 varied from 35% in the TelDoc Primary Care Network (PCN)[6] to 60% in the Wrekin PCN.

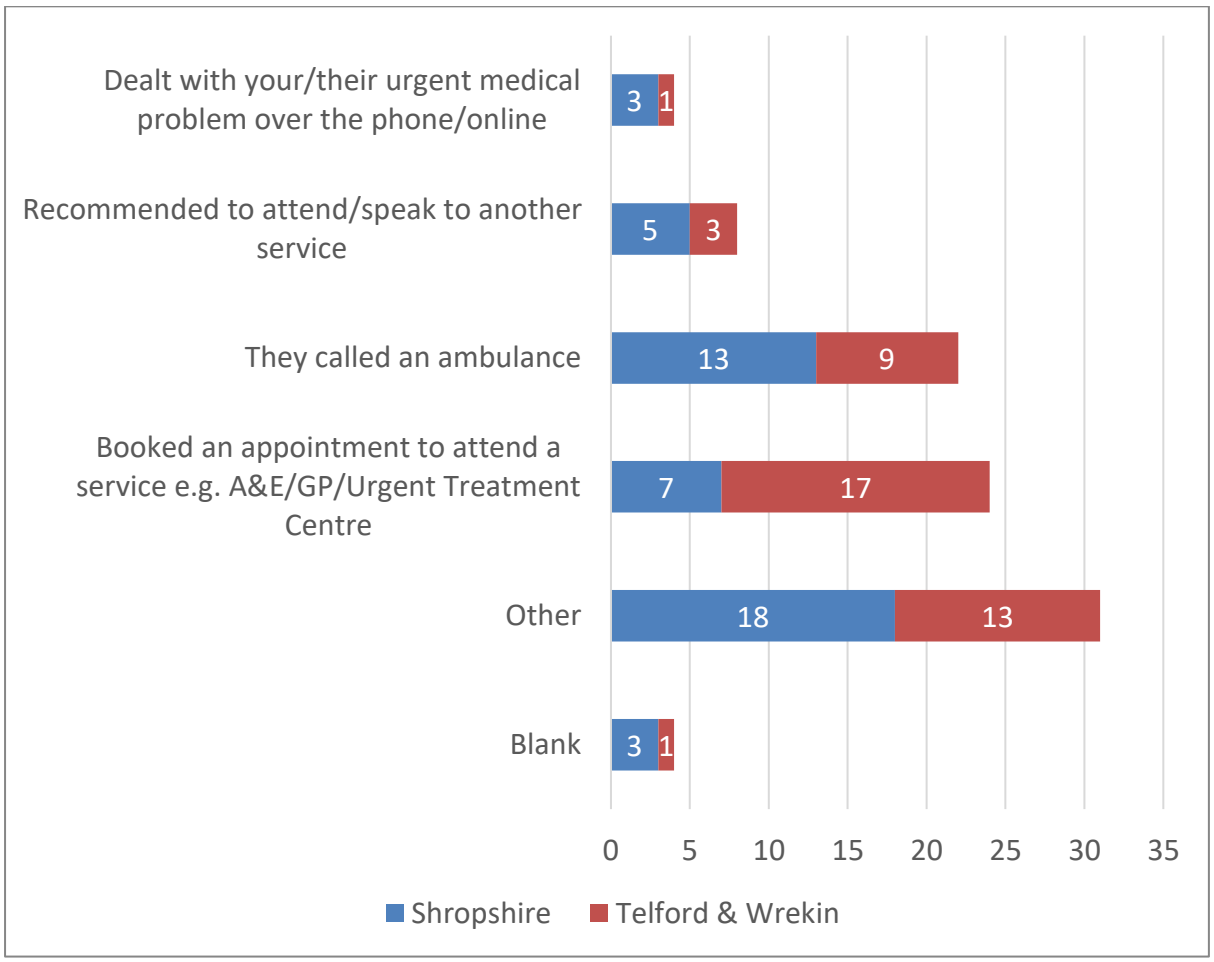
[6] A breakdown of respondents by GP practice is included in Appendix A, a list of practices in each of the Shropshire, Telford & Wrekin PCNs can be found here; Shropshire, Telford and Wrekin PCNs - Shropshire CCG

The proportion of people whose first point of contact was their GP varied between 14% in South West Shropshire PCN and 50% in the TelDoc PCN.

Those who contacted NHS 111

Eighty-seven people contacted NHS 111 initially. Six people were told to contact NHS 111 by their GP.

What was the outcome of your/their contact with NHS 111?



'Other'

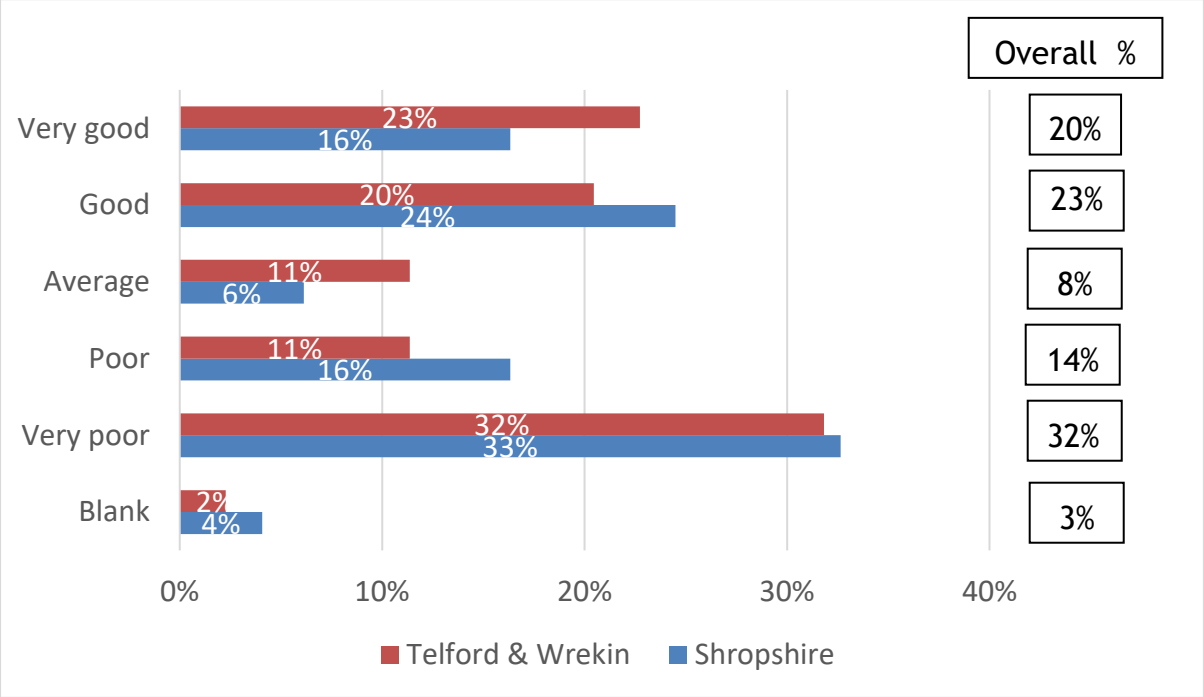
Looking at the details given for these answers the most commonly described outcomes could be grouped as:

A. Referred to ShropDoc for a call back (8 people)
B. Referred to another service without an appointment (7 people), A&E - 5, GP - 1, emergency dentist - 1
C. A call back was arranged with NHS 111 but it did not happen in a timely manner (8 people). Four people reported waiting between 8 and 16 hours.

D. The wait to speak to somebody having called NHS 111 was too long (9 people) and so five people attended A&E and three people called 999 instead.

When analysing the satisfaction rates of patients, the groups A. and B. will be included with those who answered, 'Recommended to attend/speak to another service' (see page 15). Groups C. and D. will be analysed under 'Other' (see page 17).

Overall satisfaction with contacting NHS 111



43% of patients who contacted NHS 111 rated their experience as 'Very Good' or 'Good'. (This compares to 69% of those who completed the same survey in Shropshire in Spring 2021[7].) Nearly one third of people rated their experience as 'very Poor'.

Of the 43 people who rated their experience of contacting NHS 111 as 'Poor' or 'Very Poor' 32 provided further details. The two issues most frequently raised were:

- calls to NHS 111 not being answered in a timely manner (9 people).

[7] Experiences of urgent medical care in Shropshire | Healthwatch Shropshire

- long waits for a call back from the service (8 people).

Examples included:

- 'I had to end the call without advice as it took too long to be answered'
- 'Went to A&E when 111 call wasn't answered after 90 minutes'
- 'Could not get through to 111, just recorded messages re Covid, no chance to speak to person, eventually gave up and rang 999.'
- 'After calling 111, we waited two hours for a call back but nothing happened. We called again and was told we were on the system but it might be better to go straight to Princess Royal Telford'.
- 'My husband needs frequent re-catheterization when his catheter falls out due to bladder stones, (five times in the past two weeks). He is 88 and has dementia. He goes into retention and last week waited four and a half hours for help. Needing to use 111 to get this help is cruel for him and is lengthening their queue. Please I beg you allow us direct access to ShropDoc for re-catheterization.'
- 'Rang 111 due to a very poorly 3-year-old daughter, temp 39.9, rigors, delirium and vomiting. Was told a doctor would call back within two hours. They didn't call me back. After two hours I called back and was told they were very busy and couldn't tell me when a doctor would call me back but they would at some point. I am still waiting for the call back after 16 hours!'

Eleven of the 39 who rated their experience of NHS 111 as 'Good' or 'Very Good' provided further details. Four of these remarked on the length of time it took to get through to NHS 111, e.g.

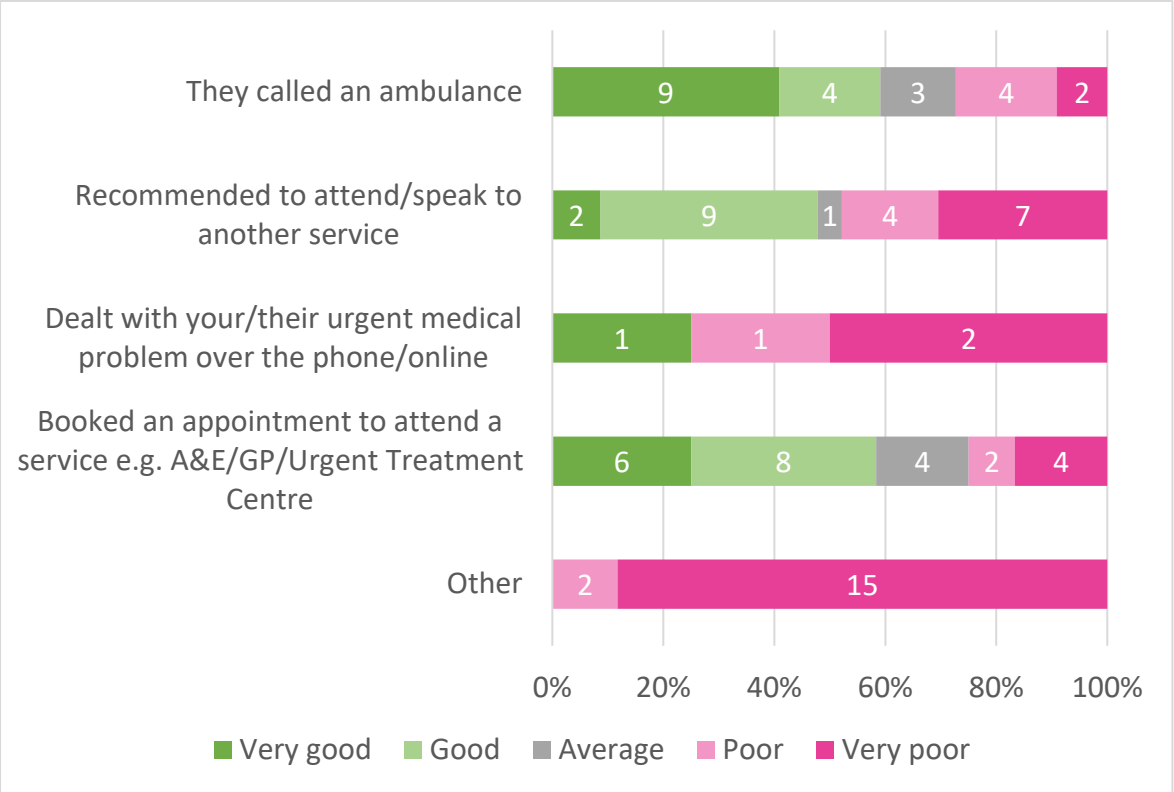
- 'Length of time 111 took to answer call but perhaps understandable in these times. Once answered things happened very quickly. Ambulance arrived and admitted to PRH.'

Three people commented on the quality of the staff:

- 'Staff were helpful and informative'
- '111 operator was very helpful and very patient. When ShropDoc phoned he arranged for a face-to-face meeting within an hour. I was then admitted to PRH Urgent Treatment Centre then onto a ward. Everything happened quickly and I was well looked after. My wife was kept informed at each stage.'

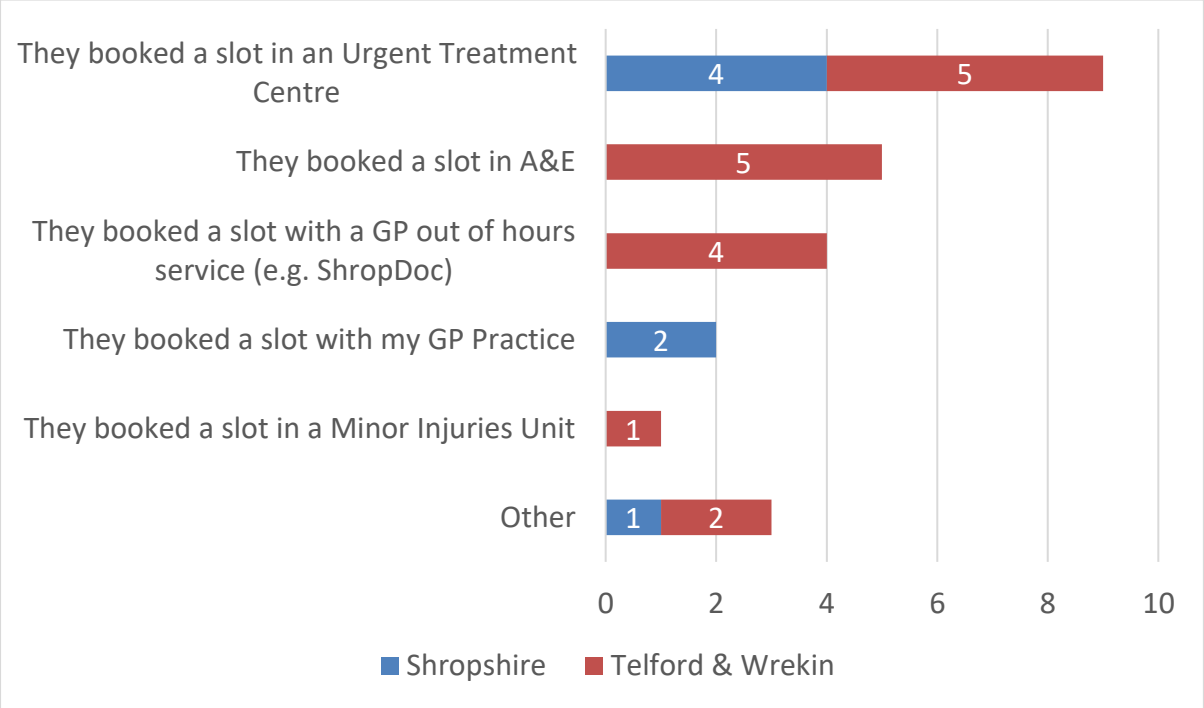
'Took my issue very seriously, 111 passed my query to the pharmacist who called me back quickly and was able to put my mind at rest.'

