



Committee and Date

COUNCIL

23 February 2017

10.00am

REPORT OF THE PORTFOLIO HOLDER FOR HEALTH

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1. Introduction

- 1.1 Overall, the health and wellbeing of people in Shropshire is good and life expectancy is higher than the national average. However, as more of us live longer, we want to ensure that we are able to maintain good health, and the quality of our lives, for longer – adding life to years as well as years to life. Currently men in Shropshire are expected to live healthily up to the age of 65, however life expectancy is 80 years old for men, leaving 15 years of ill health on average. The comparable figure for women is 18 years difference between healthy life expectancy and life expectancy.
- 1.2 Many people in Shropshire can expect to live a long life, have a good education, earn a decent wage and live in appropriate accommodation. However this is not the case for everyone, health inequalities do exist meaning that some of us do not have the same life chances due to where we live, the jobs and education we have, or other factors such as having a physical or learning disability. Other influences that can affect our health and wellbeing are the lifestyle choices we make such as smoking, drinking alcohol and levels of physical activity.
- 1.3 Our Joint Strategic Needs Assessment (JSNA) tells us that our key health issues in Shropshire include:
 - Mental health, including dementia;
 - Rising obesity;
 - Child poverty;
 - Ageing population.
- 1.4 In addition, the rural nature of our county requires us to think carefully about how we organise services, influence policy, and support communities to make certain that Shropshire people are able to access the right support at the right time. This issue of rurality poses particular difficulties due to Shropshire being one of the lowest funded Local Authorities in the country.

2. Budget

- 2.1 In early 2016 the Government confirmed that total public health spending in 2016/17 will be set at £3,388m and £3,304m in 2017/18. This resulted in a reduction in the Shropshire allocation by 10% by the end of this Parliament. To date we have had almost a 5% reduction in the grant

- 2.2 As well, the Government will consult on options to fully fund local authorities' public health spending from their retained business rates receipts, as part of the move towards 100 per cent business rate retention.
- 2.2 The ringfence on public health spending will be maintained until 2016/17 and 2017/18. In their statutory financial returns to Government, councils are required to report spending on public mental health separately.
- 2.2 Shropshire Council has continued to lobby for fair funding allocations that take into account the cost of delivering services in a rural county with a high proportion of older people. As well, in 2016 Shropshire Council continued to lobby for fair reimbursement of costs relating to cross border health arrangements between Shropshire and neighbouring counties in Wales.

3. Health Profiles

- 3.1 The Local Authority Health Profiles are produced annually by Public Health England and bring together a number of outcome measures that highlight issues in the population's health.

Overall, Shropshire is a generally healthy county and performs well on several health outcomes, some of the areas where Shropshire was better than the national average include:

- Premature mortality from CVD and cancer;
- Life expectancy at birth for both males and females;
- Smoking related deaths;
- Smoking prevalence in adults
- Physically active adults
- Obesity in Year 6 children
- Under 18 conceptions
- Hospital stays for alcohol related harm
- Recorded diabetes
- New sexually transmitted infections (STI)

- 3.2 There were only two indicators in the health profile where Shropshire performed worse than the national average, which were 'Statutory homelessness' and 'Killed and seriously injured on roads'. In the previous year's health profile, Shropshire was rated as significantly worse than England for smoking in pregnancy, however, this is no longer the case.

- 3.3 Although performance on the other indicators was either better or similar to the national average there is room for improvement on some of the indicators, for example:

- Smoking status at time of delivery
- Breastfeeding initiation
- Excess weight in adults.
- Hospital stays for self-harm
- Hospital stay for alcohol related harm
- Hip fractures in people aged 65 and over
- Excess winter deaths

- 3.4 Although Shropshire has similar a profile compared to the national figures for these indicators they have a large impact on the population overall as they affect large

numbers of people. They also contribute to future ill-health therefore to prevent people from being affected by long term conditions in the future it is important to tackle obesity and low levels of physical activity. The Health Profiles for Shropshire are included in the appendices of this report.

4. Update from the Health and Wellbeing Board

- 4.1 Taking on board the recommendations from the Health and Wellbeing Board (HWBB) Peer Challenge in 2015, both the Health and Wellbeing Strategy and Terms of Reference (ToR) were refreshed and approved in early 2016.
- 4.2 The new ToR clarified the role of the Board and significantly changed the membership of the Board by inviting Provider partners to sit on the Board as non-voting members. The ToR will be reviewed again in early 2017.
- 4.3 The HWB Strategy was updated to reflect the HWBB as a system leader and reflected the role of all organisations and people in supporting the improvement of Shropshire people's health and wellbeing.

