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

Date: 27 June 2018

Committee:
Health and Wellbeing Board

Date: **Thursday, 5 July 2018**
Time: **10.30 am**
Venue: **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Corporate Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Wellbeing Board

VOTING
Shropshire Council Members
Lee Chapman – PFH Health and Adult Social Care (Co-Chair)
Nicholas Bardsley – PFH Children's Services and Education
Lezley Picton – PFH Culture & Leisure

Prof Rod Thomson - Director of Public Health
Andy Begley - Director of Adult Services
Karen Bradshaw - Director of Children Services

Shropshire CCG
Dr Simon Freeman – Accountable Officer
Dr Julian Povey – Clinical Chair (Co-Chair)
Dr Julie Davies – Director of Performance & Delivery

Jane Randall-Smith – Shropshire Healthwatch
Rachel Wintle – VCSA

NON-VOTING (Co-opted)
Neil Carr - Chief Executive, South Staffordshire & Shropshire Foundation Trust

Simon Wright - Chief Executive, Shrewsbury & Telford Hospital Trust

Jan Ditheridge - Chief Executive Shropshire Community Health Trust

Dr Tony Marriott - Chair GP Federation

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

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

Bev Tabernacle – Director of Nursing, Robert Jones & Agnes Hunt Hospital.

Your Committee Officer is: **Michelle Dulson** Committee Officer
Tel: 01743 257719 Email: michelle.dulson@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

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

2 Disclosable Pecuniary Interests

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

3 Minutes (Pages 1 - 8)

To confirm as a correct record the minutes of the meeting held on 24 May 2018.

Contact: Michelle Dulson Tel 01743 257719.

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14.

5 System Update (Pages 9 - 10)

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

i. The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin
A verbal update will be given

ii. Future Fit
A verbal update will be given

Contact: Director of the STP Programme, Phil Evans.

6 Report from the HWB Joint Commissioning Group (Pages 11 - 20)

Regular update reports will be made to the Board on:

i Better Care Fund Update & Performance – To Follow.
Contact: Tanya Miles

ii Healthy Lives - A presentation will be made.
Contact: Val Cross

7 **Shropshire Care Closer to Home** (Pages 21 - 24)

Regular update report to the Health and Wellbeing Board
Contact: Lisa Wicks, Shropshire CCG.

8 **Partnership Summit** (Pages 25 - 26)

An update to the Health and Wellbeing Board
Contact: Stewart Smith, Shropshire Council

9 **Suicide Prevention Strategy** (Pages 27 - 42)

An update to the Health and Wellbeing Board
Contact: Gordon Kochane, Shropshire Council

10 **HOST provision and Homeless Reduction Act** (Pages 43 - 56)

A paper is attached for information
Contact: Andy Begley, Shropshire Council

11 **Tech Severn Event** (Pages 57 - 60)

A paper is attached for information
Contact: Andy Begley, Shropshire Council

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Shropshire Council

Committee and Date

Health and Wellbeing Board

5 July 2018

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 24 MAY 2018 9.30 - 11.50 AM

Responsible Officer: Michelle Dulson
Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present

Councillor Lee Chapman (Co-Chair)	PFH Health and Adult Social Care
Dr Julian Povey (Co-Chair)	Clinical Chair, Shropshire CCG
Professor Rod Thomson	Director of Public Health
Lezley Picton	PFH Culture and Leisure
Karen Bradshaw	Director of Children Service
Rachel Wintle	VCSA
Ros Preen	Shropshire Community Health Trust
David Coull	Chairman, Shropshire Partners in Care (Chief Executive Coverage Care Services)

Also in attendance:

Tanya Miles, Gail Fortes-Mayer, Debbie Vogler, Penny Bason

1 **Election of Co-Chairs**

Councillor Lee Chapman and Dr Julian Povey were elected as co-chairs of the Board.

2 **Apologies for Absence and Substitutions**

The following apologies were reported to the meeting by the Chair

Dr Simon Freeman	Accountable Officer, Shropshire CCG
Nick Bardsley	PFH Childrens Services and Education
Sarah Hollinshead-Bland	Service Manager, Adult Safeguarding, Shropshire Council
Neil Nisbet	Finance Director and Deputy Chief Executive, SaTH
Jane Randall-Smith	Shropshire Healthwatch
Jan Ditheridge	Chief Executive Shropshire Community Health Trust
Simon Wright	Chief Executive, SaTH

The following substitutions were also notified:

Terry Harte substituted for Jane Randall-Smith, Shropshire Healthwatch.

Ros Preen substituted for Jan Ditheridge, Chief Executive Shropshire Community Health Trust.

3 Disclosable Pecuniary Interests

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

4 Minutes

At Minute 61, the Chair confirmed that he would invite both Claire Old, newly appointed Urgent Care Director as well as the Chief Executive of the Shrewsbury and Telford Hospital NHS Trust to a future meeting of the Health and Wellbeing Board.

RESOLVED:

That the Minutes of the meeting held on 8 March 2018, be approved and signed by the Chairman as a correct record.

5 Public Question Time

A public question was received from Janet Cobb, local resident in relation to the Learning Disability Mortality Review Annual Report 2017 (copy attached to the signed Minutes). In response, the Director of Public Health confirmed that STP, Future Fit and Care Closer to Home were on the agenda and he agreed to contact Ms Cobb to provide her with further information.

A public question was received from David Sandbach, local resident in relation to Shropshire Care Closer to Home. In response, the Director of Public Health confirmed that related items were on the agenda and he agreed to provide a written response (copy attached to the signed Minutes).

A public question was received from John Bickerton, local resident in relation to the Public Health Annual Report (copy attached to the signed Minutes). In response, the Chair advised that he could not address this at the meeting and therefore he undertook to respond directly to Mr Bickerton after the meeting.

6 System Update

6.i <u>The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin</u>
Penny Bason, the Health and Wellbeing Co-ordinator introduced and amplified the STP Programme update (copy attached to the signed Minutes). She reported the willingness of the STP System Leaders Group to work together and that Phase 1 of the Kings Fund OD had now concluded, with Phase 2 due to commence in May/June.

It was noted that a Market Place Event was being arranged for 27 June 2018 highlighting all aspects of the STP and that an invite would be sent to Members of the Board.

The Health and Wellbeing Co-ordinator reported that a presentation on Estates would be provided to a future meeting of the Health and Wellbeing Board.

Members commented on the considerable growth in the volume of paperwork for this item. The Health and Wellbeing Co-ordinator agreed to feed this back to the Director of the STP Programme, Phil Evans.

6ii Future Fit

Debbie Vogler, Associate Director Future fit gave a presentation (copy of slides attached to the signed Minutes) and updated the Board in relation to the Future Fit Programme, she also gave an update on the consultation process due to be launched on 30 May 2018.

She confirmed that Shropshire, Telford and Wrekin STP would receive £312m for its Future Fit programme from the Department of Health and Social Care. Following a pre Consultation engagement, it was confirmed that all Consultation documents had been signed off and a start date of 30 May had been agreed for a period of 14 weeks.

The Associate Director gave the background to Future Fit and how 40 ideas had been narrowed down to two options with Option 1 being the CCG's preferred option (The Royal Shrewsbury Hospital becomes an Emergency Care Site and the Princess Royal Hospital becomes a Planned Care site). She reiterated that under both options, patients would be able to access 24-hour urgent care, midwife-led services, outpatients and tests at both hospitals.

She went on to explain how different groups would be engaged, including statutory meetings, pop ups, patient groups, staff meetings and public events. Concern was raised about hard to reach groups. The Associate Director drew attention to the new Future Fit website which would go live at the beginning of the consultation (www.nhsfuturefit.org) in order to make all information more readily available and would include a Frequently Asked Questions section to be updated throughout the consultation period. A mid-point review would take place followed by collation and analysis of responses.

In response to a query, the Health and Wellbeing Co-ordinator explained the action to be taken to ensure hard to reach groups were involved in the Consultation. The Associate Director reported that videos would be made available in GP waiting rooms etc, similar to one produced 3-4 months ago.

RESOLVED: That the updates be noted.

ACTION: That a presentation on Estates be provided to a future meeting of the Health and Wellbeing Board.

7 Report from the HWB Joint Commissioning Group

7i Better Care Fund Update & Performance

Tanya Miles, Head of Social Care Efficiency & Improvement, Adult Services introduced and amplified her report (copy attached to the signed Minutes) which provided an update on the progress on the Better Care Fund (BCF) development and made recommendations for taking forward the Partnership Agreement (pooled

budget), integration, and linkages with the STP and system planning. It also provided performance monitoring data for 2017/18, performance data over time and BCF Quarter 4 return (Appendices A – C respectively).

The Head of Social Care Efficiency & Improvement introduced Gail Fortes-Mayer who had recently been appointed as Executive Lead of the BCF. It was confirmed that the BCF had not yet recruited to the Manager post but that a further two posts had been agreed. The Board were informed that the Terms of Reference had been updated and were going through both governing bodies before being circulated to the Health and Wellbeing Board.

The Head of Social Care, Efficiency and Improvement drew Members attention to the quarter 4 returns set out at Appendix 3 of the report. In response to comments the Head of Social Care, Efficiency and Improvement confirmed that national targets, as well as local targets would be reported to future meetings of the Health and Wellbeing Board.

The Head of Social Care Efficiency & Improvement hoped to get the Section 75 agreement signed the following week.

RESOLVED:

a) That the proposals set out in paragraph 1.6 of the report be agreed, subject to the updated Terms of Reference being agreed by the relevant Governing bodies;
b) That the Quarter 4 return be noted; and
c) That the new national investment in the IPS service (Enable in Shropshire) and opportunity for the STP to apply for Wave 2 funding (as described in the report) to support the population of T&W be noted.

8 **Maternity Transformation Plans**

Fiona Ellis, the Programme Manager – Shropshire, Telford & Wrekin Local Maternity System Transformation, introduced and amplified her report which shared with the Board the work of the Local Maternity System (LMS) in delivering the five year transformation of maternity services in accordance with the national NHS England agenda.

The Programme Manager gave the background to the transformation and informed the Board how this would be achieved in order to improve choice and personalisation of maternity services and improve the safety of maternity care. A key target was to reduce rates of still birth, neonatal death and brain injury during birth by 50% by 2025, five years earlier than recommended by NHS England.

She went on to discuss the six STP delivery work streams, which included Service configuration, Perinatal Mental Health and Smoking Cessation, Weight Management and Diabetes. She then drew attention to the challenging targets set out on pages 86 and 87.

In response to a query, the Programme Manager explained that she was only presenting the Plan to the Board today as they would not be going out to consultation until the Midwife Led Unit Review had been through the assurance process.

