



Date: Friday, 8 May 2015

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

Contact: Karen Nixon, Committee Officer  
Tel: 01743 252724  
Email: [karen.nixon@shropshire.gov.uk](mailto:karen.nixon@shropshire.gov.uk)

## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### **5 Better Care Fund - Update and Performance** (Pages 1 - 26)

A report is attached.

Contact Stephen Chandler, Director of Adult Services Tel 01743 253704 or  
Kerrie Allward, Better Care Fund Manager Tel 01743 253095 or 277500 ext  
2092.

#### **11 Public Health Annual Report (Pages 27 - 76)**

A report is attached.

Contact Rod Thomson, Director of Public Health Tel 01743 253935.

This page is intentionally left blank



Shropshire Clinical Commissioning Group



## Health and Wellbeing Board

### 8<sup>th</sup> May 2015

#### Better Care – Programme Update April 2015

**Responsible Officer Stephen Chandler**

Email: [stephen.chandler@shropshire.gov.uk](mailto:stephen.chandler@shropshire.gov.uk)

---

### 1. Summary

1.1 April 2015 saw the official launch of the Better Care Fund. The Better Care Fund is about improving the quality and experience of Health and Social care available to the public. It is about moving away from a 'sickness service' and towards one that enables people to live independent and healthy lives in the community for as long as possible by joining up services around the individual person and their individual needs.

The Better Care Programme is a comprehensive programme of activity, focussed on the delivery of better outcomes through working better together across health and social care.

This report seeks to update the Board on the progress in relation to the Better Care programme, it will focus on the following areas:

1. National Better Care Programme Update
2. BCF National Metrics - Performance Update
3. BCF Transformation Schemes Update
4. BCF Expenditure Plan
5. Programme Plan

### 2. Recommendations

- That the Health & Wellbeing Board Note the content of the report
- That the Health & Wellbeing Board consider the draft 'Conflict of Interest' policy and make comments/amendments as appropriate.

# REPORT

## 3. National Better Care Programme Update

### 3.1. Better Care Support Team

3.1.1. A new national Better Care Support Team was introduced in April 2015.

3.1.2. The new Support Team is hosted by NHS England and supported by the Department of Health, Department for Communities and Local Government, Local Government Association and NHS England. The primary focus of the team is to ensure that support is in place to assist in delivering the BCF visions for integrated care and to understand the progress that HWB Boards are making. The Support Team will be working through existing NHS England and local government regional structures.

### 3.2. 'How to' Guides & Technical Webinars

3.2.1. The Better Care 'How to' Guides look to provide practical support to Health and Wellbeing Boards, BCF leads and all of the partners responsible for delivering the local BCF plans.

3.2.2. The guides have been developed by the consortium delivering the national programme of support to help areas overcome barriers to the successful implementation of better care. The guides include:

*How to Lead and Manage Better Care Implementation.*

*How to bring budgets together and use them to develop coordinated care provision.*

*How to work together across health, care and beyond.*

*How to understand and measure impact.*

3.2.3. The Guides have been supported by a series of technical webinars that discuss the subjects in the 'How to' guides and takes questions from those attending. A recording of these webinars can be found at the same web address: [Better Care pages on the SCIE website](#)

### 3.3. Better Care Exchange

3.3.1. The Better Care Exchange will launch on Thursday 30<sup>th</sup> April, with a national webinar event, hosted by SCIE. The Exchange provides a single, accessible place for sharing learning, information and good practice on delivering better integrated care, thus supporting the implementation of BCF plans.

### 3.4. Operationalisation of the BCF

3.4.1. Guidance for the Operationalisation of the BCF in 2015-16 has now been published, and is available for downloading on the Better Care Fund page of the NHS England website: <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

3.4.2. Alongside the guidance, a sample quarterly report template has been provided and a metrics analytical tool that will help in confirming the implications of final baseline data, including for the operation of the payment for performance framework

#### 4. BCF Performance Update

4.1. Performance against the National Metrics is monitored through the Finance, Contracts and Performance Group, which is a sub-group of the Health and Wellbeing Board, chaired by Stephen Chandler.

4.2. The National Metrics are:

- Non-Elective Admissions
- Care Home Admissions
- Effectiveness of Reablement
- Delayed Transfers of Care
- Patient Experience Metric – Access to Mental Health Crisis Care Contact Details
- Local Metric – Proportion of people with a diagnosis of dementia admitted to Redwoods

4.3. Local monitoring against these metrics started in November 2014. Reporting and the pay for performance period linked to the National Metrics for the BCF is January – December 2015

4.4. Only performance in relation to Non-elective admissions is linked to the ‘Pay for Performance’ payments.

#### 4.5. Non-Elective Admissions

BCF1 - Non Elective Admissions:												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
G			A					A				

4.5.1. Year to date performance, plan = 21639 actual = 21647, resulting in a variance of 8.

4.5.2. Normal tolerance would be 5% which would rate the performance as Green, however this has not been applied. This cautious position has been taken as this metric is based on the performance of 9 contributing trusts (including SATH) and further clarity is required as to the impact of the other trusts outturn before a definitive position is provided. It is not anticipated that the position will deteriorate when that performance is applied.

4.5.3. The targets for this indicator will be revised from January in line with an agreement with NHSE.

4.5.4. To enable to Finance, Contracts and Performance Group to monitor performance of non-elective admissions closer to real-time, a local metric will be developed to monitor the performance of SATH admissions only.

#### 4.6. Care Home Admissions

BCF2 - Care Home Admissions:											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
G	G	G	G	G	G	G	G	G	A	A	

4.6.1. Year to date performance, plan = 616 actual = 512 (low performance is good), resulting in a variance of 104.

4.6.2. Performance for January and February is well below target and therefore could be rated Green, however, this is a new indicator and data quality checks are still being undertaken and so a cautious position of Amber has been given.

#### 4.7. Effectiveness of Reablement

BCF3 - Effectiveness of Reablement:												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
						R	A	A				

4.7.1. This indicator has historically been difficult to report against as it relies on information sourced from the Local Authority, the Community Health Trust and SATH. With the introduction of ICS across the county from November, capturing data for this indicator became easier as both Social Care and Health rehab and reablement on discharge from hospital is undertaken in one team and is captured through one information system.

4.7.2. The performance shows us that the number of people still at home 91 days after discharge from hospital falls marginally below the target 0.1%, however, it was anticipated when setting the targets that achieving the target this year may be difficult as the number of people that have been admitted into rehab and reablement has more than doubled since this time last year (from 155 to 325). It should also be noted that over 50% of those that were counted as not at home at the 91 day review were unfortunately deceased but would have still counted negatively towards this indicator.

#### 4.8. Delayed Transfers of Care

BCF4 - Delayed Transfers of Care:												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
G	R	G	R	R	R	R	R	R	R	R		

4.8.1. Year to date performance, plan = 2273, actual = 3138 (low performance is good), resulting in a variance of 865.

4.8.2. There had been a sharp increase in the number of delays reported from the Redwoods since August 2014 and an improvement action plan has been created. This includes allocating a permanent worker to Redwoods to expedite discharges, and tightening the validation process for agreeing the delays prior to submission. This has started to have an impact in February and the number of delayed days attributable to Redwoods has now halved.

4.8.3. The number of delays reported from SATH and the Community Hospitals remain a concern and given that performance in this area has been consistently below target for 7 months, further analysis will be undertaken by the FCP Group with the findings presented to the Service Transformation Group to consider the development of new transformation schemes uniquely and specifically to target this area.

#### 4.9. Patient Experience Metric – Mental Health (MH) Crisis Care Contact Details

4.9.1. This metric takes its data from a Care Quality Commission MH Patient Experience survey, conducted annually in July. The survey asks the respondent to answer if they know who to

contact in the event of a Mental Health crisis. In last year's survey, only 5 out of 10 respondents replied that they did know who to contact in the event of a Mental Health crisis.

4.9.2. The key BCF Transformation Scheme which looks to improve this metric is the MH Crisis Care Services scheme. A MH Crisis Care Helpline was introduced in April and it is hoped that the promotion of this will influence this outcome, although it is appreciated that it is unlikely to have a significant impact by July.

4.10. Local Metric – Proportion of people with a diagnosis of dementia admitted to Redwoods.

BCF6 - Local Metric: People admitted to Redwood Hospital with a diagnosis of dementia as a proportion of those with a dementia diagnosis											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
								G			

4.10.1. This is a newly created metric which measures the proportion of people with a dementia diagnosis admitted to Redwoods as an emergency admission.

4.10.2. Year to date performance. Plan = 38 (1.2%) Actual = 32 (1.1%)

## 5. BCF Transformation Schemes Implementation and Activity Update

5.1. With the exception of Team around the Practice, the Transformation Schemes are either on schedule or only marginally behind schedule in terms of implementation.

5.2. In relation to impact, the group has identified that it is difficult to monitor the impact of the schemes against the National metrics as the proxy measures that are currently collected do not lead clearly to a correlation with the national measures. More work is being undertaken to try and strengthen the proxy measures so that the Service Transformation group can establish a view about if the schemes currently identified are likely to have the necessary impact.

5.3. A Data Focus Group has met and developed a Benefits Map - Mapping of all Transformation Schemes and the National metrics that they are expected to contribute to. A copy is attached for reference.

5.4. Risks Identified

5.4.1. The 'Team around the Practice' transformation scheme is identified as one of the 'High Contributors' towards many of the National metrics. Unfortunately, this scheme has not progressed. We are currently mapping the potential impact of this so that we can look to re-profile some of the other schemes to ensure that we achieve the National targets.

5.4.2. The Integrated Community Service is not currently delivering against the activity levels expected. There have been problems in relation to recruitment, resulting in the team being at only 50% of the anticipated staffing level in the North and South of the county and unplanned demand has had an impact of the team's ability to meet core objectives. There have also been a number of concerns about the approach taken by the provider to address the concerns and regular director to director commissioner/provider meetings have taken place to try and address these concerns.

6.1 The fund is required to be pooled with effect from 01 April 2015 and Shropshire Council has been nominated as host of the pooled budget for Shropshire.

6.2 Cash balances will be kept to a minimum, in accordance with CCG requirements, with payments and cash reconciliations taking place on a quarterly basis.

6.3 The expenditure plan shows how the fund is allocated to schemes in 2015/16. A total of £21.750m is currently allocated to the Better Care Fund in 2015/16 this compares to a minimum prescribed allocation of £21.451m. It is expected that this budget will be signed off by the Health and Wellbeing Board in May. With the exception of the Integrated Community Services (ICS) scheme, all other schemes are currently projected to outturn to budget. The ICS scheme is currently showing a pressure on transition funding requirements.

6.4 The next report to the Health and Wellbeing Board will provide an updated monitoring position in accordance with the monitoring cycle of the parties concerned.

## 7. BCF Programme Plan

7.1. An updated BCF programme plan has been developed for the period March – October '15. The plan is comprehensive and leads to developing best practice systems and processes to support the implementation of the Better Care Fund. The plan includes actions in relation to developing:

- Strategy – including the development of a 'Shropshire Model' of Integrated Commissioning and Delivery
- Governance – including the development of the 'Conflict of Interest Policy'. A draft version of the policy is included for information and comments/amendments.
- Systems – including the development of pathways for agreeing new transformation schemes, setting budgets and reviewing/evaluating existing activity.
- Delivery – includes the development of a forum for best practice in integrated delivery.
- Cross-cutting work streams – includes linking with work streams in relation to 7 day working and Integrated Care Records

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

**Cabinet Member (Portfolio Holder)**  
Cllr Karen Calder  
Cllr. Lee Chapman



**Local Member**

Covers all constituencies

**Appendices**

This page is intentionally left blank

**Health & Wellbeing Board Conflicts of Interest Policy v1 Draft**

**Contents**

**1.0 Purpose and scope**

**2.0 Introduction**

**3.0 Statutory requirements**

**4.0 Standards of business conduct**

**5.0 Conflict of interest: definition**

**6.0 Principles for managing conflicts of interest**

**7.0 Maintaining a register of interests and register of decisions**

**8.0 Declaring and registering interests**

**9.0 Managing conflicts of interest: general**

**10.0 Managing conflicts of interest: contractors and people who provide services to the Board**

**11.0 Mitigating conflicts of interest**

**12.0 Transparency in designing and procuring services**

**13.0 Responsibilities**

**14.0 Breaches of the policy**

**15.0 Equality and diversity statement**

**16.0 Monitoring compliance and effectiveness of the policy**

**17.0 References**

## **1. Purpose and scope**

- 1.1. This policy sets out how NHS Shropshire Clinical Commissioning Group (SCCG) and Shropshire Council (SC) will manage conflicts of interest arising from the operation of the Health and Wellbeing Board (HWBB) and the Better Care Fund (BCF).
- 1.2. This policy, which incorporates the guidance published in December 2014, applies to members of the Health and Wellbeing Board and its sub-committees, SCCG and SC employees involved in commissioning, contracting, procurement processes and decision making in relation to the Better Care Fund.
- 1.3. The aim of this policy is to protect both the organisation and the individuals involved from any appearance of impropriety and demonstrate transparency to the public and other interested parties.
- 1.4. It is the responsibility, of all relevant individuals to familiarise themselves with this policy and comply with its provisions.
- 1.5. Relevant individuals should also refer to their respective codes of conduct.

## **2. Introduction**

- 2.1. Managing conflicts of interest is essential for protecting the integrity of SCCG and SC
- 2.2. Conflicts of interest are inevitable in many aspects of public life. However, by recognising where and how they arise and dealing with them appropriately, the HWBB and its members, will be able to ensure proper governance, robust decision making, and appropriate decisions about the use of public money.
- 2.3. Where an individual, i.e. an employee, Board member, or a member of a committee or a sub-committee of the Board has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this policy.

## **3. Statutory requirements**

- 3.1. As required by section 140 (conflicts of interest) of the National Health Service Act 2006, as inserted by section 25 of the 2012 Act “will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.”
  - 3.1.1. Maintain an appropriate registers of interests, which will be published to our website and made available on request;
  - 3.1.2. Ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the Board, and record them in the register as soon as they are declared, and within 28 days;
  - 3.1.3. Have arrangements, as set out in this policy, for managing conflicts of interest and potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the Board’s decision-making processes.
  - 3.1.4. Have regard to guidance published in relation to conflicts of interest.
  - 3.1.5. Will not award a contract for the provision of services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract
  - 3.1.6. Will keep, and publish, a record of how it managed any such conflict in relation to contracts it enters into.

## **4.0 Standards of business conduct**

4.1. They Employees, members, committee and sub-committee members of the Board (and its committees) should act in good faith and in the interests of the Board and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles)

4.2. Individuals contracted to work on behalf of the Board, or otherwise providing services or facilities to the Board, will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract.

## 5.0 Conflict of interest: definition

5.1 A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is, or could be, impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A *potential* for competing interests and/or a *perception* of impaired judgement or undue influence can also be a conflict of interest.

5.2. Conflicts can arise from an indirect financial interest (e.g. payment to a spouse) or a non-financial interest (e.g. kudos or reputation). Conflicts of loyalty may arise (e.g. in respect of an organisation of which the individual is a member or has an affiliation). Conflicts can arise from personal or professional relationships with others, e.g. where the role or interest of a family member, friend or acquaintance may influence an individual's judgement or actions or could be perceived to do so.

5.3. For individuals involved in commissioning, a conflict of interest may, therefore, arise when their own judgment as a commissioner could be, or be perceived to be, influenced and impaired by their own concerns and obligations as a provider, as a member of a particular peer, professional or special interest Board, or as a friend or family member.

