

Committee and Date

Council

13 December 2018

REPORT OF THE PORTFOLIO HOLDER FOR ADULT SOCIAL CARE/HOUSING AND PUBLIC HEALTH

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1. ADULT SOCIAL CARE

1.1 Introduction

Adult Social Care ("ASC") has had another challenging year.

As portfolio holder I continue to be impressed with the progressive culture in Adult Social Care that constantly reviews our approach and is always looking for improvement and innovation. My portfolio report provides cabinet with an overview of the significant developments and achievements that have been delivered in 2018.

The updated ASC Strategy was launched in August 2018 and to support the design and the development of the strategy we asked the National Development Team for Inclusion (NDTi) to review how we were delivering our current model. The outcomes of the review led to staff working together to create a number of Action Learning Sets (ALS). We will have finalised our vision and values and our ASC model by the end of the year and will continue to work together to develop and embed these in our day to day work.

1.2 Mental Health Team

The Mental Health Social Work team continue to strive to increase community networking and prevent mental health crisis, we have been able to expand our Let's Talk Mental Health Hubs. This compliments the Adult services commitment to Let's Talk Local. Partnership with local Food bank in Bridgnorth and a multi-agency hub in Oswestry are examples of networking in local communities working with local commitment and recognising the need to work with each area differently to maximise opportunities for Shropshire citizens. We commenced in partnership with regulatory services a Hoarding (and other self-neglect related issues) Forum

1.3 Integrated Community Services (ICS)

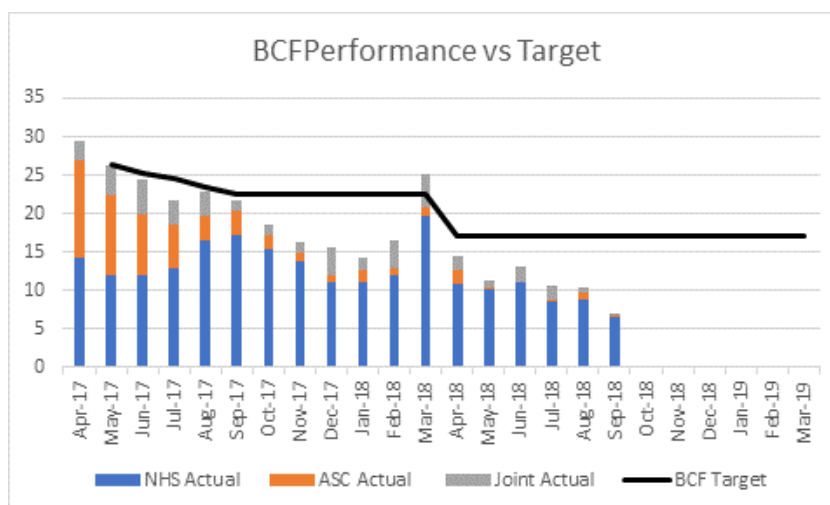
During the last 12 months, ICS has continued to develop its service provision in supporting safe and timely discharges from acute and community hospital settings. This also includes the increased development of hospital admission avoidance resources towards supporting people differently (where possible) and towards avoiding unnecessary hospital admissions.

This year, ICS have further improved their DTOC (Delayed Transfers of Care) performance since September 2017 and are currently operating at a **97%** reduction in number delayed patients per day which are attributable to the Shropshire Council Adult Social Care (April – Sept 2018). As a direct result of their (nationally recognised) performance in relation to DTOC, the ICS Team have been short listed as finalists for Social Work Team of the Year 2018, and have also shortlisted for The Local Government Chronicle Team of the Year Award 2018.

1.4 Better care Fund and Improved Better Care Fund (BCF and IBCF)

The updated Partnership agreement was signed in October 2018. A refreshed plan for 18/19 was agreed and approved by NHS England also in October 2018, and work continues to support the development of schemes and joint decision making.

In 18/19 the government continued to provide additional monies to LA's known as 'The Improved Better Care Fund'. The purpose of this funding is to prevent escalation of need for health and care services, reduce DTOC, increase social care capacity, and to support the NHS. The initiatives to carry out this work began in 17/18 and are subject to ongoing monitoring and evaluation for effectiveness. They focus on supporting people to remain at home rather than going to hospital unnecessarily or having to live in a nursing or care home.



Graph 1: shows the average daily rate of delays by organisation

1.5 Continuing Health Care (CHC)

During 2018, the previous NHS framework for CHC (2012) was revised and updated. The eligibility remains unchanged; The latest version has been very well received by Adult Social Care in Shropshire as it is helpful in supporting both Social Care practitioners and others in gaining an improved understanding of eligibility generally.