5 Portfolio for Health Annual Report

Health and Wellbeing Board Update 2016

- 5.1 Taking on board the recommendations from the Health and Wellbeing Board (HWBB) Peer Challenge in 2015, both the Health and Wellbeing Strategy and Terms of Reference (ToR) were refreshed and approved in early 2016.
- 5.2 The new ToR clarified the role of the Board and significantly changed the membership of the Board by inviting Provider partners to sit on the Board as non-voting members. The ToR will be reviewed again in early 2017.
- 5.3 The HWB Strategy was updated to reflect the HWBB as a system leader and reflected the role of all organisations and people in supporting the improvement of Shropshire people's health and wellbeing.

6. From the HWB Strategy - Executive Summary:

- 6.1 The HWBB believes that Shropshire needs a new approach to health and care that nurtures wellness and encourages positive health behaviour at all stages of people's lives, across all communities and across all the places and organisations in which we work and live.
- 6.2 **HWBB Aim:** To improve the population's health and wellbeing; to reduce health inequalities that can cause unfair and avoidable differences in people's health; to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.
- 6.3 **HWBB Vision: For Shropshire people to be the healthiest and most fulfilled in England**

HWBB Priorities:

Prevention

- **Health promotion and resilience**

- Health promotion and resilience are about encouraging people to make good choices at every stage of life. Prevention is also about making sure that the right support is available when it is needed and that services are there not only to help us to feel better, but to help stop illness or physical difficulty from happening again.

Sustainability

- **Promoting independence at home**

Promoting independence at home will involve planning support so that people are able to stay in a place that is familiar to them as well as having the assistance of their community in keeping well and living their daily life.

- **Promoting easy to access and joined up care**

Promoting easy to access and joined up care means that people experience care that best meets their individual needs. Care will not feel disjointed and people will have the right information about where to go and what to expect. People will also receive the right information to help them make informed choices.

6.4 System leadership and taking a whole system approach to our strategy

delivery: *System leadership involves decision making that empowers individuals, empowers communities, and leads and influences services & policy*

- 6.5 In realising this strategy the HWBB will put Shropshire people at the heart of decision making. On behalf of Shropshire people the Board will make decisions and influence decisions across the whole system, not just care and wellbeing, but other services and decision making that have an impact on all factors of our wellbeing, including economy and jobs, education, housing and the environment. The Board will use evidence that is gathered through data and through talking to Shropshire people and it will develop a common purpose and agreed outcomes for people and with people. Through this, the Board will enable social change that improves the health and wellbeing of local people and reduces inequalities.
- 6.6 Improving the health and wellbeing of our population is therefore the responsibility of our Board and its members, as well as every person and organisation in Shropshire. The full strategy can be found [here](#).

7. Developing Actions: Exemplars

- 7.1 To embed this new approach within the mind-set and at the core of the planning of all our partners and Shropshire people, the Board intends to establish exemplar/development projects in three key areas. Through these, we will focus on reworking the whole system along the principles and objectives set out in this strategy. These projects will form the HWBB Action Plan and are:

- **Healthy weight and diabetes prevention**
- **Carers**
- **Mental health**

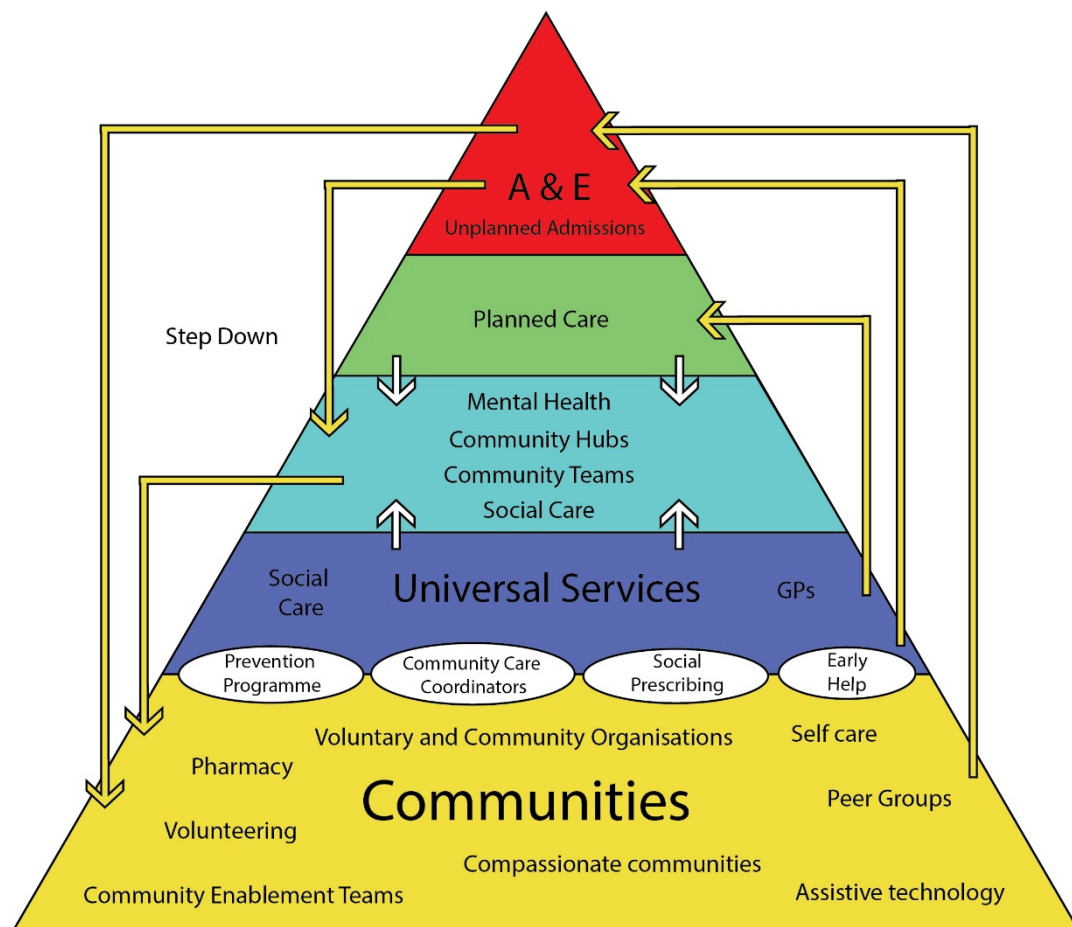
- 7.2 To deliver these actions and make a real difference to these areas, the HWBB needs to make sure that everyone plays a part in working together to improve health and

wellbeing. This means making sure that this thinking and action is embedded in existing health and social care work including programmes such as the Better Care Fund, Future Fit & Community Fit and work through the Children's Trust and implementation of the Care Act.

8 HWB Strategy Delivery

8.1 During 2016 the three HWBB Exemplars have been brought into one programme alongside other prevention activity known as the Partnership Prevention Programme, Healthy Lives. The programme draws together current prevention activity (from Public Health, Better Care Fund, Adult Social Care, Shropshire CCG and Provider partners), as well as development of new prevention activity into one programme that will focus on taking a whole system approach to reducing demand on services. As required by the HWB Strategy, this programme relies on working together in partnership and with our communities to improve Shropshire people's health and wellbeing.

8.2 As the diagram below describes Healthy Lives programme is about communities supporting people and their families to take control over their own health and health risk so that they can live well for longer. It relies on partners working together to identify health risk in the population and working with people to identify support mechanisms in their communities and within services (where needed).



- 8.3 Healthy Lives is being developed initially by trialling a number of projects/ programmes as a pilot in Oswestry (some may be piloted elsewhere as well). The programme is being designed with flexibility so that schemes can be trialled together or separately and relies on working closely with Resilient Communities and the voluntary and community sector. The programme will be delivered by focussing on the following 7 elements:

- **Social Prescribing**
- **Mental Health**
- **Cardiovascular Disease & Diabetes Prevention and Healthy Weight**
- **Falls Prevention**
- **Carer Support, Dementia and Urinary Tract Infections**
- **Future Planning and Housing**
- **Respiratory and Fire Service Safe & Well Visits**

Healthy Lives is also part of the Shropshire and T&W footprint, Sustainability and Transformation Plan (STP); the Shropshire Neighbourhood element of the plan details how we are work differently together in order to support the movement of resources towards prevention, keeping people well and reducing demand on services.

9 Communication and Engagement

- 9.1 The HWBB Communication and Engagement Group will be taking forward the Shropshire Neighbourhoods STP Communication and Engagement Plan. Shropshire Council Communications will be taking a lead role in this, in support of partners and Shropshire people.