Satisfaction rates of NHS 111 contact shown by outcome of contact



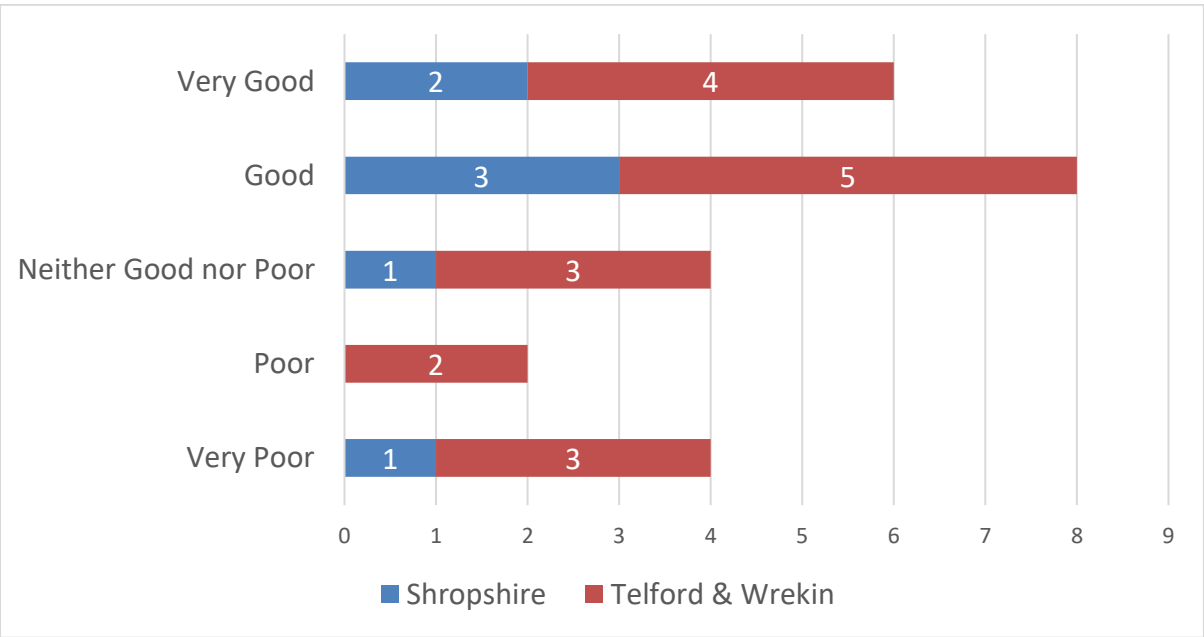
Experience of Booked Appointments

24 patients (26%) were booked into appointments with other services



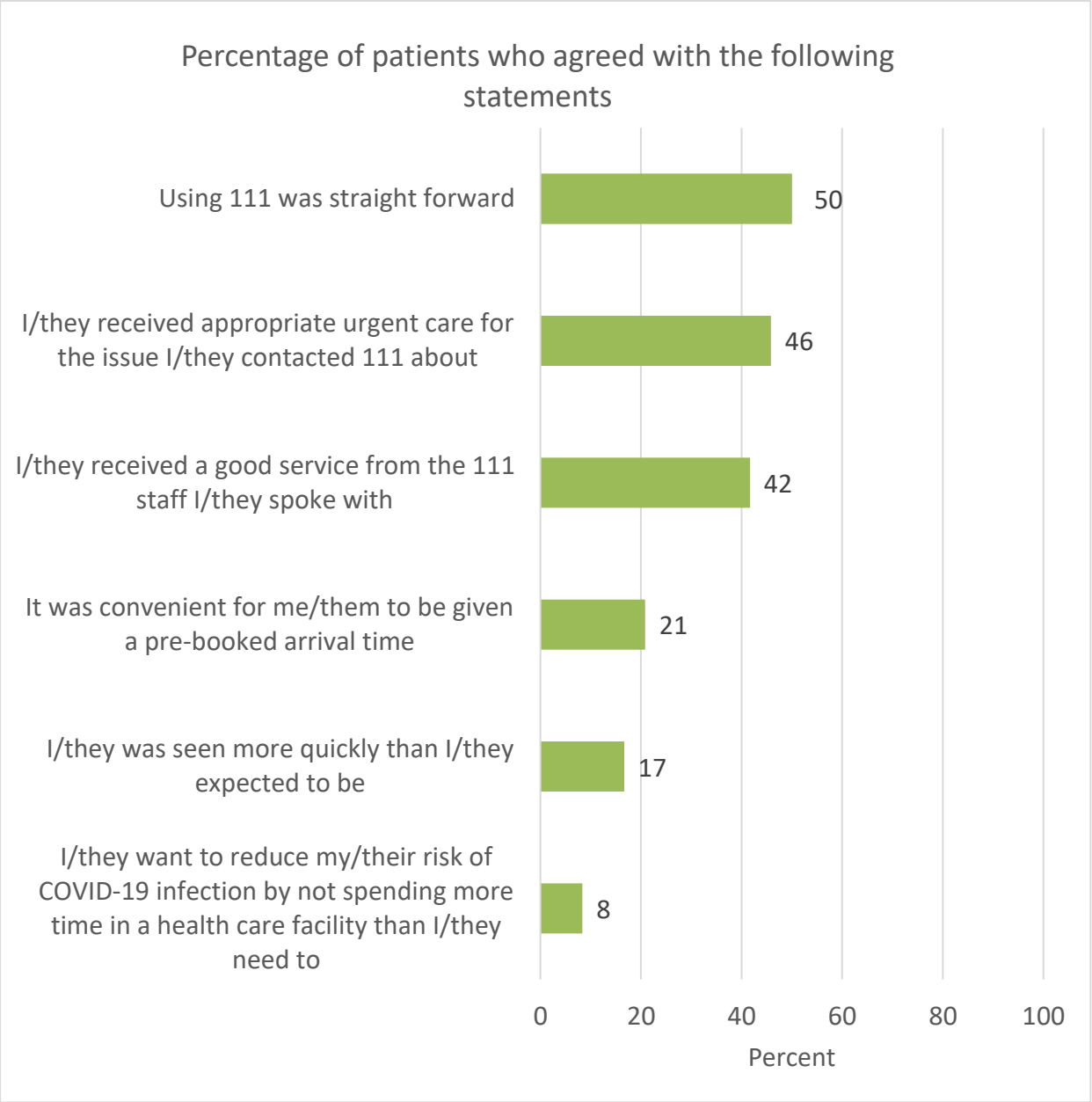
All 24 patients who were booked into an appointment attended and received face to face treatment.

Satisfaction with the booking process



58% of people told us that they would rate their experience of booking an appointment through NHS 111 as 'Good' or 'Very Good', 25% described it as 'Poor' or 'very Poor'.

We asked them if they agreed with a number of statements.



Of the 24 patients who were booked into appointments by NHS 111 First 10 gave further details about that process. Nine were negative and one was positive. Seven of the negative experiences were for appointments booked at Princess Royal Hospital:

- 'On arrival … they could not find any record of him calling 111 which he had and they gave him a time. He did go for chest pains so really should not of sat in the room for that long. Yes they did apologise [but a] couple of the staff were a bit rude which is nothing new for the PRH.'
- 'Waiting time when I called 111 was ridiculous. Took over 45 minutes for my call to be answered. Consequently, next time I went straight to A&E. Also, I don't understand when I had an appointment at the urgent care centre at PRH I still had to go through the A&E triage system. Took up more staff time and a much longer wait for me.'
- 'Was in 'Urgent care' for 3 hours despite having an 'appointment' so in reality I had no appointment just a time slot in the hopes of managing crowd control.'
- '111 said booked appointment at UTC, it wasn't, had to wait three hours to be triaged following speaking with two people at NHS111'
- 'I took my sick grandmother to Urgent care after being advised by 111 and to be there within the next two hours. So we rushed to get there, we were there for 10 hours! It took 7 hours to be seen by a doctor, the nurse in charge was extremely rude and when we did get seen we were told there was nothing they could do. I am seriously disappointed in this treatment and I just wish things were better handled.'
- 'Although I contacted 111 they were unable to book an appointment as all the slots had gone,. They advised me to attend and wait but did not give the hospital any notification.'
- 'Given 1 hr time slot but sat in A&E triage for over 5 hours.'

The positive experience was for an appointment booked at the Minor Injuries Clinic in Bridgnorth:

- 'We arrived for a pre booked appointment all went smoothly came away with firstly a prescription then a referral to a specialist'

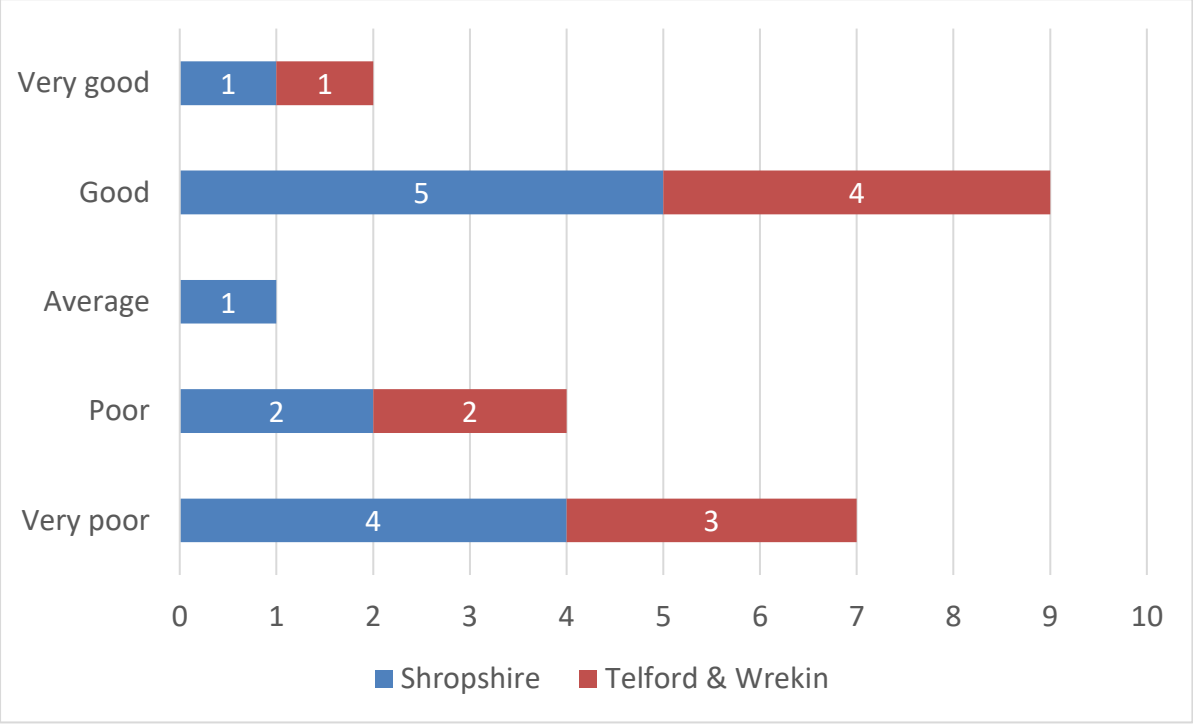
However, 20 out of 24 patients (83%) told us they would use the system of contacting NHS 111 first again if a booked appointment could be made for them.

Experience of NHS 111 from patients who were recommended to attend/speak to another service.

Eight patients were recommended to attend/speak to another service. Two to a pharmacy, five to their GP and one to ShropDoc. A further 15 answered 'other',

eight were referred to ShropDoc for a call back, seven were referred to another service without an appointment: A&E - 5, GP – 1, emergency dentist - 1

Rating of NHS 111 by those who were recommended to attend/speak to another service



48% of patients who were recommended to attend/speak to another service rated NHS 111 as 'Good' or 'Very Good', similarily 48% rated the NHS 111 service as 'Poor' or 'Very Poor'.

Examples of poor experiences:

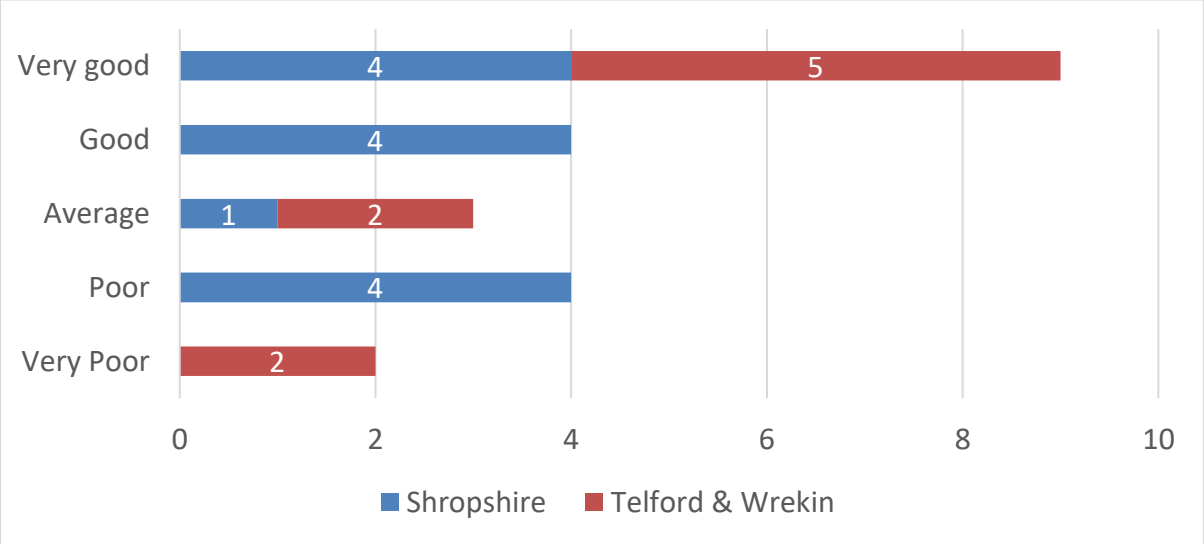
- 'MIU closed. Inappropriate referral made. Waited 27 hours for treatment which eventually was through persistence at GP a day later'
- 'The person who spoke to me had no local knowledge, advised me to contact a centre that was closed at the weekend'

Examples of good experiences:

- 'Broken ankle in 3 places. Unsurprisingly 111 advised A&E. I was lucky that RSH A&E was quiet and treatment began within 15 mins of my arrival. I was operated on the following day and discharged home after 3 days'

- 'Outcome was great as my mother was seen at home and admitted straight to a ward. The only downside was that it took 3 phone calls and discussions with 3 different people over about 6 hours'

Experience of NHS 111 from patients where an ambulance was called.
In 22 cases an ambulance was called. These patients were asked about their experience of calling NHS 111:



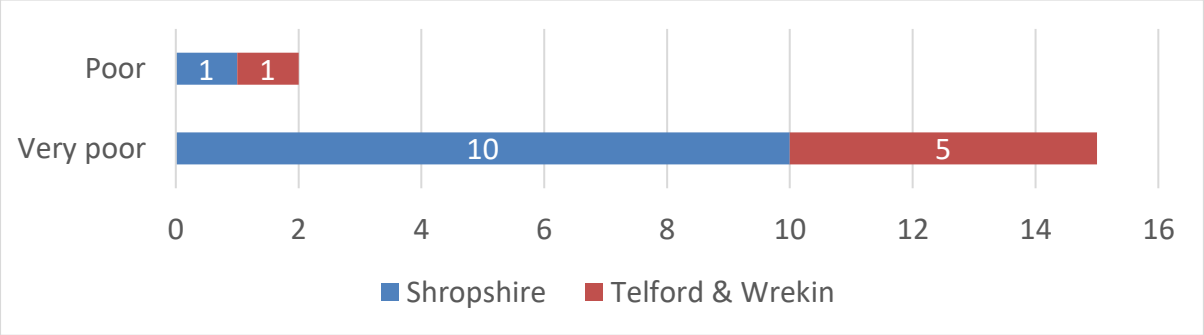
59% of those for whom an ambulance was called described their experience of NHS 111 as 'Good' or 'Very Good', 30% described their experience as 'Poor' or 'Very Poor'.

Where people gave us further details about their experience it focused mainly on their experience of the resulting service and treatment however two people did comment on NHS 111:

- 'Whenever I have used the 111 service they have said I need an ambulance (phoning about elderly mother) I appreciate they are mindful of age, condition, etc but on nearly every occasion the ambulance crew have said need [out of ours doctor] OOH doctor. The 111 service in itself is fine but not if there is limited options in outcome, we really need a better way in Shropshire for OOH care!'
- 'Ambulance was unnecessary expense for NHS. I just needed to speak to a doctor. The triage system needs refining, it was too ready to send ambulance crew out, I understand they get a lot of this.'

Experience of NHS 111 from patients who described the outcome as 'Other'

Seventeen people described the outcome of their call with NHS 111 as 'other'.



All of the people who described their outcome as 'other' described their experience of NHS 111 as 'Poor' or 'Very Poor'.

Twelve people gave further details, 11 commented on either calls to NHS 111 not being answered in a timely manner or long waits for a call back from the service. Examples include:

- '5-month-old baby. Aspirated feed. Difficulty breathing. Too much recorded messages and information given by automated service when dialled 111. Called 999 Ambulance. People in need of medical advice must speak to a human being immediately.'
- 'I have used 111 many times from work and for my children but over the last few months there just seems like other services not to be enough people available. Resulting in lots more 999 calls resulting in longer waits and inappropriate call outs'.

One person described their efforts to support their dying partner:

- 'My partner had spent two weeks in hospital and had been discharged as no more treatment was available (gall bladder cancer) In the end I phoned 111 three times as she had got very ill at home. She didn't want another visit to hospital so I hoped a GP could visit but none were available. After the third call she declined very quickly and died about an hour later.'

The Carers Experience.

We wanted to know if there were any obstacles to carers being able to discuss the issues and needs of the person for whom they were caring with NHS 111. We aimed to find out if there were issues around:

- Being with the patient at the time of the call
- The patient's permission for the carer to speak on their behalf being already recorded on the patient's summary notes
- Having to explain that they had the patient's permission

Thirty-four people told us that had contacted NHS 111 on behalf of somebody they cared for, 27 (79%) of those carers reported that they were able to discuss the patient's needs with the NHS 111 health advisor. Of the seven who reported they weren't able to discuss the patient's needs, five reported that it was because the call was not answered in a timely manner.

Of the 27 carers, 14 reported that the patient's permission for them to discuss the patient's health needs was recorded on the patient's summary notes, three that it wasn't and 10 didn't know.

Only two people were not with the patient at the time of the call, however both felt that their call was not answered in a timely manner and therefore didn't speak to NHS 111.

Those who contacted their GP initially

Forty-two people contacted their GP. Half of those were treated by their GP. Thirteen people (31%) were advised to contact another service or had a hospital admission arranged for them.

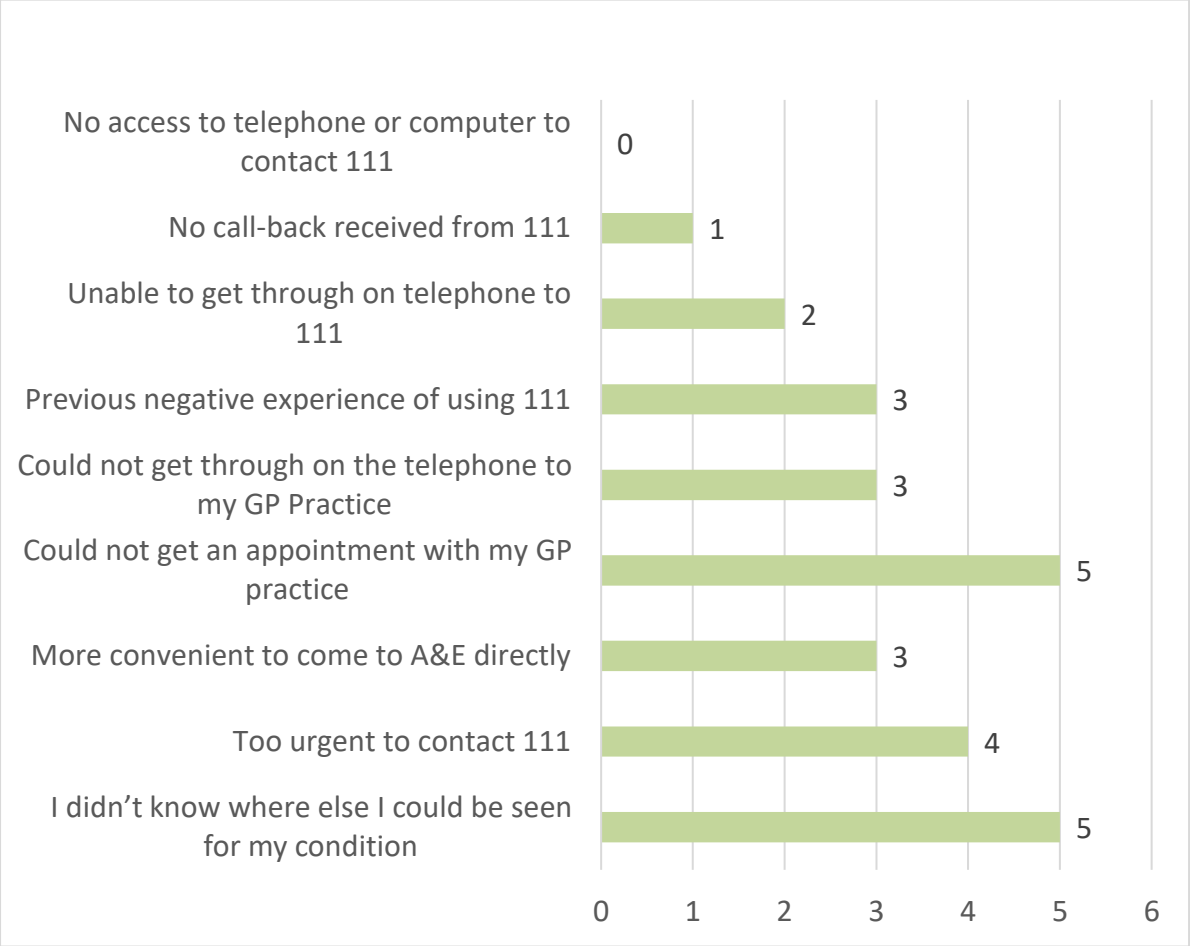
Seven people (17%) reported that they were offered an unsuitable appointment. Of these seven people five people then called NHS 111, one waited for a call back and in one case it was unclear what happened. One person attended A&E due to a promised urgent call back not happening.