5.5 A conflict of interest will include:

5.5.1. **A direct pecuniary interest:** where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

5.5.2. **An indirect pecuniary interest:** for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

5.5.3. **A non-pecuniary interest:** where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

5.5.4. **A non-pecuniary personal benefit:** where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);

5.5.5. **A close relationship with an individual or organisation with an interest:** Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

5.6. Below are some examples of what might constitute a conflict of interest within these categories:

5.6.1. **Direct pecuniary interest:** The individual is a GP with a Special Interest or has a partner working in a Care Home with whom the BCF might contract for beds.

5.6.2. **Indirect pecuniary interest:** Substantial shareholder in a company that might bid for a BCF contract.

5.6.3. **Non-pecuniary interest:** Trustee of a charity that might provide services for the BCF.

5.6.4. **A non-pecuniary personal benefit:** Living next door to a busy care home that might lose a contract with the BCF thus resulting in less traffic.

5.6.5. **A close relationship with an individual or organisation with an interest:** A friend runs a company that seeks a contract with the BCF.

5.7. Members' declarations should include the following:

5.7.1. Directorships, including non-executive directorships, held in private companies or PLCs;

5.7.2. Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the HWBB;

5.7.3. Shareholdings (more than 5%) of companies in the field of health and social care;

5.7.4. A position of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;

5.7.5. Any connection with a voluntary or other organisation contracting for NHS services;

5.7.5. Research funding/grants that may be received by the individual or any organisation in which they have an interest or role;

5.7.6. Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the HWBB.

5.8 It is important that individuals remember that:

5.8.1. A *perception* of wrongdoing, impaired judgement or undue influence can be as detrimental as them actually occurring;

5.8.2. If in doubt, it is better to assume a conflict of interest and manage it appropriately, than to ignore it;

5.8.3. For a conflict to exist, financial gain is not necessary.

## 6.0 Principles for managing conflicts of interest

6.1 Conflicts of interest will be managed by the HWBB, in line with the following underpinning principles, which will be applied at all stages of the commissioning process.

6.1.1 **Doing business properly appropriately.** The HWBB will endeavour to ensure needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, making conflicts of interest much easier to identify, avoid or deal with, because the rationale for all decision-making will be transparent and clear and should withstand scrutiny.

6.1.2 **Being proactive not reactive.** The HWBB will seek to identify and minimise the risk of conflicts of interest at the earliest possible stage and ensure appropriate action is taken. This will include considering potential conflicts of interest when individuals come into a decision-making role, and by ensuring individuals understand their obligations to declare conflicts of interest. Rules should assume people will volunteer information about

conflicts and will exclude themselves from decision making where they exist, but there should also be prompts and checks to reinforce this.

**6.1.3 Assuming that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest.** There will be prompts and checks in place to reinforce the procedures outlined in this policy, recognising that while most individuals involved in commissioning will seek to do the right thing for the right reasons, they may not always do it in the right way because of a lack of awareness of the roles and procedures, insufficient information about a particular situation, or lack of insight into the nature of a conflict.

**6.1.4. Being balanced and proportionate.** HWBB policy and guidance is to be clear and robust but not overly prescriptive or restrictive. Rules should protect and empower people by ensuring decision-making is efficient, transparent and fair, not constrain people by making it overly complex or slow.

**6.1.5 Openness.** The HWBB will ensure early engagement with the public in relation to proposed commissioning plans.

**6.1.6. Responsiveness and best practice.** The HWBB will ensure that commissioning intentions are based on local health and social care needs and reflect evidence of best practice.

**6.1.7. Securing expert advice.** The HWBB will ensure that plans take into account advice from appropriate health and social care professionals, and will draw on commissioning support where appropriate.

**6.1.8. Engaging with providers.** The HWBB will ensure early engagement with both incumbent and potential new providers over potential changes to the services commissioned for the local population.

**6.1.9.** The HWBB will **create clear and transparent commissioning specifications** that reflect the depth of engagement and set out the basis on which any contract awarded.

**6.1.10.** The HWBB will **follow proper procurement processes and legal arrangements**, including even-handed approaches to providers.

**6.1.11.** The HWBB will **ensure sound record-keeping, including an up to date register of interests.**

**6.1.12.** The HWBB will have a **clear, recognised and easily enacted system for dispute resolution.**

## **7.0 Maintaining a register of interests and register of procurement decisions**

**7.1** The HWBB will maintain a register of the interests of the members of the Board and the members of its committees or sub-committees and individuals engaged in commissioning activity on behalf of the Board.

**7.2** When entering an interest on the register of interests, the HWBB will ensure that it includes sufficient information about the nature of the interest and the details of those holding the interest.

**7.3.** The register will be made available for inspection at the following locations:

**7.3.1.** The register will be published on the Councils website

**7.3.2** The register(s) will also be available on request for inspection at the Council headquarters (address below) and upon application in writing to the following addresses:

**7.3.3.** By post: Shropshire Council, Shirehall, Abbey Forgate, Shrewsbury SY2 6ND

7.4. The full register of interests will be reviewed and updated regularly (at least every six months) and reviewed at least annually by the Health and Overview Scrutiny Committee.

7.5. The HWBB will maintain a register of procurement decisions taken, including:

7.5.1. The details of the decision;

7.5.2. Who was involved in making the decision (i.e. committee members and others with decision-making responsibility);

7.5.3. A summary of any conflicts of interest in relation to the decision and how this was managed by the HWBB.

7.5.4. The register of procurement decisions will be updated whenever a procurement decision is made.

## 8.0 Declaring and registering interests

8.1. The HWBB needs to be aware of all situations where an individual has private interests which have the potential to result in a conflict of interest. All individuals identified in paragraph 1.2 must act in such a way as to avoid being placed in a position that creates a potential conflict between their private interests. All individuals must declare relevant and material interests to the HWBB.

8.2. Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the Board, in writing to the HWBB, using a standard declaration form as soon as they are aware of it and in any event no later than 28 days after becoming aware. (Notes on how to complete the form, and how it should be submitted are included on the form.)

8.3. Where an individual is unable to provide a declaration in writing, for example if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

8.5 Where individuals are unsure whether a situation gives potential for a conflict of interest, they should seek advice from the Chair of the Health & Wellbeing Board, who will obtain appropriate advice to inform a decision. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.6 Any declaration of interest will be included in the HWBB register of interests.

8.7 Declarations of interest will be made and regularly confirmed or updated in the following circumstances:

8.7.1 **On appointment:** Applicants for any directly related appointment to the CCG or SC will be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests will again be made and recorded.

8.7.2. **Quarterly:** All registered interests will be confirmed at least quarterly.

8.7.3. **At meetings:** All attendees will be asked to declare any interest that they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the Register of Interests, it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.

8.7.4. **On changing role or responsibility:** Where an individual changes role or responsibility with the CCG or SC, any change to the individual's interests will be declared.



**8.7.5. On any other change of circumstances:** Wherever an individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the CCG or SC or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing or a new one materialising.

## **9.0 Managing conflicts of interest: general**

9.1. Individual members of the Board, committees or sub-committees, and employees will comply with the arrangements determined by this policy for managing conflicts or potential conflicts of interest.

9.2. For every interest declared, either in writing or by oral declaration, arrangements will be put in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the decision making process. The arrangements will depend on the nature and extent of the conflict of interests, but may include:

9.2.1. If the conflict of interests is so material that it would be inappropriate for the individual to partake in discussions around the decision-making process, as well as the decision itself, then the individual concerned will be excluded from relevant meetings, or relevant parts of those meetings.

9.2.2. Where the conflict of interests makes it inappropriate for the individual concerned to participate in the decision-making, however it is deemed appropriate for the individual to partake in the discussion, then the individual will be able to attend the meeting, having declared their interest, and join in the discussion, but will not have a vote in relation to the decision.

9.3. The relevant individual arrangements for managing the conflict of interests, or potential conflicts of interests, will be discussed with the individual and followed up in writing as soon as possible after the declaration has been made. The arrangements will confirm the following:

9.3.1. When an individual should withdraw from a specified activity, on a temporary or permanent basis;

9.3.2. Any other specified actions or constraints.

9.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity that is, or may be, connected with the declared interest, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the HWBB.

### **Meetings**

9.6. Where an individual member, employee or person providing services to the Board is aware of an interest which:

9.6.1. Has not been declared, either in the register or orally, they will declare this at the start of the meeting;

9.6.2. Has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

9.7. The Chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

9.8. Where the Chair of any meeting of the Board, including committees, sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one.

9.9. Any declarations of interests, and arrangements agreed in any meeting of the HWBB, committees or sub-committees, will be recorded in the minutes and published in the register of interests.

9.10. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the Chair (or deputy) will determine whether or not the discussion can proceed.

9.11. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the Boards terms of reference. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair of the meeting shall consult on the action to be taken. This may include:

9.11.1. Requiring another of the Boards committees or sub-committees, which can be quorate to progress the item of business; or if this is not possible,

9.11.2. Inviting on a temporary basis one or more of the following to make up the quorum so that the Board can progress the item of business:

9.11.2.1. A member of the clinical commissioning group who is not usually a member of the HWBB;

9.11.2.2. A member of the Council who is not usually a member of the HWBB

9.11.2.3. A member of a Health and Wellbeing Board in another locality;

9.11.2.4. A member of a CCG in another locality.

9.12. These arrangements must be recorded in the minutes.

#### **Other transactions**

9.13. In any transaction undertaken in support of the HWBB exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees) of the transaction.

9.14. The HWBB will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

#### **10.0 Managing conflicts of interest: contractors and people who provide services to the Board**

10.1. Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with the HWBB in relation to the potential provision of services or facilities to the Board, will be required to make a declaration of any relevant conflict / potential conflict of interest.

10.2. Anyone contracted to provide services or facilities directly to the HWBB will be subject to the same provisions of this policy in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

10.3. The HWBB will manage conflicts and potential conflicts of interest when awarding a contract by prohibiting the award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict.

10.4 The HWBB will keep appropriate records of how conflicts in individual cases have been managed.

### **11.0 Mitigating conflicts of interest**

11.1. Where a conflict of interest exists, there are various ways in which the conflict may be managed, depending on its impact. The level of mitigating action will be determined by the Chair of the HWBB in consultation with the Chair of the Health Overview Scrutiny Committee, and in the case of an employee by the line manager.

11.2. This decision will be recorded either in the relevant minutes or in the register of interests and communicated to the individual making the declaration in writing.

12.4 Where mitigation arises the Chair of the HWBB would be expected to conduct informal discussions with the individual concerned to ensure they fully understand the action requested of them, and they have an opportunity to seek clarity or raise concerns.

### **12.0 Transparency in designing and procuring services**

12.1. The Board recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The Board will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

12.2. The HWBB will ensure adherence to good practice in relation to procurement, will not engage in anti-competitive behaviour that is against the interest of patients, and will protect the right of patients to make choices about their health and social care. Good practice includes acting transparently, proportionately and without discrimination and treating all providers and potential providers equally, in particular from not treating one provider more favourably than another on the basis of ownership.

12.3. The HWBB will publish a Strategy which will detail the Commissioning Intentions of the Board, and will:

12.3.1. Be compliant with The NHS (Procurement, Patient Choice and Competition) Regulations 2013, ensuring that service redesign and procurement processes are in line with the three main principles of procurement law, namely equal treatment, non-discriminatory and transparency. This includes ensuring the same information is given to all.

12.3.2. Ensure that potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;

12.3.3. Ensure that service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

### **13.0 Responsibilities**

13.1. The HWBB has overall responsibility for managing conflicts of interest and has delegated this responsibility to the Health and Wellbeing Coordinator, who will be responsible for:

13.1.1. Creating and maintaining the Register of Interest;

13.1.2. Ensuring that for every interest declared either in writing or by oral declaration, arrangements are in place to manage any conflict or potential conflict of interest to ensure the integrity of the HWBB's decision making process;

13.1.3. Recording in writing the means whereby such conflicts of interest will be managed within a week of its notification;

13.1.4. Communicating these means to the individual concerned on behalf of the chair of the relevant committee.

13.1.5. Ensuring that these means are available for inspection in the Register of Interests.

13.2. Oversight of the management of conflicts of interest will be provided by the Health Overview Scrutiny Committee.

#### **14.0 Breaches of the policy**

14.1. If an individual fails to declare an interest or the full details of the interest, this may result in disciplinary action resulting in the individual being dismissed or removed from their role.

14.2. Any unwitting failure to declare a relevant and material interest or position of influence, and/or to record a relevant or material interest or position of influence that has been declared, will not necessarily render void any decision made by the HWBB or its properly constituted committees or sub-committees, although the HWBB will reserve the right to declare such a contract void.

#### **15.0 Equality and Diversity Statement**

15.1. At all times all those individuals who must comply with this policy will be treated equally and without discrimination, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

#### **16.0 Monitoring compliance and effectiveness of the policy**

16.1. The policy will be reviewed annually by the Health Overview Scrutiny Committee. HWBB members will be reminded of the policy and register of interests at least quarterly.

## 17.0 References

1. Managing conflicts of interest: Statutory Guidance for clinical commissioning groups CCGs, NHS England, March December 2014  
<http://www.england.nhs.uk/wp-content/uploads/2014/12/man-confl-int-guid-1214.pdf> 3  
<http://www.england.nhs.uk/wp-content/uploads/2013/03/manage-con-int.pdf>
2. National Health Service Act 2012 <http://www.legislation.gov.uk/ukpga/2012/7/enacted>
3. National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013  
[http://www.legislation.gov.uk/uksi/2013/500/pdfs/uksi\\_20130500\\_en.pdf](http://www.legislation.gov.uk/uksi/2013/500/pdfs/uksi_20130500_en.pdf)
4. Committee on Standards in Public Life  
<http://www.public-standards.gov.uk/>
5. Substantive guidance on the Procurement, Patient Choice and Competition Regulations, Monitor  
<https://www.gov.uk/government/publications/procurement-patient-choice-and-competition-regulations-guidance>
6. Based upon the publication from ICAC and CMC: *Managing Conflicts of Interest in the Public Sector - Toolkit November 2004*, Tool 9.2 management options ready reckoner (page 60) and framework adaptation by Telford and Wrekin CCG.