RESOLVED: That the contents of both the report and Appendix A be noted.

9 Public Health Annual Report

Rod Thomson, the Director of Public Health introduced and amplified his Annual Health Report 2016/17, attached at Appendix A (copy attached to the signed Minutes) which gave an overview of the health and wellbeing of the population. The key message was that the population of Shropshire were generally healthier overall however there were areas were more could be done.

In comparison to other local authorities, Shropshire performed really well with people being generally healthier than other communities with higher average life expectancy. Areas where improvements could be made include smoking in pregnancy and childhood obesity.

In response to a query the Director of Public Health confirmed that there was an opportunity for the increased use of technology and he gave an example of an app for pregnant women being used to promote healthy maternity.

In response to a query, the Director of Public Health reported that there were small pockets of deprivation within Shropshire highlighted in the report and he explained the actions that were being taken to address this.

The Chairman congratulated the Director of Public Health on the performance highlighted in the report, and in relation to the increased use of technology, he drew attention to the Tech 7 Conference taking place in July and agreed to send details to Dr Povey, Clinic Chair, Shropshire CCG.

A brief discussion ensued in relation to levels of homelessness, including the increase in 16 and 17 year olds becoming statutorily homeless.

In response to a query, the Director of Public Health confirmed that a joint policy on developing data management for public health was being developed and it was hoped to have a discussion on this later in the year.

RESOLVED: That the contents of the Annual Director of Health Report 2016/17 be noted.

10 Children's Trust

Karen Bradshaw, the Director of Children's Services introduced and amplified her report (copy attached to the signed Minutes). She informed the Board that a joint Ofsted / CQC inspection was expected before the end of this calendar year.

This regular update briefing had been commissioned by the Health and Wellbeing Board from the Shropshire Children's Trust, focussed on 0 – 25 Special Educational Needs and Disabilities (SEND) and preparation for the OFSTED & Care Quality Commission Joint Local Area Inspection; the SEND High Needs Review and Development Plan; the proposed changes to children's centre services and progress on the work being undertaken on 'school readiness'. The Board were assured on the

work of the Trust and areas for closer consideration by the Health and Wellbeing Board were highlighted.

RESOLVED:

a) That the Health and Wellbeing Board supports the work ongoing around preparation for SEND OFSTED & Care Quality Commission Joint Local Area Inspection and calls upon partners to engage with the revision of the 0 – 25 SEND self-evaluation.

b) That the development plan for SEND high needs provision be noted.

c) That the consultation on the proposed changes to children centre services be noted.

d) That partners be encouraged to promote and disseminate the leaflets on school readiness when available.

11 Mental Health Partnership Board

The report of the Director of Adult Services was introduced (copy attached to the signed Minutes) which looked at the work of the Mental Health Partnership Board. The Director of Public Health drew attention to the draft Adult Mental Health Needs Assessment, attached to the report. The document was being shared as widely as possible in order to influence the way people saw mental illness. The document set the context of both positive and negative aspects of mental illness and how common these were across the population. The Director of Public Health informed the Board that Shropshire faired relatively well compared to elsewhere.

The Director of Public Health urged partner organisations to share the document in order to both encourage discussion and to influence future commissioning and development of services.

The Chairman congratulated the Mental Health Partnership Board for its thorough piece of work which was extremely valuable and a first step towards a review of services. The Chairman informed the Board that the Health and Adult Social Care Scrutiny Committee had taken on some additional work to contribute to an emerging Mental Health Strategy.

RESOLVED: That the recommendations set out in the report be approved.

12 Shropshire Care Closer to Home

Dr Julian Povey, Clinical Chair, Shropshire CCG introduced and amplified a report (copy attached to the signed Minutes) which provided an overview of the Shropshire Care Closer to Home programme of change that is being organised and coordinated by Shropshire CCG to achieve better value care for our population.

The Clinical Chair drew attention to the three high level phases set out in Paragraph 7 of the report. The Chairman thanked the Clinical Chair for the paper which had

been written in non-medical language. The Board welcomed the progress being made and the work being done by colleagues within the Council.

Ros Preen, Shropshire Community Health Trust reported that the Trust was a key partner in the programme and she emphasised the need to engage widely with the local community and for a commonality of approach, although some aspects were necessarily bespoke as some communities were quite different. She felt that this was a critical piece of work which had a lot of partnership support.

In response to a query in relation to where the Shropshire Clinical Commissioning Group fitted in with regard to the programme in Telford, it was confirmed that both programmes come under the umbrella of the STP but because both communities were very different and had different challenges, so slightly different approaches were being taken to each.

Ros Preen explained that although the organisation spanned both local authorities, they had been working at different paces until this review although there was not much difference in terms of aspiration and content. She welcomed the emphasis on commonality and looked forward to working on the programme in the future.

Mr David Sandbach expressed concern that the perception of a postcode lottery situation be avoided. The Chairman commented that Emma Sandbach, Public Health Shropshire was working on a locality based health needs assessment around care closer to home and other health activities which would be looking at community need, gaps in provision etc.

RESOLVED: That the contents of the report be noted.

13 Pharmaceutical Needs Assessment

The Board received a report (copy attached to the signed Minutes) informing it that the final Pharmaceutical Needs Assessment had been completed and published on 28 March 2018 in accordance with statutory guidance.

RESOLVED: To note that the final Pharmaceutical Needs Assessment had been published.

14 Communications and Engagement Group

The report of Val Cross, Health and Wellbeing Officer was received by the Board (copy attached to the signed Minutes) which provided a summary of activity for the Health and Wellbeing Board Communication and Engagement Group over the last twelve months (April 2017 to March 2018) and included an action plan for 2018-19, set out in Appendix A.

RESOLVED: That the Action Plan be approved.

15 Exemplar development - Carers Strategy

The report of Val Cross, Health and Wellbeing Officer was received by the Board (copy attached to the signed Minutes) which provided an update on the Shropshire All-Age Carers Strategy and Action Plan which had been agreed by the Board at its meeting in June 2017.

RESOLVED: That a further update be provided to the Board at its November 2018 meeting.

16 **Health and Wellbeing Board Work Programme**

The Work Programme was attached for information and Members were requested to let the Chairman know if there was anything they wished to include on it.

17 **Any Other Business**

The Director of Public Health informed the Board of an offer to make money available from the RNIB to the local Voluntary Sector Sight Loss Shropshire. He agreed to circulate the information from the Eye Care Liaison Officer and the Board expressed their support.

<TRAILER_SECTION>

Signed …… (Chairman)

Date:

Health and Wellbeing Board
Meeting: 5th July 2018

Item Title System Update

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

Responsible Officer
Phil Evans
Email: phil.evans1@nhs.net

1. Summary

System Update

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

A verbal presentation will be given by a member of the Team.

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)
Local Member
Appendices

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Health and Wellbeing Board

Meeting Date: 5th July 2018

Item Title: Healthy Lives update

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

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1. Summary

A PowerPoint presentation will be delivered verbally at this Health and Wellbeing meeting (5th July 2018), as part of the Health and Wellbeing Board Joint Commissioning Group update – Healthy Lives.

This presentation provides updates relating to the Healthy Lives Programme. It is included as an appendix for information.

2. Risk Assessment and Opportunities Appraisal

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

3. Financial Implications

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

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

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Healthy Lives update

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

Upscaling the Healthy Lives Programme for 2018-19

Recent workshop involving the voluntary sector, local LPC, Healthwatch and Compassionate Communities. Work being delivered through Help2Change, Community Enablement Team and in collaboration with VCSA

Discussion around what is important:

"Understanding each others worlds and how we work"

"Improving outcomes for Shropshire people"

"Common purpose"

"To use evidence. Informed but not obsessed by it – not a barrier"

Discussion around what everyone has to offer to Healthy Lives upscale:

"Developing volunteers…supporting citizen action"

"Programme management experience…Making it happen"

"Neutral and independent…listen without an agenda"

"Experience working across all ages, from pregnancy to older people"

Communications Strategy

Work continues to create messages which are accessible and meaningful to both the public and those working at a strategic level

Shropshire Visibility at regional and national level

- Midlands Social Prescribing network - Chaired by Shropshire Council
- 1st International Social Prescribing Conference
- - The Shropshire model and the evaluation approach recently presented at the conference. Cabinet Office Social Value workshop, Birmingham – Social isolation and loneliness workshop
- presentations to other areas in the Midlands,

Social Prescribing

- Albrighton and Bishops Castle - Operational since March 2018.
- Oswestry - Referrals increasing, with proactive approaches to increase these further, including DWP engagement
- Shrewsbury - Well attended Social Prescribing Event held on the 19th June in Shrewsbury with around 80 people in attendance. Real sense of enthusiasm to become involve. 4 x GP Practices will be involved initially. Set to be fully operational from September 2018.
- Bridgnorth next area
- Main concerns being identified thus far; loneliness and isolation, lifestyle issues, mental health difficulties.
- Referrals now increasing in younger age brackets.
- A children and young persons' proposal has been developed, and will focus on social isolation and loneliness in those aged between 16 and 24 years of age.

Carers

Work is led by the All-Age Carers Strategy & Action Plan

- Hospital and carers needs links strengthened
- 2 x NHS England funded projects, joint with T & W 1 = young carers and publicity/ awareness of young carers esp. in schools and college (Workshop April ‘18) 2 = x 8 carer workshops countywide in planning stage, focussed around carer stress management (Autumn 2018)
- Joint Shropshire/T & W Mental Health Carer working group
- National Carers Action Plan has been published. https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020

This will be linked to the Shropshire Action plan - similar actions.

Cardio-Vascular Disease (CVD)

- Successful bid for Atrial Fibrillation Devices. Opportunistic screening to detect stroke risk in pharmacies. Partnership with Help2Change/LPC/CCG

Diabetes (pre-diabetes)

- The National Diabetes Prevention Programme (NDPP) launched in April 2018. H2C have offered their services to the NDPP commissioned provider, but without success as yet. However, opportunity to join the NDPP steering group, and this will be taken up by a representative from Help 2 Change.
- Help 2 Slim service is available for people to self-refer or be referred as part of the Social Prescribing Programme.

Mental Health

- Linking mental health to Social Prescribing
- Mental health needs assessment has been completed for Shropshire with an action plan
- *Shropshire Suicide Prevention Strategy* - quick information" card anticipated launch at Shropshire and Telford & Wrekin Suicide Prevention Network meeting on Tuesday 11th September 2018.

Musculoskeletal system,(MSK) Falls and Physical Activity

- Functional Fitness MOTs - events across Shropshire aligned to the Community Postural Stability classes and Social Prescribing
- Community Postural Stability Pilot - 9 independent instructors recruited and contracted as self-employed instructors to deliver the Community PSI class
- Help2Change piloting the Joint Pain programme.