Outcome of GP contact	No.	%
Treated either face to face or remotely	21	50
Offered unsuitable appointment	7	17
Advised to ring NHS 111	6	14
Advised to go to A&E	2	5
Advised to go to UTC	2	5
Advised to ring 999	1	2
Arranged hospital admission	2	5
Attended A&E after lack of call back	1	2
Total	42	100

Those who went straight to A&E

Sixteen people went straight to A&E. The largest proportion of these, seven people (44%) were registered with a GP practice in the Shrewsbury PCN. We asked people to indicate their reasons for going straight to A&E.

What were your/their reasons for going straight to A&E?



Three people explained their reasons for going to straight to A&E:

- 'I thought I had broken a bone, GP would only send me to A&E, and I knew I wouldn't get a same day appointment [at the GP].'
- 'Child with breathing difficulties,111 have little knowledge of local area and the appropriate referral for the needs of an unwell child. To access a ShropDoc appointment is difficult as the 111 system is long winded and too long and that is if you can get through or have time to wait for a call back.'
- 'The A&E team were so busy with people that didn't need to be there including me but I had no alternative. GP and 111 just shocking. Over 12

hours to get a call back when you get through. Who holds them to account? Well done A&E you're soooo busy but you were amazing.'

Those who went straight to a minor injuries unit (MIU)

Five patients went straight to a Minor Injuries Clinic, three were treated there and two subsequently decided to go to A&E as they felt it would be quicker to be seen. The three who were treated at the Minor Injury Clinics rated their treatment as 'Good' or 'Very Good'.

Those who called 999 straight away

Eleven people called 999, six of these were taken to hospital, three were treated by paramedics at their home and two people felt the wait for an ambulance to arrive would be too long and took themselves to be treated, one at an MIU and one at A&E. Of those who were treated by paramedics, two rated their experience as 'Very Good' and one as 'Average'.

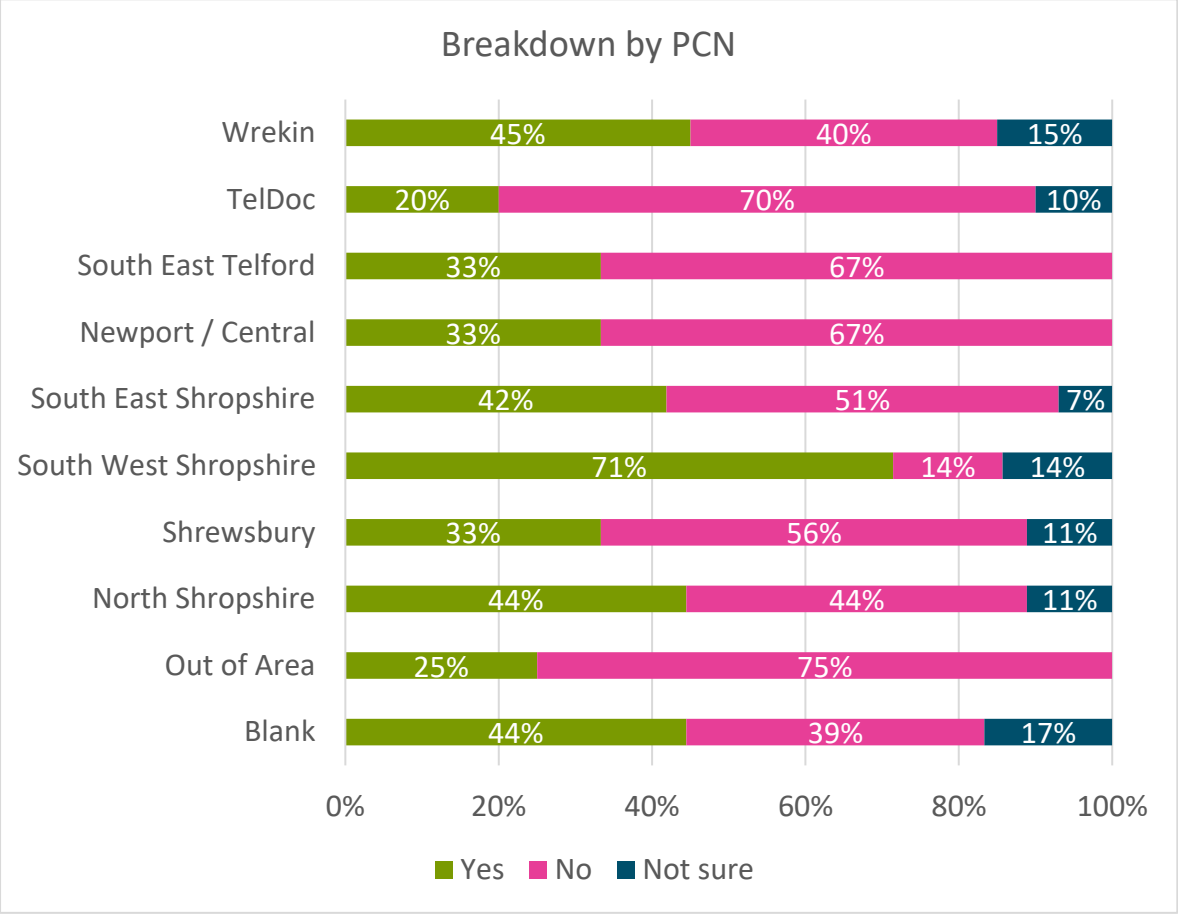
Five people commented that they felt the time they had to wait for an ambulance was unacceptable.

- 'Waiting for an ambulance and been told it could possibly be 6 hours before arrival, is not acceptable!!! When a 93-year-old patient has fallen outside and already been on the ground for 4 hours!! (Incidentally we only waited 2 1/2 hours in the end.)'

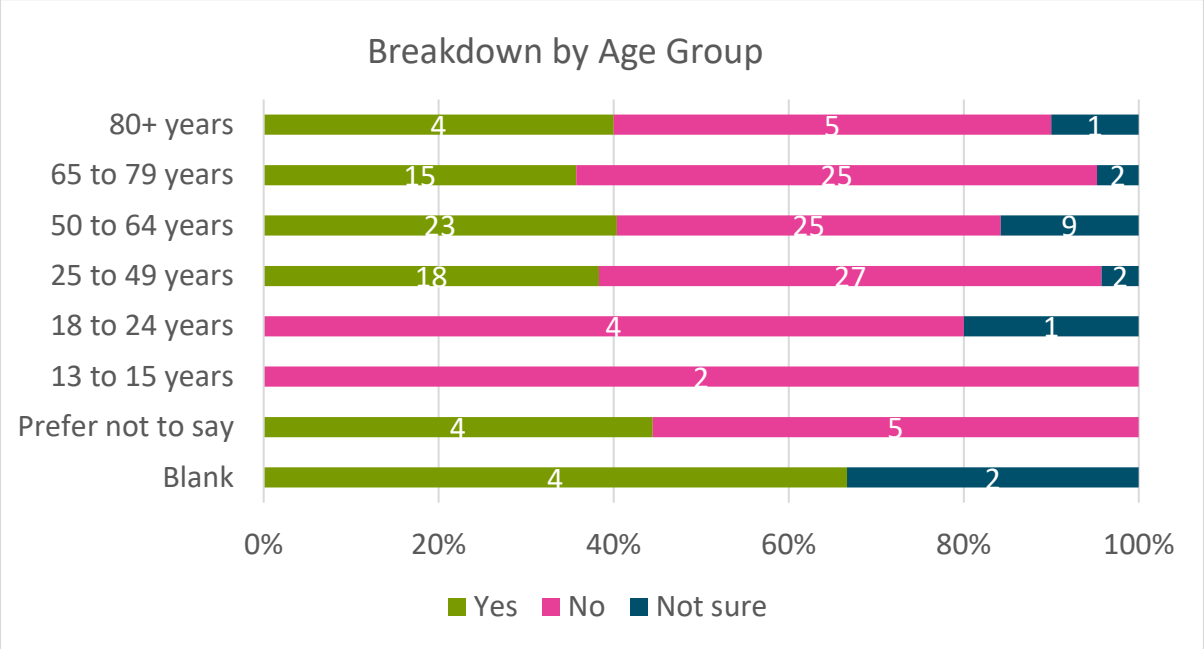
Awareness of NHS 111 First

We asked if people had been aware that NHS 111 First could book appointments with services such as GP, A&E and Urgent Treatment Centres. Overall, 52% of people (93) told us they were not aware, 38% (68) that they were aware and 10% (17) were not sure. (These proportions were very similar to those indicated in the spring 2021 survey, 55% were not aware, 35% were aware and 10% were unsure.)

Did you/they know 111 could book same day appointments with services such as GP, A&E and Urgent Treatment Centres?



Please note 'out of area' relates to people who live in Shropshire, Telford and Wrekin but whose general practice is outside the S,T&W area, for example in Wales.

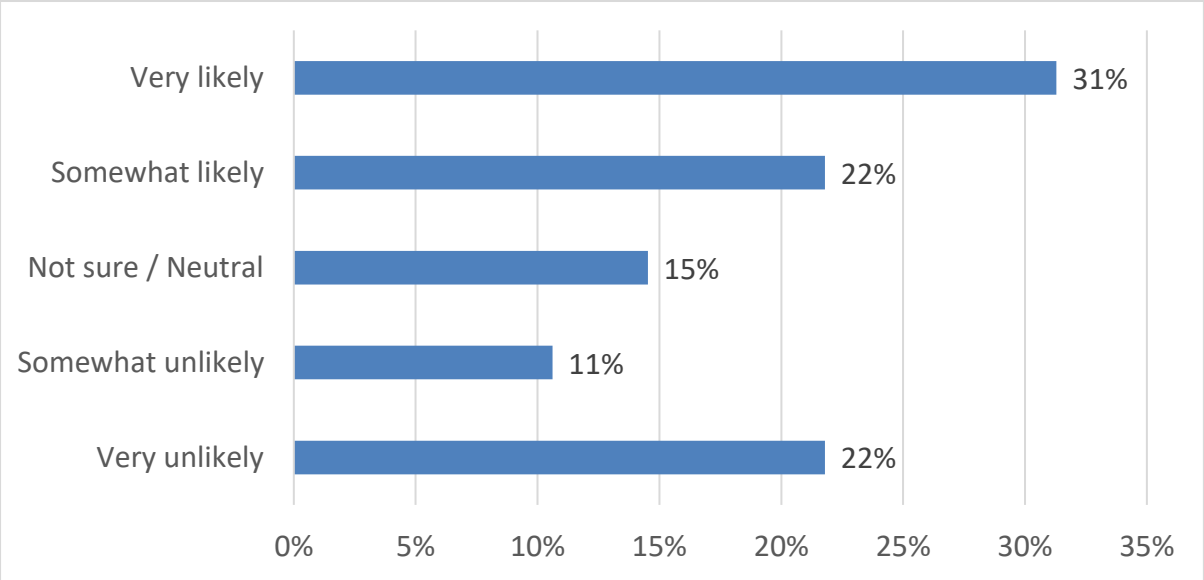


Of the 54 who told us they were aware 52 gave more information:

Please tell us how you knew:	**No.**	**%**
Media	14	27%
Previous contact with out of hours service	13	25%
Previous contact with wider NHS	7	13%
Word of mouth (family & friends)	7	13%
I work in the health and social care sector	8	15%
Patient or community group	3	6%
Total	**52**	**100%**

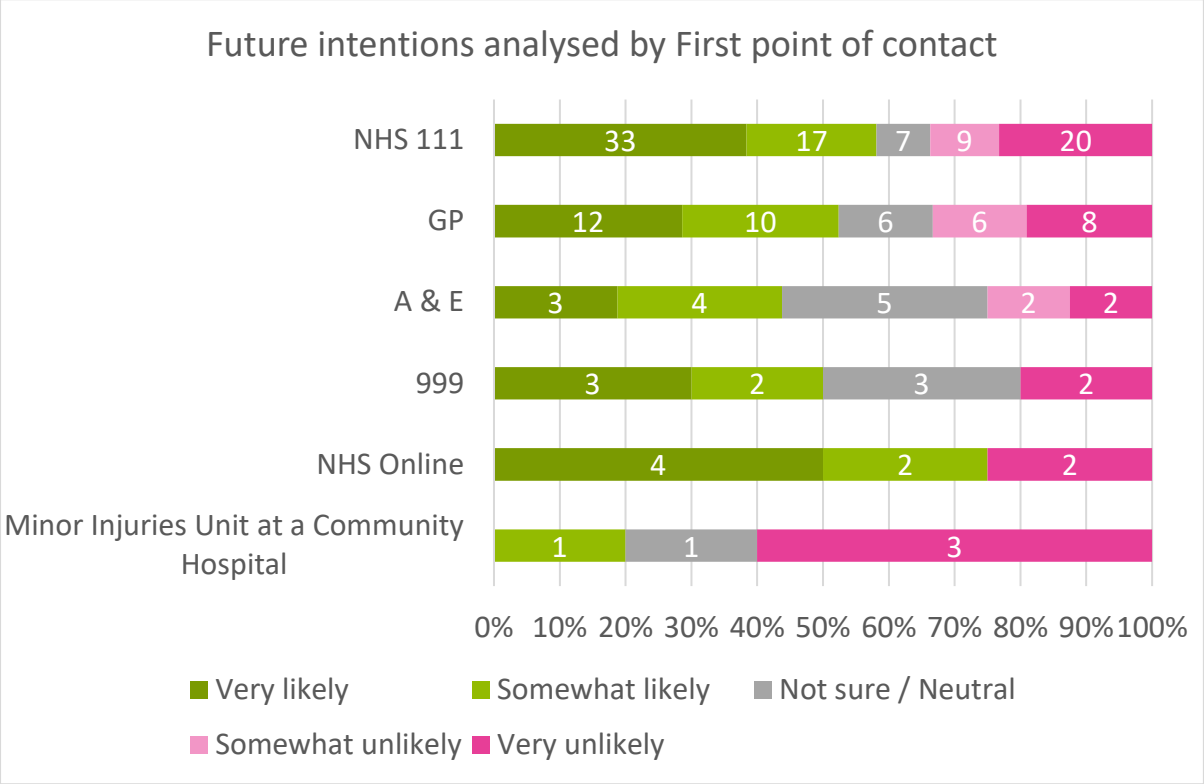
Intention to use NHS 111 First in future.

Knowing that 111 can book you an appointment with a GP or A&E, how likely are you /they to call 111 next time you/they have an urgent medical problem?



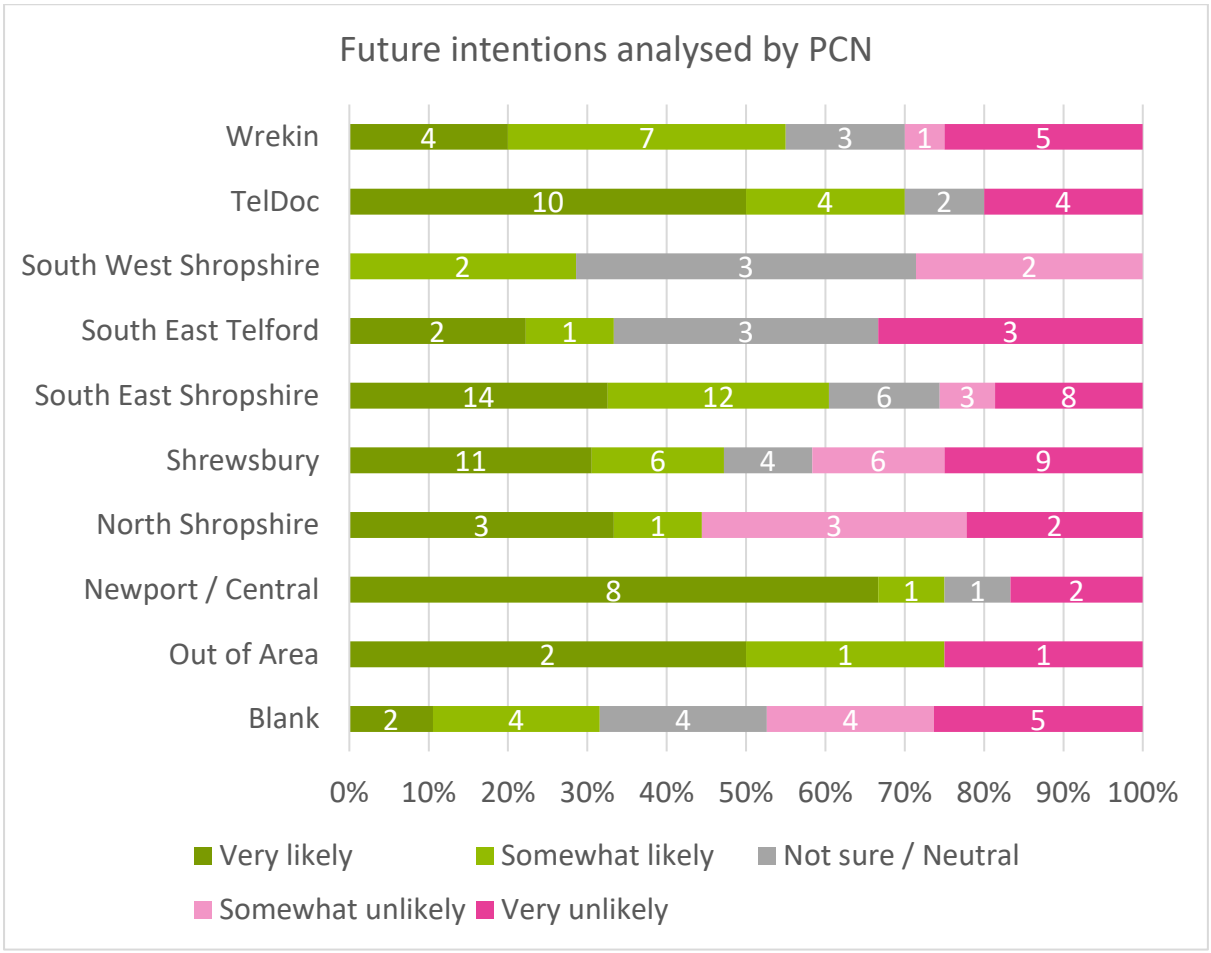
Overall, 95 (53%) of people were 'very likely' or 'somewhat likely' to contact NHS 111 the next time they were seeking urgent medical care. (This compares to a figure of 71% in the spring Shropshire survey[8].)