10. BCF – 2016/17

- 10.1 A total of £22.733m is currently allocated to the Better Care Fund in 2016/17 this compares to a minimum prescribed allocation of £21.800m. The 2016/17 budget reflects the local position to move away from a Payment by Performance arrangement and to invest the total budget up front. As part of this arrangement the Delivery Group committed to an in year line by line budget review to jointly establish any refinements that can be made to investments. This work is currently underway.
- 10.2 The latest performance available is up to the end of August 2016 and is summarised below:

Summary of latest local performance

- Reducing Non Elective (NEL) admissions to hospital continues to perform on target and is rated green for the period.
- Performance in relation to Delayed Transfers of Care deteriorated significantly in August. Interrogation of the data shows significant delays around assessments, further non acute NHS treatment, nursing home placements and care packages at home. As such performance is rated red.
- Performance in relation to Admissions to Residential Care metrics is behind profile and is under regular review to ensure that we continue to provide the most appropriate care to meet people's needs.
- Local Metric – Admissions to Redwoods with a diagnosis of dementia. This metric measures the number of people admitted to Redwoods with a diagnosis of

dementia as a proportion of the population with a diagnosis of dementia. This is an annually reported target and will report in reported in Q3.

- Patient Experience Metric – for 2016/17 this focuses on patient experience of discharge from Hospital in line with the CQC inpatient survey. This reports annually in Q1 and shows an improvement on last year.

10.3 Planning for next year's BCF is now underway and the NHSE regional BCF lead has confirmed the following in relation to BCF planning for 17/18:

- BCF will be a 2-year plan covering 2017/18 and 2018/19
- BCF Policy Framework expected to be published 18th November 2016 and BCF Planning Guidance to follow shortly after
- The 8 National Conditions used in 2016/17 may reduce
- The intention is to have a planning and assurance timetable which enables BCF plans to be finalised, assured, and approved by the end of March 2017 so that implementation can commence from 1st April 2017.
- There will be an emphasis on ensuring that BCF Plans are strongly joined up between health and social care and that the Fund is being used to facilitate genuinely collaborative work.

10.4 The HWBB receives regular reports from subgroups on strategy delivery, including the BCF and the prevention programme. The Board also receives regular reports regarding the system issues such as the STP, Healthwatch, the Children's Trust and Primary Care. All board reports can be found via this [link](#).

11. HWBB Plans for 2017

- Refresh its Terms of Reference
- Updated BCF 2 Year Plan
- Evaluation of the Oswestry Pilot
- Roll out of Healthy Lives programmes
- Communication and Engagement Plan for the Shropshire Neighbourhood STP
- Continued joint working on system planning including the STP

12. Development of the JSNA

12.1 The JSNA continues to be developed with input from the Local Authority services and from partners. New topic reports are being added to the JSNA regularly as well as updating existing ones, and the content of it is being moved onto the new website that is hosted by the Shropshire partnership board.

12.2 Further development is planned for 2017 to migrate the JSNA onto the Shropshire Together website. This will allow for more flexibility on how the information is displayed and ensure a more collective ownership over how the JSNA can be developed and used.

13 Help2Change

13.1 Help2Change has a key role to play in reducing demand on the health and social care system from people with long term health conditions, and is supporting key areas of work within the NHS Sustainability and Transformation Plan (Neighbourhoods 'Healthy Lives' programme). Help2Change services such as the NHS Health Check, Help2Quit and Help2Slim reduce the impact of conditions such as diabetes, stroke and dementia on the health and wellbeing of people in

Shropshire, which is needed to ensure the sustainability of the health and social care economy into the future.

- 13.2 Help2Change has strong relationships with primary care and has developed a model for Social Prescribing which is being piloted in the Oswestry Area prior to rollout across Shropshire. Social prescribing provides GPs and other accredited prescribers with a formal referral pathway into non-clinical support services, with associated governance, data capture and evaluation of outcomes. This provides an alternative to clinical treatments and referral, and has been shown in other areas to reduce the demand on acute services.
- 13.3 Working with GPs, Help2Change has developed systems that allow patient data captured in other settings to be coded and fed back into GP practice records. Audit software has also been installed in all GP practices that enables Help2Change to support GP practices to proactively identify patients at risk of disease and offer them preventive interventions.
- 13.4 Help2Change also has a remit for commercial development that is bearing fruit. It has undertaken workplace health checks for both large commercial companies and within the public sector such as the Police. This has proven to very popular and work has already begun on expanding the offer nationally. Help2Change is also piloting an Education and Training Offer, providing a range of structured health related training programmes to support individuals in managing their health. In response to the need to shift people's behaviour towards healthier food options to combat the rise in obesity, diabetes and other diet-related conditions, Help2Change is developing a Healthy Food offer which will be promoted through local authorities, hospitals, colleges and other public buildings as well as to private sector workplaces.