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Health and Wellbeing Board
Meeting Date: 5th July 2018

Item Title Shropshire Care Closer to Home – Update Report

Responsible Officer Lisa Wicks Shropshire Clinical Commissioning Group
Email: Lisa.Wicks@nhs.net

1. Summary

This paper provides an update on Shropshire Care Closer to Home.

2. Recommendations

The Health and Wellbeing Board is recommended to note the information in the report

REPORT

Communication & Engagement

Stakeholder engagement
At the launch of the programme, a public and stakeholder event was held. This was well attended and feedback from this event has been taken into consideration when considering the models of care required to deliver Shropshire Care Closer to Home (SCCtH). During March 2018, a further stakeholder event was undertaken inviting members of the public to attend with a view to developing a strategy for communication and engagement; this has shaped how SCCG are delivering this important programme function. A further stakeholder event has been scheduled for the 25th July 2018.

Communication
As part of a communications strategy to underpin SCCtH, an overview document has been produced. In May 2018, an overview of the SCCtH programme was presented at the HWBB. The document provided at this time has since been subject to considerable scrutiny, receiving input from 13 members of the public. As a consequence, we have a stronger narrative with which to frame the programme which has now been signed off by the programme board.
Mindful of how this document may be received once it enters the public domain, the CCG are working up an accompanying staff brief to be circulated alongside it. The purpose of this is to indicate the staff-side opportunities for role development that may emerge as a consequence of the operational changes that may come to pass as a consequence of this programme's delivery.

Public engagement
As part of the national *"What Matters to You?"* campaign, SCCG have been asking the public what their views are of the status quo in community-based service provision. On the 6th June, commissioners attended both Oswestry and Bridgnorth community hospital to capture the views of the public as part of a drive to reach those who would otherwise remain unrepresented. We plan to visit other parts of the county under the umbrella of this national drive to ask this question to the people who use our services.

GP engagement
GP buy-in is identified as being as important to the success of community based integrative innovation as a fit for purpose information sharing infrastructure. In recognition of this, the programme has sought to not only ensure it is clinically led, but also to involve local GPs in the design process through which our new models of care will emerge. To date we have delivered:

- A "primer" event in each of the three GP locality areas
- A large whole-county task and finish event focused upon gaining an overview of GP views in relation to the status quo to inform design at a high-level
- A locality-level task and finish group for each of the locality areas to identify respective locality requirements for phase 2 of the programme – ASC and community based secondary care service providers have attended and contributed to these.
- A number of further locality level T&F groups will be required to shape the Phase 3 models of delivery

Programme Phases

Phase 1
Phase 1 is presently operational in the form of the Frailty Intervention team (FIT) who are based at the Royal Shrewsbury Hospital. Based upon the improved care outcomes and enhanced system efficiencies seen through this pilot, there has been an expression of intent to replicate this model by our neighbours Telford and Wrekin CCG.

Phase 2
Phase 2 concerns the development of a model for case management of our population, locality-level GP input to the design of this model has been captured and we are now in a place whereby a short list of options can be produced for discussion at the Programme Working Group in order to make recommendations to the Programme Board.
It has been identified that for the purpose of Risk Stratification (a core component of Case Management), the software "Aristotle" presently licenced for use by SCCG has the capacity to perform this function.
Phase 3

A long list of Phase 3 model options is presently being worked up by SCCG in preparation for further locality level T&F groups, a high-level overview of these was delivered during the May HWBB presentation.

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)
Local Member
Appendices PowerPoint presentation

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Health and Wellbeing Board Meeting 5th July 2018

Item Title: Update on the Summit meeting for all partnership boards

Responsible Officer: Lorraine Laverton Email: Lorraine.laverton@shropshire.gov.uk

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1. Summary

One hundred people came together on May 1st to share their views and ideas on co-production and what it means for Adult Social Care and Children's Services. The event, titled as a '**Partnership Boards Summit'**, pulled together a wide range of experts by experience from partnership groups to work on the day alongside staff from Social Care and Children's Services, as well as Health and the Voluntary sector.

This was the first Partnership Board Summit organised on behalf of the Local Authority and 'Shropshire together'. The idea originated from the Chairperson of the Making it Real Board, Jon Hancock, when he questioned how various care and health related Boards work and share ideas.

The summit was then a perfect opportunity to bring people together.

The focus of the event was 'co-production' and excellent examples of what co-production can achieve in Children's Services and Adult Social Care were shared alongside personal experiences

Discussion flowed on the day about how we truly develop that "equal relationship between people who use services and the people responsible for services" (quote from the TLAP Ladder of Participation https://www.thinklocalactpersonal.org.uk/Latest/Co-production-The-ladder-of-participation/), with a strong focus on how we create the right culture and environment for effective co-production. It was also good to have representatives from the national organisation Think Local Act Personal (TLAP - https://www.thinklocalactpersonal.org.uk/) in the room as they stressed that everything that we do together is about improving the everyday lives of ordinary Shropshire citizens.

People at the event showed a healthy appetite for working together, and at the end of the Summit everyone in the room agreed that we would hold another Summit next year.

The hard work is now to distil the essence of the day and look to take ideas forward. As a first step, we organised a meeting of Partnership Board Chairs and their support (20/06/2018). This gave us the opportunity to identify key themes and tasks for the coming year as we look to improve everyday lives.

2. Recommendations

A follow up meeting took place on 20/06/2018 - chaired by Cllr. Lee Chapman.
4 key actions came from the meeting:

1. SharePoint for Partnership Boards – each board to commit to SharePoint & populate the resource
2. Chairs and support staff to attend quarterly meeting – to aid planning

3. At the first meeting, each board to give a 6-month forward view
4. Experts by experience ‘Engagement policy to be developed

3. Risk Assessment and Opportunities Appraisal

Risks involve staffing and time commitments to take this work forward while also depending on engaging a greater number of experts by experience.

Quarterly meetings of Partnership Board chairs and support staff have been committed to. Dates to be set. These meetings will allow opportunities to review progress and developments of partnership working.

The Partnership Boards SharePoint is to have a newsfeed and discussion forum running across the boards. This will give further opportunity to collaborate.

4. Financial Implications

Smarter partnership working will have a positive financial impact**.**
Partnership support staff will need to work collaboratively for best effect.

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)
Local Member
Appendices

Health and Wellbeing Board
Meeting 5th July 2018

Item Title Suicide Prevention in Shropshire

Responsible Officer Gordon Kochane
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1. Summary

The Shropshire Suicide Prevention Action Group has agreed six operational work streams for delivery of the Suicide Prevention Strategy

i. Communications and Media
ii. Access to support, prevention and care
iii. Self Harm
iv. Using data and information
v. Suicide Postvention
vi. Training

A discreet "quick information" card is currently being developed and can be used for people in crisis or for those concerned about others to have an easy guide on who the most appropriate services may be to offer immediate support.

It is anticipated this will be launched at the forthcoming Shropshire and Telford & Wrekin Suicide Prevention Network meeting on Tuesday 11th September, at Shropshire Football Club. The purpose of the event will be to hear from people with lived experience of recovering from a suicide attempt, those bereaved by suicide and representatives from high risk groups to consider how we (as services/volunteers/communities) can identify the hidden populations at risk (who may not be in contact with formal services) and ensure they are reached and appropriately supported. This year's Network meeting will also invite members of the public who have an active interest in suicide prevention as well as providers/VCOs.

Discussion are also being had on the production of a dedicated Shropshire Council page to relay information on who to contact in a crisis and the range of services locally who may be able to support. This may include the production of some short videos based on local people's experiences and demonstrating the commitment we have to raise awareness and get people talking about suicide and self harm, to recognise risk and reduce stigma for seeking help.

2. Recommendations

The Board are asked to provide support for the above.

3. Risk Assessment and Opportunities Appraisal

Opportunity for having greater insight into how we can best ensure the ambitions within the Suicide Prevention Strategy and messages reach the people who could most benefit from them. Having a wider engagement and inviting at risk groups such as rural community reps/ex-military/LGBT/Men's groups etc should enable us to better target resources (such as the contact card).

4. Financial Implications

Cost of hosting event at the Football Club
Resource time in supporting suicide prevention and mental health crisis events held by partner agencies.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr. Lee Chapman
Local Member
Appendices One - Mental Health Needs Assessment. Quick Notes Two – Planning for Suicide Prevention Event in Shropshire, Telford & Wrekin

Appendix One - Mental Health Needs Assessment: Quick Notes

Contents

1. Purpose:

- Describe patterns and emerging trends of mental health illness for adults within Shropshire
- Identify inequalities in Mental Health
- Agree priorities and recommendations to consider for the production of a Shropshire Mental Health Strategy

2. Topics not included within the Health Needs Assessment

As there has already been work to design a Strategy or for commissioning services in recent time, the following topics have not been discussed within this Mental Health Needs Assessment. It is however, recommended they be included within a Shropshire Mental Health Strategy.

- Children and Young People (under 18 years)
- Alzheimer's and dementia
- Carers

In addition, the Mental Health Partnership Board agreed that the following factors would be considered separately to the Mental Health Needs Assessment due to the nature of their physiology;

- People with learning disabilities
- Adults where primary diagnosis is related to autism and ADHD conditions

3. Recommendations

1. Develop and implement a Mental Health Strategy
2. Better identification and recording of mental ill health
3. Data sharing between organisations to improve client experience
4. Prioritise timely access to mental health services based on need
5. Raised awareness of and access to support networks that signpost services
6. Frequent service user consultation
7. Consistent professional training of frontline staff

4. Why Mental Health is Important

- Links with good physical health (evidence has found associations of people with poor long term mental health are more likely to smoke, be overweight, misuse substances, fall into poverty, be unemployed and be over-represented in the criminal justice system)
- Social participation & developing personal relationships
- Ability to cope with normal stresses of life
- Education & training success
- Ability to fulfil potential
- Nurturing resilient communities
- The majority of mental health problems go unrecognised and untreated

5. Financial Implications

- Mental health is the cause of 40% new disability benefit claims each year in the UK
- 70% of people with severe mental illness are economically inactive and on disability benefit (compared to 30% of the general population)
- Common Mental disorders cost on average (Manchester New Economy Unit Cost Database);
    - NHS: £1,219 per person per year (£29.8m p/yr in Shropshire)
    - Local Authority: £135 per person per year (£3.3m p/yr in Shropshire)

- Dementia costs on average;
  - NHS: £2,048 per person per year (6.7m p/yr in Shropshire)
  - Local Authority: £14,388 per person per year (£46.7m p/yr in Shropshire)

6. Risk Factors

Children & Young People Estimated 4,000 children with a MH disorder in Shropshire • Conduct • Emotional disorder • ADHD	• Having a learning disability • Looked after children • Homeless or sleeping rough • Parental unemployment • Lone parenthood • Adverse childhood experience (neglect, substance misuse, parental mental illness, divorce, bullying, bereavement)	Support services include; • GPs • Health visitors • School nurses • Child and Adolescent Mental Health Services (CAMHS) • 0 to 25 year Emotional Health & Wellbeing service
Adults	• Loneliness & isolation (lack of support networks) • Stress • Relationship difficulties • Being a carer • Substance misuse • Bereavement • Low socio-economic status • Homelessness • Stigma and discrimination • Language barrier • Being a refugee • Having a long term chronic physical health condition (such as cardiovascular disease or diabetes)	Range of services. Formal MH services provided by SSSFT commissioned by Shropshire CCG Dual diagnosis substance misuse and mental health commissioned by Shropshire Council Range of voluntary sector and partnership support.