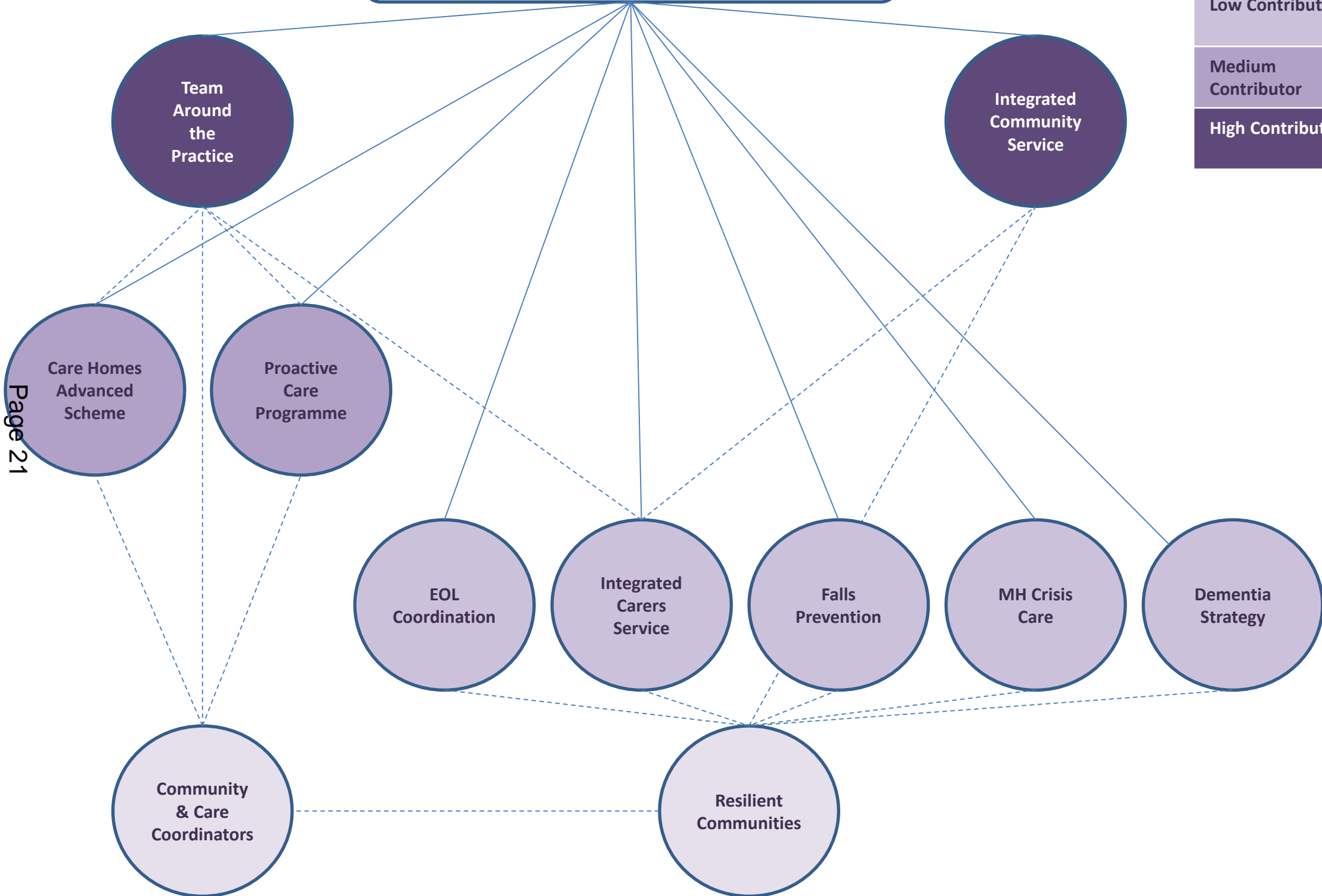
This page is intentionally left blank

# BCF1 - Reducing Non-Elective Admissions

**Target:**  
1260 Less admissions to acute hospitals per year (105 PCM)

**Enabler**

Low Contributor	0-20 admissions PCM
Medium Contributor	20-80 admissions PCM
High Contributor	Over 80 admissions PCM

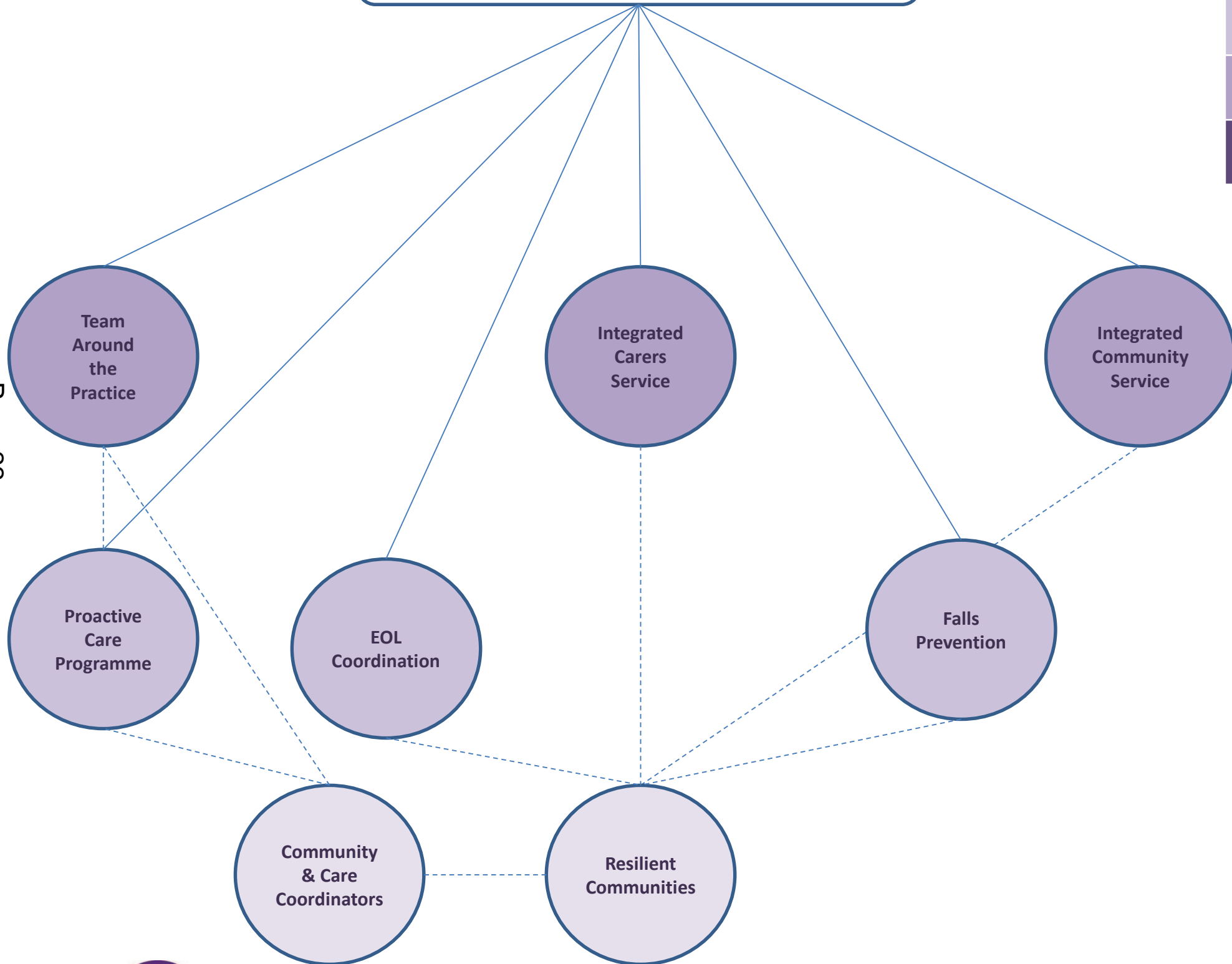


Page 21

# BCF2 – Care Home Admissions

**Target:**  
24 Less admissions to care homes per year (2 PCM)

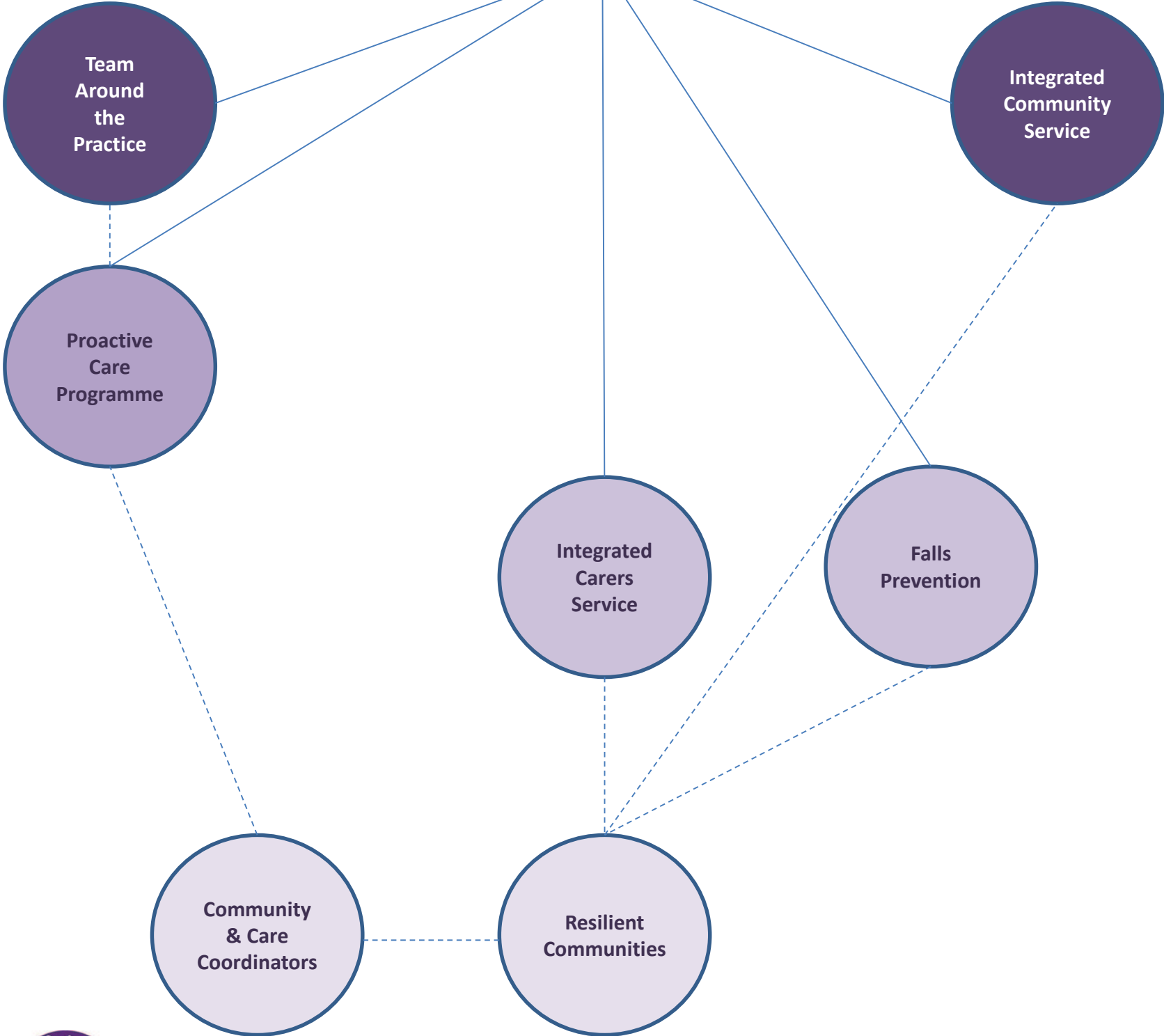
Enabler	
Low Contributor	0-2 admissions PCM
Medium Contributor	2-4 admissions PCM
High Contributor	Over 4+ admissions PCM



Page 22



# BCF3 – Effectiveness of Reablement

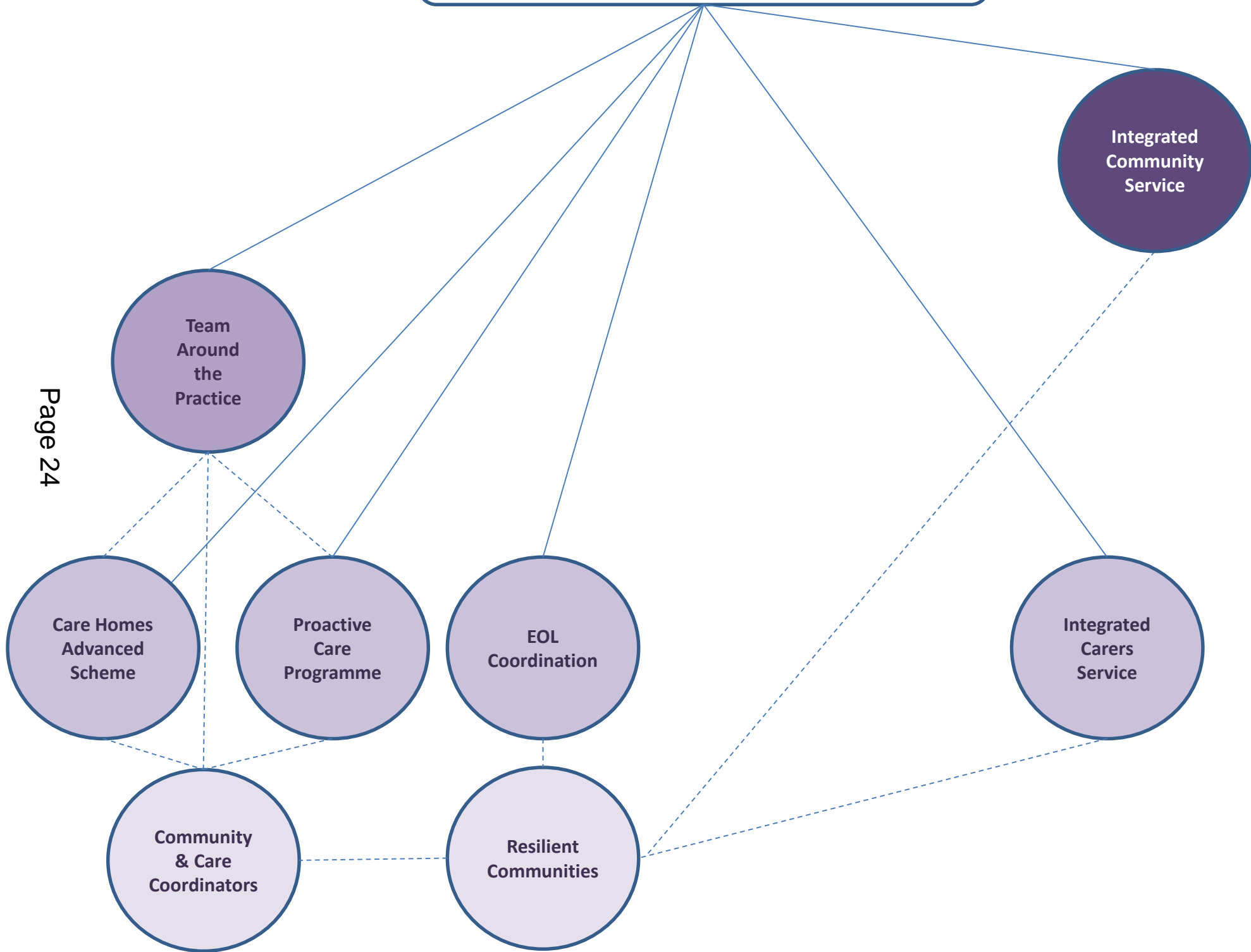


<b>Target:</b> 2.4% Increase in proportion of people still at home 91 days after discharge	
<b>Enabler</b>	
<b>Low Contributor</b>	<b>Under 0.5% increase</b>
<b>Medium Contributor</b>	<b>0.5 – 1% Increase</b>
<b>High Contributor</b>	<b>Over 1% Increase</b>

# BCF4 – Delayed Transfer of Care

**Target:**  
 Numbers of 'delayed days' per year does not increase.  
 Max level : 6829 days Jan – Dec '15  
 (Av 569 PCM)

Enabler	
Low Contributor	1 – 50 Days PCM
Medium Contributor	50 – 300 Days PMC
High Contributor	Over 300 Days PCM



Page 24

BCF5 – Patient/Service User Experience Metric (MH Crisis Contact)