14 NHS Health Check

- 14.1 Commissioning and monitoring of the NHS Health Check has been the mandated responsibility of Local Government since April 2013. NHS Health Check promotes the systematic and early detection of cardiovascular disease risk and contributes to the prevention of strokes, heart attacks, diabetes, kidney disease and vascular dementia. Local Authorities are obliged to invite all eligible individuals over a five year rolling cycle, with a continuous improvement in the percentage of eligible population attending their Check. Eligible individuals include those aged 40-74 years who are not currently being clinically managed for a cardiovascular related condition and have not attended a NHS Health Check within the previous 5years.
- 14.2 Help2Change works closely with general practices and Shropdoc in the delivery of NHS Health Checks. It is also establishing community clinics to target the hardest to reach. A health software platform has been created in general practice to allow systematic invitation of patients and year on year increase in delivery. Shropshire performance is continuously improving, and year 2016-17 is expected to show a greater than 15% increase in uptake by patients.

15 Stop Smoking Services and Tobacco control

- 15.1 Help2Change has been very successful in reducing the prevalence of smoking in Shropshire to below the national average. However, smoking still remains a leading

cause of health inequalities, preventable illness and death. The total annual cost to the NHS in Shropshire of treating smoking-related ill health is approximately £10 million. The social care cost of smoking-related conditions is estimated at £7.4 million a year, representing £4.3 million in costs to Shropshire Council and £3.2 million in costs to individuals who fund their own care.

- 15.2 Help2Quit's stop smoking clinics are being delivered in 35 general practices, 22 pharmacies and half a dozen other community venues, offering easy access to support that is recognised nationally as one of the most effective interventions for reducing chronic disease and cost-saving to the healthcare economy. Help2Quit is an award-winning service, providing a range of behavioural support and stop smoking medications.
- 15.3 Electronic cigarette use has increased in recent few years and Help2Change has provided a position statement on e-cigarettes that recommends the use of licensed stop smoking medicines for quitting but which offers behavioural support to those who wish to use unlicensed, self-purchased e-cigarettes as part of their quit attempt.
- 15.4 Help2Change continues to work with the hospital and mental health trusts, in support of smoke-free policies and referral of patients that smoke into Help2Quit. Help2Change is also commissioned by NHS England to provide stop smoking support to HMP Stoke Heath, and is scaling up activity over the following months as prisons across the country also become smoke-free.

16 Weight management services and obesity prevention

- 16.1 Overweight and obesity is a major cause of chronic illness, especially type 2 diabetes. In Shropshire, there are now more than 16,000 adults with diabetes and another 31,000 with pre-diabetes. The cost to the NHS in Shropshire of treating diabetes and its complications is estimated at £47m per year, and total social care costs are estimated at £8m per year.
- 16.2 Help2Change continues to expand the reach of its weight management support, with Help2Slim clinics provided in a range of community settings, including GP Surgeries, pharmacies, community centres and workplaces. A pilot of enhanced psychological support is underway to address the increased needs of patients with severe obesity.
- 16.3 Help2Change leads Shropshire's delivery of the National Child Measurement Programme (NCMP) which annually measures the height and weight of children in reception class (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children. Help2Change works in partnership with Shropshire's School Nursing Service to undertake the checks and to offer a 'Fit Families' weight management intervention for obese children aged 5-15 years.

17 Promotion of Physical Activity

- 17.1 Physical activity is one of the most important protective factors for health, significantly reducing risk of conditions such as dementia, heart disease and cancer, and improving mental health. Help2Change has worked closely with the Community Enablement team to deliver 4 Everybody Active Towns projects in Wem, Whitchurch,

Craven Arms and Broseley, to engage local people and organisations in developing opportunities for physical activity levels among the least active. Community votes in Wem, Whitchurch and Craven Arms resulted in 1,486 people voting for their favoured projects, such as exercise classes for adults with dementia and their carers, outdoor gyms, and children's story –telling walking programmes. Successful projects were supported by a small public health grant.

18 Falls Prevention

18.1 Falls are a major cause of disability and early death, and have a significant impact on health and care budgets. Help2Change is providing support for falls prevention across three main areas:

- Supporting the CCG to re-commission the Community NHS Trust falls prevention service and broaden its focus in line with the STP falls, fractures and frailty pathway.
- Developing a community-based postural stability exercise pilot to increase access to therapeutic exercise for reducing risk of falls.
- Working with Age UK and the Business Design Team to develop a 'reduce your risk' communication campaign that promotes a range of national evidence-based resources that enable people to understand their personal falls risks and to take action to reduce their risk.