7. Emotional Wellbeing and Life Satisfaction in Shropshire

- Estimates of wellbeing have been identified by the Office for National Statistics "personal wellbeing in the UK; July 2016 to June 2017).
- The findings state for Shropshire that;
  - Life satisfaction, feeling worthwhile and feeling happy were all higher compared to the England average
  - Feeling anxious was lower compared to the England average

8. Mapping Risk of Poor Mental Health using Wider Determinants Data

- Available prevalence data for the risk factors where research has identified stronger association with poor mental health outcomes was mapped onto a geographical image of Shropshire, to identify potential hidden populations at greater risk of poor mental health.
- These risk factors include; living in social housing or rented accommodation, living alone, being a single parent household and lower level of education success (based on key stages 2 and 4 outcomes, secondary school absence, further education, adult skills and English language proficiency).

- Locations where they highest prevalence of these risk factors overlapped were;
    - Highley
    - Ludlow
    - Market Drayton
    - Shrewsbury
    - Oswestry
    - Wem
    - Whitchurch

9. Qualitative Feedback

- One-to-one interviews were carried out between May and July 2017 with people who had used mental health services within Shropshire to identify their experiences, thoughts and feelings of those services. This was undertaken by Shropshire Council Business Design team.
- Interviews were undertaken with 19 clients (16 women and 3 men) of a range of ages between early 20's to late 60's.
- An additional paper survey was produced and shared for those who wanted to participate but felt un able to be interviewed, with a greater focus on targeting men (through support with provider organisations). In totality 25 paper surveys were completed.
- Nine local provider organisations were also interviewed to provide their perspective of changing patterns of demand, system challenges and to identify what is working well.

- ***Key findings from this research include;***
    - Access to secondary mental health services can be lengthy and complicated
    - Services were reported as "good" once the right support was found
    - Building relationships with professionals was seen as most important in achieving sustainable positive outcomes (maintaining consistency with the person providing support and dates of meetings)
    - Trend of more children and young people asking for mental health support for anxiety, depression, school pressures, bullying and social media abuse
    - Trend of more older people with concerns for isolation, bereavement and dementia
    - Key risks associated for males included gambling and debt
    - Wider risks for all people included isolation, relationship difficulties, work difficulties, financial problems, abuse, addiction, being a Carer and life event or childhood trauma

- ***Findings suggested some potential system improvements as follows;***
    - Community Mental Health Team staff to shadow each other and have regular good practice reviews to share learning
    - Greater involvement with service users to evaluate services and design new pathways
    - Ensure interventions/counselling are tailored to the individual rather than an "off the shelf" approach – provision and discussion of options available
    - GPs/GP practices to have better training/resources on mental health issues and local support services
    - Clearer and easier access points for people with mental health concerns to find information and advice – this could help promote awareness and empower individuals to take more responsibility for their own mental health
    - Opportunity to address mental health issues in the workplace and working with the private sector to develop a model of support

10.Common Mental Disorder (CMD) in Shropshire

- Include anxiety, depression, panic disorders, phobias, obsessive compulsive disorders
- Often associated with physical and social problems but not usually affecting insight or cognition
- Generally less disabling compared to psychiatric disorders however, the higher prevalence results in greater cumulative cost to society
- National findings from the Adult Psychiatric Morbidity Survey (APMS, 2014) indicate;
    - Women have a significantly higher rate of diagnosed CMD compared to men
    - There has been a slight but steady increase in the proportion of women with CMD symptoms since 2000 however, the rate has been stable for men

- Collection of Mental Health data for statistical comparison is still developing. If an assumption that responders to the APMS follows a similar pattern for people in Shropshire (using the rates from the APMS applied to Shropshire age/gender demographics), than the following trends for CMDs can be extracted;
    - The highest rates of CMDs are reported for women aged 16 to 24 years however, the highest expected numbers of women with a CMD are aged 45 to 54 years followed by 55 to 64 years
    - The highest rate of CMDs for men are aged 25 to 34 years, however, the highest number is for men aged 45 to 54 and aged 55 to 64 years.
    - The most common CMD for both women and men across all adult ages is mixed anxiety and depression and generalised anxiety disorder.

- Public Health England Health Profiles suggests the following trends;
    - Prevalence of mixed anxiety and depressive disorder estimated at 6.6% of the general population aged 16 to 74 years (2012). This equates to roughly 15,000 people.
    - Prevalence of CMDs are much lower in comparison and include phobias (1.08%), obsessive compulsive disorders (0.12%), panic disorders (0.65%)
    - Prevalence of eating disorders (6.5%) is a similar rate to mixed anxiety and depression and includes all people over aged 16 years.
    - Each of these CMDs factors is a lower rate compared to the England average.
    - QoF recorded depression prevalence for those registered with a GP suggests an increasing prevalence of depression in Shropshire (9.9% in 2016/17, n=24,470) which is significantly higher compared to the England average.
    - Referral rates into IAPT (Improving Access to Psychological Therapies) have been consistently lower in Shropshire compared to the England average.

- Data from the Mental Health provider (SSSFT) identified the following themes from clients accessing services;
    - Women are most likely to be treated for a CMD, with a statistical higher proportion aged in the 25 to 44 year range.
    - Significantly higher rates of males are treated in the 15 to 24 year age band compared to other males.
    - Deprivation is a key risk factor associated with a CMD.
    - Similar rates of CMDs are prevalent between rural and town areas but lower in urban areas

11. Severe and Enduring Mental Illness in Shropshire

- Rates of severe mental illness are lower compared to CMDs, however, the impact can be more complex.
- In Shropshire there are significantly higher rates of women with non psychotic but severe and complex mental ill health, with a peak identified in the 15 to 24 year group.
- Shropshire GP registers have a lower prevalence of recorded severe mental illness compared to the England average based on the Public Health England Health Profiles.
- Data from the Mental Health provider (SSSFT) identified the following themes from clients accessing services;
    - Women are most likely to be treated for severe but non psychotic illness, particularly the 15 to 24 and 25 to 44 year ranges.
    - The highest rates of diagnosis are associated with people the most deprived socio-economic localities.
    - Significantly higher rates are severe mental illness is associated with living in a town compared to rural or urban areas.

Psychotic Disorders

- Psychotic disorders produce disturbances in thinking and perception which are severe enough to distort perceptions of reality. This includes schizophrenia and affective psychosis.
- Although psychotic illness is relatively uncommon there is a resulting high level of service and societal cost.
- The estimated prevalence of psychotic disorders is 0.36% (n=1,409, 2012) for people aged over 16 years.
- The Adult Psychiatric Morbidity Survey (2014) identifies the following national themes for psychotic disorders;
    - There was no difference in the prevalence of a psychotic disorder by age or gender
    - In both men and women, the highest prevalence was in those aged 35 to 44 years
    - Higher risks were identified in black men compared to men from other ethnic groups

- If the findings from the APMS are applied to the Shropshire demographics for age and gender it can be assumed that;
    - The peak prevalence for numbers of men and women estimated to have a psychotic disorder are in the age bands 35 to 44 years and 55 to 64 years.
    - When considering the proportions of *probable* psychotic disorder, the peak rate for females is in the 45 to 54 year group.

- Public Health England Health Profiles identify that the incidence of new cases of psychosis is significantly lower than the England average.
- Data from the Mental Health provider (SSSFT) identified the following themes from clients accessing services;
    - Men have a higher rate of psychotic crisis with no significant differences between the age bands.
    - There are strong associations between the areas with the highest rates of severe mental illness and living in the most deprived locations (except for those who had experienced a first episode of psychosis where the least deprived areas had a higher association).

12. Crisis

- A mental health crisis is where a person feels unable to cope or be in control of a situation
- It is associated with extreme emotional distress or anxiety, inability to cope with day-to-day life or has thoughts about suicide, self-harm or experience hallucinations.
- Demand for Section 136 has been high in Shropshire (where under the Mental Health Act an individual considered to be suffering from mental health illness can be taken to a place of safety by a police officer)
- During July to August 2016, there were 47 people identified under a Section 136 admitted to the Suite.
- Suicidal thoughts was the primary reason for use of a Section 136 although most people identified were not admitted to the Suite.
- During 2016/17 the Shropshire Sanctuary (developed by Shropshire MIND and CCG) was created to provide an alternative to Section 136 for people in crisis/mental distress, after hours.
- Use of the Shropshire Sanctuary has increased significantly since January 2018 and is helping to manage demand on the Section 136 Suite. In March 2018, there were 10 attendance for Section 136 Suite and 48 for the Sanctuary.

13. Self Harm and Suicide

- The rate of suicide in Shropshire is not significantly different compared to the England average based on latest data from the Public Health England Health Profiles.
- Between 2013 and 2015 there were 131 deaths recorded as suicide across Shropshire and Telford & Wrekin, of which 100 were men and 31 were female.
- National evidence has identified that;
    - Men are at significantly higher risk of suicide with suicide being the leading cause of death in men aged under 50 years. There has however, been an increasing trend in female suicides in recent years.
    - Greater risk of suicide is associated for people with a history of self-harm, mental ill health, substance misuse, time spent in prison or those with a chronic illness.
    - There are occupational risks associated with suicide particularly for medical professionals, vets, farmers and those in the lowest skilled occupations such as males in labouring or construction roles.
    - Suicide rates for children and young people in England are low with a total of 145 between 2014 and 2015. There were no reported C&YP suicide deaths in Shropshire between the latest audit period of 2013 and 2015.

- A Shropshire and Telford Suicide Prevention Strategy and Action Group has been established to progress this work.