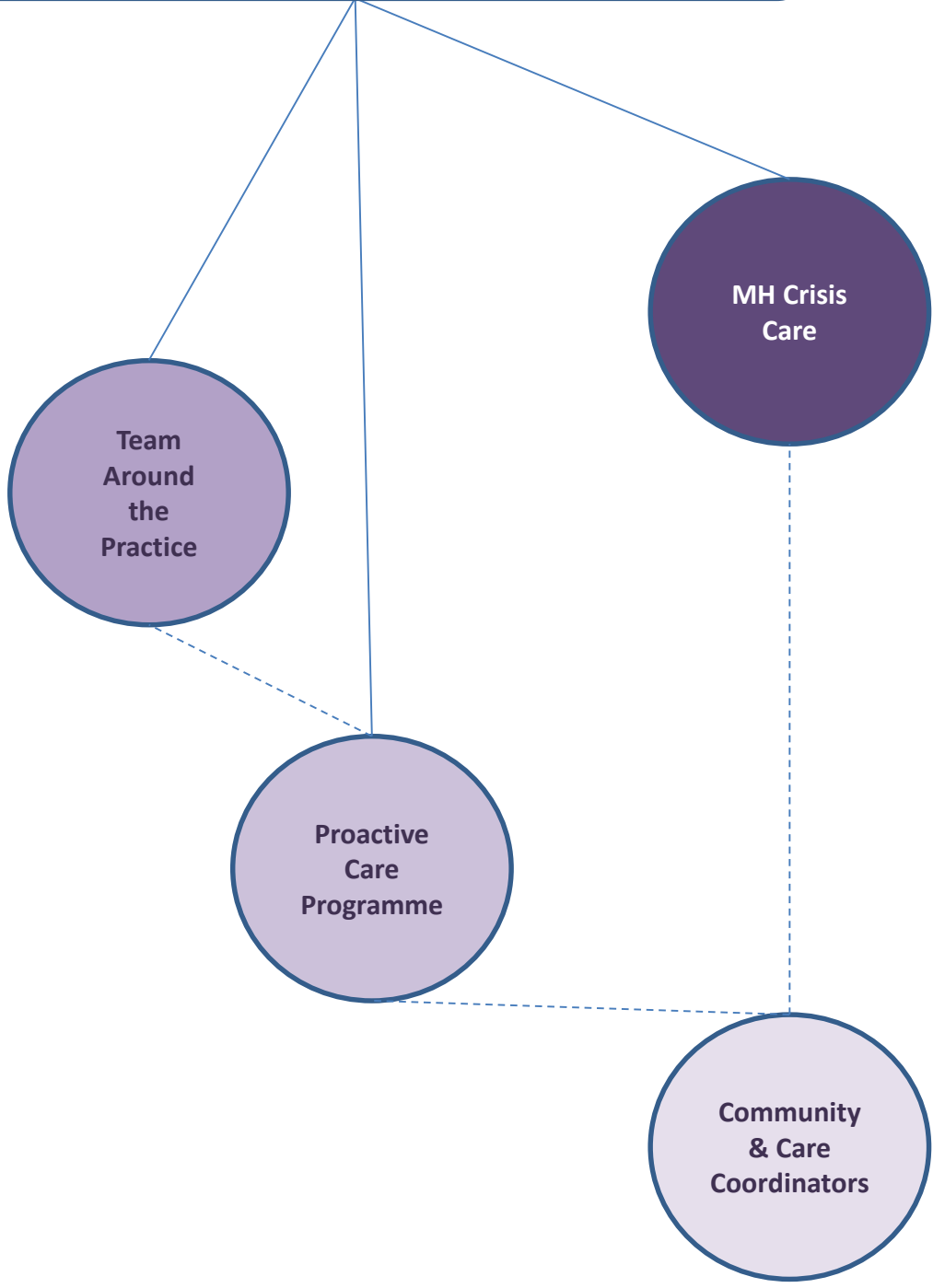


**Target:**  
Increase percentage of people who know who to contact in case of MH emergency by 20%

**Enabler**

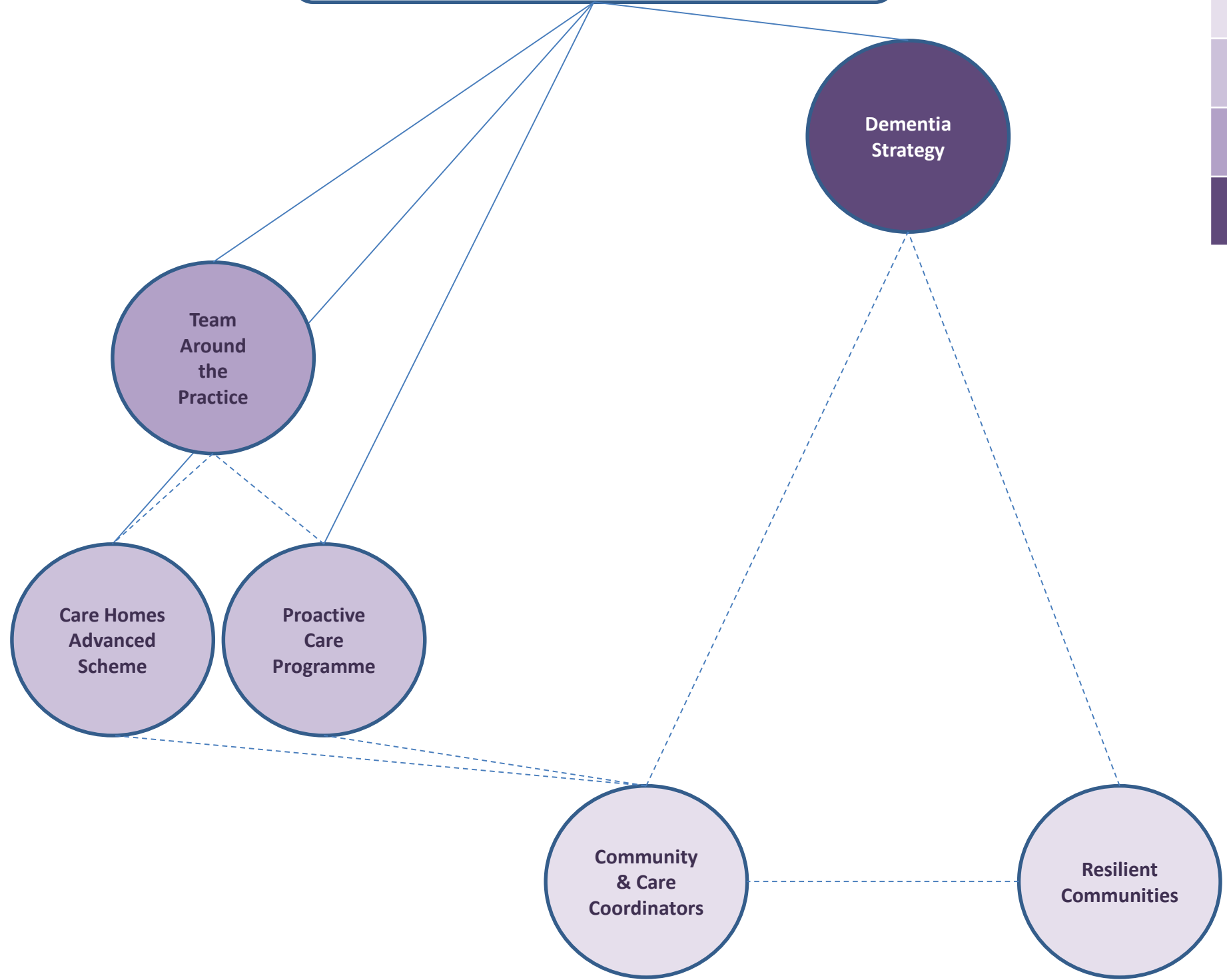
**Contributes**

**High Contributor**



# BCF6 – Local Metric (Admissions to Redwoods)

**Target:**  
Number of people with a dementia diagnosis admitted to Redwoods reduces by 0.2%. Max number of admissions PCM -3



Enabler	
Low Contributor	0–2 admissions PCM
Medium Contributor	2-4 admissions PCM
High Contributor	Over 4 admissions PCM



Shropshire Clinical Commissioning Group



## Health and Wellbeing Board

8<sup>th</sup> May, 2015

### Annual Report from the Director of Public Health

**Responsible Officer** Rod Thomson

Email: Rod.thomson@shropshire.gov.uk

Tel: 01743 25 3935

Fax:

---

#### 1. Summary

1.1 The NHS Act 2006 places a duty on the Director of Public Health (DPH) to write an annual report and the content and structure of the report is something is decided by the local Public Health Team.

1.2 Appendix A is the Shropshire Annual Report from the Director of Public Health entitled, Good Health for life in Shropshire: The Annual Report of the Director of Public Health: 2013/14. Key messages include:

##### **On the positive side**

- Overall, health in Shropshire is better than the England average
- Life expectancy overall for both men (79.6) and women (83.4) is higher than the England average
- Over the last 10 years, all cause mortality rates have fallen
- Early death rates from cancer, heart disease and stroke have also fallen
- Smoking related deaths, hospital stays for alcohol related harm and rates of sexually transmitted infections are all better than the England average
- The estimated level of adult smoking is lower than the England average
- The level of teenage pregnancy is lower than the England average
- Deprivation is lower than the England average

##### **On the negative side**

- There are still about 6,800 children in Shropshire living in poverty
- People from Shropshire's most deprived communities have a lower life expectancy than those from more affluent areas - 6.7 years less for men and 4.3 years less for women in the most deprived areas of Shropshire
- In Primary School Year 6, 19.4% of children are classified as obese (that's 1 in 5 children)
- The level of smoking in pregnancy is worse than the England average
- A quarter of Shropshire adults are classed as obese and two-thirds are overweight

#### 2. Recommendations

2.1 The Health and Wellbeing Board is asked to note the attached Appendix - Good Health for life in Shropshire: The Annual Report of the Director of Public Health: 2013/14

## REPORT

### 3. Risk Assessment and Opportunities Appraisal

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

The Health and Wellbeing Board works to reduce health inequalities across Shropshire.

### 4. Financial Implications

There are no financial implications directly associated with this report.

### 5. Background

n/a

### 6. Additional Information

n/a

### 7. Conclusions

n/a

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Karen Calder
<b>Local Member</b> All Shropshire
<b>Appendices</b> Appendix A: Good Health for life in Shropshire: The Annual Report of the Director of Public Health: 2013/14

# GOOD HEALTH FOR LIFE in Shropshire

The Annual Report of the Director of Public Health: 2013/14, *plus a little look ahead*



## Contents

Health in Shropshire – in brief.....	1
Priorities for Action.....	2
Starting Well.....	3
Living Well.....	24
Ageing Well.....	31
An Overview from the Director of Public Health.....	37
Public Health Calendar of Events.....	47

## Health in Shropshire – in brief

### What's good?

- Overall, health in Shropshire is better than the England average
- Life expectancy overall for both men (79.6) and women (83.4) is higher than the England average
- Over the last 10 years, all cause mortality rates have fallen
- Early death rates from cancer, heart disease and stroke have also fallen
- Smoking related deaths, hospital stays for alcohol related harm and rates of sexually transmitted infections are all better than the England average
- The estimated level of adult smoking is lower than the England average
- The level of teenage pregnancy is lower than the England average
- Deprivation is lower than the England average.



### What's not so good?

- There are still about 6,800 children in Shropshire living in poverty
- People from Shropshire's most deprived communities have a lower life expectancy than those from more affluent areas - 6.7 years less for men and 4.3 years less for women in the most deprived areas of Shropshire
- In Primary School Year 6, 19.4% of children are classified as obese (that's 1 in 5 children)
- The level of smoking in pregnancy is worse than the England average
- A quarter of Shropshire adults are classed as obese and two-thirds are overweight.





## Key messages...

A child born in England today can expect to live a longer, healthier life than ever before, yet, they still have a one in three chance of dying before they reach 75 years. Of all the factors affecting their chances of premature mortality, location is one of the most important. Even in England and in this day and age, how long we live depends greatly on where we live.



In a study by Public Health England which looks at deaths and illness across the country, Shropshire was ranked 33<sup>rd</sup> best out of 150 local authorities in England in terms of the number of premature deaths. Shropshire also does better than many other counties in terms of deaths from cancer, heart disease and stroke, lung and liver disease. This is something we can celebrate. However, we could be doing even better and Shropshire Council, the Public Health Department and Shropshire CCG are working with partners locally to improve all aspects of health. By working together we aim to reduce the impact of long-term conditions and help the people of every community in Shropshire to live longer, healthier lives.

### Priorities for action in Shropshire include:

- **'starting well'** - through the healthy child programme
- **'living well'** - by tackling obesity and health inequalities and
- **'ageing well'** - through the prevention of long term conditions

For more information see: <http://shropshire.gov.uk/jsna.nsf>



# Starting Well - Getting off to a Healthy Start in Life

We all want to give our children the best start in life. Much of our future health and wellbeing is determined in the very early years and the most important and effective actions are those which address inequalities and health behaviours during a child's early years.

## Smoking in pregnancy...

**Our aim is** to ensure that babies are given the best **SMOKEFREE** start to life

**Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother:**

- On average, smokers have more complications during pregnancy and labour
- Smoking can cause a greater risk of miscarriage, stillbirth and cot death
- Babies of smokers are more likely to be born prematurely and with a low birth weight
- Children of smokers are more at risk of getting infections such as inflammation of the middle ear in childhood
- Smoking during pregnancy can increase the risk of asthma and other chest infections in young children, such as bronchitis and pneumonia
- In 2011, children breathing in other people's cigarette smoke resulted in 300,000 GP visits and 9,500 hospital admissions in the UK
- Children who grow up in a smoking household are three times more likely to become smokers themselves

## The picture locally

- The Government's Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 11% or less by the end of 2015 (measured at time of giving birth)
- The national average for the proportion of pregnant women smoking at the time of delivery is currently 13%
- In Shropshire, whilst the proportion of pregnant women smoking at time of delivery has been falling locally, the decline is not significant and the rates of mothers smoking at delivery remain significantly higher than England; as has been the case for the last 5 years (15% last year in 2012/13) and that is why it is one of the key priority public health areas.

## Helping pregnant women quit smoking...

Quitting smoking is the most important thing a parent can do for their baby.

Local services are commissioned by Public Health to offer specialist help to pregnant women and their families, offering one to one support at home and in a variety of settings. In 2012/13, 71 pregnant women successfully quit smoking using the stop smoking in pregnancy service.



**I smoked in my previous pregnancies;** there wasn't the help then. I knew the damage to myself but I didn't know the effects on babies and children.

I felt guilty but I tried to forget... **This time, the opportunity was there;** my midwife informed me straightaway about Help2Quit and she referred me to the service. Before the appointment I wasn't prepared for what I was going to learn. I thought it might have been all about death rates and scary facts but I found it wasn't frightening at all, just talking, learning. I didn't feel judged and there was no pressure, no preaching. Although I'd struggled before I thought I'd give it a go... I didn't think I would succeed.

With my Help2Quit Advisor **I found someone I could trust,** someone to talk to and phone if I struggled. The support included looking at changing my routines and I also tried some treatments. I learned a lot about the health effects of smoking in pregnancy and around children. My partner also quit, which then helped me to stay on track. Just having someone to talk to helped more than anything and then **seeing how proud everyone was around me.**

I would advise pregnant women who smoke to look into it, you might not realise the facts but the Help2Quit service is there to talk to.