Adult Social Care have a dedicated resource (3 specific staff) who are solely focussed on CHC assessments and the work related to the completion of joint recommendations.

Senior Management within both Adult Social Care and Shropshire CCG are currently in the process of revisiting and reviewing their joint agreements and protocol towards ensuring that these continue to be effective and beneficial to both ASC and CCG.

1.6 Let's Talk Local (LTL)

Let's Talk Local continues to deliver an integral function within adult social care in Shropshire and has been amplified this year with the recruitment of a service coordinator.

At present, Let's Talk Local is delivered from 21 different locations around the county, consisting of a mix of planned one-to-one appointments and informal drop-ins. Some drop-ins are provided within community based settings alongside a range of partner organisations, whilst others are delivered within the hospital environment, with the purpose of reaching out to people with caring responsibilities.

This year, the mental health social work team have set up a further 10 hubs, which are referred to as 'Let's Talk Mental Health'.

1.7 Preparing for adulthood

There have been some exciting changes for this service. We are no longer referring to transition but now refer to 'Preparing for adulthood' as this is a clearer description. In adult community teams there are now identified practitioners who will work specifically with this group. This provides the opportunity for practitioners to develop specific knowledge and skills required to support young people as they transfer to adult social care.

1.8 Deprivation of Liberty Safeguards (DoLS)

Although the volume of requests remains a challenge to the service, prioritisation of cases is now built into our systems, ensuring that these are dealt with in a timely fashion. The imminent transition to Liquid Logic (our new case management system) offers further opportunities to streamline administrative functions and we have been working with colleagues to ensure that happens. The next challenge for us will be adapting to "Liberty Protection Safeguards" which is proposed to replace DoLS within one to two years and is currently subject to a great deal of debate.

1.9 The Client Property and Appointeeship Team

This team looks after the financial affairs of people not able to manage themselves and with no one else appropriate to do this for them. They continue to work on becoming self-financing (they are able to charge the individual for the services and support they provide). The team were audited by the Office of the Public Guardian this year who issued a very favourable report on the services they provide

1.10 The Keeping Adults Safe in Shropshire Board

Following a review of the Keeping Adults Safe in Shropshire Board (KASISB), the Board now has a joint business unit with the Shropshire Children's Safeguarding Board (SSCB), which reduces costs and improved communications between services and stakeholders. The Board's Annual Report 2017-18 will be published in January 2019.

1.11 The Adult Safeguarding Team

This team continues to make decisions on a daily basis about whether contacts made to the Council about safeguarding should result in an enquiry being undertaken because of joint approach with our First Point of Contact team, we have been able to reduce inappropriate referrals by approximately 28%. 80% of people who lacked capacity in completed safeguarding enquiries were supported by an advocate.

Shropshire Council has been shortlisted for a LGC award for the work we have done with people who use our services to develop Safeguarding Enquiry Cards. This will help us continue to put people at the centre of their safeguarding enquiries.

2. In-house Provider Services

2.1 Day Services

Following the transfer of Maesbury Metals and Cornerpatch in Oswestry to Livability in January 2018, the remaining seven 'in house' day services will remain with the Council and develop their offer to ensure that they can better meet the need of young people with a learning disability.

The services will develop an outcome focused model based on short term independence building activities that will enable more people to undertake paid or voluntary work in the future.

Greenacres farm near Baschurch will shortly see the commencement of a building project designed to improve the welfare areas for service users and also a new building which will house a larger commercial kitchen and dining area which will enable improved production of the excellent pickles and jams and more space for new service users attracted by the much improved facilities.

2.2 START

START are our in house county wide reablement service who provide care and support to individuals in the community to support a return to independence, which supports hospital discharge and admission avoidance.

START play a crucial role in Shropshire Council's DTOC pathway and enable over 60% of people they work with to achieve a return to full independence in an average period of 2 to 3 weeks.

START were inspected by CQC in October 2018 and were awarded a rating of 'Good'.

2.3 Four Rivers Nursing Home

This year's CQC inspection identified a number of areas where improvements were required, alongside some areas where we were achieving well. This was a timely outcome as it enabled us to revisit all our care plans, risk assessments, medicine plans, notifications etc. We have as a result completed and updated a number of action plans and internal procedures.

2.4 Joint Training

The team have been delivering training across the county in subjects such as Shropshire Leaders and Managers, Advocacy Certificate, End of Life care, Substance Misuse, Maastricht Interview and Autism Training to name a few.

This year Joint Training has achieved national recognition by both the National Institute for Clinical Excellence NICE and Skills for Care.