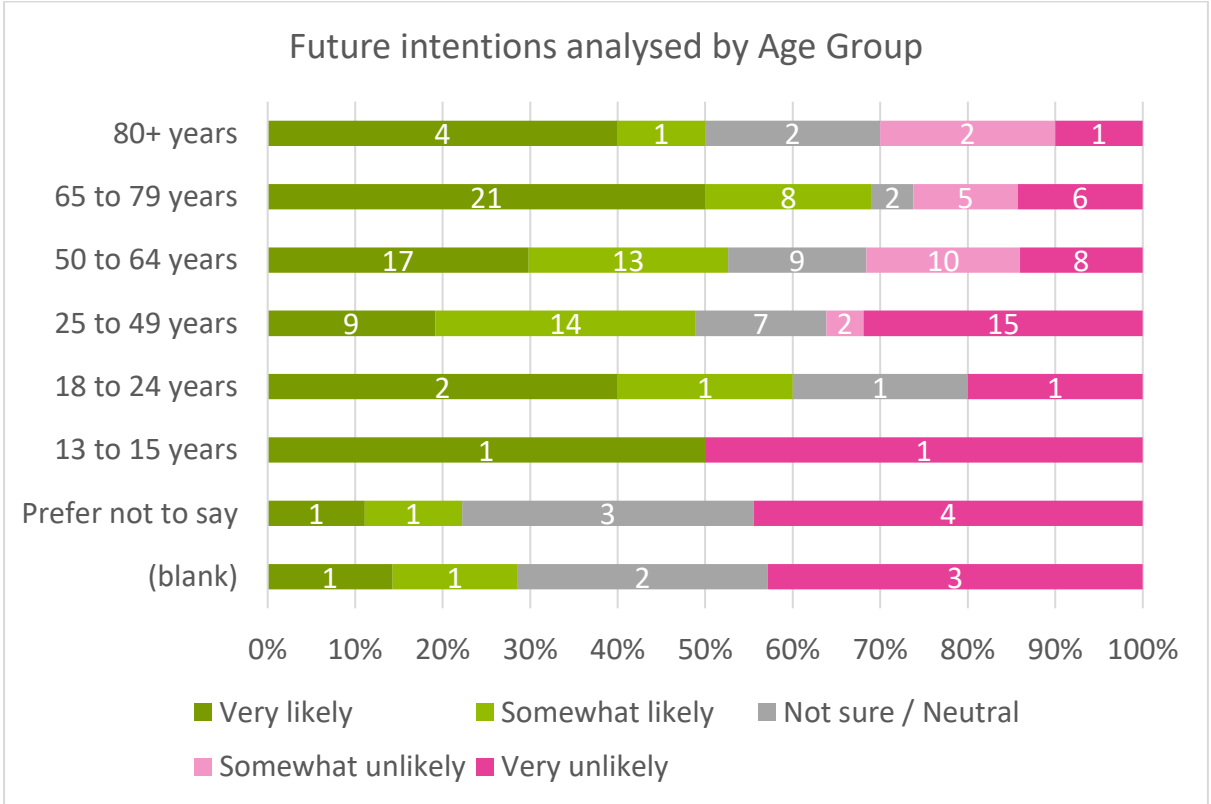
[8] Experiences of urgent medical care in Shropshire | Healthwatch Shropshire



The groups that were least likely to contact NHS 111 when they next had an urgent medical problem were those who went straight to A&E (44% 'somewhat likely' or 'very likely') and straight to a Minor Injuries unit (20% 'somewhat likely' or 'very likely'). 60% of those whose first point of contact was NHS 111 would be 'very likely' or 'somewhat likely' to contact NHS 111 next time, (This compares to a figure of 78% in the spring Shropshire survey[9].)

[9] Experiences of urgent medical care in Shropshire | Healthwatch Shropshire

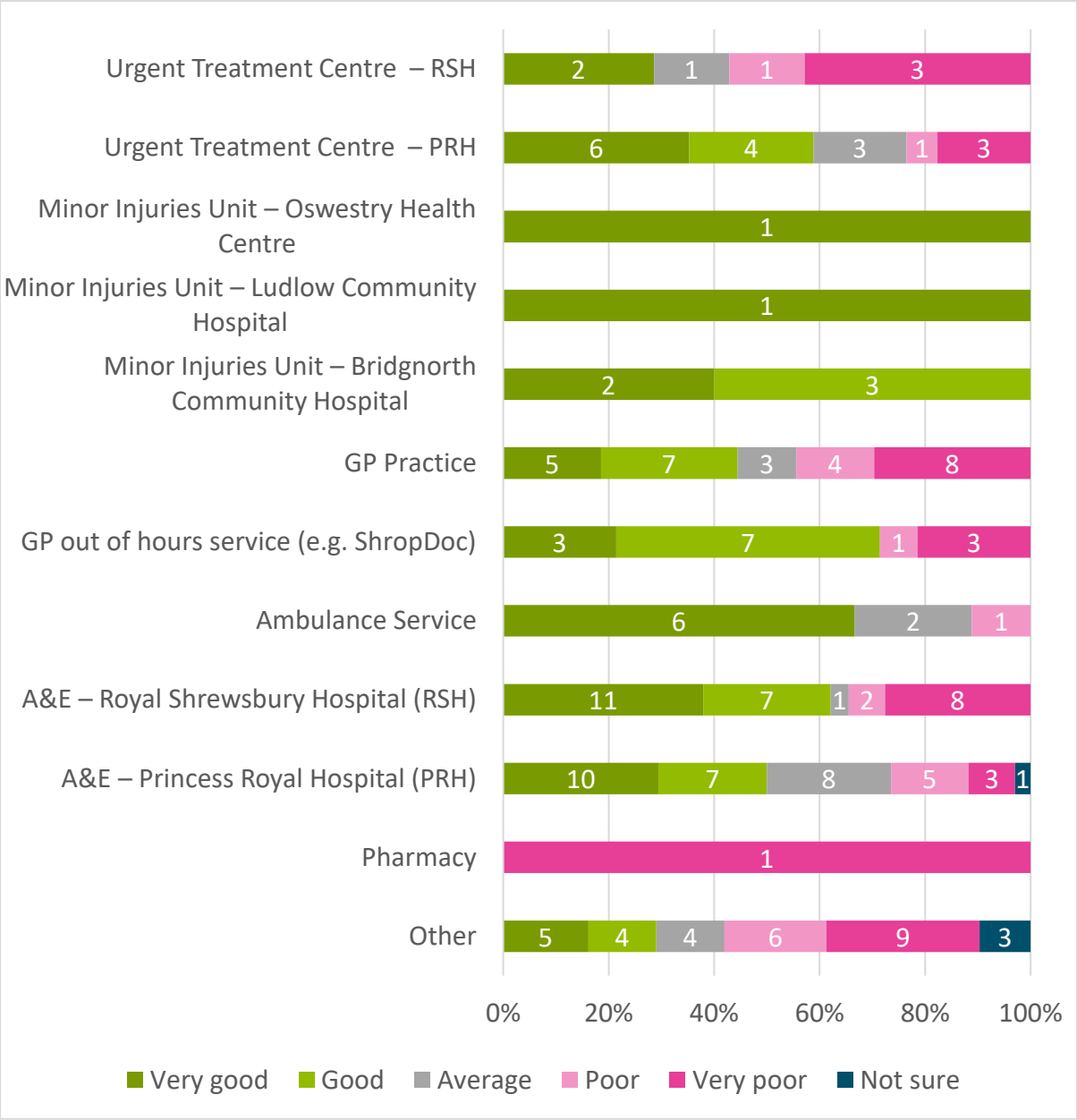

Future intentions analysed by PCN
Wrekin 4 7 3 1 5
TelDoc 10 4 2 4
South West Shropshire 2 3 2
South East Telford 2 1 3 3
South East Shropshire 14 12 6 3 8
Shrewsbury 11 6 4 6 9
North Shropshire 3 1 3 2
Newport / Central 8 1 1 2
Out of Area 2 1 1
Blank 2 4 4 4 5
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Very likely
Somewhat likely
Not sure / Neutral
Somewhat unlikely
Very unlikely


Future intentions analysed by Age Group
80+ years 4 1 2 2 1
65 to 79 years 21 8 2 5 6
50 to 64 years 17 13 9 10 8
25 to 49 years 9 14 7 2 15
18 to 24 years 2 1 1 1
13 to 15 years 1 1
Prefer not to say 1 1 3 4
(blank) 1 1 2 3
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Very likely
Somewhat likely
Not sure / Neutral
Somewhat unlikely
Very unlikely

Sixty-four (59%) of those 50 years old and over were very likely or somewhat likely to contact NHS 111 the next time they were seeking urgent medical care, this compared to 27 people (50%) of those under 50. These figures compare to 69% of over 50s and 75% of under 50s in the spring Shropshire survey.

Experience of being treated

Overall, how would you/they rate your experience of the service that treated you/them?



Overall:

- 91 (52%) rated their treatment as 'Good' or 'Very Good', (compared to 78% in the spring,
- 22 (13%) as 'Average', compared to 7% in the spring
- 59 (34%) as 'Poor' or 'Very Poor', compared to 12% in the spring
- 4 people (2%) were unsure.

What is most important when seeking urgent medical care?

We asked people to choose two or three criteria from the following list:

Criteria	Shropshire		T & W		Total	
	No	%	No	%	No	%
My issue being solved quickly	73	72%	54	68%	127	70%
Seeing someone who is well qualified/a specialist	57	56%	59	74%	116	64%
Getting access to a specific treatment or test	40	40%	35	44%	75	41%
Being treated with dignity and respect	27	27%	26	33%	53	29%
Not needing to wait for an appointment	31	31%	18	23%	49	27%
Being seen by someone I trust	18	18%	11	18%	29	16%
Being seen somewhere that is easy to get to	18	18%	11	18%	29	16%
Other	1	1%	5	6%	6	3%

Shropshire, Telford & Wrekin Integrated Care System response

Shropshire, Telford and Wrekin Integrated Care System (ICS) welcomes this Healthwatch report as important information and feedback that will be invaluable in assisting us develop and improve urgent medical care in our county. The results of the survey will be presented to the system Urgent and Emergency Care Board in February 2022.

Shropshire, Telford and Wrekin (STW) CCG are committed to working with our partners to improve patient experience and satisfaction in using Urgent and Emergency Care Services such as NHS 111 and 999. The key findings of this invaluable survey will feed into existing work plans to improve the provision of urgent and emergency care for our population ensuring that patients are seen in the right healthcare setting, first time.

We will use your feedback to further develop the existing work including:

- Increasing utilisation of 111 bookable appointments in A&E, Urgent Treatment Centres, Minor Injuries Units and Primary Care.
- Increasing the use of alternatives to A&E including raising awareness across the County of services on offer and options for self-help
- Promoting health and wellbeing with a focus on people with respiratory illness especially those recovered from Covid-19
- Working with 111 to ensure the Directory of Services, which could be compared to the “yellow pages” of available services for patients across the county, is up to date and effectively utilised.
- Local Care Programme is looking at the wider out of hospital care grounded in the community and one of the key principles of the programme is on “individuals” not “patients”
- The system is currently in the process of refreshing our Urgent and Emergency Care System Improvement plan for 2022/23 which will include key workstreams identified above and other focus areas that will support improving patient care and patient experience.

NHS 111 Response

West Midlands Ambulance Service (WMAS) University NHS Foundation Trust provides the NHS 111 service for Shropshire, Telford & Wrekin:

Thank you for the opportunity to comment on the Healthwatch Survey report on the experiences of urgent medical care in Shropshire, Telford & Wrekin.

This report highlights the positive aspects of care in this area as well as highlighting those areas where we didn't meet the expectations of the population across Shropshire, Telford & Wrekin.

There is no doubt that the last two years have been exceptional in every respect; it has tested to the extreme every bit of the healthcare system and I believe the findings in this report reflect the performance of our services and the wider health services.

WMAS took on the responsibility for the NHS 111 service on 5th November 2019 and rapidly became one of the highest performing services in England. We had strong plans for the development of the service and the delivery of 1.2 million 111 calls across the West Midlands Region (excluding Staffordshire who have a different NHS 111 Provider) every year.

With the arrival of COVID in January 2020, the NHS as a whole and the NHS 111 and 999 services were rapidly put under pressure that was both unexpected and unique; nobody working in the NHS had ever experienced a global pandemic before.

We had a number of unique challenges in the delivery of the NHS 111 service, including a massive increase in demand to nearly 2 million calls per year, staffing pressures due to COVID absences, attrition of staff, many new staff in post and the impact of pressures on our 999 service.

Our staff have done their best and WMAS recognises that on occasion we haven't provided the level of service that our population deserve. We have tried our best, but COVID demand and the difficulty experienced by people trying to access other services has meant that on occasions we have simply been overwhelmed.

We initially had the vision to integrate the 111 and 999 call handling to give us added resilience. Despite the COVID period we still did this, moving most of our call handling into one purpose fitted building. As a result of this we have managed to maintain the best 999 call answering performance in England as we have put every effort into maintaining our response to our most acute and time dependant

patients. 111 call answering has been impacted as a result of this as well as the significant increase in call volume.

The call volume into 111 is highly variable, for example on 18th December 2021 in the early hours of the morning we received 47 calls per hour and this number increased every hour until 10am when we were receiving 840 calls per hour (one call every 15 seconds) into the service. At times of massive demand, we don't always get to answer each call in a timely way and some people decide not to wait.

We are not complacent, and we are working really hard to improve our call answering performance as well as being able to respond to the significant call volumes we are now experiencing (40% higher than we originally planned for). We are currently recruiting and training an additional 450 call handlers who will be operational within the next 3 months.

We welcome the work done by Healthwatch in identifying areas for improvement and I would like to thank the people of Shropshire, Telford & Wrekin who have given their feedback.

Acknowledgements

Healthwatch Shropshire and Healthwatch Telford & Wrekin would like to thank the organisations who helped to promote this survey. We particularly thank all those people receiving services who have shared their experiences with us.

Get in Touch

Please contact Healthwatch Shropshire or Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.