14. Dual Diagnosis: Substance Misuse

- National research has identified that the majority of people in substance misuse services are likely to experience problems with their mental health. In suicides of people experiencing mental health problems, 54% also have a history of problems with drugs and alcohol.
- Research has also found that people with drug/alcohol dependency who demonstrate mental health conditions are not always able to access the help they need (particularly where exclusion of support from mental health services is due to their substance misuse).

Alcohol

- The Adult Psychiatric Morbidity Survey (2014) identifies the prevalence of harmful alcohol consumption in England for Adults to be at 16.6%.
- Hazardous drinking has become less common in 16 to 24 year olds (reducing from 6.2% in 2007 to 4.2% in 2014) it has become more common in 55 to 64 year olds (increasing from 1.4% in 2007 to 2.8% in 2014).
- The APMS (2014) identify risk factors for hazardous drinking to be; white British men/women, adults under 60 years who live alone and people in receipt of Employment and Support Allowance (ESA).
- PHE Health Profiles identify that admission episodes for mental and behavioural disorders due to alcohol use are significantly lower in Shropshire for both men and women compared to the England averages between 2008/09 and 2014/15 (latest reporting period).
- 11% (n=38) of new presentations for Shropshire alcohol misuse services in 2016/17 were also receiving mental health treatment (lower than the England average). There was no difference in gender accessing services (however, nationally females were more likely to access services)

Drug Misuse

- If the findings from the APMS (2014) are applied to the Shropshire population, there is an estimated 9,700 people locally who have some form of drug dependence.
- Following this assumption, cannabis may be expected to be highest use substance across all age groups, followed by cocaine (highest usage in the 16 to 34 years group) and heroin/methadone (most common in the 25 to 44 year group).
- 17% (n=51) of new presentations to Shropshire drug misuse services in 2016/17 were also receiving mental health services (lower than the England average). A greater proportion of Shropshire females access these services (similar to the national trend).

Young People

- There were no young people accessing substance misuse services with a mental health need in 2016/17 however, in the previous year 26% of young clients (n=9) required both services. This is higher than the England average but small numbers involved make accurate comparisons challenging.
- Due to associated vulnerabilities between substance misuse services, mental health and self-harm it is important that pathways work effectively between treatment services and other specialist services (such as child mental health services and children's social care work)

15. Co-Morbidity Physical and Mental Ill Health

- Over 4 million people in England are estimated to have a long term physical problem and a mental health problem, with many of the risk factors for both overlapping.
- People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people, with two-thirds of these deaths from avoidable physical illnesses such as heart disease and cancer. This may in part be associated with the higher rates of people with a mental health problem who are also smokers and demonstrates a clear inequality.
- Evidence has found that there are often difficulties for people with mental health problems to access physical healthcare support. In turn, people with long term illnesses suffer more complications if they also develop mental health problems, with depression increasing the risk of non-compliance with treatment programmes.

- There is no accurate local data which quantifies the number of people within Shropshire with both a long term illness and mental health problem.
- The Adult Psychiatric Morbidity Survey (2014) found that just over a quarter of respondents have at least one of the following chronic conditions;
    - High blood pressure
    - Asthma
    - Diabetes
    - Cancer

- The APMS also identified an association between common mental disorders and chronic physical conditions with over a third of those with a more severe CMD reporting a chronic physical condition, compared to a quarter of those with few or no CMD symptoms.

16. Mental Health Services

- Shropshire CCG commission South Staffordshire and Shropshire NHS Foundation Trust (SSSFT) to provide Mental Health and Learning Disabilities
- SSSFT services include;
    - Adult and older people's Mental Health Services
    - Emotional Health and Wellbeing (for 0-25 year olds)
    - Community Adult learning Disabilities
    - Improving Access to Psychological Therapies
- Shropshire Sanctuary

Voluntary and Community Services

Focus	Organisation within Shropshire
Advocacy	Age UK
	SIAS (Shropshire Independent Advocacy Service
	PCAS (Peer Counselling and Advocacy Service)
	POhWER (Independent Mental Capacity Advocacy)
Autism	A4U
Bereavement	Cruse
Counselling	Confide
	Green Oak
Disability	Disability Network
Domestic Abuse / Violence	Shropshire Domestic Abuse Service
	West Mercia Women's Aid
Ex-service people	Walking with the Wounded
	Combat Stress
Homelessness	The Ark
Mental Health	Mind
Money problems / debt	StepChange
	Citizens Advice Bureau
	Barnabas
Older Men	Men in Sheds
Older People	Age UK
Self-harm	Sapphire
Rape and Sexual Abuse	Axis
	The Glade
People with suicidal thoughts and people in need of emotional support	Samaritans

Appendix: About the Adult Psychiatric Morbidity Survey

- The APMS provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over).
- The latest Survey carried out in 2014, was published in September 2016. It has carried out every 7 years since 1993 by the Office for National Statistics.
- A stratified, multi-stage probability sample of households for the general population living in private households in England is carried out. An initial interview with the whole sample was undertaken, followed up with a structured assessment carried out by clinically trained interviewers with a subset of participants.
- In the 2014 Survey, 7,528 responders had an initial interview (response rate of 57% of total invited). Following this, 630 participants were invited for the second stage interview (where a specific mental disorder had been identified within phase one).

Appendix Two - Planning Event: Suicide Prevention in Shropshire and Telford & Wrekin

Date: Tuesday 11th September 2018

Location: Sovereign room, Shrewsbury Town Football Club, Montgomery Waters Meadow, Oteley Road, Shrewsbury. SY2 6ST

Time: 09:00 – 13:00

1. Theme of event

- Connecting with people at higher risk of self harm/suicide, those who have been affected by suicide and those who work with high risk and vulnerable people
- To raise awareness of what prevention work is being done for suicide and self harm across Shropshire and T&W
- To showcase progress with the implementation of the Suicide Prevention Strategy and key actions of the 2 Action Groups

2. Proposed outcomes of the event

- To engage with wider members of the community with an interest in suicide and self harm prevention (not just services), to demonstrate what is happening locally and how to support work streams if interested in doing so. This is because we rely on our communities as the first point of recognising risk.
- To receive constructive feedback (either verbal or through evaluation forms) on the activities being progressed by the Action Groups
- To provide delegates with the experiences of people with lived experience of surviving a suicide attempt/bereaved by suicide/are part of a higher risk community. To give insight as to what type of opportunities may exist to identify risk at an earlier stage, what messages and support could be most appropriate for different groups and what may/may not be appropriate in terms of early intervention/access to support and recovery.

3. Stakeholders

- Existing members of the Suicide Prevention Joint Network and Action Groups
- Those with an active interest in suicide and self harm prevention
- Those who work with vulnerable groups at higher risk of suicide or self harm
- Members of the public with lived experience, or who have been bereaved/affected by a suicide death and would like to contribute towards delivery of the Strategy (identified via our Voluntary and Partnership Networks)

4. Market Stalls and Stakeholder Information to Takeaway

- Purpose: to provide a set of tools for delegates to takeaway to identify what services and information is available
- Invite agencies which support suicide/self-harm prevention to promote their services/literature with dedicates tables/stands
- Invite agencies identified at the 2017 Suicide Network Meeting to attend
- Provide links to useful resources (such as the free online Zero Suicide training) to delegates

5. Group Activities

Activity 1: Branding and Messages

Purpose	Action	Proposed Outcomes
To identify an appropriate brand for the Suicide Prevention Partnership in Shropshire and T&W and consistency in messages across partner agencies. To ensure the messages/branding are recognised and are appropriate with high risk groups To highlight the agency is a supporter of suicide prevention in the county and is space where people in distress can access non-judgemental support or signposting to support	Provide delegates with a selection (up to 4) ideas for a Partnership logo and brand message Delegates can rank the logo/brand message they like from most to least A parked idea sheet will be provided for delegates to add additional feedback and comments about each logo/brand (what could be strengthened etc) Opportunity to continue adding to this feedback throughout the day	**A brand and slogan selected by delegates to be used by Partnership agencies for local self-harm/suicide prevention work** **To ensure consistency and agreement of core suicide prevention ambition messages between Partnership agencies**

Further Work Required: Both T&W and Shropshire Action Groups and Comms Teams to identify suggestions for branding and key messages

Activity 2: Connecting support to High Risk Groups

Purpose	Action	Proposed Outcomes
To identify what can we do as a Partnership and Community to; ▪ Reduce stigma and get people talking about suicide/self-harm ▪ Raise awareness of support and how to access for high risk individuals or those affected by suicide (both known and hidden populations) ▪ Target the most appropriate formal/community resources where they will have biggest impact	Delegates to be asked 2 questions and to work in groups to identify opportunities (and possible challenges); 1. What opportunities are there to reduce stigma talking about suicide and self harm and raise awareness of risk in Shropshire and T&W for; a. Children & Young People b. Adults 2. Where are the opportunities to promote the range of support for high risk people/those affected by suicide (particularly people who may have little access to health or case services)?	**Using the knowledge and experience of delegates for how they as individuals/ agencies/volunteers etc can raise awareness and reduce stigma for talking about suicide and risk** **Delegates to have a better understanding of the range of opportunities for identifying and supporting people at risk of suicide or self-harm** **To assist the Action Groups for planning resource allocation where it may generate the most impact**

Further Work Required: Will require table facilitators to aid discussion.

6. Potential Agenda

Time	Topic	Led By (tbc)
09:00 – 09:30	Arrival and Networking with Suicide Prevention/Support Agency "Market Stalls"	
09:30 – 09:40	**Welcome & Purpose of the event**	Rod Thomson (Shrops) Liz Noakes (T&W)
09:40 - 10	Progress with implementing the Strategy in Shropshire & T&W • Key achievement in 2017/18 • Structure of the 2 Groups • Key actions and activities being developed/planned • Launch of the leaflet/card (hopefully)	Gordon K Lyn S
10:00-10:15	The Shropshire Sanctuary	Rich Dunnill (Shrop Samaritans) Clive Ireland (Shrop Mind)
10:15-10:30	**Group Activity 1: Branding and Messages** • Share ideas of logo/brands and key messages with delegates • Delegates select which they feel could have the strongest impact • Opportunity for further suggestions/ideas to strengthen branding and message	Delegates
10:30-10:40	**Break**	
10:40 – 11:30	Lived Experience and Connecting with High Risk People Speakers may include; • Person with lived experience (focus on where earlier prevention may have been most effective, what was ineffective, recovery & rehab) • People bereaved by suicide (support given post death, what worked well, how this could be improved across the County) • Representative from men's group • Representative from rural/farming community • Representative from military veterans	• Person identified from Shropshire • Person identified from T&W • Tbc (potentially from Chris Queensborough, Mental Health Social Work Team in Shropshire and T&W person) • TBC (link with Rural Support Network & Farming Colleges) • Person identified from T&W
11:30-12:10	**Group Activity 2: Connecting support to High Risk Groups**	Delegates

	Questions 3. What opportunities are there to reduce stigma talking about suicide and self harm and raise awareness of risk in Shropshire and T&W for; c. Children & Young People d. Adults 4. Where are the opportunities to promote the range of support for high risk people/those affected by suicide (particularly people who may have little access to health or case services)? Using experience of delegates, the information presented and from discussions at the Market Stalls	
12:10-12:20	Feedback from discussions	Delegates Gordon K Lyn S
12:20-12:30	Summary and Next Steps	Gordon K Lyn S
12:30	**Close**	

Health and Wellbeing Board Meeting

Item Title – Homeless Reduction Act 2018

Responsible Officer – Andy Begley
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SUMMARY:

In June 2016 MP Bob Blackman submitted a private members bill to parliament, having previously been approached by the homelessness charity Crisis. The bill received cross-party support and following its passage through parliament, the Homelessness Reduction Act received Royal Assent on 27th April 2017 and came into force on the 3rd April 2018. It is the most significant shake up of England's homelessness legislation in 40 years, with a substantial number of new duties being implemented. The ethos of the Act is to transform the help councils are expected to provide to all homeless people and provide support to people who aren't entitled to help under the current system.