*(Shropshire mum, Zoe, (seen in the photograph below) talking about her experiences of stopping smoking in pregnancy and the support she received from Help2Quit.)*

*"At Help2Quit we understand that stopping smoking is not always easy. The good news is that we can help you to stop smoking. We offer a free service specifically for women who are pregnant, as well as their partner, family members and friends."*



### Contact Help2Quit for:

- Individual advice tailored to your needs
- Advice on nicotine replacement therapy such as patches, gum and inhalators
- A variety of times including evenings and weekends
- Telephone support
- One to one support in your own home or at the GP surgery, pharmacy or community venue



### Help, advice & information

The most effective way to quit smoking is with the support of the NHS Stop Smoking Services. If you would like help or further information:

Phone: **Help2Quit** on: **0345 678902**

To find your nearest and most convenient Help2Quit service contact:

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

**We won't judge you; we won't tell you what to do; but we will listen and help you.**



## Breastfeeding...

**Our aim** is to help more mothers to breastfeed and to carry on breastfeeding for longer.

**Breastfeeding is the healthiest way to feed your baby.** Exclusive breastfeeding (giving your baby breast milk only) is recommended for around the first six months (26 weeks) of your baby's life. After that, giving your baby breast milk alongside other food will help them continue to grow and develop.

- Breast milk is the only natural food designed for babies
- Breastfeeding protects babies from infections and diseases
- Breast milk provides health benefits for both babies and mothers
- Breast milk is free and available whenever and wherever a baby needs a feed and it's always the right temperature
- Breastfeeding can build a strong physical and emotional bond between mother and baby

**The longer you breastfeed, the longer the protection lasts and the greater the benefits.**

**Any amount of breastfeeding has a positive effect.**

Breastfeeding is the healthiest way to feed your baby. Exclusive breastfeeding (giving your baby breast milk only) is recommended for around the first six months (26 weeks) of your baby's life. After that, giving your baby breast milk alongside other food will help them continue to grow and



### Breastfeeding is good for babies. Breastfed babies have:

- less chance of diarrhoea and vomiting and having to go to hospital as a result
- fewer chest and ear infections and having to go to hospital as a result
- less chance of being constipated
- less likelihood of becoming obese and therefore developing type 2 diabetes and other illnesses later in life
- less chance of developing eczema

Infant formula doesn't give your baby the same ingredients or provide the same protection.  
**Breast milk adapts to meet your baby's changing needs.**

### **Breastfeeding doesn't only benefit your baby; it is good for mums too as it:**

- lowers your risk of getting breast and ovarian cancer
- naturally uses up to 500 calories a day
- saves money – infant formula, the sterilising equipment and feeding equipment can be expensive
- can help to build a strong bond between you and your baby

### **Helping New Mothers:**

- In Shropshire we are offering mothers an opportunity to attend an 'introduction to feeding' workshop at their local Children's Centre
- To date, all staff within the Children's Centres and Health Visiting team have received breastfeeding training
- In order to provide more breastfeeding support to new mothers, we have been piloting Children's Centre support workers as breastfeeding facilitators on the maternity wards at the Royal Shrewsbury Hospital:

A Children's Centre support worker visits the ward daily Monday to Friday and offers breastfeeding support and information to mothers and their families.

**The pilot has been welcomed by mothers - they feel it is a really good service.**

#### **Help, advice & information**

For more information and advice about breastfeeding contact:

**Shropshire Community Health Trust Health Visiting Service**

Mums in Shropshire seeking advice on breastfeeding should call **07810816233** or go to:

**[www.shropscommunityhealth.nhs.uk](http://www.shropscommunityhealth.nhs.uk)**



**HEALTHY  
START**



To further support early development, all pregnant women, babies and young children need essential vitamins and minerals and often these cannot be provided by diet alone.

**Our aim...** is to ensure that all of our children have access to essential vitamins.

Healthy Start is a national scheme helping to support healthier nutrition for low-income families who qualify for welfare benefits.

Shropshire's Public Health team has been working with key partners to ensure that families who qualify for Healthy Start vouchers are aware of the scheme and supported to make an application

**- the vouchers can be exchanged at most Shropshire pharmacies.**

### Help, advice & information

If you haven't applied, or if you aren't sure if you qualify for help towards the cost of fruit, vegetables and milk, please ask your health visitor, midwife or support worker or contact:

[www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)  
or call the **Healthy Start helpline** on:  
**0845 607 6823**



**You could also receive vouchers for free vitamins** from the 10th week of pregnancy and for children aged 6 months to 4 years. These vouchers can easily be exchanged at most Shropshire pharmacies.

An up to date list of pharmacies that are involved in the scheme can be found in the 'Pharmacy' section of the Shropshire CCG website at: [www.shropshireccg.nhs.uk](http://www.shropshireccg.nhs.uk)

## Immunisation Programme ..

As a parent, you may not like seeing your baby or child being given an injection. However, vaccination is an important step in protecting your child against a range of serious and potentially fatal diseases.

Vaccinations are quick, safe and extremely effective. Once your child has been vaccinated against a disease, their body can fight it more effectively. If a child isn't vaccinated, they will have an increased risk of catching the illness.

However, **if more parents have their children vaccinated, then more children in the community will be protected** against an illness. This lowers the chance of a disease outbreak.

The only time that it's safe to stop vaccinating children against an illness is when the disease has been wiped out worldwide. Your health visitor will advise you about the vaccinations your child needs.

For more information about vaccinating your child, speak to your health visitor, practice nurse or your GP.

## Healthy Children...

Pregnancy and the first years of life are one of the most important stages in the life cycle. This is when the foundations of future health and wellbeing are laid down. Shropshire Council is committed to developing the Healthy Child Programme, the aims of which are to:

- Develop strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children
- Provide care that helps to keep children healthy and safe
- Ensure healthy eating and increased activity, leading to a reduction in obesity
- Prevent serious and communicable diseases
- Increase rates of initiation and continuation of breastfeeding
- Ensure readiness for school and improved learning
- Ensure early recognition of growth disorders and risk factors for obesity
- Ensure early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety
- Identify factors that could influence health and wellbeing in families; and ensure better short- and long-term outcomes for children who are at risk of social exclusion

# Think Good, Feel Good?



**Our aim** is to increase the emotional wellbeing of children and young people in Shropshire.

The Think Good, Feel Good programme has been developed for all Shropshire schools to promote child mental health (sometimes called TaMHS), build confidence, self-esteem and resilience and to increase awareness of mental health/mental ill-health.

There is increasing evidence that positive emotional health and educational achievement are closely linked as emotional and psychological problems can affect children’s learning. Schools can do much to promote the emotional health and social wellbeing of their pupils and reduce risk-taking behaviour, bullying and self-harm.

The Think Good, Feel Good programme is being rolled out across all schools in Shropshire to ensure that children and young people have strong support for their emotional needs and social development.

Shropshire was one of 25 sites across the country that ran a government funded mental health programme for schools (Targeted Mental Health Support, or TaMHS). The highly regarded pilot ran from 2008-2011 and captured significant learning from participating schools.

The aim of the programme was **‘to improve mental health outcomes for children and young people via interventions delivered through schools’**.

Results from the pilot were extremely promising and schools reported:

- improved attendance of pupils
- increased knowledge of staff in relation to mental well-being and
- improved confidence in supporting young people

**Think Good, Feel Good** has been developed from this pilot project.



**Help, advice & information**

Family Information Service

**[shropshireFIS@shropshire.gov.uk](mailto:shropshireFIS@shropshire.gov.uk)**

**01743 254400**



## What partners

What said...

“ Children’s Social Care has noticed a marked difference in the quality of referrals received from schools who have participated in the Targeted Mental Health in Schools Project compared to those which have not. ”

“ In general, referrals from TaMHS schools are more likely to be accepted and progress to assessment because they will include clear evidence of concerns, their impact upon the child, strategies attempted so far and work undertaken with colleagues. ”

## What children

What said...

“ I was really worried about going to a new school but I feel more confident after talking through these worries. ”

“ When I feel angry or sad I know what I can do to make me feel happy. ”

“ The ‘Seasons’ group has helped me to realise that I have a choice as to how I react, and this has made a difference to how my friends and family talk to me. ”

“ High quality displays around the school encourage children to feel and think about different ways to respond to their emotions. ”

## What teachers

What said...

“ There are noticeable changes to the children since attending the group. ”

“ The TaMHS project has been one of the most successful projects our school has taken part in. ”

“ It’s great to be able to help children with coping strategies in school. ”

## What Ofsted

What said...

“ A variety of high quality support systems within the school and close liaison with external agencies help ensure all pupils, especially those most vulnerable are cared for exceptionally well. ”

“ The excellent attention paid to children's welfare and to their personal, social and emotional development very successfully builds their confidence and self-esteem. Children are enthusiastic learners. ”

## National Child Measurement Programme (NCMP) ..

The National Child Measurement Programme (NCMP) has been running since 2005. Every year, Reception (4-5 years) and Year 6 (10-11 years) children have their height and weight measured and the results are fed back to parents.

The information collected is important because it provides a local picture of children's growth patterns and levels of obesity and helps us to improve and shape local services for children and their families.

In Shropshire, one-third of children are overweight, whilst 8% of children in Reception year (Year R) and 19% of children in Year 6 are classed as obese\*.



A child that is overweight or obese is much more likely to be obese as an adult. Health problems are also more likely to develop earlier if overweight and obesity continue into adult hood. **We know that parents can make a big difference** by limiting the number of sugary foods their children eat every day and encouraging them to be active before and after school.

### Help, advice & information

Parents who would like to receive more structured support can access a local weight management service called *LiFT*.

The service supports families of very overweight children to achieve and maintain a healthy weight.

For further information on *LiFT* visit:  
[www.healthyshropshire.co.uk](http://www.healthyshropshire.co.uk)

It is important that parents are able to get appropriate weight management advice and support if they need it, after receiving their child's measurement result.



After receiving their child's measurement result it is important that parents are able to get appropriate weight management advice and support, if they need it.

Locally, specially trained members of Shropshire's School Nursing service offer an Advice Service for parents.

## Lifestyle Inspiring Families Together



Children who are a healthy weight are more likely to grow into healthy adults. Children who have a poor diet or are not physically active enough or both can become overweight or underweight, either of which can have a substantial effect on health both in childhood and in later life.

Health risks for children and young people can include;

- Diabetes
- Exacerbation of asthma
- Low self-esteem
- Depression
- and social stigma; such as bullying, teasing and discrimination

LIFT is a 'family' centred 12 month programme which aims to support children and young people (aged 7-15 years who have a BMI above the 98<sup>th</sup> centile) to achieve and maintain a healthy weight.

Highly qualified LIFT staff deliver a tailored programme of physical activity, nutrition and lifestyle support to suit individual families.

In agreement with children and their parents and carers, the programme is delivered through a variety of methods and includes one to one and group support.

Families can self-refer into the programme or they can be referred by their GP, School Nurse or other health professionals such as paediatricians.

### Help, advice & information

For further information contact:  
[Liftshropshire@gmail.com](mailto:Liftshropshire@gmail.com)



LIFT is keen to work with local schools and organisations across Shropshire; to strengthen referral opportunities and provide convenient opportunities for children and their families to receive ongoing exercise, nutrition and lifestyle support.

*\* obesity in children is defined as a Body Mass Index (BMI) greater than or equal to the 98<sup>th</sup> centile and overweight is defined as a Body Mass Index (BMI) greater than or equal to the 91<sup>st</sup> centile. British 1990 Growth Reference (UK90)*



## Eat Better, Move More

Eat Better, Move More is an obesity prevention project which aims to enhance the skills and knowledge of those working with or supporting young children and families around healthy eating and physical activity.

The project aims to provide consistent health messages in line with current, evidence-based national guidance.

Eat Better, Move More Early Years Practitioner Training has been developed and piloted using feedback from previous programmes; this training looks at child obesity and emphasises working in partnership with families using a solution-focussed, strengths-based approach which has been shown to be more effective in achieving sustainable positive lifestyle changes.

Eat Better Move More Parent Courses have also been piloted through Sure Start Children's Centres with positive feedback from families who have attended.

Another aspect of Eat Better, Move More is to look at the provision of food, drink and physical activity by early years' settings such as playgroups and nurseries.

As part of a pilot project, 50 settings submitted baseline information follow up checklists and action plans to the Children's Food Trust and the British Heart Foundation National Centre. Child minders, nurseries and pre-schools that took part in this pilot project received a certificate showing parents and carers that they are committed to their children's healthy development. Reports of the checklist findings have been supplied by both agencies and provide a basis for further development of this work. The roll out of this programme is now underway.



Image courtesy of Energise

The Eat Better, Move More primary school teachers resource pack provides primary teachers with a 'toolkit' of practical ideas to help them confidently communicate and deliver healthy diet messages and build in physical activity across KS1 and KS2 curriculums. The pack contains a variety of ways in which children can learn about and apply the principles of health in their daily life and assist teachers in increasing physical activity and decrease sedentary behaviour throughout the school day.

The *Eat Better, Move More* Primary School resource was developed together with the Respect Yourself Relationship and Sex Education Resource in order to build skills and knowledge already developed in many of our primary schools. Local teachers were recruited to produce and pilot the resource, with a total of 12 Shropshire primary schools and 1251 pupils taking part.



Image courtesy of Energise

### Help, advice & information

Please go to the Healthy Shropshire website:

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



## School Nursing



*Photograph above acknowledging the School Nurse Award*

The School Nurse Awards category was won by the council's commissioned school nurse team from Shropshire's Community Health Trust, for greatly improving and introducing asthma management guidelines to all schools in the county.

School nurses work to keep children and young people healthy throughout their school years in order for them to reach their full potential and make informed healthy lifestyle choices.

Shropshire School nurses support health and wellbeing programmes for all children and young people aged 5-19 in schools and the wider community. School nurses are qualified nurses with various additional qualifications. School nurses have a specialist public health qualification and/or extensive experience of working with children, young people and their families.

**Research during 2013 found that children and young people say that they want a confidential, accessible and visible school nursing service.**

### School nurses provide confidential advice, care and support to children, young people, parents and carers across a range of key areas including:

- Anaphylaxis (severe allergic reaction) and asthma training for schools, children, young people and their families
- Audiology (hearing tests)
- Crucial Crew and Safety Scene health promotion
- Day and night time wetting (enuresis) clinics across Shropshire
- Health education and promoting healthy behaviours
- HPV vaccinations
- National Childhood Measurement Programme for Year R and Year 6 children
- Safeguarding and support for children in need
- Secondary school drop-in sessions – CHAT (Confidential Health & Advice for Teens)
- Support with individual health needs and long-term health conditions

**No problem or issue is too big or too small; school nurses can put children, young people, parents and carers in touch with a range of agencies that can help.**

#### Help, advice & information

Each school will have the relevant contact details for their named school nurse; alternatively you can find contact numbers on the Shropshire Community Health NHS Trust website: [www.shropscommunityhealth.nhs.uk/](http://www.shropscommunityhealth.nhs.uk/)



## Teenagers' Wellbeing

'You're Welcome'

'You're Welcome' provides good practice guidance and quality standards, based on local practice and evidence, of what has been found to improve patient experience and health outcomes for young people. Applying the criteria also helps effective use of the NHS and public health services.

GP practices assess themselves against 8 key criteria which include confidentiality, staff training, skills, attitudes and values, the environment and young people's involvement in monitoring and evaluating their experience.

The practice must then fill any gaps that would prevent them from achieving accreditation. Services must prove that they are young people friendly.