2.5 Market Engagement

ASC is working hard to promote good relationships and market support and stewardship across the whole ASC market.

- SPIC Partnership – We have a great and productive relationship with Shropshire Partners in Care. Together we work with the market to discuss and negotiate contract issues, deliver subsidised training and development opportunities. SPIC currently is representing 93% of the market.

2.6 Fee Uplift Negotiations and Confirmation April 2017- 2020

Following negotiations with Shropshire Partners In care (SPIC) Shropshire Council has committed to offer providers an inflationary uplifts across 3 years, which helps, manages costs to the council but gives business security to the providers.

2.7 Two Carers in a Car

ASC has commissioned a new and better service to meet the needs of service users at night. The service began as a pilot in the Shrewsbury area in July 2017 and expanded to 5 contracts in July 2018

3. Preventative Services

3.1 Over the past 12 months commissioners have been working closely with colleagues from the Voluntary and Community Sector (VCS) to look at how we can redesign and deliver preventative services in the future and provide them in a different way to meet the needs of local people and reduce demand placed on Adult Social care.

4. Supported Living

New supported living services continue to be developed in Shropshire offering adults, who are not able to live completely independently and need significant support, increased choice and control over their accommodation needs and care provision.

We are also working closely with the provider market and are now looking to develop and increase the use of Assistive Technology within existing and new supported living schemes in order to offer more independence to individuals.

5. ENABLE

Enable supported Shropshire and Telford STP in applying for funding for NHS England money to develop Wave 1 IPS (Individual Placement and Support) mental health employment services in Shropshire. The funding bid was successful with around £290,000 p.a. being awarded for 2018-19 and 2019-20 respectively. This is to be used by Enable to employ IPS Employment Specialists and an IPS Partnership Manager, and to develop better links with the mental health Trust.

6. Disability Employment Services

The team has expanded to increase the Council's employment offer to people with disabilities, with a focus on prevention / diversion away from social care / social work services.

7. Supported Internships

In the academic year 2017-18 Enable supported 14 young people into Supported Internships, which are an important transition route into employment for young people with disabilities

8. Making it Real

For the first time, in October 2018, Jon Hancock the Chairperson of the Making it Real Board, published an Annual report which can be accessed on Shropshire Choices <https://www.shropshire.gov.uk/shropshire-choices/making-it-real-mir/about-making-it-real-in-shropshire/>. One of the identified successes of the year was the pulling together of all the Adult Social Care and Children's Services Partnership Boards at an annual Summit event.

9. Principal Social Worker (PSW) and Professional Development Unit (PDU)

The Quality Assurance Framework (QAF) is in place and our thematic audits have become a regular activity undertaken by the operational management team.

The Professional Development Unit continues to support staff with their continuing professional development (CPD) to maintain registration and to support a learning culture within the organisation. The social care practitioner programme is now in its third year and has been accredited by Chester University with credits at undergraduate level. Delivery of taught sessions utilises the experience of staff and takes place at the University Centre Shrewsbury.

10. Development of Care Micro-Enterprises

We are collaborating with Dorset County Council and together will be working in partnership with Community Catalysts and Bronze Labs to develop care and support micro-enterprises that will complement our existing care provision and preventative services.

11. Conclusion

Shropshire Adult social care has had a remarkable year of, innovation and achievement. We have been identified as one of the most improved Council's nationally for DTOC targets, earlier in the year, we were shortlisted in 3 separate categories, and were awarded a coveted MJ Award for Innovation in Finance. We have been shortlisted for the National Social Worker of the Year Team Award, and have been shortlisted for 4 separate Local Government Chronicle Awards for 2018/19. The service has worked hard to develop excellent relationships with partners in health, voluntary and private sectors, resulting in a strong social care identity with a respected ethos of collaboration, innovation, exploration and above all, tenacity.

12. Housing

Housing is a group of interrelated services which includes the Housing Options Service, Private Sector Housing, Shropshire HomePoint and Housing Support. It also has governance and monitoring responsibility for Shropshire Towns and Rural Housing, the Arms-Length Management Organisation (ALMO), which manages the Council's housing stock.

12.1 Housing Options & Homelessness Service

Homelessness saw a change in legislation in April 2018, with an increased focus on and a statutory duty to prevent and relieve homelessness. The Homeless Reduction

Act was the most significant change to homeless legislation in 40 years and has seen an increase in workload throughout Housing Services.