Key changes include:

- An extension of the period during which an authority should treat someone as threatened with homelessness from 28 to 56 days;
- A new duty to prevent homelessness for all applicants threatened with homelessness, regardless of priority need (Prevention Duty);
- A duty to assess and agree a personalised housing plan for all clients;
- A duty to relieve homelessness for all homelessness applicants regardless of priority need (Relief Duty);
- A new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless (Duty to Refer);
- A stronger duty to provide advisory services to all and to provide specific advice and information for particular groups of clients (Duty to Provide Advisory Services);
- A duty to help to secure accommodation (Accommodation Duty);
- Local Connection for Care Leavers.

To date the act has seen a significant increase in workload for all officers due to an increase in the number of clients presenting as having a housing need (and at an earlier point in their housing journey), an increase in the length of time to interview and the ongoing reviewing of Personalised Housing Plans for all open cases. The experience in Wales (who implemented similar legislation 2 years before) has indicated that an officer's workload will increase by at least 50%. Further to this, there is likely to be an increase in the number of clients requiring emergency accommodation.

The Secretary of State for Communities and Local Government has issued a draft Code of guidance to local authorities. In accordance with the Act, housing authorities and social services authorities in England are required to have regard to the guidance when exercising their functions relating to homelessness and the prevention of homelessness. The concept and ethos of this Act, along with the positive approach to prevent homelessness by working closer with clients and partners is strongly welcomed within the Housing sector.

HISTORIC AND CURRENT DEMAND:

The table below shows data on the number of clients who have presented as requiring advice and assistance or required a homeless application to be taken over the past 5 years. There has been movement in these figures, but overall they have remained fairly static over the time.

	2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Number of clients presenting as in need of advice & assistance	2612	3354	2853	2262	2679
Number of clients presenting as homeless (ie, an application was taken)	909	905	1209	1099	1031
Total number of cases per annum	**3521**	**4259**	**4062**	**3361**	**3710**

Homeless acceptances in Shropshire have remained well below the national average of 52% of all cases accepted as statutorily homeless. However, the table below clearly demonstrates a significant increase in the proportion of statutorily homeless cases accepted as being in priority need due to physical or mental ill health in the last two financial years, and therefore an increase in those to whom we have a duty. This increase coincides with the Lord Neuberger case law changes to Priority Need Assessments in July 2015 (implemented in Shropshire from October 2015).

The table also shows a significant yearly increase in the proportion of single person households being accepted as statutorily homeless and therefore to whom we have a duty to accommodate. This is likely to be related to recent welfare reform changes e.g. increased age limit for Local Housing Allowance single room rate. The increase in one person households shows a rapidly increasing need for single occupancy housing solutions as often the only immediate options available are expensive B&B placements or an under occupying of Temporary Accommodation Units.

		2014/15	**2015/16**	**2016/17**	**2017/18 (3 q's)**
Total decisions		1062	992	903	727
Of which:	Total accepted as statutorily homeless	243 (23%)	272 (27%)	264 (29%)	249 (34%)
Of which Priority Need reason:	Vulnerable due to physical disability	26 (11%)	32 (12%)	42 (16%)	52 (21%)
	Vulnerable due to mental illness or handicap	30 (12%)	25 (9%)	37 (14%)	37 (15%)
Of which one person households:		66 (27%)	80 (29%)	97 (37%)	105 (42%)

The Homeless Reduction Act removes the Priority Need consideration in relation to both the 'Duty to Prevent' and the 'Duty to Relieve' meaning Local Authorities must take reasonable steps to help all homeless eligible applicants to prevent or relieve homelessness for 56 days (112 days) by helping them to secure accommodation. The Homeless Reduction Act specifies the requirement of 'reasonable steps' and therefore the advice and assistance now required and the way in which it needs to be provided. This will significantly increase the numbers of households who will remain as active and open cases to officers. For example, the table below shows the number of Homeless Decisions relating to 'No Priority Need' over the past 5 years. Although at present we do provide advice and assistance to this households, these clients will now remain open to the team until they are rehoused.

	2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Number of clients determined as being 'No Priority Need'	282	261	467	395	359

Housing Services have seen a significant increase in the number of clients requiring temporary accommodation. Due to the lack of suitable and available temporary accommodation units there has been an increase in the need to utilise B&B accommodation. The table below shows the increase over the past 8 years.

Snapshot as of 31st March	**Total Households**	**Total People**
2010	73	148
2011	75	166
2012	78	191
2013	61	120
2014	62	116
2015	79	173
2016	84	155
2017	90	163
2018	131	241

IMPACT AND IMPLICATIONS:

As a service, we currently work hard to prevent or relieve homelessness for all who present with a housing need. A similar version of the Act has already been in force in Wales for approximately 18 months and much of the data relating to the impact of the Act is taken from the experience of Wales due to the Act only being in place for 3 months in England.

To date, the changes have significantly increased the workload of the Housing Options and HomePoint Teams due to:

- A wider target audience;
- Longer timescales in order to prevent or relieve homelessness;
- Preparation of the personalised housing plans;
- Case management with the client;
- Support with the client;
- More liaison with public bodies regarding resolutions to allow people to remain in their homes;
- Reviews of personalised housing plans that will need to take place with each client.

The entire ethos of how homelessness advice is provided has changed. Officers will no longer be expected to focus on whether the authority has a duty to assist a client due to them having a priority need, not being homeless intentionally and having a local connection. Instead the Homelessness Reduction Act focuses on taking reasonable steps to provide advice and assistance to all who present as having a housing need.

It is proposed to utilise 3 sources of funding (see below) to implement the Homelessness Reduction Act and meet the new statutory duties. At this stage it is not known what the true resource implications will be as the Act has only been in place for 3 months. A number of new posts are in the process of being recruited as well as a restructure of the team to include a triage function.

A key initiative to help meet the additional duties of the Homeless Reduction Act will be the development of the private rented sector in Shropshire. Currently we are heavily reliant on the social rented sector, even though this only makes up 14% of the entire Housing market. It is imperative we are able to develop other options. Our aim to be able to offer landlords something different to either Shropshire Housing Alliance or estate agents and therefore assist them to assist us. The increase in clients coming through the door is likely to increase the numbers requiring temporary accommodation and spend in this area. The development of the private rented sector will allow us to rehouse people more quickly as we are not having to wait for vacancies in social housing stock.

There is likely to be an increase in the use of temporary accommodation leading to an increase in the budget spent on this resource. Given the limited number of temporary accommodation options in the County, it is likely that the use of B&B will increase. With limited availability of placements within social housing we will need to look at all housing options, specifically the private rented market to meet both the prevention and relief duties. The Act allows us, when in either of these stages, to discharge our duty to anyone who is being accommodated in suitable accommodation for 6 months or more. In effect we will no longer be reliant on assisting clients through a diminishing resource of social housing and can in fact use all options available to us. It needs to be noted that if households are unable to be rehoused via the prevention or relief stages they will move into the main housing duty where the current restrictions on discharge of duty apply.

FUNDING:

Housing Services currently receive a Homelessness Prevention Grant from Central Government. The Council uses a large part of this for base line staffing costs within the team, leaving the remaining amount available for prevention initiatives.

	2016/17	2017/18	2018/19	2019/20
Homelessness Prevention Grant	£309,522	£310,046	£311,009	£312,565

Whilst the government has announced a New Burdens fund specifically meant to fund the additional demands of the Homelessness Reduction Act, this is limited and will not adequately cover the expected additional costs that the Homelessness Reduction Act will occur. This funding is for a 2 year period only and will end after 2019. The suggestion from government is that within this time scale the changes brought about by the Act will provide cost savings to Local Authorities, meaning the cost of the service will not need ongoing additional funding however this has not proven to be the case in Wales.

	2016/17	2017/18	2018/19	Total
New Burdens Funding	£67,556	£61,881	£88,040	£217,477

The new Flexible Homelessness Support Grant replaces the old Temporary Accommodation Management Fee. Prior to the change the monies could only be used when someone was already homeless rather than preventing the homelessness in the first place. This new grant provides councils with the freedom to support the full range of homelessness services to help prevent homelessness in the county. Below are the allocations for the 2 known financial years, although it needs to be noted that part of this funding is required to meet the costs of the temporary accommodation management fee which at present equates to approx £200,000 of the annual budget. But with increasing need for more temporary accommodation units the amount required is likely to increase, leaving less available funding for use on preventative initiatives.

	2017/18	**2018/19**
Flexible Homelessness Support Grant	£307,317.22	£336,856.97

In essence the only new and available funding to assist with the Homeless Reduction Act is the New Burdens Funding equating to £217,477 over the period of 2 years. This funding has been provided to help us meet the costs of additional staffing, increase in preventative options, new IT systems as well as the overall restructure and admin resources brought about by the changes. We are also utilising the Homeless Prevention Grant and Flexible Homelessness Support Grant towards additional staffing but must ensure we have available funding for preventative initiatives as well as the increased costs of temporary accommodation. Further to this, we need to be aware that staffing funded via these routes need to be on 2 fixed term contracts due to the funding ceasing in 2019. Fixed term contracts bring their own issues with any fixed term contracts over 2 years could incur a redundancy cost if the person was unable to be redeployed or was not returning to a substantive post if seconded.