19 Making Every Contact Count (MECC)

19.1 MECC uses using the myriad of day-to-day interactions that staff and volunteers have with other people to support them in making positive changes to their physical and mental health. Help2Change has developed a 2016 programme of Making Every Contact Count training for Adult Social care (with a focus on physical activity and fall prevention), Age UK and Shropshire Fire and Rescue Service. A 'Healthy Conversations' seminar has been held to engage the voluntary sector and partners in applying behaviour change approaches within their services, and targeting areas of high priority such as falls risk. This approach underpins the developing 'Healthy Lives' STP programme and Fire Service 'Safe and Well' visits.

20 Pregnancy Health

20.1 Working closely with maternity services, Help2Change has achieved a 71 % increase in pregnancy referrals to Help2Quit between 2015 and 2016. This has meant that a record number of pregnant women were supported to stop smoking in Shropshire. The dedicated Help2Quit in Pregnancy service offers flexible support for pregnant women and their families, including home visits and telephone/text support. The Help2Change team have been nationally commended for this work in The Advisor Team of the Year competition 2016.

20.2 Help2Change has established a Healthy Baby project group which is building on social marketing insights from pregnant women in Shropshire to further enhance local services. The group is working with midwives, children's' centres, family nurses and health visitors to develop care pathways and consistent communication on health in pregnancy including physical activity, diet, healthy weight and stopping smoking.

21 Workplace Preventive Health Services

- 21.1 In accordance with its business plan, Help2Change has developed a commercial workplace health programme which, unlike most 'reactive' occupational health services, is focussed on a preventive health approach. It provides a simple and effective means for employers to improve the health of their workforce, while also generating income for Help2Change. Employees receive personalised health risk assessments focussed on the factors which are known to be the key contributors to an individual's disease risk. The aim of the checks is to equip a workforce with the knowledge and resources to improve employee health, and provide a return on investment for employers through reduced sickness absence and improved productivity.
- 21.2 With over 800 checks completed across a range of businesses, feedback from clients has been excellent, with 100% of those saying they would recommend the service to others. The service is now being developed further in response to requests from employers for follow on services.

22 Pharmaceutical Needs Assessment

- 22.1 In April 2015 Shropshire published a Pharmaceutical Needs Assessment (PNA). PNA is a key document used by NHS England local area teams to make decisions on new applications for pharmacies and change of services or relocations by current community pharmacies. It is also used by commissioners to help them to commission local services from community pharmacies in areas of need.
- 22.2 The PNA is a statutory requirement and has to be updated and refreshed by 2018, as such during 2017 a partnership working group will be convened to refresh the PNA. Key partners will include the Shropshire Clinical Commissioning Group and Primary Care colleagues.

23 Health Visiting Services

- 23.1 From 1st October 2015, the commissioning responsibility for Health Visiting services and Family Nurse Partnership transferred from NHS England to Public Health Departments within Local Authorities. The budgets and allocations were agreed. Work was particularly focused on embedding the mandated core contacts within the service. Health Visiting services continue to be delivered by Shropshire Community Health Trust. There have been on-going improvements to service.
- 23.2 Work was also undertaken to look at developing an integrated two year review with both health and early years settings. The aim of the integrated two year review is to:
- To identify the child's progress, strengths and needs at this age, in order to promote positive outcomes in health and wellbeing, learning and behaviour.
 - To facilitate appropriate intervention and support for children and their families, especially those for whom progress is less than expected utilising the information from both reviews;
 - To generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes Integrated Review Development Group, 2012;
 - To increase the number of children receiving a two year review.