Healthwatch Shropshire

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- enquiries@healthwatchshropshire.co.uk
- www.healthwatchshropshire.co.uk
- 4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG

Healthwatch Telford & Wrekin

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- info@healthwatchtelfordandwrekin.co.uk
- https://www.healthwatchtelfordandwrekin.co.uk
- Meeting Point House, Southwater Square, Town Centre, Telford, TF3 4HS

Appendix A

Demographic Information

Please tell us which GP practice you / they are registered with:			
North Shropshire	**10**	**Newport / Central**	**12**
Cambrian Medical Centre	2	Donnington Medical Practice	4
Churchmere Medical Practice	1	Linden Hall Surgery	4
Drayton Medical Practice	3	Shawbirch Medical Centre	4
The Caxton Surgery	2	**South East Telford**	**9**
Wem & Prees Medical Practice	2	Court Street MP	4
Shrewsbury	**36**	Stirchley Medical Practice	5
Belvidere Medical Practice	2	**TelDoc**	**20**
Claremont Bank Surgery	5	Shifnal & Priorslee Practice	3
Knockin Medical Centre	2	TelDoc	11
Marden Medical Practice	3	TelDoc - Lawley	2
Marysville Medical Practice	1	TelDoc - Malinslee	3
Mytton Oak Medical Practice	4	TelDoc - Oakengates	1
Pontesbury and Worthen MP	5	**Wrekin**	**20**
Prescott Surgery	1	Charlton Medical Centre	6
Radbrook Green Surgery	1	Dawley Medical Practice	8
Riverside Medical Practice	2	Hollinswood	1
Severn Fields Medical Practice	6	Hollinswood and Priorslee	2
Shawbury Medical Practice	1	Wellington Medical Practice	3
The Beeches Medical Practice	2	**Out of Area**	**4**
Westbury Medical Centre	1	Chirk Medical Practice	1
South East Shropshire	**43**	Hanmer Surgery	2
Alveley Medical Practice	3	Montgomery MP	1
Bridgnorth Medical Practice	20	**Blank**	**20**
Broseley Medical Centre	3	Blank	18
Cleobury Mortimer MP	1	I do not know	2
Highley Medical Centre	6	**Grand Total**	**181**
Ironbridge Medical Practice	8		
Much Wenlock & Cressage MP	2		
South West Shropshire	**7**		
Church Stretton MP	2		
Craven Arms Medical Practice	1		
Portcullis Surgery	1		
Station Drive Surgery	1		
The Meadows Medical Practice	2		

Please tell us which gender you identify with:	No.	%
Woman	128	70%
Man	38	21%
Non-binary	1	1%
Prefer not to say	7	4%
Blank	7	4%
Total	**181**	**100%**

Is your gender different to the sex that you were assigned at birth?	No.	%
Yes	16	9%
No	143	79%
Prefer not to say	8	4%
Blank	14	8%
Total	**181**	**100%**

Please tell us which sexual orientation you identify with:	No.	%
Asexual	3	2%
Bisexual	4	2%
Gay	1	1%
Heterosexual/straight	125	69%
Lesbian	1	1%
Prefer not to say	24	13%
Blank	23	13%
Total	**181**	**100%**

Age Category:	No.	%
13 to 15 years	2	1%
18 to 24 years	5	3%
25 to 49 years	47	26%
50 to 64 years	57	31%
65 to 79 years	43	24%
80+ years	11	6%
Prefer not to say	9	5%
Blank	7	4%
Total	**181**	100%

Please select your ethnicity from the list below:	No.	%
White: British/English/Welsh/Scottish/Northern Irish	130	72%
White: Any other White background	14	8%
Black/Black British: African	3	2%
Mixed/Multiple ethnic groups: Black African and White	1	1%
Prefer not to say	5	3%
Blank	28	15%
Total	**181**	100%

What is your religion?	No.	%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	90	50%
Satanist	1	1%
Pagan	1	1%
No religion	41	23%
Prefer not to say	17	9%
Blank	31	17%
Total	**181**	100%

Are you a refugee or asylum seeker?	No.	%
No	168	93%
Prefer not to say	6	3%
Blank	7	4%
Total	69	100%

How would you describe your living situation?	No.	%
I live alone	35	19%
I live with friends and/or family	117	65%
I live in a care home	1	1%
Prefer not to say	10	5%
Blank	11	6%
Total	**181**	**100%**

Do you consider yourself to be a carer?	No.	%
Yes	30	17%
No	137	76%
Prefer not to say	6	3%
Blank	8	4%
Total	**181**	**100%**

Do you consider yourself to have a disability?	No.	%
Yes	44	24%
No	123	68%
Prefer not to say	8	4%
Blank	6	3%
Total	**181**	**100%**

Do you consider yourself to have a long-term condition?	No.	%
Yes	83	46%
No	81	45%
Prefer not to say	11	6%
Blank	6	3%
Total	**181**	**100%**

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healthwatch Telford and Wrekin

healthwatch Shropshire

Mental Health Crisis Services for Children and Young People in Shropshire, Telford & Wrekin

Survey Report

Engagement period:
October – December 2021

Publication date:
7th February 2022

Contents

About Healthwatch

Healthwatch is the independent health and social care champion for local people

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g., Shropshire, Telford & Wrekin Clinical Commissioning Group, Shropshire Council, Telford & Wrekin Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how local services are working in Shropshire, Telford & Wrekin

We are not experts in health and social care and surveys are just one of the methods we use to put a spotlight on services and ask people to share their views with us. Usually our surveys are publicised and promoted through our engagement activities (e.g., talks and stands at events) as well as through online publicity and local press releases. Due to the pandemic we were unable to use face to face engagement for this topic.

Please note

Our survey was time limited but we continue to want to hear from people who are willing to share their experiences with us and we will share them with the providers, commissioners and regulators.

Executive Summary

- 'There has been a significant increase in poor mental health of children, with self-harm, taking tablets and watching social media harm sites. Low mood and lacking in self-esteem and self-confidence. Drug taking has increased which in itself brings increased concerns.' (Head of School in a Shropshire Secondary School)

Since local Healthwatch was established in 2013 we have received comments from people about their experiences of accessing Child and Adolescent Mental Health Services (CAMHS) and witnessed the development of the current service, BeeU, provided by Midlands Partnership Foundation Trust (MPFT).

The mental health needs of children and young people are met by a range of professionals and organisations, including GPs, schools and colleges, social services and specialist providers including CAMHS and inpatient services (e.g., hospitals and specialist eating disorder units). The service they receive depends on the severity of their problems. (See p.12)

It has been widely reported in the media over the recent months that the on-going Covid-19 pandemic has impacted the mental health of children and young people and this has led to a greater severity of need among many and an increased demand on services at a time when they have had to adapt to working under Government restrictions and increased staff shortages.

In Shropshire, Telford and Wrekin the issues were highlighted by the Care Quality Commission (CQC) inspection of the Shrewsbury and Telford Hospital NHS Trust (SaTH) in February 2021 and report which described the experiences of children and young people going into the Trust in crisis due to 'acute mental health needs and or learning disabilities' and the challenges faced by the Trust to meet their need including the staff's understanding of and ability to treat these conditions when not mental health specialists. The CQC explained the importance of organisations working together to provide these children with the appropriate care and treatment, including MPFT and the local authority.

- 'Taking them to A&E if there is no medical treatment need is not helpful.' (Mental Health Professional working in Telford & Wrekin).

However, the lack of 'Tier 4' beds (specialist inpatient beds for the most seriously unwell) in the county means that our children and young people will be admitted to either Royal Shrewsbury Hospital or Princess Royal Hospital, or The Redwoods

Centre (an adult mental health hospital) while waiting to be moved to a suitable hospital outside Shropshire.

Healthwatch Shropshire and Healthwatch Telford & Wrekin were asked to give these children and young people the opportunity to share their experiences and say what could have been done to improve the help they have received. We know that ideally Shropshire would have its own specialist inpatient provision but this is not expected to happen for a number of reasons, including funding and resources. Ideally no child or young person would need to go into hospital and for many, early support could prevent this happening.

Our approach

Due to the on-going Covid-19 pandemic Healthwatch were not able to speak to children and young people face-to-face so we decided to produce a short online survey that was promoted through a press release, on social media and by SaTH, MPFT, the local authorities and voluntary and community sector organisations. The survey ran from 1st October to 13th December 2021.

We knew that many children and young people would not want to or be able to comment themselves so we also asked parents/carers and professionals working with them to share their experiences of crisis mental health services for this age group and their views on how things could be improved.

67 people shared their views with us, including six young people.

Key findings

Children and young people

The five children and young people were aged 13-20. Two had received services from BeeU in the community, one had also had to go to A&E and three had been an inpatient in Shropshire or outside the county.

The main issues highlighted were:

- Access and waiting times
- Changes to staff
- Relationship with professionals

Sample comments:

- 'I remember there was a long wait before I saw someone, and I almost gave up. I think professionals think because we are young, we don't understand as much' (14-year-old, Telford & Wrekin)
- 'The help I have been given since being on the waiting list has been so good I can't say anything that needs to be improved apart from the waiting list for the Psychiatrist because my suicidal thoughts had gotten worse.' (16-year-old, Shropshire)
- 'It would have helped me if I could speak to the same person. I always had too many different people and it's overwhelming.' (13-year-old, Telford & Wrekin)
- 'I wasn't given any help. I was just lectured and talked about.' (14-year-old, Shropshire)

Parents and carers

46 parents and carers described the experiences of 50 children and young people aged 10-26 years old with:

- Autism and/or a learning disability (16)
- Mental health, including anxiety, depression, refusing to go to school, self-harm and suicide ideation/attempts (24)
- Eating disorder/anorexia (6)

Positive comments related to professionals and the quality of support given, e.g.

- 'The support workers and nurses were good and talking things through with [them].' (Parent of 17-year-old, Shropshire)
- '[They have] had excellent on-going support [through their GP]' (Parent of 19-year-old, Shropshire)

The main issues highlighted were:

- Access and waiting times
- Assessment and diagnosis
- Communication and value placed on the parent/carer's views
- Care plans, Personalisation and continuity of staff
- Discharge and on-going support
- Dual diagnosis (e.g., children with a learning disability and anxiety/depression)

- Staff training
- Multi-agency working

Sample comments:

- 'Currently under BeeU but after years of waiting, it took [them] wanting to commit suicide for them to actually see [them]! Not good enough' (Parent of 15-year-old, Telford & Wrekin)
- 'It took a long time to receive an assessment [for ADHD], not much guidance for emergency help while waiting.' (Parent of 19-year-old, Telford & Wrekin)
- 'They were excluded from mainstream mental health services because of their learning disabilities' (Parent of teenagers, Shropshire)
- 'Completely inadequate. Protocols regarding informing a parent and the assessment environment ignored. No joined up service between police, social services, mental health provider. No proactive discharge plan and no follow-up.' (Parent of 19-year-old, Shropshire)
- 'Been in the system from age of 7 and although have regular appointments no care plan or support given.' (Parent of 11-year-old, Shropshire)
- 'The care has been a shambles with all the switching services, wards and transition from children's to adult services. It is wholly unacceptable.' 'Very little joined up services.' (Parent of 18-year-old, Shropshire)

A number of parents/carers were concerned that their child's experience of mental health services had had a negative impact on them and added to their trauma.

- 'It triggered [them] but there was not support put in place to help [them]. It was a damaging process' (Parent of 10-year-old, Shropshire)

Professionals

We heard from 16 people working in:

- The NHS (3)
- Education (5)
- Charity and the Voluntary Sector organisations supporting children and young people (7)
- The independent sector as a private counsellor (1)

The main issues highlighted were:

- The complex needs of children and young people
- Lack of time and appropriately trained staff
- Lack of services
- Lack of access to specialist services and training
- Challenges of multi-agency working, including communication and information sharing, criteria for accessing services and lack of shared definitions, e.g., 'crisis'

Sample comments:

- 'Prolonged hospital stays due to unavailability of Tier 4 beds creates a lot of issues with these young people. They spend many weeks and sometimes months waiting for a placement to implement the right support and care they need, [] We are a workforce of Paediatric trained Nurses and Doctors, we need additional training to help support these young people.' (SaTH)
- 'The Crisis Team are under immense pressure and work tirelessly to support young people in the community with the resources that they have. Step down from Crisis can be difficult, again due to lack of service provision in mental health.' (Mental Health Professional)
- 'The support is not available quickly enough. Early help support is not available to prevent children reaching crisis point. [] The huge rise in mental health needs is greatly outweighing the capacity in schools to support this.' (Primary Head Teacher)
- 'The MHST [Mental Health in Schools Team] do not have a clear criteria for schools to refer by.' (Primary School Inclusion Manager)
- 'Young people and their families struggle to get the support they need from BeeU - we have had some brilliant joint working with certain practitioners but there seems to be a barrier with accessing mental health support in the first place and other services are left to try and fill the gap. Understandable cuts to services nationally mean the BeeU service has lengthy wait lists - the turnover of staff can be difficult for young people too once they have built up a therapeutic relationship. [We] now have a joint working protocol with BeeU to try to best support young people with coexisting substance misuse and mental health issues.' (Substance Misuse Worker)
- 'Young people are dying waiting to be seen by mental health services, parents are unsupported and confused by the way teams do not communicate and the inconsistencies i.e., a young person might not see

the same social worker/counsellor or be passed between teams with no opportunity to build trust.' (Private Counsellor)

Key messages for the Shropshire, Telford & Wrekin Integrate Care System

We asked everyone to tell us how things could be improved.

Many people understood the challenges being experienced by services who support children and young people who are in crisis and need specialist support, including a lack of funding, difficulty recruiting to specialist roles and the lack of Tier 4 beds.

The things that people told us would make a difference to these children and young people, their families and carers, and the professionals working to support them were:

1. Reduced waiting times and signposting to sources of information, advice and support while waiting for assessment, diagnosis and specialist services, to prevent reaching crisis (including out of hours)
2. Improved monitoring to see how the child or young person is getting on to decide if they need to be seen sooner or action taken to prevent them reaching crisis
3. Clearer criteria and definitions, e.g., of 'crisis', to support schools to make appropriate and timely referrals
4. Once services have received referrals they need to communicate with children, young people and families/carers promptly, e.g., about expected waiting times, to reduce pressure on the referrer
5. Efforts being made to ensure children and young people have access to the same person rather than seeing multiple workers
6. Re-introduction of face-to-face appointments as soon as possible and the offer of a virtual face-to-face appointment in the meantime where the technology is available
7. Greater access for children and young people with learning disabilities to mainstream mental health services, this is likely to require services to work in partnership

8. More training for professionals so that they understand the challenges being experienced by children and young people and can provide the right support and signposting, e.g., Autism Awareness, Attachment, Trauma

9. Post-diagnosis support for children, young people, their families and carers to help them to understand the condition including workshops and support groups, e.g., for children with Autism, ADHD, Anorexia

10. Improved communication between services and children, young people and their families, e.g., listening to concerns, valuing the information provided by young people and their parents, agreeing a care plan

11. Improved multi-agency working to make sure care is coordinated and transition between services is seamless, e.g., Post Adoption Team and BeeU, Child and Adult Services

Context

On 24th February 2021 the Care Quality Commission (CQC) carried out an unannounced focused inspection at Shrewsbury and Telford Hospital NHS Trust (SaTH) because they had:

> 'received concerning information about the safety and quality of the provision of the assessment and treatment of children and young people who presented to the service with acute mental health needs and/or learning disabilities.' (p.2)

Following this inspection, the CQC stated:

> 'We have rated the service as inadequate and have taken enforcement action as a result of this inspection to promote patient safety.' (p.3)

However, they also noted:

> 'Staff coordinated the care of children and young people admitted with mental health needs and learning disabilities with other services and providers when required.' (p.5)[1]

[1] To download the full CQC report go to : https://api.cqc.org.uk/public/v1/reports/5a3f65db-bd7a-44e6-80ff-5af756efac80?20210419070435

In conclusion the CQC reported:

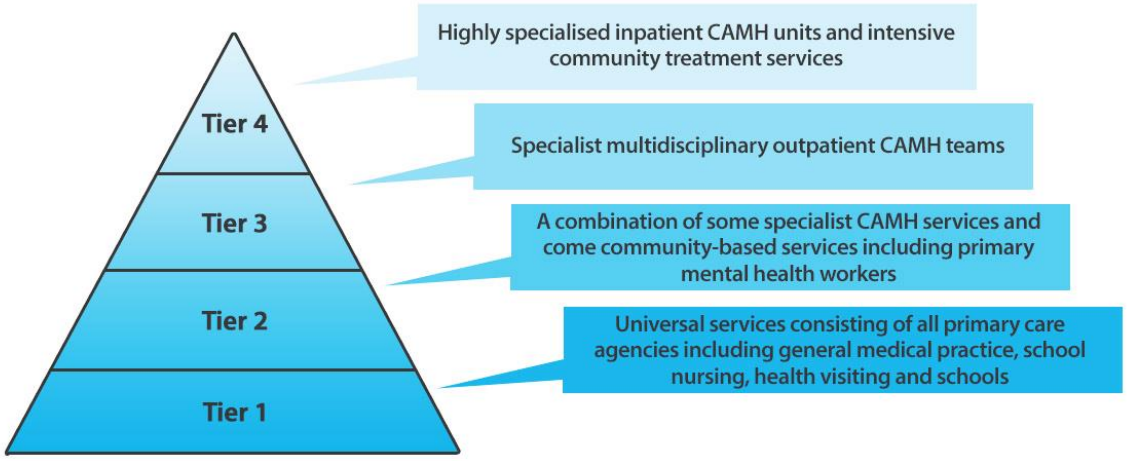
> 'Staff told us they had seen an increase in the numbers of children and young people who presented with significant mental health issues, learning disabilities and behaviours that challenged over the past year. The trust had a formal agreement in place with the local mental health trust[2] that stated how they would work together to provide training and administration associated with the Mental Health Act. However, there was no formal contract in place that outlined the specific support required to ensure the needs of children and young people with significant mental health needs, learning disability of behaviours that challenged were met.
>
> The contract for the provision of children and young people's mental health services at the trust was commissioned by the clinical commissioning group (CCG) from the local mental health trust. However, despite the reported increase in admissions in this cohort of patients, the trust had not worked with the CCG and mental health trust to ensure effective plans were in place to meet the needs of children and young people with significant mental health needs, learning disability of behaviours that challenged.'
> (p.13)

Before the report was published in April 2021 SaTH, the CCG and 'mental health trust' (Midlands Partnership Foundation Trust - MPFT) started working to improve how they were working together to make sure children and young people can receive the right care and treatment at the right time. This has included members of staff at MPFT being seconded to SaTH.

[2] Midlands Partnership Foundation Trust (MPFT)

The Children and young people's mental health service in England

The CAMHS tier system



Tier 1 (Universal services) These are services whose primary remit is not that of providing a mental health service, but as part of their duties they are involved in both assessing and/or supporting children and young people who have mental health problems. Universal services include GPs, health visitors, schools, early years' provision and others. Universal services are commissioned by CCGs and Local Authorities and schools themselves, and may be provided by a range of agencies.

Tier 2 (Targeted services) These include services for children and young people with milder problems which may be delivered by professionals who are based in schools or in children's centres. Targeted services also include those provided to specific groups of children and young people who are at increased risk of developing mental health problems (e.g., youth offending teams and looked after children's teams, paediatric psychologists based in acute care settings). Targeted services are commissioned by CCGs and Local Authorities and schools, and are provided by a range of agencies. Arrangements vary across the country and according to the nature of the service.

Tier 3 (Specialist services) These are multi-disciplinary teams of child and adolescent mental health professionals providing a range of interventions. Access to the team is often via referral from a GP, but referrals may also be accepted from schools and other agencies, and in some cases self-referral. These services are commissioned by CCGs although there may be a contribution from Local Authorities. The latter varies cross the country.