The full service roll out of Universal Credit introduced in Shropshire in May 2018 is also likely to exacerbate the difficulties associated with homelessness and housing advice provision due to the risk that more landlords will refuse to take households on benefits. This is because the housing element of Universal Credit will be paid directly to the tenant as well as more people waiting for significant lengths of time for their benefits to be paid, resulting in them getting into rent arrears. We work closely with the Welfare Reform team and have a dedicated officer within our service. This close work will continue and we will determine the needs of the service as this progresses.

RECOMMENDATIONS

This report is being distributed for information only. Therefore, the HWBB is requested to note the Homelessness Reduction Act, specifically in regard to the duty to refer coming into force in October 2018. There will also be an impact on applicants and referring agencies who are used to the way in which homelessness is provided throughout England. There is a need to communicate and publicise the changes and the impact this will have in regard to a client's expectations. In short, social housing cannot be seen as the only way to meet a client's housing need.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Lee Chapman
Local Member n/a – relevant to whole County
Appendices Appendix A - Additional Information On The Main Changes Brought About By The Act:

APPENDIX A

ADDITIONAL INFORMATION ON THE MAIN CHANGES BROUGHT ABOUT BY THE ACT:

This section summarises the main changes brought in by the Act. The 13 clauses brought in by the Act are listed with specific detail relating to the significant changes below.

Clause 1: Homeless & threatened with homelessness
Clause 2: Duty to provide advice
Clause 3: Personal Housing Plan
Clause 4: Prevention Duty
Clause 5: Relief Duty
Clause 6: Duty to help secure accommodation
Clause 7: Refusal to co-operate
Clause 8: Local connection of a care leaver
Clause 9: Reviews (s.202)
Clause 10: Duty of public bodies to refer
Clause 11: Code of Practice
Clause 12: Suitability of PRS accommodation

Definition of Homelessness and Threatened with Homelessness

Being homeless or being threatened with homelessness means more than being street homeless. To qualify for help, you must be classed as being legally homeless. Examples of this are:

- You have been evicted from your home – whether that be a property where you have a tenancy or somewhere you live with your parents or friends;
- You have had to leave due to violence, harassment or threat of either;
- You cannot stay due to a fire, flood or other emergency;
- You are sleeping on the street;
- You will lose your home within 28 days (eg, you have been told to leave by a date in the future);
- You have been asked to leave somewhere temporary (such as a friend's house).

The Homelessness Reduction Act extends the period during which a local housing authority should treat someone as threatened with homelessness. Currently an application can only be taken 28 days before the date someone is due to be homeless. From the 3rd April this extends to 56 days, meaning Local Authorities will be picking up those at risk of homelessness at a much earlier point.

The Homeless Reduction Act also expands and sets out the actions local housing authorities should take when someone applies for housing assistance, having been served with a notice to end an assured shorthold tenancy. Within clause 1 there is now clarification that a valid section 21 notice that expires within 56 days also constitutes being 'threatened with homelessness'.

A Duty to Provide Advice, Assessments and Personalised Housing Plans

The Homelessness Reduction Act strengthens and extends the general advice duty, requiring the local housing authority to design a service that meets the information and advice needs of certain groups at risk of homelessness, these include:

- Persons released from prison or youth detention;
- Care leavers;
- 16/17 year old homeless cases;
- Former members of the armed forces;
- Person's leaving hospital;

- Victims of domestic abuse;
- Persons suffering mental illness;
- Any other groups identified as a particular risk of homelessness within the Authorities area.

Housing authorities will have a duty to carry out an assessment in all cases where an eligible applicant is homeless or threatened with homelessness. The duty regarding whether someone is homeless or threatened with homelessness will seek to identify the cause of homelessness, the housing needs of the applicant and any support requirements in order for the applicant to be able to secure and/or retain accommodation. The authority must work with all clients determined as being homeless or threatened with homelessness irrespective of priority need or intentionality status, and must be provided with a personalised housing plan which will include actions to be taken by both the authority and the applicant to try to prevent or relieve homelessness.

A Duty to Prevent

The Homelessness Reduction Act places a new duty on authorities to prevent homelessness for all eligible applicants threatened with homelessness, irrespective of priority need status or intentionality. This duty does not take into consideration local connection, and therefore anyone who presents as in housing need, whether considered as having local connection to Shropshire or not, has to be provided with the same advice and assistance.

The Act brings in new duties to those who are homeless or threatened with homelessness to:
- Carry out an assessment
- Agree and provide a personal housing plan
- Help to prevent homelessness; and
- Help to secure accommodation for all eligible applicants, regardless of priority need.

Once triggered, the prevention duty will continue for 56 days unless it is bought to an end via one of the prescribed conditions.

A Duty to Relieve

The Homelessness Reduction Act states that if the applicant is already homeless, or becomes homeless despite activity during the prevention stage, the local housing authority must take reasonable steps to help all homeless eligible applicants to relieve homelessness for 56 days by helping applicants to secure accommodation, regardless of priority need status or intentionality. If the housing authority has reason to believe a homeless applicant may be eligible for assistance and have a priority need, they must be provided with interim accommodation.

A Duty To Refer

The Homelessness Reduction Act introduces a ‘duty to refer’ on all public bodies. They will be required to notify a housing authority of all service users they consider may be homeless or threatened with homelessness within 56 days. Before making a referral a public authority must have consent to refer from the individual, have allowed the individual to identify the local housing authority in England which they would like the notification to be made to (ie, they do not need to have local connection to the authority they are being referred to) and have consent from the individual that their contact details can be supplied so they can receive contact from the housing authority.

This section of the Act is being delayed until October 2018 enabling us to work with our partners to put in place referral pathways and agreed points of contact, as well as awareness raising sessions and advice and assistance regarding this element of the Act. It is believed that this duty will considerably increase the referrals received by the authority at an earlier point in someone’s

housing journey, as until now there has been no duty for a referral to be made by public bodies and often this is not done until it is 'too late'.

The Main Housing Duty

The main housing duty currently applies to applicants who are eligible, have a priority need for accommodation and are not intentionally homeless. The Homeless Reduction Act introduces a duty to prevent and a duty to relieve, meaning if we are unable to prevent or relieve someone's homelessness, we will then seek to determine whether the Local Authority owes the applicant a main housing duty as we do now. Under this duty we must ensure that suitable accommodation is available for the applicant and their household until the duty is brought to an end through either an offer of suitable accommodation or they are no longer eligible for assistance. This duty is comparable to existing legislation.

Priority Need

Under the Homelessness Reduction Act, housing authorities have the duty to try and prevent or relieve homelessness for all eligible applicants. However, should the authority not prevent or relieve homelessness, we must secure accommodation for applicants who have priority need.

Those in priority need are classed as the following:

- A pregnant woman or a person with whom she resides;
- A person with whom dependent children reside;
- A person aged 16/17 who is not a relevant child / child in need to whom a local authority owes a duty;
- A person under 21 (but no longer) looked after, accommodated or fostered between the ages of 16-18;
- A person aged 21 or more who is vulnerable as a result of having been looked after, accommodated or fostered;
- A person who is vulnerable as a result of:
  - old age, mental illness, handicap or physical disability or other special reason;
  - having been a member of Her Majesty's regular naval, military or air forces;
  - having served a custodial sentence, having being committed for contempt of court or any other kindred offence or having being remanded in custody.
  - ceasing to occupy accommodation because of violence or threats of violence from another person;
  - any other special reasons;
- A person who is homeless as a result of an emergency such as flood, fire or another disaster.

Suitable Accommodation

Housing authorities have duties to secure accommodation for homeless applicants either on an interim basis or to prevent or relieve homelessness. Under the Homelessness (Suitability of Accommodation) (England) Order 2003, Bed & Breakfast (B&B) accommodation is not considered suitable for families except where there is no other accommodation available, and then for only a maximum of 6 weeks. It is not considered suitable at all for those aged 16/17 unless in an emergency.

Local connection of a care leaver

The Act ensures that any care leaver who becomes homeless can choose to demonstrate a local connection to either the area of the local authority where they were looked after and owes them leaving care duties, or for a care leaver under 21 years old, an area different to that of the authority who owed them the leaving care duties, where they have lived for at least 2 years,

including some time before they were 16 years old. In essence, the aim of this section of the Act is to make it easier for care leavers to demonstrate a local connection to the area where they feel at home and would most like to settle.

Deliberate and Unreasonable Refusal to Co-operate

The Homelessness Reduction Act places a requirement on all applicants to co-operate with the Local Housing Authorities attempts to meet their prevention and/or relief duties. If the Local Housing Authority considers that an applicant has "deliberately and unreasonably refused" to cooperate or take any of the steps set out in the personalised housing plan, they can serve a notice on the applicant to notify them of their decision and ultimately can discharge their duty to assist. We will not be implementing this initially and will aim to work with all applicants who present as having a housing need. There is no current case law relating to this and there is a need to better understand what the courts will determine 'deliberately and unreasonably refused to cooperate' to mean in practice.

Health and Wellbeing Board Meeting

Item Title – Homeless Reduction Act 2018

Responsible Officer – Andy Begley
Email – andy.begley@shropshire.gov.uk

SUMMARY:

Rough sleeping can have a significant impact on someone's physical and mental health. It is the most serious and obvious form of homelessness, exposing people to physical hardship and can greatly affect mental health. Prolonged experiences of rough sleeping can increase the likelihood of a person developing additional complex needs, which can act as a barrier to moving away from street homelessness. The more complex needs someone has, the more support the person may require to secure accommodation.

REPORT:

Shropshire Council's Housing Options Team are the lead member of the Rough Sleeper Task Force, a multi-agency response to support those identified as rough sleepers. The task force relies on partner agencies and the public for intelligence, working with task force members to ascertain vital information. The task force members collaborate to explore the intelligence provided in order to plan a front-line response to those identified as rough sleepers, with the aim supporting someone rough sleeping into a safer environment away from street homelessness. The Housing Options Team commission a Rough Sleeper Outreach Service, a key member of the taskforce and are a rapid response to reports of rough sleepers with specialist support workers who work to engage with those reported and provide ongoing support to address barriers that the complexity of rough sleeping can pose.

Annually, Local Authorities are required to provide rough sleeper figures to Central Government. Following the recommended guidelines, Shropshire conducted a rough sleeper estimate on the 22nd November 2017, being a 'typical night'. Due to the rurality and significant rough sleeper intelligence through the Rough Sleeper Task Force, Shropshire Council felt confident in conducting an accurate estimate. On the 25th January 2018, the Department for Communities and Local Government released the 2017 rough sleeping figures for England, which included 13 rough sleepers in Shropshire Council's Local Authority area. At the last Rough Sleeper Task Force group there were 20 verified rough sleepers known in the County, the majority of whom are in Shrewsbury.