- 23.3 The 2-year integrated review which is to be called “All About Me @ 2” has now come to the end of the pilot stage and will be rolled out across all Early Years settings from January 2017. The pilot has allowed amendments to be made to the way in which this is delivered to best meet the outcomes for the child. All Early Years settings will now have a named health visitor link who they can contact for information, support and guidance.
- 23.4 Antenatal Solihull training has been delivered to a cohort of health visitors, midwives and family support workers who are now delivering courses to parents across the County. The course mirrors that of Understanding Your Child and embeds good reciprocity, containment and attachment from pregnancy. As part of a pilot we are also able to offer on-line courses up to the end of March 2017, to parents who are unable to access the group sessions. To date 176 parents have accessed the online course since the Summer.
- 23.5 As part of the CAMHS Transformation plan, perinatal mental health was identified as needing to be improved. As a result of this all health visitors and FNP nurses have attended a 3-day training programme delivered by Staffordshire University. The training consisted of knowledge and skills for staff to assess, identify and provide appropriate interventions or referral to specialist services as required to meet the recommendations of the revised NICE guidance for perinatal mental health. The training also upskilled the staff to enable them to deliver low level cognitive behavioural therapy or self-help interventions to women suffering mild-moderate depression or anxiety in the perinatal period.
- 23.6 Family Nurse Partnership (FNP) commenced recruitment of pregnant women under the age of 20 in November 2015. The team, who are based at the Roman Way Children’s Centre, provide an intensive visiting programme for these parents up until the child’s second birthday. FNP are working closely with other agencies including midwifery, health visiting and children’s centres.
Family Nurse Partnership have now reached capacity of 100 clients. Initial reporting shows an improvement in breastfeeding initiation and smoking cessation in pregnancy. Capacity had been increased through Strengthening Families to a further 10 clients who will be recruited using these criteria. The first clients are due to graduate in February 2017.
- 23.7 The health visiting and children’s centre services have been working collaboratively over the last few years to achieve Baby Friendly Initiative Accreditation. The UK Baby Friendly Initiative is based on a global accreditation programme of UNICEF and the World Health Organization. It is designed to support breastfeeding and parent infant relationships by working with public services to improve standards of care. In July 2015 the BFI designation committee awarded both services full accreditation. Both services will need to be re-assessed in 2017/18.
- 23.8 The contracts for Health Visiting, FNP and School Nursing services are due to end on 30th September 2017 and therefore procurement processes have been commenced. Engagement events took place in February of this year with the current service providers to review the potential for seamless and more effective service provision and potential areas of development. Stakeholder engagement events have been held in November 2016 to seek feedback from partner organisations to feed in to the development of a new service specification. It is proposed that the new Public Health services specification would cover 0-19 years and up to 25 where additional needs are identified e.g. disability. This also fits with the new 0-25 Emotional Health and Well-being service. The service specification will therefore cover those services currently

delivered by health visiting, family nurse partnership and school nursing services. A market engagement event for potential providers is being held on 9th December 2016 jointly with Telford and Wrekin although the contracts will be separate.

24 Screening and Immunisation

- 24.1 Following the transfer of public health commissioning responsibilities to local authorities, screening and immunisation programmes are now commissioned by NHS England. Local authorities have a responsibility of supporting, reviewing and challenging delivery of these programmes. This responsibility is discharged through a joint Shropshire and Telford and Wrekin health protection quality assurance group.
- 24.2 The uptake of childhood and seasonal flu immunisation programmes is higher than national and regional averages. Though the coverage is consistently high, the uptake rates vary among different areas. Public Health is working with NHS England to address this through working with local health economy partners. Over the last 12 months, the extension of children flu vaccination years 1 and 2 has been implemented successfully.
- 24.3 Nationally the coverage for cervical and breast screening is reducing. This trend is also seen locally. Shropshire Council is working with Public Health England and NHS England to develop an action plan to promote uptake of screening programmes.

25 Substance Misuse

New Community Drug and Alcohol Services

- 25.1 On the 1 April 2016 the new integrated drug and alcohol community service, Shropshire Recovery Partnership, was launched bringing together a number of substance misuse services into one easily accessible service. The new provider, Arch Initiatives, have formed a partnership with Addaction, providing Shropshire with over 50 years of experience in supporting people with substance misuse problems and their families.
- 25.2 Focused on recovery, the new service offers a range of pharmacological, psychosocial and mutual aid support to meet individual service user needs to achieve the best outcomes. The service also provides support to young people, parents, people in hospital and those in the criminal justice service. Still situated in the main market towns the new service continues to offer support from facilities that are well known to service users and their families. Working with a number of key partners the overall objective of the service is to support recovery offering a range of activities to support lifestyle changes including promoting peer support and mutual aid to reduce social isolation.

25.3 Strategy to Reduce Alcohol Related Harm 2016-2019

In October the 2016 -2019 Alcohol Strategy for Shropshire was signed off by the Health and Well Being Board. The aim of the strategy is to reduce the burden of alcohol related harm across the life course with a consistent approach to promote sensible drinking and deter behaviour that can do most harm. The strategy will incorporate both environmental approaches to reducing harm through licensing and enforcement

and promoting opportunities to address individual risks through the roll out of Identification and brief advice (IBA) to create capacity in responding to risky alcohol related harm.