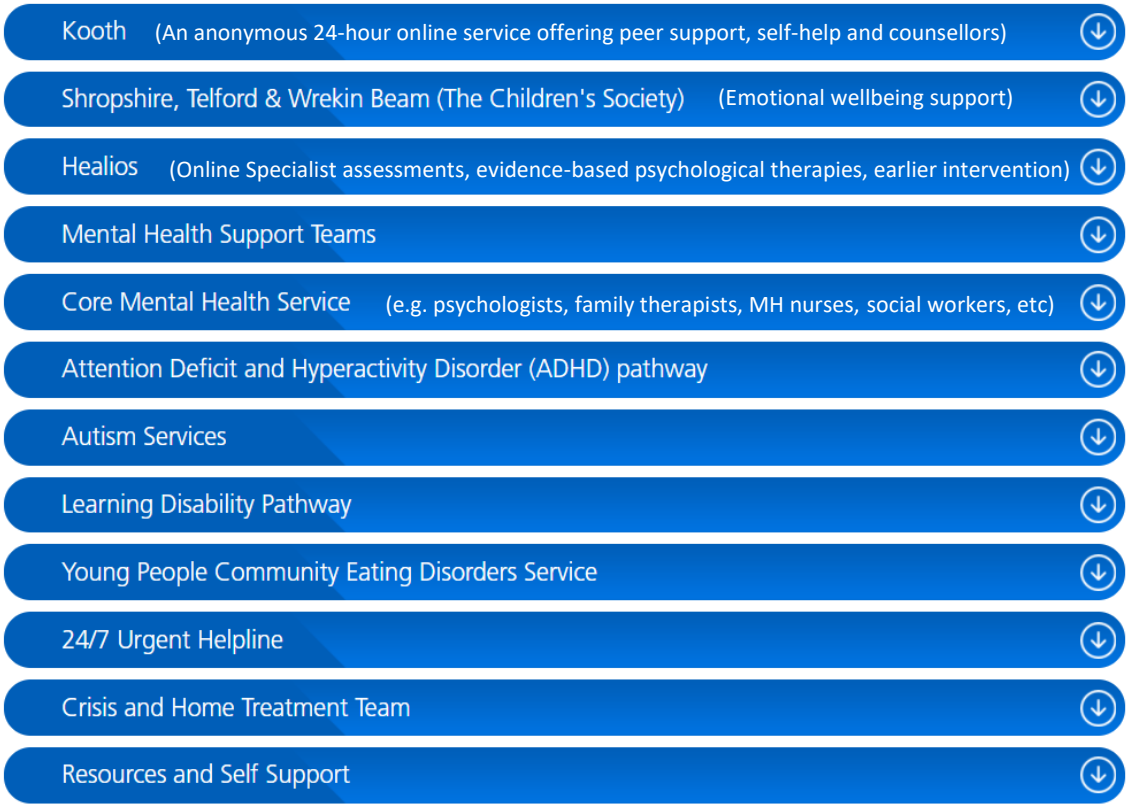
Tier 4 (Specialised CAMHS) These include day and inpatient services and some highly specialist outpatient services including services for children/young people with gender dysphoria; CAMHS for children and young people who are deaf; highly specialised autism spectrum disorder (ASD) services; and highly specialised obsessive compulsive disorder services. These services have, since April 2013, been commissioned directly by NHS England. p.11
https://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf

At the time of writing this report there are no 'Tier 4' inpatient beds for children and young people in Shropshire, Telford & Wrekin. So, if they are very unwell these patients often go to A&E and are admitted to a ward in SaTH or The Redwoods Centre[3] in Shrewsbury while waiting for a bed in a hospital outside the county.

The Midlands Partnership Foundation Trust (MPFT) provides specialist (Tier 3) CAMHS services:

> 'Bee U is the emotional health and wellbeing service for people, up to the age of 25, living in Shropshire and Telford & Wrekin.'

Services include:



https://camhs.mpft.nhs.uk/beeu

MPFT have given us the following description of BeeU:

> 'BeeU comprises of several providers who are commissioned by the Shropshire & Telford Clinical Care Group (CCG) to provide a full range of services for children and young people (CYP). Most referrals for mental health support for CYP are made via GPs according to NICE guidance and they are filtered by the MPFT BeeU Access Team. The Access team triage all referrals and signpost the

[3] The Redwoods Centre is run by MPFT 'for adults with acute mental health problems, dementia and rehabilitation needs'. https://www.nhs.uk/Services/hospitals

referral to the most appropriate service for that CYP. The most appropriate service might be provided by one of the other commissioned providers in the BeeU partnership, the local authorities and / or voluntary services. The treatment and support from all partner services is always CYP centred and is designed to provide the best opportunity for the CYP to learn how to recover. The specialist MPFT BeeU service is there to provide clinical services for Children and Young People (CYP) who have significant mental health issues, who cannot be treated by the other partners.'

Healthwatch are aware that children and adolescent mental health services (CAMHS) have traditionally been under funded nationally compared with adult services.

What we did

In June 2021 the Director of Nursing at SaTH approached Healthwatch Shropshire and Healthwatch Telford and Wrekin saying: 'I'm keen to explore how we can seek the voices of C&YP with Mental Health, I really want it to be a system piece.'

We then worked with members of staff at SaTH and MPFT to develop our approach. Due to the ongoing Covid-19 pandemic it was not possible for us to go out and speak to children and young people, their families/carers and professionals face-to-face so we decided to create an online survey which was put onto the website of both Healthwatch. The survey was promoted through a joint press release and social media messaging that was re-shared by service providers across the county. We also created posters that were placed in community halls and sent to GPs and Pharmacies.

'Over the last 12 months we have seen an increased number of children and young people presenting to Shrewsbury & Telford NHS Hospital Trust with mental health conditions and we are working alongside our system colleagues to ensure we are providing the best possible care. Your views are integral so that children and young people are at the centre of the future developments and improvement in our services.' – Director of Nursing at SaTH (Press release)

'There are times when a child or young person needs help quickly so we recently expanded the Crisis and Home Treatment service so that we can respond within 4 hours in the community, but we are keen to hear your experiences to help us understand how the service can be further developed.' - Managing Director Shropshire, Telford & Wrekin Care Group at MPFT (Press release)

Our main aim was to hear from children and young people themselves and so we wanted to make it as easy as possible for them to share their views while also asking what suggestions they had for how services could be improved.

We asked them to tell us:

1. A bit about you and what led up to receiving the latest help
2. What things do you most remember about the help you received?
3. When did you receive this help?
4. How could the help be improved?
5. Where were you treated?

We knew that a lot of these young people would not want to or feel like talking to us, so we also asked for the views of their parents/carers and professionals/volunteers working with them and their families.

The survey ran from 1st October to 13th December 2021. For the full survey please see Appendix 1.

What we found out

We heard from:

	Shropshire	Telford & Wrekin
Children & young people	2	3
Parents/carers	36	10
Professionals: NHS	2	-
Professionals: Other support services	6	2
Professionals: Education	1	4
Professionals: Not given	-	1
Total responses	**47**	**20**

Please note: We did not ask the postcodes of people completing the survey and so people could have completed it on either Healthwatch website regardless of where they live.

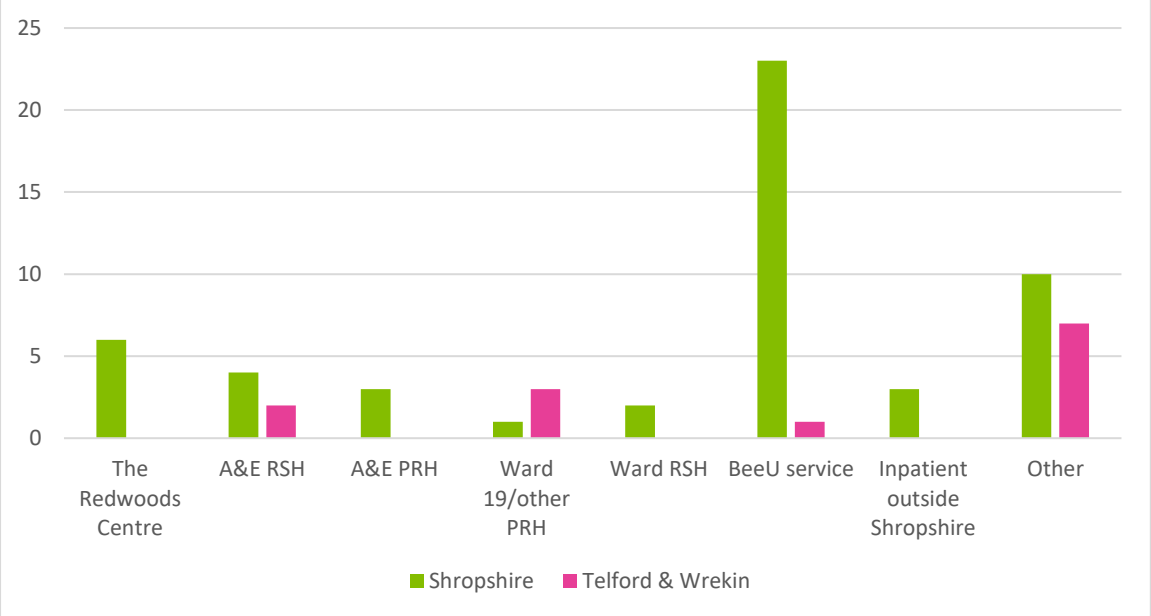
The children and young people

Chart 1: Age ranges

We also heard from the parent of a young person who is now 26 years old. They had been diagnosed as anorexic at 17 and discharged at 19. They had gone on to university.

- 'Fabulous support, from the doctor's receptionist who listened, to adult services discharge. Support was amazing'

Chart 2: Where the children and young people received services



Other includes:

- Adoption Support Team
- Adult Mental Health Service
- GP practice
- Private Counselling
- School

Due to the complex nature of the difficulties experienced by some of these young people they had accessed several services.

The issues experienced by the children and young people include:

- Abuse – domestic, emotional, sexual
- Adoption/attachment
- Attention Deficit Hyperactivity Disorder (ADHD)
- Anxiety
- Autism Spectrum Disorder (ASD)/Autism
- Bullying
- Depression/low mood
- Disability, e.g. learning disability, visual impairment
- Divorce/family breackdown
- Eating disorders – anorexia
- Health conditions
- Looked after child
- Pandemic
- Post traumatic stress disorder (PTSD)
- Self-harm
- School refusal
- Suicidal thoughts/ideation/attempts
- Transition, e.g. between schools and services

The experiences shared by children and young people and their parents/carers highlight that many young people experience multiple issues and some are triggered by their experiences of the services that are there to treat them or made worse by the delay in being seen.

What the young people told us:

I am 13 years old from Telford and Wrekin, I have always struggled with my mental health from being in care. I also struggle to make friends. I am currently receiving treatment. I first received treatment through the A&E department at RSH. I am now receiving treatment from another service.

What do you most remember about the help you received? 'I remember a lot of phone calls'

How could the help be improved? 'It would have helped me if I could speak to the same person. I always had too many different people and its overwhelming'

I am 14 years old from Shropshire and currently receiving treatment. I have been a patient at The Redwoods, A&E at RSH and PRH and been an inpatient outside Shropshire. I have been 'suffering with anorexia for nearly three years now also depression, anxiety and PTSD. I've been an inpatient [outside Shropshire] for six months and I was discharged with no help whatsoever.'

What do you most remember about the help you received? 'Nothing, I wasn't given any help. I was just lectured and talked about.'

How could the help be improved? 'Quicker in coming, contactable 24/7.'

I am 14 years old from Telford and Wrekin and I am currently receiving treatment for my eating disorder after I was admitted to Ward 19 in PRH.

What do you most remember about the help you received? 'I remember there was a long time to wait before I saw someone, and I almost gave up. I think professionals think because we are young, we don't understand as much'

How could the help be improved? 'Not having to wait so long before being treated'.

I am 20 years old from Telford and Wrekin and I have been receiving treatment for the last 6 months [*Didn't give name of service*]. I suffer with anxiety, low moods and struggle with isolation following a recent breakup.

What do you most remember about the help you received? 'I received a lot of over the phone support and I am currently waiting for high intensity therapy'

How could the help be improved? 'Not waiting until it gets so bad there's no choice but to treat'

I am 16 years old from Shropshire and started receiving treatment more than 18 months ago from BeeU. 'I have PWS (Prader-Willi Syndrome), and Autism I used to find it hard to deal with my emotions and understand other peoples. I then, after being on the waiting list for a long time, developed anxiety which led to being too anxious to go into school some days and then last year I started to have suicidal thoughts.'

What do you most remember about the help you received? 'After being on the waiting list for a long time I was given a Psychologist who helped me to learn other people's emotions and how to deal with mine after some time as it was felt it might be needed I was put on a waiting list to see a Psychiatrist to see about getting some medicine for my anxiety. [Both professionals] have really helped me and I feel I can be honest to them about things I find difficult to talk about and to be able to go into school every day again and to get a place at college.'

How could the help be improved? 'The help I have been given since being on the waiting list has been so good I can't say anything that needs to be improved apart from the waiting list for the Psychiatrist because my suicidal thoughts had gotten worse.'

What parents and carers told us

The main issues related to services identified by parents and carers were:

- Access and waiting times
- Care planning and personalisation
- Communication
- Continuity of care/staff
- Discharge
- Dual diagnosis (e.g. Autism and mental health)
- Impact of the intervention
- Impact of the pandemic (e.g. lack of face-to-face meetings)
- Multi-agency working and signposting
- Referrals, assessment and diagnosis

Healthwatch Shropshire heard from 36 parents/carers who described the experiences of 40 children and young people aged 10-26 years old:

- Fifteen parents/carers described the challenges young people experience as a result of having a learning disability and/or autism

- Sixteen experiences of children and young people with anxiety and depression as a result of poor mental health and trauma were shared
- Five parents/carers described the experiences of a child/young person with an eating disorder

Healthwatch Telford and Wrekin heard from 10 parents/carers who described the experiences of 10 children and young people aged 13-19 years old. Eight of these related to a child/young person with mental health problems, one described the challenges of an older teenager with ADHD, and one described a young person's experience of support for an eating disorder.

As well as sharing their experiences of services we also asked parents and carers to tell us how things could be improved.

Learning disability and autism

The comments from parents and carers of children and young people with a learning disability and/or autism highlight concerns around:

Assessment and diagnosis:

- 'They needed to do a more thorough assessment and then put [my child] on an appropriate pathway. In [their] case, the ASD pathway. Instead, they promised follow-up assessment (which never happened) and discharged []. They needed to identify there was an issue that needed supporting and either signpost us or refer us to the appropriate services.' (Parent of 10-year-old referred to BeeU end of 2020)
- It took a long time to receive an assessment, not much guidance for emergency help while waiting (Parent of a 19-year-old recently diagnosed with ADHD)

Case study: Autism Awareness

'The mental health nurse giving the Brief Intervention had no understanding or knowledge of autism, and when I suggested that the approach needed to be simplified, she said that my [child] perhaps needs a brain scan to find out what's wrong. This was said in front of my [child]. When [my child] struggled to understand her in the face-to-face sessions, she instead replaced them with check-up phone calls where she gave my [child] no space or encouragement to talk other than checking that [they] could recall the mental health worker's name and that [they were] not suicidal. After 8 "sessions" like this, she checked with the team if there was anything else available, and they confirmed that there was nothing until [my child had had their] ASD diagnosis. We were told that once [they have received their] ASD diagnosis, [they] will be eligible to go on a 2-year waiting list for psychology assessment. By this point [they] will be 16 and a half. [They have] waited for the diagnosis for 4 years and 3 months and has just received an ADOS (Autism Diagnostic Observation Schedule) appointment for next month; [they were] first referred when [they were] 10 years old.' (Parent of a 14-year-old with Autism.)

Context: 'Mental health crisis triggered by returning to school in Sept 2020 in the middle of the ongoing Covid pandemic. Autistic challenges with social interaction and communication were heightened beyond anything experienced before to the point of being unable to access school. Requested CAMHS support in Feb 2021. Started self-harming and expressing suicidal thoughts in May 2021.'

'You need to decide what to do about the BeeU service for folk with Autism. Either diagnose using NICE but don't wait for this to provide mental health support.'

Access to support / waiting times

- 'My [child] got to the point of trying to commit [themself], I reported this to the social worker and school, it was ignored, and we have not received any help.' (Parent of a 10-year-old being assessed for ADHD, ADD and Autism in the last 12 months)
- 'The waiting list for support is so long.' (Parent of a 10-year-old struggling with anxiety and issues related to autism currently receiving support from BeeU)
- '[BeeU] didn't help. It triggered [them] but there was no support in place to help [them] it as a damaging process. Shropshire is a terrible place to live with neuro diversity. As a family we have been treated so badly and our [child] has been damaged and traumatized.' (Parent of 10-year-old who had a school related breakdown in late 2020 'Was referred to BeeU who did

a short online assessment and discharged without any further support. Has gone on to have a further two breakdowns and is not in school.')

- 'It was quick, but due to her learning difficulties they had to go down the medication route straight away.' (Parent of a 14-year-old who accessed support in the last year due to depression and anxiety triggered by the move to Secondary School)
- 'Not able to access support as struggles with social anxiety so struggles to engage.' (Parent of 16-year-old with Autism)
- 'All they got from crisis help was four home visits telling [them they] needed a sleep routine nothing more.' 'At the time, and many times since, needed sectioning and serious help. This didn't happen. Still waiting for support from CAMHS. Been pushing for ten years!' (Parent of an 18-year-old with 'Autism and bad mental health problems, suicidal, etc.' Accessing services in the last 6 months)
- 'It failed. I was passed from crisis team to Shrop doc to GP - a very distressing 24hrs.' 'Crisis Team we're approached for support several times - but kept telling us to phone back if things got worse.' (Parent of 20-year-old diagnosed with ADHD and Asperger's at 13 – most recent episode between 12 and 18 months ago).

Complex needs and access to the appropriate trained staff and treatment

- 'Because [they are] under CAMHS for medication [they have] received little to no support.' 'After two overdose attempts my [child] still hasn't had a mental health assessment and has had no mental health support. Crisis discharges after three visits because [they] wouldn't engage.' 'If your child has additional needs the support is very poor there is little to no face-to-face. Children like [mine] are left to suffer until it's at a point they can't live within a family anymore.' (Parent of 11-year-old with ASD and ADHD. Accesses BeeU).
- 'They were excluded from mainstream mental health services because of their learning disabilities' (Parent of teenagers with learning disabilities after trying to access help more than 18 months ago)

Discharge and multi-agency working

- 'Was dismissed by CAMHS at age 18 with no onward referral to adult services - suffered very badly last three years with three suicide attempts, still no support. Been in Telford Hospital, still no support.' 'CAMHS didn't

assess and just discharged at 18 saying nothing wrong since been placed under the eating disorder team and adult mental health …. Was in Telford Hospital twice after overdose and discharged with no support. Later diagnosed with BPD (Bipolar Disorder).' 'Just a total and utter let down by ALL Shropshire mental health services BOTH hospitals and CAMHs.' (Parent of 21-year-old who has 'been under CAMHS for years with no help had to get diagnosed privately – Autism and ADHD'. Has been treated in A&E at RSH and PRH and Ward 19 at PRH)

Case study – Multi-agency working

'Completely inadequate. Protocols regarding informing a parent and the assessment environment ignored. No joined up service between the police, social services, mental health provider. No proactive discharge plan and no follow up.'