Shropshire Council offer rough sleepers accommodation provision over the Winter months, outside of statutory obligations. This provision offers stability and security to rough sleepers identified by Shropshire's taskforce, presenting different opportunities to engage with rough sleepers. Support is provided to explore a range of accommodation options in an attempt to find suitable, permanent accommodation away from street homelessness. During the winter months all verified rough sleepers will be offered accommodation, although some will still refuse and choose to spend their time on the streets.

The Homeless Outreach triage Service (HOST) is a multi-agency approach to rough sleeping. The team consist of numerous agencies including Housing, Shrewsbury Ark, Mental Health, Police and Shropshire Recovery Partnership. We also hope to have a GP based service on board in the future. The team visit Rough Sleepers daily in the week, with Shrewsbury Street Pastors assisting during weekends. Each agency committed to HOST has offered a designated day per week to cover. The aim is for a small group of 2 or 3 officers to be attending every day, with the agencies being responsible for replacement staff during times of leave or sickness. It is imperative there is no lone working with this cohort of clients. It is recognised that no one agency can meet the needs of those rough sleeping. The team attend those verified rough sleepers who may already be known to services as well as those who have been reported via Streetlink. The aim is to build a relationship and work with individuals to get them the help and support they require as quickly as possible. It is recognised that just having a roof over your head is not enough, hence the multi-agency approach. The team will discuss an individual's needs as well as the impact they may be having on local residents and businesses. The team reinforce the need to engage with agencies that can help them off the streets and visit daily to ensure the individuals realise the support is there ongoing. The key members of HOST recently received a West Mercia Police Superintendent's Commendation in recognition of the outstanding work undertaken to date.

Shrewsbury Street Pastors is a volunteer-based initiative with a mandate to be a tangible Christian influence in Shrewsbury. The 34 Christian volunteers are drawn from 17 churches from eight different denominations, and work in partnership with Team Shrewsbury, the Rough Sleeper Task Force and HOST. It was started in November 2011 to help prevent further river deaths. They voluntarily patrol the streets of Shrewsbury until the early hours, coming to the rescue when people are most vulnerable. For some it is a listening ear and somewhere to shelter from the cold, while for others it's a pair of flip flops and a lollipop. Now Shrewsbury Street Pastors have been recognized for their work and handed The Queen's Award for Voluntary Service. The Queen's Award for Voluntary Service is the highest award given to local volunteer groups across the UK to recognize outstanding work done in their own communities. It is the MBE for volunteer groups. The Shrewsbury Street Pastors will receive the award from the Lord Lieutenant of Shropshire Sir Algernon Heber-Percy later this summer.

The Rough Sleeper Task Force group have developed an Alternative Giving scheme within Shrewsbury town centre. The aim is to utilise funding from the Alternative Giving scheme to support projects that work with homeless people in the county to help them off the streets. All money given will be spent on charitable work to help those in need and have to date been used to fund deposit and rent in advance for a number of rough sleepers wanting to access private rented accommodation. The scheme seeks to change the way people donate money to those who are rough sleeping and to support those charities which help the homeless, rather than to give directly to people on the street.

The Housing Options Team remain committed to ending rough sleeping within the County and whilst it is recognized that this is not a simple task, will continue to explore housing initiatives and provide support to meet the needs and complexities of those sleeping rough.

RECOMMENDATIONS:

This report is being distributed for information only. Therefore, the HWBB is requested to note the work being undertaken in regard to rough sleeping in the county. There is a hope that all agencies will seek to work with the Rough Sleeper Task Force group and HOST through multi agency partnership working. All agencies are always welcome to form part of the HOST rota and attend rough sleepers daily to assist and support.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Lee Chapman
Local Member n/a – relevant to whole county
Appendices Appendix A – How to report a rough sleeper

APPENDIX A

Rough Sleeper Referral Tool for public and professionals

If you are a member of the public or a local service and wish to make the Local Authority and services aware of a rough sleeper, please find the process below:

Rough Sleeper seen by member of public/Local business

↓

Member of public uses Streetlink to make referral →

How does Streetlink work?

StreetLink exists to help end rough sleeping by enabling members of the public to connect people sleeping rough with the local services that can support them.

If you are concerned about someone sleeping rough in England or Wales, you can use this website (www.streetlink.org.uk) to send an alert to StreetLink. The details you provide are sent to the Local Authority or outreach service for the area in which you have seen the person, to help them find the individual and connect them to support

↓

Streetlink referral is received by:

Local Authority (Shropshire Councils Housing Options Team - 03456 789 005 / housingoptions@shropshire.gov.uk)

and

Outreach Service

(The Shrewsbury Ark – 01743 363 305)

↓

Outreach Service acts on referral to identify and support the person to link in with services, working to end rough sleeping and find accommodation. The Outreach will feed into the Rough Sleeper Task Force meetings to ensure a multi-agency response to meet the needs of rough sleepers

The role of the Outreach Service

The Shrewsbury Ark Outreach Service aims to help people who are sleeping rough within Shropshire by going into the community, responding to referrals and supporting rough sleepers to try to secure accommodation. The Outreach reacts to reports of rough sleepers on the next working day, locating the person of concern, providing support and connecting them with vital services with the aim of ending the lifestyle of rough sleeping.

Information taken from Shropshire Council resources, Crisis and Homeless link.

Health and Wellbeing Board Meeting

Item Title: TECHSevern 2018 Conference

Responsible Officer – Andy Begley
Email – andy.begley@shropshire.gov.uk

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1. Summary

Shropshire's first technology conference is set to attract influential speakers from across the globe. The TECH Severn 2018 Conference is being held at the Theatre Severn on 17 July 2018. Organized by Shropshire Council, the event will look at how technology may help solve many of the challenges faced by councils and businesses across the UK. Hundreds of delegates from across the country will hear how the latest innovations may transform their organizations approach to technology and how this technology could help them save costs and time, and possibly even lives in the future.

TECH Severn 2018 stems from the successful Tech Severn seed event held in late 2017 which was the launch event for this year's TECH Severn conference. The overwhelming support and positive feedback for the Tech Severn seed event has been the foundation on which TECH Severn 2018 has been based.

TECH Severn 2018, due to be held on 17th July 2018, will be centred on all of the 4 centres of excellence and will use the entire Theatre Severn. Starting with a networking business breakfast at 08:00am, the event kicks off with the opening ceremony at 10:00am with senior representatives from Shropshire Council and University Centre Shrewsbury offering a high level perspective of all of the innovation and development work taking place across Shropshire.

The opening ceremony will set the scene for the day and give a flavour of what people can expect. Key aspects will include the launch of the One Scheme, development of The Bridge, the Tech Gym, details of the Broseley project and the launch of the University Centre Shrewsbury's 'Centre of Excellence for Digital Health Technology, Research and Development.'

Following the opening ceremony, the numerous stands and exhibitors will open, food will be served and people can attend the speakers and the talks. TECH Severn is prioritising engagement through experiences which is why people can expect to see things like the One Scheme in Virtual Reality, CRES'Ts latest drone technology, and a demonstration of The Bridge set in the Shropshire Council's new VU immersive virtual environment.

The day allows an unprecedented opportunity for those in the industry to better understand the challenges faced by the public sector in Shropshire (and beyond) as well as discussions around the opportunities. The public sector are able to demonstrate their value, need and knowledge as well as better understand the solutions that are possible with current technology. And finally the University Centre Shrewsbury are able to better understand the partnership opportunities with local government and those in the industry.

With 35 exhibitors and over 400 delegates attending from around the UK TECH Severn will be a great opportunity to see how technology can tackle key challenges being experienced by an increasing ageing and vulnerable population. TECH Severn is not just a business gathering, it aims to provide delegates with insights into what the future holds for all types of businesses and how technology will shape our lives, work and businesses. Telehealth and telecare innovations have the potential to support and improve the quality of life for our residents and keep them from unnecessary care home and hospital admissions which reduces the anxiety felt by them and their families.

Speakers include:

- Chair: Vicki Archer, BBC will chair the conference;
- Maggie Philbin OBE President of the Institute of Engineering Designers and co-founder and CEO of TeenTech (Patron Duke of York http://www.teentech.com/about-teentech/);
- Rt Hon Paul Burstow, Chair, Social Care Institute for Excellence (SCIE) London South Bank University Previous Minister of State for the Department of Health;
- Professor Kevin Doughty, Visiting Professor of Digital Transformation of Care Services University of Cumbria University of Wales, Bangor Facilitator iCUHTec International Centre for Usable Home Technology;
- Andy Begley, Director of Adult Social Care & Housing, Shropshire Council;
- Sheila Mackintosh, Director and Housing Consultant at Mackintosh O'Connor Associates Ltd: Research Fellow, University of the West of England;
- William McMorran, MD of award winning architects Architectonicus, winner of the Dementia, Care & Nursing Home Expo 2018 Award for Exceptional Contribution to Dementia Care;
- Charles McCay, Managing Director of Ramsey Systems;
- Daniel Rowles has been working in Digital Marketing for the past 19 years, with extensive experience working both client side and within the agency environment.

Exhibitors include:

- Amazon
- Architectonicus
- Beacon Vision
- Biodose
- CITB
- Crest
- Cyclone
- Dementia Virtual Tour Bus
- Elements Europe
- Essence
- HFT
- Hitachi
- Igloo
- Legrand
- Ramsey Systems
- SARH Stafford And Rural Homes
- SBC Training
- Seeable
- Shrewsbury College of Arts & Tech
- Digital Health Partnership
- Building Control
- Connecting Shropshire/Broadband
- Growth Hub
- Invest in Shropshire
- Shropshire Council Organisation Development
- PSG Property Services Group
- Shropshire Council Training Courses for those working in care
- Tribe
- VCSA
- Vision Technology & Training Shropshire
- Steam UK
- Tesla
- TSA-Voice
- Tunstall
- Welbeing
- Wild Strawberry
- Wolverhampton University

2. Risk Assessment and Opportunities Appraisal

Event will be fall under the risk assessment carried out by Theatre Severn as they regularly run events, conferences and exhibitions. Electric and ethernet connections supplied by Theatre Severn and all electrical appliances used by Theatre are subject to their PAT testing regime as is any appliances used by Shropshire Council employees. Catering provided by Theatre inhouse caterers who are fully insured and have the necessary qualifications to supply and serve food.

All Exhibitors are responsible for their own risk assessment in relation to their stands

3. Financial Implications

This is event offers sponsorship and exhibitor opportunities as well as media sponsorship packages and is using Council owned premises and printers for any printing needs.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Lee Chapman
Local Member All – Conference is relevant to whole county
Appendices None