*Certificate of recognition presented at Pontesbury Medical Practice*

The Quality criteria include finding ways to improve:

- Accessibility of services for young people
- Delivery of preventive services
- Young people's ability to be actively involved in their own care

**Public Health staff have been delighted to work in partnership with Albrighton Medical Practice and Pontesbury Medical Practice to enable them to achieve accreditation.**

This work has included:

- The creation and analysis of teenage patient questionnaires, which were used to survey the patient experience and make recommendations for change
- The creation of a specific Teenage Patient Noticeboard within the practice; the display contains health information specifically for young people and includes seasonal campaigns and permanent sources of help such as Change4Life, FRANK and beat bullying (mental health), B-eat (eating disorders and Brook (sexual health)

Over the course of the next year, more Shropshire GP practices will be working with us to gain 'You're Welcome' accreditation.

### Help, advice & information

For more information: E-mail [val.cross@shropshire.gov.uk](mailto:val.cross@shropshire.gov.uk) or Phone **01743 253943**



**CHAT+**

# stands for Confidential Help and Advice for Teens



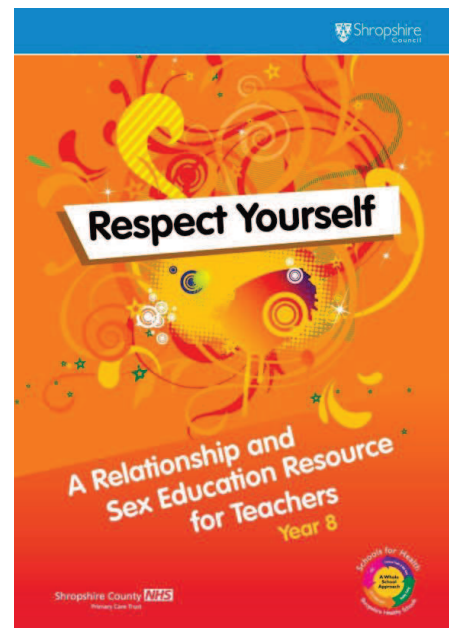
**At Further Education (FE) sites students are able to access:**



- Public Health displays and campaigns
- Registration to the Condom Distribution Scheme
- Free Chlamydia screening and treatment
- Hormonal contraception
- Emergency contraception
- Signposting to appropriate agencies
- Referral to specialist services e.g. sexual health service counselling, CAMHs and Youth Outreach Team for anger management and low self-esteem

It is a confidential weekly drop in service for students attending some Further Education facilities in Shropshire.

For further information contact your college.



In addition, some FE sites are able to provide students with an enhanced sexual health service with access to:

- Contraceptive implant fitting and removal
- Full STI testing

Additional drop in sessions are arranged at Shrewsbury Sixth Form college, County Training venues and Supported Housing Associations.



## Help, advice & information

Ask at your college for more details.

Staffordshire and Stoke on Trent Partnership  
NHS Trust



# Personal Social and Health Education (PSHE) and Relationship and Sex (RSE) Education



Shropshire puts the R before the S, stressing relationship education. We won a national award for our work with schools in 2012 and its curriculum programme for year 6-11 received the quality assurance kite mark from the PSHE association in 2014.

Shropshire is providing an example to other Local Authorities in supporting the national campaign for Personal, Social and Health Education including Relationship and Sex Education to become a statutory part of the curriculum for all schools. Shropshire MYPs and Health Champions have contributed at national and local level.



“Shropshire schools receive support and help to ensure our children and young people have happy, healthy, safe relationships. We take our responsibility to safeguard our children seriously, RSE is vital to ensure they are protected, we are doing all we can at a local level but it would help greatly if this important work was made statutory.”

- Ann Hartley Deputy leader of the Council

Over 60% of primary schools and 18 out of 22 secondary schools are delivering the Shropshire RSE scheme of work as part of a whole school approach and “home school” partnership.

**Shropshire’s under 16 teenage pregnancy rate has continued to reduce following the introduction of the programme and its under-18 rate is now the lowest in the West Midlands.**

Schools, heads, governors, parents and pupils have welcomed the support and resources they have received.

“Tuesday’s teacher meeting went down so well...everyone was on board and could see exactly why there is need to change and update our policy... A couple of members of the group continued a discussion about what a positive impact they felt this scheme would have had for them had they received this teaching at primary school. For me ...this is more evidence of why we are making these changes, but also how important you’re input to training our staff has been. I feel lucky to be working with you and that Shropshire values this work so highly.”

- PSHE lead primary school



**Help, advice & information** please contact: Alice Cruttwell, Public Health Curriculum Advisor, [alice.cruttwell@shropshire.gov.uk](mailto:alice.cruttwell@shropshire.gov.uk) or visit [www.healthyshropshire.co.uk](http://www.healthyshropshire.co.uk)

Details of the national campaign ‘it’s my right’ can be found at [www.sexeducationforum.org.uk/itsmyright](http://www.sexeducationforum.org.uk/itsmyright)  
The campaign is supported by NSPCC, National Union of teachers, Girl Guiding among many other national and local organisations, local authorities and charities.

## Sexual Health Services in Shropshire

Sexuality is a big part of human life; love, affection and sexual intimacy all play a role in healthy relationships.

They also contribute to your sense of well-being.

**Shropshire** strives to ensure sexual health services are more **widely available**, are of a **high quality** and are **accessible** to all.

Following service redesign over the last year, we are working hard to ensure services will be available on a weekly basis at all sites by the end of the year.

Testing and treatment for sexually transmitted infections are available in all clinics along with contraception provision.

### The picture locally

Shropshire County has lower rates of sexually transmitted infections than the national average; however it is important not to become complacent and to continue to commission quality services that positively impact on our community's health.

Chlamydia remains the most commonly sexually transmitted infection diagnosed in young people in Shropshire, and every effort is made to engage with young people, and encourage them to be tested at least annually and at every partner change. We continue to expand the condom distribution scheme for young people by training professionals on how to register and distribute condoms and increasing the sites of access including piloting community pharmacies.

We are currently undertaking a sexual health needs assessment which will provide evidence which will support our local services to be better able to meet the needs of our population which, in turn, will help reduce health inequalities. Our aim is to establish the sexual health-related needs of the population of Shropshire and to establish how the current supply of services can be modified to further meet these.

## Key actions for next year:

- Ensure consistent, early Sex and Relationships Education in schools from well trained teachers
- Ensure that education and signposting covers sexually transmitted infection services as well as contraception, and provide young people with information on the whole range of services available in community and sexual health services
- Continue to roll out the “SURE” chlamydia programme, to increase the availability of tests kits and maintain easy access
- Undertake a sexual health needs assessment assessing the areas where there are gaps in service provision
- Plan services for young people with staff that are trained to deal with young people in a friendly and non-judgemental manner, encouraging services to become ‘young people friendly’
- Redesign the CHAT+ service for young people that provides a number of public health commissioned services, including contraceptive and sexual health services, in schools and colleges.

### Help, advice and information

Free and confidential sexual health services to women and men, including;

- Sexual health information
- Full range of contraceptive methods, including long-acting methods such as injections, Implanon and IUD/IUS
- Emergency contraception
- Pregnancy testing
- Information and referral for abortion
- Testing and treatment for sexually transmitted infections (STIs)
- HIV testing
- Sexual health examinations that may be necessary to check for infection or other sexual and genital problems
- Free condoms
- Referral to other specialist clinics

For all enquiries regarding the Community Sexual Health Service please call Staffordshire and Stoke on Trent Partnership NHS Trust: Phone: **0300 123 0994**

Most clinic venues offer an integrated service which means the full range of services as described above can be offered at the clinic.



Website: <http://www.staffordshireandstokeontrent.nhs.uk/Services/STWSexualHealth.htm>

# Chlamydia screening

Genital chlamydial infection is the most commonly diagnosed sexually transmitted infection (STI) in the UK affecting both men and women.

**SURE**

The 'SURE' Chlamydia Screening Programme for Shropshire and Telford is part of the Government's National Chlamydia Screening Programme (NCSP) for young men and women aged 15 to 24 years in England.

The aim of the NSCP is to control chlamydia through early detection and treatment of asymptomatic infection, so reducing onward transmission and the consequences of untreated infection.

The 'SURE' programme, established in June 2012, is managed by the Public Health Sexual Health Team and aims to deliver:

- Results notification and supported partner notification
- Management and co-ordination of an online/text Chlamydia postal kit system
- Co-ordination and management of screening supplies and materials for a number of services

## Help, advice and information

Young people can access the screening test through a number of routes including GP surgeries, sexual health services, school nurses, youth services, abortion providers and third sector parties.



A chlamydia postal kit can also be requested directly from the SURE office by:

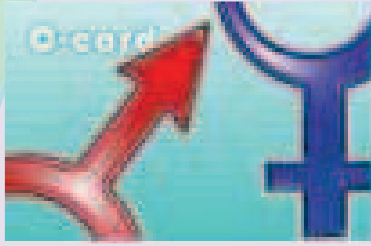
Text: '**SURE**' and name and address to **80010** or

E-mail: [requestkit@nhs.net](mailto:requestkit@nhs.net)

For further information contact:

[alison.cartwright@shropshire.gov.uk](mailto:alison.cartwright@shropshire.gov.uk) Tel: **01743 253939**

[rose.howard@shropshire.gov.uk](mailto:rose.howard@shropshire.gov.uk) Tel: **01743 253935**



**The Shropshire Condom Distribution Scheme (CDS)** offers free condoms to young people aged 13 to 19 years old, who wish to sign up to the scheme following a confidential consultation with a health professional. It has been developed using Brook Best Practice Guidelines.

Young peoples' access to the scheme has been significantly improved by the involvement of 42 pharmacies in Shropshire County. These pharmacies act as collection points and have had a positive impact on accessibility to the scheme in terms of opening times and geographical spread.

**Help, advice and information**  
E-mail: [val.cross@shropshire.gov.uk](mailto:val.cross@shropshire.gov.uk)



**Project to address underage drinking and associated anti-social behaviour.**



## Drugs and Alcohol

- Shropshire Community Alcohol Partnership (Shrop-CAP) is a multi-agency partnership set up in Shropshire to oversee a scheme to reduce the consequences of underage drinking.
- Shropshire was 1 of just 10 local authorities in England to have been awarded the £90,000 of the £1million funding from Baroness Newlove, the Government's Champion for Active, Safer Communities to help give local neighbourhoods the tools to address underage drinking and associated anti-social behaviour.
- The Partnership (Shrop-CAP) comprises Shropshire's drug and alcohol action team, West Mercia Police, Shropshire Council's positive activities team, and Shropshire Council's trading standards team.
- In Shropshire the project is focusing on five areas including: Oswestry, Whitchurch, Ludlow, Minsterly and Pontesbury and Bridgnorth.
- The partnership is working on many initiatives, including tackling proxy purchasing (where over 18s purchase alcohol and supply it to young people who are under 18), providing alcohol awareness and information to communities and schools; and working with young people on developing positive activities. Shrop-CAP also works with local traders to ensure they are fully aware of the possible consequences of selling alcohol to under 18s and can provide information and training to licensees to help reduce proxy purchases of alcohol.

**Help, advice and information** For further information about Shrop-CAP, please visit: <http://shropcap.wordpress.com/> You can also follow us on twitter at [@shropcap](https://twitter.com/shropcap)



# Let's Talk About Drink...

**Drinking alcohol can affect young people's health** and there is no safe alcohol limit for children. Drinking alcohol from a young age increases the risk of having alcohol-related problems as an adult.

Underage drinking causes many problems for young people and their families, as it can lead to arguments, anti-social behaviour, involvement with the police, or being a victim of assaults and crime.

In Shropshire, 35% of young people aged 18 and under presenting to the Young People's Substance Misuse Service did so for alcohol misuse.

Specific alcohol hospital admissions for under 18's in the county have decreased to 50.4 admissions per 100,000 of the population – this is a reduction of 4.2 per 100,000 population from the previous year and lower than the regional average of 58.2 per 100,000 population.

The UK's Chief Medical Officer recommends that:

- Children under the age of 15 should not drink alcohol
- If young people aged 15-17 drink alcohol, they should be supervised by a responsible adult
- They should not drink more than once a week and not exceed the recommended daily maximum (for an adult) of 2-3 units of alcohol

## Young Health Champions' Project...

The project has now been running since August 2013 and during this time 150 young people have successfully trained as champions'. They have worked on projects in their communities across the County and contributed to patient involvement at regional and national level. The programme is enabling young people to have a greater understanding of the factors that affect our population's health and empowers them to be part of the solution to the difficult challenges of tackling lifestyle choices. The programme is open to all young people between the ages of 11 and 25.



### Help, advice & information

Anyone interested in becoming a health champion should contact [younghealthchampions@shropshireccg.nhs.uk](mailto:younghealthchampions@shropshireccg.nhs.uk)





## Living Well - Promoting Adult Health

### Weight Management

**Our aim is to have fewer overweight and obese adults in Shropshire and for more adults to be active and healthy.**

Obesity is a major public health issue. The number of people in the UK who are obese has trebled in the last twenty years.

Like the rest of the UK, Shropshire is witnessing rising levels of overweight and obesity, with an estimated one-quarter of the local adult population now clinically obese and two-thirds overweight.

You are considered overweight if your Body Mass Index (BMI) is greater than 25 and obese if you have a BMI greater than 30. BMI is calculated by dividing your weight in kilograms by your height in metres squared.

We know that carrying excess weight increases your risk of developing a range of health conditions including;

- type 2 diabetes
- heart disease
- stroke
- arthritis

However we also know that even a small reduction in weight provides multiple health benefits. For example, losing 5% weight loss if you are obese can cut your risk of developing diabetes by half.

Help2slim is a local NHS service designed to help adults in Shropshire manage their weight. It offers:

- Free dedicated support
- Dietary support to match your lifestyle
- Help and encouragement to set your own goals
- Support to help you become more physically active



#### Help, advice and information

For further information visit:

<http://www.healthyshropshire.co.uk/topics/weight-management/>

## Healthy Eating...

Maintaining a healthy diet provides you with the energy and nutrition that you need to function. It improves your physical and mental health and well-being.

It also provides protective health benefits against a range of health conditions such as coronary heart disease and stroke as well as type 2 diabetes and certain cancers including mouth, stomach, and colorectal cancer.

Many of us eat too much fat, sugar and salt and not enough fruit and vegetables or starchy foods and whole grains. Modern life does not always make it easy. After a long day it can be tempting to grab the first ready meal on the supermarket shelf, which is okay occasionally. But if you read the nutritional labels on these foods, you will see that many ready meals contain high levels of fat, sugar and salt, and not much fibre, vitamins and minerals.



A healthy diet means that you eat the right balance of foods. The 'Eatwell plate' makes healthy eating easier to understand by showing the types and proportions of foods you need in order to have a healthy and well balanced diet.

### The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Department of Health in association with the Welsh Assembly Government, the Scottish Government and the Food Standards Agency in Northern Ireland

Try to divide your daily food in the proportions that you see on the plate, and you will be well on the way to a healthy diet.



Maintaining a healthy weight is important for good health. Being overweight increases your risk of developing health problems including coronary heart disease, stroke, type 2 diabetes, osteoarthritis and some types of cancer.

Your weight is determined by the balance between what you eat and drink and how active you are. The energy that your food provides and the energy you use up walking, running or even sitting still, is measured in calories.



- You put on weight if you consume more calories than you use up
- You lose weight if you use up more calories than you consume
- You maintain your weight if you balance the calories you consume with the calories you use up

## What is BMI?

**Body Mass Index (BMI)** is a measurement of whether your weight is appropriate for your height. BMI is calculated by dividing your weight in kilograms by the square of your height in metres.