'This has been our first experience of mental health services and it's been a very frightening one. Realising there is no service out there that can/would help should concern everyone involved. We are left with the impression the authorities feel it is acceptable to just sit and wait for my [child] to seriously harm [themselves] or others.'

'There has been no mental health support while awaiting specialist services and we are still waiting for such service. Appalling lack of provision for a young person consistently showing in [their] actions that [they] need help urgently. Mental health is considerably worse than 12 months ago with no support/treatment offered. (Parent of 19-year-old with 'ASD and other associated learning difficulties and emotional regulation difficulties.')

Context: Deteriorated between 6 and 12 months ago. They have been an inpatient at The Redwoods

'People need to be assessed as individuals who need an individual treatment plan, currently as is our experience if you don't 'fit' the criteria of a pathway you are just bounced around the system with each pathway declaring it's not their responsibility.'

How the help could be improved:

Improved access and reduced waiting times

- 'Complete a 'thorough assessment' so that children and young people can be put on an 'appropriate pathway' and signposted/referred to 'appropriate services'.

- 'Quick access to appropriate therapy. Listening to and believing parents.'
- 'Immediate referral to a consultant psychiatrist experienced in OCD (Obsessive Compulsive Disorder) and (ASD) Autistic Spectrum Disorder. Even if this meant an out of area referral.' Don't keep referring to A&E.'
- 'Reasonable adjustments be made for young people with learning disabilities in mainstream mental health services and that young people with learning disabilities are not excluded from mental health services but that these services work in partnership with learning disability services.' 'People with learning disabilities need to be included when commissioning any mainstream health services.'
- 'To be able to provide medication during an acute crisis.'
- 'Try to engage with those that can be hard to engage with rather than discharging them.'

Support for children with autism and/or learning disabilities, families/carers and professionals

- 'Emotion workshops for children with Autism or special needs which their parents could attend with them to support would be so helpful.'
- 'Autism awareness for the Brief intervention workers.'
- 'Offering any kind of mental health support for autistic people, not just diagnosis, and not dependent on diagnosis - they are people with mental health needs too!'
- 'More services and availability of support for young people with ASD who struggle to access mainstream services but don't meet criteria for disability services, huge gap in services.' 'Needs to be ASD specific service.'
- 'Long term care - Provide better support to a young person following a diagnosis of ADHD or Autism to come to terms with what that means. It is a really big deal! Prescriptions are not the be all and end all.'
- 'Emergency support signposting needed. Keeping parents in the loop even if over the age of 18. As my [child] is over 18 I was cut out of the loop, but [their] ADHD means [they] struggle with retaining information and organizing.'

Mental health (including depression, anxiety and trauma)

The sixteen experiences of children and young people with anxiety and depression as a result of poor mental health and trauma included some positive comments:

- 'One person on BeeU telephone line was nice and listened.'
- 'I cannot fault the school they are amazing organisizing nurture and CBT. [Their] Head of Year is very supportive to us all and will help with anything they can even having an open-door policy for [them].'
- 'We have tried BEAM which is an excellent resource but limiting.'
- 'The support workers and nurses [at The Redwoods] were good and talking things through with them'
- 'The guy [they] did speak to on the phone [at BeeU] was very understanding and helpful.'
- '[They have] had excellent on-going support [from their GP]'
- 'Prompt and so helpful for myself as a parent as well as my child. I was happy with all the support received [from BEAM].'

Two parents of adopted children reported very different experiences:

Case Study - Post-Adoption Support

Case A: 'Lack of care. Lengthy waiting list. Not prepared to listen - seen as just a parent who "obviously knows nothing". One person on BeeU telephone line was nice and listened, the other was just "doing his job" to see if my [child] needed to be hospitalised (didn't understand the complexity of attachment issues and frankly didn't care). When asked for someone more senior to call, was told 'ok', but no one has (this was in August 2021). When advised my [child's] records from before (2017/18) didn't appear to be on file, was told as a parent I had no need to worry about this, it was internal. I reminded them of GDPR and that these are my [child's] records - promised an update, still none received (again promised in August 2021). No help actually received from Mental Health services, one offer of a video consultation (pre-COVID) which was not at all accessible to my child at that point so case closed. Awaiting an appointment for one part of the service - 16.11.2021, The other part of the service I am told [child] is on a waiting list for a waiting list! Cannot talk to anyone about the appointment on 16.11.2021 to discuss concerns around this - cannot have my [child] with me and discuss issues or [their] life story - again lack of care and understanding of the difficulties adopted families have.'

Context: 11-year-old has received treatment in A&E at PRH and from BeeU (CAMHS) as the result of complex trauma as a very young child.

'Adopted Families should have specialist medical practitioners attached to them as the high majority of them will need support outside of that the Post Adoption Team can manage. If Post Adoption team advise CAHMS there is a child in their service needing support this should be looked at speedily and prioritised - these children have been through enough already (and some let down by the "system" massively so already!) More understanding from the "crisis" team as to what it means to have a child with attachment disorders.'

In contrast another parent of an adopted child was keen to tell us about their positive experience during the pandemic after the child disclosed abuse:

Case B: '[The help] is ongoing, is via Adoption Support Team, Adoption Support Fund [ASF] in the form of a clinical psychologist, yoga therapist and The Branch Project in Shrewsbury who deal with victims of sexual assaults.' 'It was amazingly quick, literally within weeks as I had already applied to the ASF for support with her change in mood and to discuss life story work.' 'I cannot express my relief and gratitude that the services were there for [them], [they were] self-harming and I suspect suicidal, [they have] had support that was timely and relevant and already [they are] getting back to the person [they were], confident, funny, cheeky, and looking and discussing future plans, [they] feel listened to and cared about.'

However, they also said: 'I worry that if [they were] not adopted [they] would not have had access to this support in such a timely manner and how this would have eventually panned out for [them] and the whole family , I had already given up my career in order to support [their] deteriorating mental health this has had financial implications which has a knock on effect in our relationship and adds other pressures which resulted in us moving house.'

The other comments from parents and carers of children and young people with mental health needs highlighted concerns around:

Assessment

- 'I feel [their] assessment has been rushed and not thorough enough and lots of assumptions were made without really looking into things. I suggested that we have been told many times that [they] may have autism but the consultant psychiatrist just dismissed it.' 'I find that when we used to go to local A&E because of self-harm, [they were] nearly always discharged very quickly even when we felt [they were] a risk to [themselves] and others. This includes [their] admissions to The Redwoods.' (Parent of 17-year-old with Emotionally Unstable Personality Disorder (EUPD) 'has had lots of crisis situations over the years. The last time we needed help was when [they] tried to hang [themselves] and [were] admitted to The Redwoods)
- 'From the school: being told not to worry [they have] no concerns [they are] not suicidal. Referral process: Hard to access even though consultant can see the traits and trends yet the referral process for assessment need evidence based from the school, not taking the word of a professional worries and concerns onboard. The whole process is long winded and waiting lists are months. Even though patient has already declared they have suicidal thoughts still no help received.' 'The whole system is failing young adults. This is from secondary school up.' (Parent of 15-year-old 'turned to self-harm after being informed in a PHSE lesson by the teacher, that self-harm is a normal coping mechanism for dealing with anxiety stresses and worries of day-to-day life. Currently under a neurological consultant who referred to Local mental health services for assessments which was first declined but chased by GP and Consultant again. This time was successful; however part of referral cannot be actioned without documentation /evidence from the school who say there are no issues.')

Access and paying privately:

- [They] received help through school when [they were] was in yr6 of Primary they arranged a counsellor for [them] who did some weekly CBT, it helped in parts. [They] moved to senior school and appeared to have found [their] own way of dealing

with [their] anxiety but then Covid happened and [their] anxiety spiraled out of control, to this day it is a daily battle for [them].

- I have taken [them] to the Doctors but other than patronising [them] have basically been told they can refer [them] but it can take weeks, which it did (9wks) to speak to anyone in which that time [they were] getting worse so we have hired a private counsellor. (Parent of a 13-year-old receiving help through a Private Counsellor, BeeU and school)
- 'Very little help. On waiting list for 10 months now for CBT. Have had to pay privately which is crippling financially. My child has been referred to IAPT as 17 but has received support elsewhere when in secondary school as we have been going through this for 5 years.' (Parent of a 17-year-old accessing support from BeeU (CAMHS) for the last 6 to 12 months. 'Suffers with anxiety, stress and very low self-esteem. Occasionally has panic attacks. Has made skin sore through anxiety.'
- 'It took too long to get it, it wasn't face to face as we would have liked but now [they have] received it, it has been helping. [They have] has been diagnosed with ADHD recently and the medication has helped.' (Parent of 19-year-old who identifies as Transgender was already struggling with mental health issues, the pandemic led to [them] being furloughed and being very isolated. [They] self-harmed for the first time in several years and was, and still is presenting with more severe depression than before, anxiety also not eating enough leading me to wonder if [they were] anorexic and we tried to get counselling face to face for [them], we were prepared to pay but even paid services had long waiting lists. Currently receiving support from Psychological Wellbeing Services and Mental Health Team regards ADHD.)

Effective care planning and consistency of staff and care

- 'No help given. Been in the system from age of 7 and although have regular appointments no care plan or support is given.' 'I have lost count of the number of Doctors my [child] has seen as they come and go all the time so no continuity of care. Latest one lives in Ireland and can only provide appointments outside office hours via teams which means he is doing a day job too.' (Parent of 11-year-old who has 'suffered anxiety for most of life due to abusive [parent]' and received support from BeeU.)
- 'Didn't find BEAM telephone service helped as seeing a different person each time so no rapport established with my [child].' (Parent of 12-year-old

who has self-harmed and taken an overdose. Treated in A&E at RSH and currently receiving help from BeeU)

- 'I had to speak to someone first as [they were] 13 at the time. They couldn't guarantee same staff member would speak to [them] from Bee U which [they were] worried about. The guy [they] did speak to on the phone was very understanding and helpful.' (Parent of 14-year-old first accessed support from BeeU (CAMHS) between 6 and 12 months ago. Self-harming. Suffered emotional and domestic abuse. Not sleeping, suffering from chronic stress and lack of self-esteem. Refuses to go to school)
- '[They were] referred by GP to CAMHS. After an initial appointment, there was a follow up. The next appointment was cancelled and then the practitioner left the service so the support came to an end. We then paid for private counselling sessions.' 'As a parent you feel powerless to support a child who is experiencing mental health issues and not having expert support on hand when it is needed has an impact on the whole family. The wait for support was a few months following referral by the GP when my [child] was in a time of crisis and once accessed, there was no consistent worker - appointments were cancelled, the practitioner moved on and the support ended.' (Parent of 20-year-old 'suffering with depression and self-harm)

Case Study – Consistency of staff and duty of care

Context: Between the ages of 16-18 this young person has been receiving support as an inpatient in and outside Shropshire and from BeeU. 'They took an overdose in the early stages of lockdown and were admitted to PRH. They had previous mental health difficulties which were being managed but the lockdown removed their coping mechanisms.'

'At the time we had a good CAMHS case worker, so we felt supported. [They] then retired and we have felt since then the services were extremely disjointed and under stress. [My child] was transferred from the PRH to [a hospital outside Shropshire], then in December 2020 to [another hospital outside Shropshire], and then in July 2021 on turning 18 to The Redwoods.

[They] are now being discharged from The Redwoods, Section 3 under the Mental Health Act. The last 18 months have damaged [them] in its mishandling at every stage and [they are] a shadow of [their] former self. [They have] not been rehabilitated in any way. The care has been a shambles with all the switching services, wards and transition from children to adult services. It is wholly unacceptable.'

'Very little 'joined up' services. Many services finally involved from BeeU (although no real jurisdiction/oversight), CCG, Social Workers etc but no one organisation/case worker that looked directly after [their] care.'

The role of parents:

- 'Doctor has been rude and dismissive of my concerns and even accused me of exaggerating my [child's] problems despite having never met [them] in real life.' (Parent of 11-year-old – as above)

How the help could be improved:

Staff awareness, training and access to specialists

- 'Firstly, employ Doctors who want to help and not just want the money. Provide parents and the patient with support and not be dismissive. Employ Doctors who acknowledge that children behave differently in different settings and listen to parents concern.'
- 'More support for school pastoral care teams e.g., training, resources and sign posting. More group therapy available. Easier access to resources. Services available are stretched to breaking point causing staff shortages and children being missed.'
- 'Access to better services through school'

Consistent care/staff and face-to-face working

- 'Have a care plan in place after each appointment and also follow up notes explaining this plan.'
- 'Access to the same person to speak to, zoom call rather than phone I think [they] would have preferred ([as has] gone on to request zoom not phone now).'

Better communication and support, including signposting

- 'Better quality support, more effort to engage with young person, more timely response.'
- 'Who we can turn to for help when we need it.'
- 'Calls or emails to see how the patient is getting on (especially when they declared they have suicidal thoughts and have had a plan.) to see if they need to be seen sooner.'
- 'Support whilst waiting would be great. Face to face services being implemented sooner. Support when the provider is on holiday would be useful, the gaps aren't helpful.'

Eating disorders

The main issues identified by the parents/carers of children and young people with eating disorders were:

Timely access and communication

- '10 suggested sessions only received four. Art therapy was suggested by CAMHS practitioner but not able to provide any, re-referred back into the service and haven't heard anything (since several months ago). Practitioner unable to talk on an appropriate level to the child, didn't feel like they listened to [them]. Very disappointed with the service, Covid used as a reason why [they] couldn't be seen. Service happy for a child with a BMI [Body Mass Index] on the 0.2 centile[4] [low] to be sent to a further MDT [multi-disciplinary team meeting] with no follow-up provided.' 'Lost in the system' (Parent of 10-year-old with 'high anxiety, refusal to eat, stopping participating in preferred activities)
- 'Too overwhelming. Too much information. Slow. Not enough urgency. Incorrect advice. Not fit for purpose. Not enough help is available.' (Parent of a 14-year-old who has been an inpatient in and outside Shropshire and received treatment at both A&Es and through BeeU)
- 'Poor communication, lack of care plan, very little support' (Parent of 17-year-old with an eating disorder. GP referred to BeeU in April 2021 assessment completed June 2021)

Lack of face-to-face appointments

- 'We have been told they have no capacity to do face to face appointments and have to use the internet. They do not speak to us directly but delegate communication to someone who does not have any information to answer questions but can only pass on messages.' (Parent of 17-year-old diagnosed with Anorexia and currently trying to access help through BeeU)

Transition to adult services

- 'Felt abandoned when transferring from CAHMS to adult services. Transition did not feel planned and we're left in limbo between the 2 services for a couple of months when neither would take ownership of care, coincided with a suicide attempt and basically no support. Consultant blurting out

[4] 'The BMI centile is a simple and reliable indicator of a healthy body weight in childhood.' https://www.rcpch.ac.uk/resources/body-mass-index-bmi-chart

weight when [person] was being blind weighed. Very slow to add calories to food plan, learnt more from online support groups.' (Parent of 21-year-old with 'anorexia, depression and anxiety'. Received support from BeeU more than 18 months ago and the adult eating disorder service.)

How the help could be improved:

Access and face-to-face appointments

- 'Early help and intervention; to be supported at an earlier stage when problems were spotted.'
- 'Not everyone needing care in Shropshire lives in Shrewsbury'
- 'Remote sessions did not make the support accessible'
- 'Please, please offer face to face appointments and named people to ensure continuity of care. This experience is making things more stressful not less.'

Family/carer support and planned transition to adult services

- 'Shared experiences of other parents dealing with the same issues'
- 'I belong to a Parent Support Group in Shropshire. It seems very evident that the amazing support [that was] available to us is not available. I was given the strength to challenge the anorexic beast.' (Parent of 26-year-old who was diagnosed as Anorexic at 17 and has since been discharged from Adult Services)
- 'Planned transition between services. No limbo period.'

What professionals told us

We heard from 16 people working in:

- The NHS (3)
- Education (5)
- Charity and the Voluntary Sector organisations supporting children and young people (7)
- The independent sector as a private counsellor (1)

The NHS

We heard from two members of staff working at the Shrewsbury and Telford Hospital NHS Trust (SaTH) with children and young people with 'eating disorders (e.g., anorexia), deliberate self-harm, suicidal ideation and victims of child sexual exploitation and 'county lines'[5] and a healthcare professional supporting young people's mental health.

The challenges

Complex needs and lack of time/staff

- 'These patients need a lot of patience and time to be spent with them to understand their individual needs. The patients presenting with eating disorders take a lot of time, encouragement and support and are probably amongst some of the most complex patients we care for with a mental health problem.' 'Many of these young people just want to feel listened to so it is imperative we can spend time with these patients.' (SaTH)
- 'It holds children back that short staffing means attention is split over larger than optimal groups of patients (8-10 patients rather than 4-5), and also that some staff deem mental health care "not their job" and don't proactively seek out resources to help them understand what the patients and their families are going through.' (SaTH)
- 'Taking [children and young people] to A&E if there is no medical treatment need is not helpful.' (Mental Health Professional)

Lack of access to specialist services and training

- 'Prolonged hospital stays due to unavailability of tier 4 beds creates a lot of issues with these young people. They spend many weeks and sometimes months waiting for a placement to implement the right support and care they need, being on the Paediatric ward a long time with minimal mental health support is incredibly difficult for patients and their families. We are a workforce of Paediatric trained Nurses and Doctors, we need additional training to help support these young people.' (SaTH)

[5] County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend. https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines

- 'There is a lack of appropriate support and our local BeeU team are stretched within their service.' (SaTH)
- 'The Crisis Team are under immense pressure and work tirelessly to support young people in the community with the resources that they have. Step down from Crisis can be difficult, again due to lack of service provision in mental health.' (Mental Health Professional)

What works well

- 'I find structure and consistency works well with these young people. Where possible, care plans are individualised to help support the patient and their family. We try to care for our patients in the least restrictive way possible, whilst maintaining their safety.' (SaTH)
- 'It works well to have children in a "normalising" environment - a regular hospital ward rather than a dedicated mental health unit (except where absolutely necessary).' (SaTH)

How things can be improved?