25.4 Building on previous strategies the themes within the strategy remain the same to:

- Promote Safer Communities
- Improve Health and Well-Being
- Protect Children and Young People
- Create capacity

25.5 To achieve the ambitions of this strategy requires a multifaceted approach across a number of departments and organisations working together to strengthen resource efficiencies and reduce duplication within the system.

25.6 **Needle and Syringe Programmes**

Needle and syringe programme (NSP) in the community is a vital public health intervention for reducing blood borne viruses such as HIV and Hepatitis B and Hepatitis C. Following the retender of the community drug and alcohol service the Drug and Alcohol Action Team (DAAT) undertook a review of current provision. Working with the Local Pharmacy Committee a new model and payment structure for community pharmacy NSP provision was introduced that ensured services were compliant with National Institute of Health and Care Excellence (NICE). A small retender programme was undertaken by the DAAT and through the process the service was able to extend from ten pharmacies to twenty-one pharmacies within the same budget. The new service is encouraging better needle returns, offering harm reduction advice and signposting those with high-risk injecting behaviour to specialist substance services.

25.7 **Disclosure December - Recovery and Employability**

The local response to a national programme between the Department of Work and Pensions and Public Health England to support substance misuser's back into work is gaining momentum. Working in partnership with colleagues across Telford and Wrekin the 'employability' group have focused on identifying people where substance misuse is a barrier to work.

25.8 Disclosure December is a promotion of the help and support that is on offer to people struggling with substance misuse issues who are receiving benefits. A poster has been designed by service users to highlight the help available and between 5 December 2016 and the 16 December 2016 a representative from Shropshire Recovery Partnership (SRP) will be available in each job centre for half a day in each week. Whilst in the job centre SRP will promote the service available and answer any questions people might have. As the service use volunteers, some of whom are ex-service users, it is hoped people's lived experience will be helpful in demonstrating the benefits of treatment and support. The project will be monitored and the impact this has on disclosure, treatment service take up and job centre compliance will help to inform future service planning.

25.9 **Drug and Alcohol Performance**

Two new indicators have been added to the Public Health Outcome Framework (PHOF), the first is the successful completion of alcohol treatment and non-

representation, the second new indicator is on engaging people leaving prison on community drug and alcohol treatment to ensure continuity to reduce re-offending. Introduced on the 1 April 2016 the new PHOF indicators performance for the first quarter for alcohol and prison pick-up show Shropshire to be performing above the national average.

- 25.10 The number of young people entering specialist services continues to decline at a faster rate than the national average. According to the Quarter 1 performance report since the start of the year there have been no new presentations to young people's specialist services.

30 Sexual Health

- 30.1 In April 2016, following a formal procurement process, Shropshire's contract for Integrated Sexual Health Services was awarded to South Staffordshire and Shropshire NHS Foundation Trust, for a period of 3 years, with an option to extend for a further 2 years.. The contract provides the mandated sexual health services of comprehensive, open-access, contraception and sexually transmitted infections (STIs) testing and treatment services. Shropshire Council's Public Health Team completed a comprehensive needs assessment of sexual health in 2015 in order to inform the service specification and baseline activity.
- 30.2 Shropshire continues to have the lowest diagnosis rates for all new sexually transmitted infections in the West Midlands. Teenage pregnancy rates also continue to remain lower than national and regional rates, and again is the lowest in the West Midlands region.
- 30.3 The service will meet the following objectives:
- To build knowledge and resilience among young people
 - To provide rapid access to high quality services
 - To ensure people remain healthy as they age
 - To prioritise prevention
 - To reduce rates of STIs among people of all ages
 - To reduce onward transmission of HIV and avoidable deaths from it
 - To reduce the late diagnosis of HIV
 - To reduce unintended pregnancies among all women of fertile age
 - To continue to reduce the rate of under 16 and under 18 conceptions
- 30.4 HIV diagnosis in Shropshire remains low in comparison to both the West Midlands region and rest of England, however, the late diagnosis rate is higher than both the West Midlands and England rate. PH continues to work with the provider, PHE and NHSE, to develop unique and sensitive approaches to HIV prevention services, to encourage those at risk to access HIV testing who are reluctant to access main stream services. PH commissions a free and confidential HIV home sampling service for those at higher risk and has developed with Health Protection England, County wide prevention campaign material, widely advertising access to the online HIV home sampling service which is integral to the National HIV testing campaign.

Appendices

1. Shropshire Health Profile



Shropshire Health
Profile 2016.pdf

2. Shropshire ChiMat Profile



ChildHealthProfile2
016-Shropshire.pdf

3. Public Health Annual Report



Appendix 3 - Public
Health Annual Repo