There have been 1950 households present in housing need to Housing Options in this calendar year to date (01.04.2018-15.11.2018). The figures for 2017/18 are below:

No. of homeless presentations	No of accepted full duty	No. of housing advice presentations
1110	335	3148

The 3 main causes of homelessness in Shropshire are parental eviction (16%), end AST (section 21) (13%) and fleeing domestic abuse (11.5%)

The Homelessness Strategy and Action Plan is currently under review and is due to be launched in March 2019 alongside the Housing Strategy. There will be a full consultation process in the New Year, including briefings for Cabinet and Members.

Shropshire has seen an increase in the number of rough sleepers during 2018/19. Working in conjunction with Shrewsbury Ark, CHALK, the police, mental health and substance misuse teams the Homeless Outreach Street Triage team (HOST) work across the county, supporting those who are sleeping rough to engage with services and obtain alternative accommodation. Work is currently in place planning for the winter months and the Councils offer of Cold Weather Provision and Severe Weather Emergency Provision.

12.2 Temporary Accommodation

Year on year, the total number of households requiring temporary accommodation has risen. The table below shows the increase over the past 3 years.

Financial Year	2015/16	2016/17	2017/18
No of placements by LHA into emergency/temporary accommodation	402	474	597
Of which: no of placements made to households with dependent children or pregnant	108	122	120

As of 14.11.2018 there were 148 households accommodated in temporary accommodation.

A reduction in the available supported accommodation around the County has meant an increase in households at risk of becoming homeless and losing their home and ultimately having to be accommodated in temporary accommodation. These clients often have high support needs and a large number are difficult to rehouse due to issues in previous tenancies e.g., rent arrears, which means they are often refused social housing. The roll out of full service universal credit in May 2018 has only exacerbated this.

To ease these pressures and reduce the number of households being placed in bed and breakfast accommodation the Housing Options Team procure additional temporary accommodation units through partner agencies, such as STAR Housing, as well as local private landlords. A key aim is to increase the number of properties that include accessible rooms and accommodation with additional support for those who struggle to maintain a tenancy. Although procuring accommodation of this kind allows us to reduce the numbers of households placed into bed and breakfast accommodation it must be recognised that procuring our own units increase the financial pressure on the council in regard to repairs and maintenance.

12.3 Step Down Beds

Working alongside Adult Social Care and housing providers, Housing have led on the procurement of 6 step down beds in Shrewsbury and Ludlow to assist with speedier discharge from hospital for those who are medically fit but unable to return home. Reasons clients may be unable to return home may be due to them awaiting a care package or an adaptation. The apartments in Ludlow have also been kitted out with assistive and consumer technology, allowing a client to 'try out' options before they are discharged home and possibly therefore having a lower care package due to the introduction of assistive technology.

12.4 Children's Services

Significant work is being undertaken alongside Children's services to improve the accommodation on offer for homeless 16/17 year olds as well as care leavers. Housing now sit on Shropshire Councils Corporate Parenting Panel with joint decision making in relation to homeless application of care leavers. A Children & Young Person Coordinator has been employed to sit across the 2 teams and work with young people in housing need.

12.5 Shropshire HomePoint

HomePoint is the county's choice-based lettings scheme providing a one-stop customer focused solution to meet the increasing needs and aspirations of the people of Shropshire. The current number of applications on the Housing Register is 5,259 (as of 01.11.2018). In 2017/18 there were 1,476 households rehoused through Shropshire HomePoint

12.6 Housing Support & Contracts

To support its work, 'Housing' commissions, monitors and reviews a number of contracts with external organisations. Broadly they can be divided into accommodation-based support and floating support. 'Housing' continues to work closely with other Service Areas, such as Adult Social Care, Children's Services and Public Health. As an example, it is working with Children's Services to redesign accommodation for young people in the county looking specifically at homeless 16/17 year olds and care leavers.

12.7 Private Sector Housing

Housing Services has continued to see significant reports of owner occupied properties which are in a serious state of disrepair. These properties are often found to have a high number of Category 1 hazards as assessed under the Housing Act

2004's Housing Health and Safety Rating System. Hoarding remains a challenge, a major contributor to poor and hazardous home environments. Housing Services continues to work closely with a wide range of partners including, Safeguarding, Adult Social Care, Regulatory Services, Health, Mental Health and the Fire and Rescue Service to address this issue through partnered approaches.

12.8 Keep Shropshire Warm

As of 1st September 2017, a new grant funding agreement was signed with local energy charity Marches Energy Agency to provide advice lines and help local residents access funding for heating repairs and replacement as well as insulation measures via the latest edition of Government schemes such as the Energy Company Obligation (ECO). This is a council owned scheme named Keep Shropshire Warm that aims to provide impartial advice on all elements of energy efficiency and renewable as well as providing vetted installs that householders can trust to do the work.