- '[SaTH] are employing a Youth worker and a Mental Health Specialist Nurse to help support these patients. The hope is that they can provide a holistic care model for these patients to ensure they get the care and support they need whilst in hospital but also upon discharge.' (SaTH)
- 'There needs to be more provision for inpatient beds for patients with eating disorders especially.' (SaTH)
- 'More training and education is important and we try to facilitate that as much as possible, but short staffing and funding can sometimes cause barriers to implementing this.' (SaTH)
- 'Encourage a culture of staff proactively seeking education on mental health issues [within SaTH]; improve funding, staffing and service provision for CAMHS services so that there is adequate help for children in the community with the goal of avoiding hospitalisation altogether.' (SaTH)

Education

We heard from two people working in Primary Schools, two in Secondary Schools and a member of staff from the local specialist school.

The challenges

- 'The support is not available quickly enough. Early help support is not available to prevent children reaching crisis point. School are often not informed when health, social care agencies are involved. School staff are being offered a lot of training, e.g., mental health training, ELSA[6], etc. which is good but these staff are not trained mental health professionals, they cannot provide counselling and crisis support and they often have other roles in school also, e.g., TA [Teaching Assistant], Teachers, and can't provide the support regularly enough without it impacting negatively on other areas of their roles. The huge rise in mental health needs is greatly outweighing the capacity in schools to support this.' (Primary Head Teacher)
- 'The MHST [Mental Health in Schools Team] do not have a clear criteria for schools to refer by.' (Primary School Inclusion Manager)
- 'Issues around BeeU's definition of 'crisis'. They will often say a child has not yet reached crisis point and so cannot receive the help we think they need. The issue is for BeeU to prove the child is not yet in need.' (Assistant Principal in a Specialist School)

What works well

- 'Having a counsellor in school (school funded) that children can access.' (Primary School Inclusion Manager)

How things can be improved

- 'Could still do with more organisations to make referrals to as NHS Trailblazers[7] have a high number of cases.' (Mental Health Lead in a Secondary School)
- 'More immediate support to be available for issues such as self-harm. More pathways for youngsters with differing needs' (Mental Health Lead in a Secondary School)

[6] Emotional Literacy Support Assistant

[7] Trailblazer Programme What will they do? The Mental Health Support Teams' (MHSTs') main role will be to provide earlier care for children and young people who may be experiencing mild to moderate or early symptoms of mental health problems, which tend to be outside the scope of traditional NHS services. https://www.england.nhs.uk/mental-health/cyp/trailblazers/

- 'Schools not having to take on the full responsibility of referrals to panels and pathways or to follow-up when parents have had no feedback/appointments.' (Primary School Inclusion Manager)
- 'Stricter definitions and guidance for when children have hit the 'crisis point'' (Assistant Principal in a Specialist School)
- 'Roles within BeeU need addressing, children need access to specialists not staff who have no official training.' (Head of School in a Secondary School)

Message from a Head of School in a Secondary School

'There has been a significant increase in poor mental health of children, with self-harm, taking tablets and watching social media harm sites. Low mood and lacking in self-esteem and self-confidence. Drug taking has increased which in itself brings increased concerns.'

'There are such a lack of services available for referral with most referrals a waiting list of over 12 months, which could even be one day too late let alone 12 months. Most referrals come back to schools stating it does not meet criteria therefore school can take it to Early Help! I would like the question answered "When did schoolteachers train to become Mental Health Nurses?"

'Schools are struggling to meet capacity and have most referrals sent back to them unless the child is blue lighted following a serious suicide attempt, then the child is required to see a specialist, but again on discharge, the statement is school can take the lead. Is this truly the right way we should be supporting our most vulnerable children?'

'We are lucky to be part of Trailblazers and if we didn't have this it would be a huge concern. We also have an area to support vulnerable students that is staffed full time from 8am until 5pm. This however is now at capacity for ratios but also room size.'

'Referrals need auditing to see how many are rejected and returned to school for them to take responsibility.'

The charity and voluntary sector

We heard from two people who work for a local mental health charity and five people working with a charity supporting young people up to the age of 18 around substance misuse (drugs and alcohol)

The challenges

- 'Substance misuse - often co-existing mental health issues and self-medicating with substances - especially cannabis & alcohol - in the absence of mental health support such as talking therapies. Really common in young males with unsupported neurological conditions such as ASD & ADHD too. With girls we see a lot of emerging EUPD [Emotionally Unstable Personality Disorder] combined with substance use. Anxiety, trauma, depression, social anxiety, suicidal ideation, issues with emotional regulation are common themes among those we support' (Substance Misuse Worker)
- 'Young people & their families struggle to get the support they need from BeeU - we have had some brilliant joint working with certain practitioners but there seems to be a barrier with accessing MH support in the first place & other services are left to try and fill the gap. Understandable cuts to services nationally mean the BeeU service has lengthy wait lists - the turnover of staff can be difficult for young people too once they have built up a therapeutic relationship. [We] now have a joint working protocol with BeeU to try to best support young people with coexisting substance misuse and mental health issues - Nice Guidelines recommend young people should not be denied MH treatment due to substance misuse.' (Substance Misuse Worker)
- For young people: 'Waiting lists, not answering the phone or leaving it ringing for ages, not returning calls, cases being closed too soon. Being made to feel that you are not important.' (Substance Misuse Worker)
- 'Due to the lack of resources and funding in young people's mental health, it feels like young person's mental health services are always trying to restrict access to their services, looking at ways not to accept a referral. This is understandable when they just don't have the capacity to deal with the need.' (Substance Misuse Worker)

What works well

- 'Given time to talk and express themselves and being listened to, I feel this helps [children and young people] to communicate their emotions and feelings in a relaxed calm environment.' (Mental Health Charity Worker)

- 'The model of motivational interviewing[8] is very effective.' (Mental Health Charity Worker)
- 'A quick response works well to help young people to feel supported. A trusted adult who wants to help works well. Support during out of hours.' (Substance Misuse Worker)
- 'Being open and honest and letting them know that you're there to support them and not to judge them or tell them what to do.' (Substance Misuse Worker)
- 'Having an established positive relationship with the young person. Having positive working relationships with our partner agencies, which facilitates good communication and effective partnership working.' (Substance Misuse Worker)

How things can be improved

- 'More funding nationally for young people's mental health services' (Substance Misuse Worker)
- Message to BeeU: 'Answer the phone, reduce waiting lists, return calls to family, clients and professionals. Listen to other people's opinions and work as a team with other professionals. Don't close cases too soon.' (Substance Misuse Worker)
- 'Support being given to young people quicker and being able to give support to help prevent young people getting to crisis.' (Substance Misuse Worker)
- 'Certainly in our own Organisation, targets are often a barrier to good practice such as; the arbitrary target working with young people no more than 6 Months - This is not based on research evidence and does not take into account most of the young people we work with are in regular crisis with very complex needs; it takes time to develop a positive therapeutic relationship with such complex, hard to reach young people, who are often mistrusting of professionals, who have had many dip in and out of their lives. The same is true for Young People mental health support - flexibility based on need is required not unrealistic targets. So much more investment is needed in mental health provision for young people in all

[8] 'Motivational interviewing is a counselling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behaviour. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.' https://www.psychologytoday.com/gb/therapy-types/motivational-interviewing#

areas from early intervention up to in-patient provision.' (Substance Misuse Worker)

The views of a private Counsellor

A major challenge is 'Having to wait for support; services seem to wait until the YP is suicidal before they will help. GPs are often excellent but responses to requests for help are often slow.'

'Young people are dying waiting to be seen by mental health services, parents are unsupported and confused by the way teams do not communicate and the inconsistencies i.e., a young person might not see the same social worker/counsellor or be passed between teams with no opportunity to build trust.'

There needs to be 'an easier way for professionals and services to communicate and more support for parents.'

Service provider response

Shrewsbury and Telford Hospital NHS Trust, Director of Nursing:

'This is a very important and useful piece of work and one for which we are grateful to Healthwatch Shropshire and Healthwatch Telford & Wrekin for, as well as to those whose views have helped shape the report and its conclusions. We always strive to put the voices of those we care for and their families at the heart of what we do and so this report will play a crucial role in helping shape the services we offer in the future and the way in which we deliver them. I would also want to add my thanks and gratitude to my colleagues in the Trust who continue to work so hard and so compassionately to provide care in this very sensitive area.

As the recent inspection of the Trust by the Care Quality Commission set out, mental health provision within SaTH has improved but there is more still to do. In reading the report, it is clear that we have not got everything right for everyone we care for and that there is more we need to do in this area. We are committed to taking the actions needed, alongside our partners, to continue on our improvement journey in the care and treatment offered to Children and Young People that come into our hospitals.

As the report also highlights there are challenges across the whole health and social care system. As an organisation we will continue to work collaboratively with our partners, bringing effective cross sector working, with shared responsibility and accountability and mutual respect, to ensure mental health and wellbeing is everyone's business.

Our improvement work focuses on developing the continuity of care across services and supporting the transition process. We have systems in place to ensure that Children and Young People are cared for in the most appropriate environment for them. This often includes Paediatric services, however, should a young person aged 16-17 choose to be cared for in another area of the hospital, we now have designated adult wards where they can receive their care. We are continuing to upskill and train our clinical teams with knowledge and skills with regards to mental health so that when a Child or Young Person is in our hospitals, they receive care by trained staff with the specialist support from Midlands Partnership Foundation Trust.

Workforce planning continues to be developed to ensure mental health staff are embedded at all levels within our organisation. This includes registered mental health nurses across some of our wards, and in the Emergency Department. We have a mental health matron for Children and Young People and one for our adult services. At the executive level, as the Director of Nursing I am the Safeguarding and Mental Health lead and would finish by offering my assurance that that mental health is a key priority for the Trust Board.

Thank you again for the valuable insights offered through this report.'

Midlands Partnership Foundation Trust

'Thank you to Healthwatch for providing this useful feedback about our services, it is always important to hear the voices of Children and Young People (CYP) and their families and we take all feedback as an opportunity to deliver service improvements. We are sorry that not all the feedback was as positive as we would like to hear but we will use it to inform our service improvement work.

Nationally there has been an increase in CYP mental health referrals as well as an increase in the urgency of some of these referrals. This has been exacerbated by Covid, both for the CYPs themselves as well as the staff availability. MPFT are reluctantly having to operate waiting lists for services. Our objective is to address

these waiting times and to improve the partnership working with the other providers so that families and CYPs receive the best possible service for them in the most timely way.

Some families may receive letters explaining that the recommendation for treatment will not be provided by MPFT; this is not a rejected referral, this is a redirection to the most relevant service. Whilst MPFT BeeU services and the other partner providers work closely together to ensure that CYP and families are given the best and quickest treatment possible; there is always room for improvement. We always try to engage CYP and their families in reviewing our work as can be seen in our participation work (see attached word document).

Although the MPFT BeeU service is described as a service for CYP from 0 to 25 years, the service is primarily for 0–18-year-olds; the only cases that are retained by MPFT BeeU services until they are 25 years old are those young people with significant and complex needs who have been receiving treatment within the service prior to turning 18. This can lead to confusion for families who might assume that the service is available to all CYP from 0 – 25 years old. We will endeavour to help parents understand this in our literature and on our website. Where it is deemed necessary, a smooth transition from the CYP service to adult services is supported.

Our hard-working clinicians in MPFT BeeU services have been working tirelessly to provide the best services possible and we receive compliments through our PALS service about our clinicians and the excellent work that they do.

In addition we will be working with schools and supporting the North Midlands Autism In Schools Pilot Project which will enable us to develop and build on our existing Diagnostic Only Service.

We have designed a short video of some of the recent service improvements that our clinicians have made to show the sort of work that is going on behind the scenes for our children and young people. https://youtu.be/XIJscubZo90

We want to improve our services so once again thankyou to Healthwatch for this useful feedback.'

Shropshire, Telford & Wrekin Clinical Commissioning Group, Director of Quality:

'Thank you for the opportunity to respond to Healthwatch Shropshire's report on the experiences of children, young people and their families when accessing crisis mental health services.

The report makes sombre reading and reinforces that we are not getting things right. As a system we are working together to improve our offer both in the short term and in the future to deliver a more sustainable and supportive service that focusses on prevention and support.

We have already:

- Undertaken an analysis of what we have and the gaps in services to support children and young people.
- We are bringing in a team from 'I Thrive' (Anna Freud centre) to work with the whole system to look at what we offer and how we work together to ensure everyone understands the issues that children and their families face with mental health and wellbeing

  Acute Mental Health
- We have invested in a children's crisis team to treat children at home and prevent hospital admissions- or if an admission is needed to support them on discharge to ensure they do not decline in their mental health
- We are working with the regional provider collaborative to ensure more effective use of Tier 4 beds
- We are looking at options to develop a crisis bed/place of safety within the area
- The team also provide in reach support to the acute hospitals in Telford and Shrewsbury
- We have another 'mental health in schools' team starting training in March

  Autism
- We have invested in a new team to undertake autism diagnosis
- We are working with education and local authorities to ensure there is support while waiting for an assessment and after diagnosis
- Autism support in schools_ 6 schools in STW area 4 Shop, 2 T&W
- Working with CAMHs providers to focus on Autism in the schools (in addition to current BAU offer)
- Education sessions for schools
- CYP voices and self-awareness sessions
- We have invested in an Intensive support team based on positive behavioural support to support those children with behaviours of concern

  ADHD

- We are reviewing the ADHD pathway and have put in additional financial resource to address the waiting list for eating disorders
- We are recruiting to increase the size of the team as we are well aware of the lack of capacity
- We are commissioning support from the online charity BEAT
- WE have an in-reach nurse into the PRH

The system partners are also working through the right model of delivery based on clinical evidence to ensure all the CYP pathways are underpinned by the best clinical evidence and that CYP and their families are supported at whatever level and throughout their journey. We can and must do better.'

Acknowledgements

Healthwatch Shropshire and Healthwatch Telford & Wrekin would like to thank the organisations who helped to promote this survey. We particularly thank the children and young people, the parents and carers and professionals who have shared their views and experiences with us.

Get in Touch

Please contact Healthwatch Shropshire or Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.

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www.healthwatchshropshire.co.uk	www.healthwatchtelfordandwrekin.co.uk
4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG	Meeting Point House, Southwater Square, Telford Town Centre TF3 4HS

Appendix 1: The on-line survey

Mental Health crisis services for children and young people

Tell us your experiences

We want to know about the experiences of children and young people who have received care and/or treatment either in hospital or in the community because they were in 'crisis'.

When you fill out the questions we don't need to know who you are and you will not be identifiable. We only want to know what help you received, what you thought of it and any suggestions you might have about how things could be improved. We know that services really want to hear what you think.

As well as asking for feedback from young people, we also want to hear from the people who are supporting them, family, carers, health care professionals, social workers, school/college staff or volunteers, who might have ideas about improvements that could be made where things haven't gone so well.

Please note: To comply with required age limits we cannot accept experiences from those under 13. If you are under 13 and wish to share your experiences please ask your parent or carer to do so on your behalf.

Children &Young People Mental Health Questions

* Mandatory question

1. Please tell us who you are:*
    - I'm a young person who has received mental health support
    - I'm a parent or carer of a young person who has received mental health support

- I'm a health care professional supporting young people's mental health
- I'm a social worker supporting young people's mental health
- I work / volunteer for a voluntary organisation supporting young people's mental health
- I work in the education sector supporting young people's mental health

If Q1 is health service professional, social worker, voluntary group, educational support worker

2. Please tell us the organisation you work or volunteer for:
    - Free Text
3. Your job title:
    - Free Text
4. What age range are you involved with supporting?
    - Free Text
5. Please tell us a bit about the needs of those young people you support
    - Free text
6. What works well and what doesn't work so well when young people need crisis support?
    - Free text
7. Can you make any suggestions of how improvements can be made?
    - Free Text
8. Is there anything else you would like to tell us?
    - Free Text

If Q1 is parent or carer

9. How old is the young person you are supporting?
    - Free text
10. A bit about them and what led up to them receiving the latest help
    - Free text
11. What things do you most remember about the help they received?
    - Free text
12. When did they receive this help?
    - Currently receiving help
    - In the last 6 months

- Between 6 and 12 months ago
- Between 12 and 18 months ago
- More than 18 months ago

13. How could the help be improved? For example, the support available while they were waiting for specialist services.
    - Free Text
14. Where were they treated? Please select any services involved
    - The Redwoods centre, Shrewsbury
    - A&E at the Royal Shrewsbury Hospital (RSH)
    - Ward 19 or another ward at PRH
    - A ward at RSH
    - Through the BeeU service
    - Inpatient care outside of Shropshire
    - Other [Please specify]
15. Is there anything else you would like to tell us?
    - Free Text

If Q1 is young person

16. How old are you?
    - Free text
17. A bit about me and what led up to receiving the latest help
    - Free text
18. What things do you most remember about the help you received?
    - Free text
19. When did you receive this help?
    - Currently receiving help
    - In the last 6 months
    - Between 6 and 12 months ago
    - Between 12 and 18 months ago
    - More than 18 months ago
20. How could the help be improved? For example, the support available while you were waiting for specialist services.
    - Free Text
21. Where were you treated? Please select any services involved
    - The Redwoods centre, Shrewsbury
    - A&E at the Royal Shrewsbury Hospital (RSH)
    - A&E at the Princess Royal Hospital (PRH)

- Ward 19 or another ward at PRH
- A ward at RSH
- Through the BeeU service
- Inpatient care outside of Shropshire
- Other [Please specify]

22. Is there anything else you would like to tell us?
    - Free Text

For all

23. Submission confirmation*

The information contained in your response, along with the others we receive, will be used to produce a public report, no individuals will be identifiable in this report.

I give permission for my response to be used in this way and to be stored by Healthwatch Shropshire in accordance with their privacy statement so that they can use it help improve the delivery of health and care services in Shropshire and across the country.

Thank you for taking the time to share your experiences. If you know of other people who have experiences to share please do send them a link to this survey. The more we hear the more influence we can bring to bear.

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