If your BMI is;

- less than 18.5 - you're underweight
- between 18.5 and 24.9 - you're a healthy weight
- between 25 and 29.9 - you're overweight
- between 30 and 39.9 - you're obese
- over 40 - you're morbidly obese (your weight is particularly harmful to your health)

## NHS Health Check

NHS Health Check is a national programme which identifies people at risk of developing preventable illness including heart disease, stroke, diabetes and kidney disease;

**so they can take action** to avoid or delay ill-health.

The programme targets the seven top causes of preventable mortality:

- high blood pressure
- smoking
- cholesterol
- obesity
- poor diet
- physical inactivity
- and alcohol

Everyone in England between the ages of 40 and 74 who is not already diagnosed with a relevant condition or being treated for certain risk factors should be invited for an NHS Health **check once every five years.**

NHS Health Check involves two components which can take place separately or together:

- *risk assessment* - a face-to-face meeting with a trained professional who asks set questions about an individual's health and carries out simple tests such as blood pressure
- *risk management and reduction* - feedback on results, personalised advice about healthy lifestyles and, where necessary, referral to health improvement services such as stop-smoking or to the individual's GP for clinical follow-up

The programme is now commissioned through the council, but it retains the national 'NHS' brand because it continues to be delivered by NHS staff.

In April 2013, the NHS Health Check was extended to cover alcohol screening and dementia awareness and signposting for people aged 65 – 74 years.

## Impact on health

Over four million people in England are estimated to have heart disease which is recognised as the largest single cause of long term ill health, disability and death – responsible for a third of deaths in England each year.

However, much of vascular disease is preventable. For example, research has shown that in more than 90 percent of cases the first risk of a heart attack is related to modifiable factors such as high blood pressure.

3.7 million people in the UK have diabetes and the number is expected to rise to around 5 million people by 2025. Unmanaged diabetes is associated with complications including blindness and amputation which can lead to the need for intensive health and social care support. Estimates by Diabetes UK suggest that around 850,000 people are unaware that they have the condition.

**The Department of Health indicates that each year the NHS Health Check can:**

- **prevent up to 1,600 heart attacks and save at least 650 lives**
- **prevent over 4,000 people from developing type 2 diabetes**
- **detect 20,000 cases of diabetes or kidney disease earlier allowing people to manage their condition and prevent complications.**



## A shared local programme

An effective NHS Health Check programme requires close joint working between the council and Shropshire CCG.

NHS Health Check has an important role in local plans to reduce premature mortality and health inequalities; there is considerable information pointing to the link between preventable disease and its **risk factors, and deprivation, ethnicity and gender**. In line with NICE guidance we will target support at people at highest risk of developing vascular disease.

The inclusion of alcohol and dementia means that the programme will have even greater potential to improve health. Over 10 million people in England are drinking at levels which increase their risk of ill-health, while problem drinking in older people and associated problems such as falls, is increasingly recognised. In relation to dementia there is evidence that rates are lower in people who are mentally and physically active.

The council is responsible for commissioning the risk assessment element and for monitoring the number of invitations and take-up. Councils are also required to make continuous improvement in the percentage of people taking-up the offer.

**Our aim** is for 20 percent of the eligible population to be invited for screening every year and that 75 percent take part in the programme.

The Council will promote the local programme to encourage take-up and ensure that people identified as at risk have access to lifestyle interventions commissioned as part of their wider public health responsibilities.

Shropshire will be using the **HEARTAGE** tool and Healthy Shropshire website to support the programme.

CCGs are responsible for ensuring that there is appropriate clinical follow-up such as additional testing, diagnosis, referral to secondary care and ongoing treatment.

**Help, advice and support**

<http://shropshire.heartage.me/>  
[contact@heartage.me](mailto:contact@heartage.me)





Image courtesy of Severn Hospice

## Get Active Feel Good (GAFG): physical activity for cancer survivorship project

Public Health leads an innovative project, “Get Active, Feel Good” which provides individual support to cancer patients to help them keep physically active (based on the Department of Health’s Let’s Get Moving physical activity care pathway). Originally funded as a 1 year pilot project in 2012/13, during which over 100 patients were supported, Public Health has been successful in securing an additional £30k grant from Macmillan Cancer Support to fund the project for a further two years until August 2015.

Evidence shows that physical activity is important for cancer patients at all stages of their cancer care. Keeping active can help to maintain and improve physical function and psychological well-being, as well as reduce the negative impact of some cancer related side-effects.

A **Get Active Feel Good advisor** receives referrals from Clinical Nurse Specialists and therapy teams within the Shrewsbury and Telford NHS Trust hospitals. Based on specialist knowledge of their health issues patients are provided with individual sessions to help them overcome their fears and concerns. People are helped to plan ways to start or stay active that best suit their individual needs and interests by keeping up daily activities such as: walking the dog; joining an exercise class; taking up a new sport; or attending an exercise on referral class.

Qualitative evaluation of the first year of the project shows that patients value the help received to manage the symptoms and side effects of treatment for cancer, such as fatigue caused by chemotherapy, or to prepare and recover from surgery through physical activity:

“ I have never even walked two miles in my life and now am attempting two miles later this week and doing a half marathon. My outlook has really improved from what it was before. ”

“ The specialist support from the advisor really helped me to overcome problems caused by the cancer recurrence and issues from my treatment like the loss of lymph nodes in my arm. ”



Image courtesy of Severn Hospice

Public Health is sharing the learning of the project, which Macmillan regard as a “beacon site of best practice”, and presented at the Clatterbridge Cancer Centre, Merseyside on 25<sup>th</sup> September and the Public Health England’s Improving and Protecting Health and Wellbeing in the West Midlands conference (6<sup>th</sup> September).

GAFG is innovative because it builds physical activity into the mainstream cancer treatment pathway received by patients and supports patients to take up an activity in their local community, rather than being a hospital-based exercise programme

The project lead and leadership team has been determined in building the recognition of hospital staff of the clinical need to include physical activity in cancer services, and the project now works with a huge range of departments including; radiotherapy, chemotherapy, oncology, haematology and physiotherapy. The GAFG Advisor has built fantastic rapport with staff resulting in steady increases in the referrals. The project also provided specialist cancer rehabilitation training to Shropshire and Telford exercise on referral instructors to enable them to meet the needs of people living with cancer

Macmillan Cancer Support recognises the impact of GAFG, and has gained special recognition for the leading role that it has played. To reflect this, MacMillan has created a film which promotes the project as an example of best practice to inspire others: “We think that the work you are doing is fantastic and a real beacon site of best practice”

## Help, advice and information

For further details of Get Active Feel Good, contact:

Physical Activity Programme, Public Health: **01743 253984**



Ageing is inevitable but suffering ill health in later life is not. **It is never too late to adopt a healthier lifestyle and take steps to prevent ill health.**

## Ageing Well – Good health in later life

It is just as important for people in older age to have a balanced diet, remain physically active, not smoke and maintain a positive attitude. By doing this, older people are more likely to avoid health problems and may be able to manage existing problems more effectively. Shropshire has a larger proportion of older people than the national average and this section of the population is expected to increase significantly: therefore ageing well is vitally important for the future population of our county.



### Dementia

*In Shropshire, the vast majority of people (93%) aged 65+ do **not** have dementia. However, due to our elderly population, it is predicted that Shropshire's rate of diagnosis will increase at a faster pace than at national level. A healthy lifestyle can reduce the likelihood of developing certain types of dementia (e.g. vascular dementia) while other types are caused by a genetic disposition (e.g. Alzheimer's disease).*

**Vascular dementia is preventable by choosing healthy lifestyle behaviours such as healthy diet, maintaining a healthy weight, regular exercise, moderate alcohol intake, not smoking and controlling blood pressure and diabetes.**

The Dementia Friends campaign was launched on 7<sup>th</sup> May 2014. Shropshire Council's Public Health team have joined with Shropshire's Alzheimer's Society, Shropshire Clinical Commissioning Group and other health and community organisations to support the national 'Dementia Friends' campaign.

By becoming a Dementia Friend people develop an understanding of dementia and the small things they can do to make a difference to people living with the illness.



**“** By participating in the short information session to become a Dementia Friend, you are playing a crucial role in helping us take one step closer to creating a dementia-friendly society. **”**

- Karen Calder, Shropshire Council's Cabinet member for Health

**For more information visit:** <https://www.dementiafriends.org.uk/>

Currently, there are some lifestyle risk management services available, e.g. stop smoking and some weight management services. These should help to prevent some types of dementia. In Shropshire there is also a memory clinic for patients with dementia: GPs can assess patients and refer them to this clinic. Patients can then be monitored at the clinic unless they are in need of an in-patient admission. A 'care at home' team has also recently been established to enable patients with dementia to manage their condition in their own homes. There are also voluntary sector providers, such as the Alzheimer's Society and the Red Cross, that provide support to carers of people with dementia. Engagement undertaken with GP practices in all localities of Shropshire has identified dementia as a significant problem.

## Falls Prevention

One in three over 65s and one in two over 80s fall each year. Injuries sustained from falls are one of the most common causes of death in people aged 75 years old and over. There is a high possibility for people who have fallen to have repeated falls after an initial fall. Aside from increased risk of death as a result of falling, there is also an increased risk of disability, loss of self-confidence and reduced quality of life.

There are many risk factors for falls in older people including medication, reduced strength and balance, dementia, acute and chronic medical conditions, alcohol misuse, poor vision, inappropriate footwear and environmental factors. Osteoporosis can potentially increase the risk of a fall and result in serious injuries such as fractured or broken hips.

In Shropshire admissions to hospital from falls increase with age and there are significantly more admissions from females over the age of 75 years old. This is important due to the fact there are large numbers of people aged 75 year and over in Shropshire and the population in this age groups is expected to continue increasing.

In Shropshire there is a Falls Prevention Services which operates both in the community and in community hospitals.

The service assesses patients who have fallen, are at risk or fearful of falling and incorporates bone health assessment. Places on evidence based exercise programmes or 1 to 1 home based exercises are offered and provision is made for people with dementia. Information and training is provided about falls prevention in hospital and the community and 'falls champions' have been identified across different community services.

Engagement work identified falls as being a particular current concern to GPs in the Shrewsbury area, as there was also concern about the capacity of services to deal with increasing demands.

### What help or information can you expect to have?

- Older people should be assessed by health professionals as to whether they have fallen in the past year and how it happened. If they have reported a fall they should be observed for balance and gait deficits and considered for an intervention
- If an older person attends for medical attention for a fall they should be given a falls risk assessment which will identify a history of relevant events
- Older people who have fallen or who are at risk of falling should be given a falls prevention intervention. This should include a home hazard and vision assessment, strength and balance training and a medication review
- Verbal and written information should be given to people at risk of falling and their carers about what they can do to prevent further occurrences
- Healthcare professionals working with people at risk should have basic competence in falls assessment and prevention





## Flu programme

Influenza (flu) is a short illness that is caused by a virus; it is highly infectious and can affect people of all ages. However, there are some groups that are more at risk from flu than others, as it can lead to pneumonia and in some cases death.

Every year during the flu season there is a national campaign aimed at people aged over 65 years old. This campaign relates to people with existing long term conditions, people with a weakened immune system; who are routinely invited for a flu vaccination as they are at particular risk, and pregnant women.

- In Shropshire during the 2013-14 flu season the percentage uptake of flu vaccination in people aged 65 and over was 72.8%, which is lower than the national target of 75% and the national average (74%)
- The percentage uptake for people with long term conditions was 52% which is similar to the national figure (51.6%), but lower than the target of 60%
- The proportion of pregnant women vaccinated in Shropshire was 55.2%; this is much higher than the national figure of 39.8%

There are 3 main ways of preventing flu;

- Hygiene – hand washing and cleaning
- Flu vaccinations
- Antiviral medicine



With thanks to Theatre Severn and the Pantomime cast



Help, advice and information  
[www.nhs.uk/flu](http://www.nhs.uk/flu)

## Preparing for Later Life

Helping people to prepare better for later life will make it easier for them to enjoy all the possible opportunities. We want to encourage people to think much earlier about what they might want and need as they grow older so that they can plan and prepare at a much earlier stage.

We are trying to ensure that people know what services are available as doing this will give them a better chance of leading the sort of life they are looking forward to, staying active and healthy and continuing to contribute. We are raising awareness of services and encouraging providers to bring these together so that people can get everything that they need in one place at the right time.

Work is on-going by all agencies to increase the support available to help older people as they cope with ill-health, including depression and conditions that affect daily life, like arthritis. In some cases this involves improving and promoting health care; in other cases it will be treatment of conditions that can have a significant impact on all areas of life.

The Ageing Well Programme in Shropshire exists to ensure older people are included in mainstream programmes and they are catered for when designing initiatives for their particular needs. Older people should benefit from all the interventions, i.e. physical activity; Carer's help and benefits; housing help; fuel poverty prevention etc and that there is a focus on well-being for the older population where there is a whole systems approach to promoting health and independence. **Public Health is fully involved in local services, new initiatives on dementia friendly communities, housing concerns and fuel poverty prevention schemes where older people matter.**

## Keeping Warm and Well in Cold Weather

### Tips for keeping yourself warm – help for when it's cold outside

- If you can't afford to heat every room in your house, heat the one you spend most of your time in
- Find out if you can get some extra help with paying your heating bills
- Catching flu can be dangerous so think about having a free flu jab from your doctor
- Older people are more at risk of catching a cold, flu or pneumonia; staying warm is vital so you don't get hypothermia

### Heat your home

If you can't afford to heat more than one room in your home, try to spend most of your time during the day in one which you can keep well heated to 21 degrees Centigrade.

## Reduce your energy bills

Insulating your home means that the heat stays in and energy bills are kept down. You can fit draught proofing and insulate your walls and attic space. Hanging thick curtains over doors can help too.

## Get help

If you're over 60 you might be entitled to a Winter Fuel Payment or Cold Weather Payment. Essential home repairs grants are available from the council to assist with energy efficiency for older people on low incomes in private sector housing.

## Dress Up

Wear lots of thin layers to trap warm air around your body. Thermal layers and bed socks at night can keep you warmer in bed.

## Eat and drink well

Try to have at least one hot meal a day. Hot drinks every few hours can help to keep your temperature stable. Avoid going to the shops when it's cold or icy, so also stock up on long-life food.

## Keep moving

Keeping active is not only good for your health but it warms you up. Try walking or moving to music.

## Housing Matters

### Staying in your home

- Repairs may be needed to make your home safer or more comfortable
- There may be grants available to help with the upkeep of your home
- Choosing where and how you live should be your decision

### Home improvements

Your home may need repairs to be safer or more comfortable. If you are a homeowner with savings, you may have to pay for this yourself. If you are a homeowner or private tenant aged 60 or over, with repairing obligations and you are on a low income or receiving a welfare benefit you may qualify for a grant. There are local schemes which provide grants to make homes [owned or privately rented] warmer, healthier and more energy-efficient for people receiving benefits.

### Handyperson Schemes

Shropshire Handypersons' scheme offers a small repair service for people over the age of 60 living in Shropshire who are owner occupiers, private and council tenants. Work includes minor adaptations and repairs to people's homes. For a quote or further information contact:

**Shropshire Handyperson Service on 01743 458347**



## Changes to your home to maintain independence

A community alarm and sensors around the home (Telecare), grab rails or more major adaptations such as a level access shower, may help to assist with keeping you safe and maintaining your independence.



Contact **01743 458347** or talk to your GP

## Retirement Housing or Sheltered Housing

Self-contained flats specifically designed for older people are available to rent, with on-site or visiting support.



Contact **Shropshire Council** on **0845 678 9000**

## Caring for Someone Else

- Get support from family, friends and other carers
- A Carer's Assessment helps to decide what benefits and support you are entitled to
- You are not alone - ask for help from your GP

If you are looking after your spouse, partner, parents, friends or other relatives because of age, sickness or disability, you are a Carer. It is often very stressful caring for someone else, however much you love them and stress lowers your immune system, leaving you more susceptible to injury and illness. It's important that you look after yourself as well as the person you're caring for, which means eating a healthy balanced diet and trying not to take on more than you can cope with. You should let your GP know that you are a Carer, so that they can support you in looking after your own health. Make the most of support from family, friends and local organisations.

### Help, advice & information

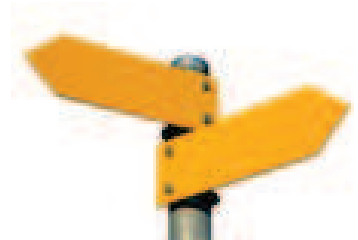
Information is available locally to assist you in your caring role

Contact Shropshire Council: **0845 678 9000**

For further information contact:

Healthy Shropshire: **0345 678 9025**

**healthyshropshire@shropshire.gov.uk**



# 2013/14

## An overview from the Director of Public Health

As a result of the Health and Social Care Act 2012 the commissioning and delivery of public health services has changed. With the dissolution of Primary Care Trusts (PCT) many of the responsibilities for such services have passed to Local Government.

With effect from 1<sup>st</sup> April 2013 Shropshire Council was given responsibility for a wide range of public health functions that had previously been undertaken by Shropshire County Primary Care Trust. As part of the Government's plans to re-organise the National Health Service, the Health and Social Care Act 2012 set out a division of responsibilities for the delivery of public health at national, regional and local levels.



**Four organisations have been given responsibility for carrying out these public health functions, namely NHS England, Public Health England (PHE), Clinical Commissioning Groups (CCGs) and Local Authorities.**

- NHS England is responsible for commissioning General Practitioner (GP) services, including immunisation and screening programmes
- Public Health England has responsibility for commissioning national health improvement programmes; the co-ordination of national surveillance and health protection programmes and public health intelligence, including evidence based practice
- Shropshire Clinical Commissioning Group, in their role of commissioning most local health services, are required to commission appropriate public health interventions from their service providers
- Shropshire Council has been given the responsibility of commissioning most of the public health programmes that are delivered at community level. Each Local Authority has been given a ring-fenced grant from the Department of Health to support these new duties. In addition, staff from the PCT (Public Health Departments) were transferred to their respective Local Authorities to carry out these duties

The Department of Health has allocated a ring-fenced grant to each council in order to fund their new responsibilities. However, the national funding formula that has been used to calculate this grant disadvantages rural counties such as Shropshire. The national average allocation per head of population is £51: Shropshire's figure is £32 per head.

The Department of Health has acknowledged that the CVounty is underfunded compared to national and regional comparators. The Commons Select Committee for Rural Affairs acknowledged that there is a significant inequity in funding for rural areas. The Department of Health has not announced its plans for the public health grant beyond April 2015 and it is currently conducting a review of the national funding formula.

**Shropshire is currently rated as one of the best areas to live in terms of life expectancy and is currently rated 33<sup>rd</sup> out of 150 local authorities when assessed against all causes of premature deaths.**

However within this figure there are significant variations:

- In relation to deaths from heart disease and stroke, Shropshire is 26<sup>th</sup> out of 150 local authorities but is only 53<sup>rd</sup> out of 150 areas for premature deaths from cancer
- Despite the limited resources available to Shropshire, prevention programmes for which the Council is now responsible are having a positive impact
- The smoking cessation programme achieved 102% of the target set for it by the Department of Health for the number of people successfully quitting
- The Health Check Programme has also achieved the challenging national targets
- Our performance for the national immunisation and screening programmes are also better than the national average, however as the commissioning of the immunisation and screening programmes is now the responsibility of NHS England, Public Health staff will be working with their local commissioning teams to maintain this performance and to improve it further where needed

# Shropshire's Health and Wellbeing Strategy

A local Health and Wellbeing Board (H&WB) has been established with Councillor Karen Calder and Dr Caron Morton (Shropshire Clinical Commissioning Group) as Chair and Vice Chair respectively. The H&WB is being refreshed this year having identified five main priorities county-wide and of the Joint Strategic Needs Assessment and extensive consultation with local stakeholders. The five Health and Wellbeing priorities to 2015 are:

- Reducing Health Inequalities
- Improving Mental Health
- Reducing Obesity in Children and Adults
- Improving access to and use of Assistive Technology to improve the care for people with long term conditions, and
- Improving Collaborative Commissioning of Health and Social Care

Work is underway on each of these work streams with regular progress reports to the Board. The Government has indicated that it wishes Health and Wellbeing Boards to take on a greater role in relation to the integration of health and social care over the coming years. Work has begun with Shropshire Clinical Commissioning Group regarding how further integration can be achieved.

The Shropshire Together Partnership (including partners from Shropshire Council and Shropshire CCG) has led on a number of consultation and engagement events including an annual conference which engages with stakeholders on the Health and Wellbeing Strategy.

A number of engagement workshops have been undertaken jointly with Shropshire Clinical Commissioning Group, Public Health and Healthwatch. These events with stakeholders included service providers, voluntary and community sector groups, Patient Participation Groups and members of the public. There have been a number of online surveys including the rural health survey, school nursing review and 'Making a Difference', promoted through a wide variety of communication methods. The partnership team also hosted the online Health and Wellbeing Stakeholder Alliance which helped provide the basis of regular updates to the Health and Wellbeing Board.

Engagement through children and young people has largely been led by the Shropshire MYPs who chose health as one of their priorities for 2013/14. Their events included the Young People's Race for Life, Health Conference Event and focus group training to engage with young people in their community, amongst others.



## Current Challenges

**The importance of keeping people well for as long as possible has positive implications on our health care system.** Nationally, hospital services are experiencing an increase in demand that is impacting adversely on Accident and Emergency Departments, Admission Rates, Length of Stay and Waiting Times. Therefore, so that the best outcomes can be achieved, national best practice guidance from the Medical Royal Colleges, the National Institute for Health and Clinical Excellence and the Care Quality Commission, is highlighting the case for concentrating some treatment programmes in centres of excellence. Alongside this, guidance outlines the recognition locally of recruiting and retaining sufficient numbers of appropriately qualified staff to provide safe and effective treatment. For Shropshire, in addition to the current programme of work within the Shrewsbury and Telford Hospital Trust, two new areas have been identified for review, namely Accident and Emergency Services and Stroke Services. National Evidence has shown that the consolidation of Stroke Services in a centre of excellence makes a significant improvement in the quality of care and outcomes for patients.



## Service Re-design

The Public Health Team is working in support of Shropshire Council's Locality Commissioning Programme that is under way across Shropshire and is enabling independent evaluation of the programme through its joint work with Chester and Staffordshire Universities. In addition, the Public Health Team is working closely with the Adult's, Children's and Commissioning Teams to identify ways in which the Council can achieve its challenging financial targets and redesign of existing services.



## Commissioning Priorities

As part of the transition plan a number of former contracts for health improvement programmes were extended or re-commissioned. These included national programmes such as Health Checks and Smoking Cessation as well as local priorities such as Obesity Prevention and Physical Activity programmes. The Council undertook a major review of school health services conducted with the Children's Services Team in order to consider where more effective use of resources can be achieved to provide better support to school age children. This review included current programmes such as TaMHS (Targeting Mental Health Support) and the National Childhood Measurement Programme (NCMP).



## Conclusion

Shropshire Council has achieved a successful transition of public health services from the former Shropshire County Primary Care Trust. However, there will continue to be a significant work stream for the Local Authority's Public Health team and related departments to ensure that organisations such as NHS England commission services that meet the needs of Shropshire's population. In comparison to most local authorities Shropshire has a relatively healthy population, however, rural health inequalities and challenging health problems such as the rising levels of obesity in adults and children mean that the Council and its partners, as well as local communities must give greater emphasis to certain areas;



Image courtesy of Karen Higgins, Young Health Champions Project Manager

Our Aims:

- giving our children the best start in life
- ensuring healthy living through adulthood and
- ageing well through the prevention of long term conditions

*“The Council has welcomed the impact that the Public Health Department has made in bringing together a number of council functions, including the Drug and Alcohol Team and Emergency Planning and by working closely with housing, Children's Centres and Leisure & Recreation Services.”*

*“As a council, we are working hard to ensure that we improve the health of all of the people of Shropshire, but in particular we want to support those who find it most difficult to get help and will continue to work with our partners to ensure good health and wellbeing for all.”*



Image courtesy of Karen Higgins, Young Health Champions Project Manager

- Karen Calder  
Councillor: Portfolio Holder for Health



## On a personal note...

During the summer of 2014, I had the good fortune to be selected as one of the 15,000 volunteers who supported the Commonwealth Games in Glasgow.

Having enjoyed being a *Gamesmaker* at the London 2012 Olympics it was natural that I should volunteer again to be part of a great sporting event in the city that I'd lived and worked in for many years. So why mention it in this public health annual report?

There are two main reasons. The first is that **volunteers are one of Shropshire's great strengths**, with thousands of people across the age spans giving their time freely to support a wide range of sporting, cultural, social and caring activities. In doing so, they provide positive support, opportunity and companionship to the people that they care for and at the same time gain the satisfaction of knowing that they have made a real difference to the lives of people in their community.

**The mental and physical health benefits of volunteering for the volunteer and the people, clubs and societies that they give their time to are significant.** Whilst there is a great deal of research to support this view, I also know at first hand how much I benefit from the various volunteering roles that I've done over the years.

The second reason is that **2015 will be a year when the country will be encouraged to increase the level of physical activity that they undertake.** There is growing evidence to show that people in the UK are not taking enough exercise to keep them as healthy as possible. Now I'm not trying to turn every resident of Shropshire into a marathon runner or a Tour de France cyclist, but I do want to encourage local people of all age groups to be more active and spend less time sitting or lounging about. As the Commonwealth and Olympic Games have shown, people with a range of physical and mental abilities can do extraordinary things. Events such as the Great North Run and the London Marathon have also demonstrated that age is no barrier to being physically active well beyond retirement years. So there can be few excuses for us to be 'couch potatoes' glued to the television or computer.

**Walking, cycling and running are all relatively low cost physical activities which are accessible to most of us.** So too is becoming a volunteer for a local charity, club or society. Getting out to socialise and helping others are also great ways to promote your own physical and mental health, as well as making a huge difference to your community. So why not make 2015 the year when you increase your physical activity? You know it makes sense!

Prof. Rod Thomson FRCN FFPH  
Director of Public Health for Shropshire



## Shropshire Voluntary & Community Sector Assembly

One of Shropshire's unique strengths is its strong culture of volunteering. Living in a rural area, Shropshire's residents recognise the importance of supporting each other and ensuring support is available within their local communities.

If you would like to get involved in volunteering there are many ways of doing so and opportunities are diverse, from dog walking, to tree planting, to volunteer driving, to befriending.

### The areas of volunteering are often categorised into 5 main types:

- **Traditional volunteering** - volunteers build a relationship with an organisation and provide face to face volunteering with beneficiaries, outdoors or in an office. This type of volunteering can often last for long periods of time.
- **Gap year or internship volunteering** – Many people take time out to volunteer either in the UK or overseas for a spell of time. Many young people take a year out to volunteer and gain new experiences before completing their education or going into employment.
- **Volunteer tourism** – There are many opportunities available to travel as a volunteer and provide support in other countries (or at projects in parts of the UK).
- **Online volunteering** - Online volunteering makes it possible to volunteer for different organisations in different places, at home and at the volunteer's convenience. Projects may involve helping with social media, website design, proof-reading or online mentoring.
- **Micro volunteering** – This is a form of online volunteering in which small actions by many people are used to create big impacts. Micro volunteering is based on bite sized chunks or volunteering, short projects that don't require a long term commitment.

Involve

Protect

Support

Thank

Help, advice and support



#### Contact Volunteering Support

info@shropshirevcs.org.uk

01743 342169

<http://shropshirevcs.org.uk/our-services/volunteering/>



#### The Shropshire Compact

VCSAssembly@shropshire.gov.uk

01743 252740

<http://vcsvoice.org/the-compact/>

The logo for 'Join In Local Sport' is set against a bright pink rectangular background. The words 'Join in' are written in a large, white, sans-serif font, with a white asterisk-like symbol to the right of 'in'. Below 'Join in', the words 'Local Sport' are written in a smaller, white, sans-serif font.

Together with their Official Partners, *Join In* aspires to a nation of active people joining in their local communities.

*Join In* recognise the huge value volunteers add to help more people get active, contributing to a happier, healthier nation. Their aim is to put more volunteers into community sport.

## Volunteering in local sport has the power to create healthier, happier people and stronger communities

Join In is the nation's charity for local sports volunteering. They;

**Support** the clubs and groups who need volunteers most.

**Promote** brilliant opportunities for people to lend a hand.

**Recognise** the huge social value created by volunteers with our campaigns.

### How we (all) win

**Their research shows that volunteering in sport is good for all of us:**

#### You

People who volunteer in sport “win” – as sharing our time (and experience) makes us happier, gives us more self-esteem, sense of purpose and helps us learn new skills and make friendships.

#### Clubs

Local sport wins. Almost all grassroots clubs and activity groups rely on volunteers, and 7 out of 10 currently need more people to help out. Each new volunteer makes a huge difference – typically giving a club the capacity to welcome 8.5 more members.

#### Everyone

Our communities win by enabling people to find ways to play sport and live more active, healthier lives. Volunteers also care about their local areas – they are more likely to feel pride, invest their time, and build trust in communities.



#### Help, advice and support



Find a club that needs help near you:



Visit: <https://www.joininuk.org/>



## Acknowledgments...

Continuing efforts to improve health in Shropshire are achieved only in partnership. Thanks to all of our partners, especially the local community and voluntary sector agencies and Shropshire's local media who we work with daily.

We would also like to give particular thanks to Severn Hospice, Energise and Shropshire CCG for providing photography that captures the spirit of community health.

*Design and Layout by Ellie Welch, Public Health Team*



# Public Health Calendar 2015 – Items we have covered so far...

**JANUARY:** Dry January; Stop Smoking; National Bug Busting Days; 31st Jan



**FEBRUARY:** Tinnitus Awareness Week; 2nd - 8th, National Eating Disorders Awareness Wk, 23rd - 1st Mar



**MARCH:** Self harm awareness day; 1st March, No Smoking day; 11th March



www.youngminds.org.uk



# Public Health Calendar 2015 continued...

**APRIL:** Parkinson's Awareness Wk, 7th Apr - 13th Apr, Allergy Awareness Wk; 28th Apr - 4th May



**MAY:** Dementia awareness; 17th-23rd May, Action on Stroke Month



**JUNE:** Skin Cancer Awareness, National Bug Busting Days; 15th June



**JULY:** Child Accident Prevention, National Childhood Obesity Week; Mon 6th - Sun 12th



For a fitter, healthier and happier life

**AUGUST:** World Breast Feeding Week; 1st - 7th, "Slip Slap Slop" sun safety!



**SEPTEMBER:** NHS Health Check, World Contraception Day; 26th



**OCTOBER:** 'Stoptober'; Breast Cancer Awareness Month, National Bug Busting Days; 31st



**NOVEMBER:** 'Movember', Flu jabs



**DECEMBER:** World AIDS Day; 1st, Keep Warm and Keep Well