12.9 Shropshire HeatSavers

Shropshire HeatSavers is an emergency heating scheme for homeowners in the county. It was started in 2011 and is funded by Private Sector Housing and Public Health. It can provide replacement or repair of heating systems for those that have health conditions that are adversely affected by living in cold homes. The scheme also provides emergency radiators for households awaiting works.

12.10 Housing Charter

Housing Services are leading on development of a Shropshire Housing Charter. Shropshire Council recognises that aims to reduce homelessness will be undermined without improvements to wider housing and welfare policy, to address both the causes of homelessness and to ensure that homeless households have access to settled, affordable and suitable housing across the County. Often access to suitable, settled housing can be the key to improvements to health and other needs. Shropshire Council is therefore developing a new "Housing Charter" with the intention of working with, developers and landlords in the private rented and social housing sectors to improve housing standards within Shropshire to better address housing needs.

12.11 Disabled Adaptations

In the financial year 2017/18, there were 340 Occupational Therapy Service referrals, the majority of which were completed. In this financial year, 236 referrals have been received already. The most common works are bathroom adaptations, stair lifts and ramped access. The Service continues to work closely with the Occupational Therapy Service, Adult Social Care and Children's Services. In September 2018 the Mears Home Improvement Agency contract was bought back in house enabling the service to operate solely under the control of Shropshire Council. This had led to significant efficiencies and better working processes for both the Council and clients.

12.12 Telecare Hospital Discharge Pilot

Working with telecare service provider Well-being, Housing and Adult Social Care is undertaking a pilot project exploring the benefits to be had from the provision of telecare at point of discharge from hospital. By providing patients with a 13-week

period of free telecare provision, this scheme aims to speed up hospital discharge, reduce hospital re-admissions, reduce or avoid the need for other more intrusive forms of care, and provide income generation for the Council (based on a rebate available from Well-being for individuals signing up to be private payers beyond the 13-week initial period).

12.13 Broseley Project

Advances in consumer technology are improving the way we can connect with family, friends, access information, interact with public services, manage our home environment, monitor our health, as well as generally improving our well-being. These improvements offer huge potential in the context of supporting vulnerable people to remain as independent as possible. Shropshire Council, working with Hitachi and the Broseley community, are exploring this potential by trialling a range of consumer tech devices with volunteers in the Broseley area. We currently have around 25 volunteers signed up to take part in these trials. The first cohort are being asked to try out 3 devices chosen for the multi-functional design, ease of use, and potential to address 3 key areas for the Council, namely Falls Detection, Falls Prevention, and Social Isolation.

12.14 TechSevern 2019

Following the success of TechSevern Seed in 2017 and TechSevern 2018 the 2019 TechSevern event will be held on 24-28th September, 2019 in Shrewsbury and will showcase the Council's four centres of excellence in relation to Adult Social Care and Housing.

12.15 Syrian Refugee Assistance

Over 100 local authorities volunteered to resettle refugees. Shropshire is proud to have been able to help and has successfully rehoused families and unaccompanied young children, totalling 59 individuals. We have another 5 families due to be resettled in late November and look forward to a further 5 in March 2019.

12.16 Council Housing Stock

The Council Housing Stock Options Review of the remaining 4,100 properties (in predominantly the Bridgnorth and Oswestry areas) is currently underway. Property Specialists Savills are assisting. Any resulting recommendations will be considered by Cabinet and Full Council. Members will continue to be kept fully updated, including a Members Briefing Event to be held in February 2019.

12.17 Meeting Housing Need in Shropshire

Housing has been working closely with other Council departments to analyse unmet housing need in the county. This work has concluded that the market place is not delivering the right type of housing in the right places and significantly favours delivery of larger executive type homes. The Council is currently exploring opportunities and potential delivery models to proactively address this unmet need. Strategic aims in consideration include, how can we best meet specific local housing supply and market deficiencies; generate income to help the Council to be more self-sufficient; enable broader Departmental savings through prevention solutions; place shaping; economic growth; jobs and skills; and delivery of housing to empower independence.

13. PUBLIC HEALTH

13.1 Healthy Lives Programme – Mid Year Report 2018.

The provision of clinical care has been shown to have less impact on people's health than their lifestyle behaviours and the conditions in which they live. The Healthy Lives programme has been developed by Shropshire Council in partnership with the NHS and the community, voluntary and social enterprise sector to take a population-based approach to keeping people well in their local communities, building on existing assets. Help2Change is one of the partners that provides core infrastructure support to the programme but commitment is on a voluntary basis. There are clear governance processes in place.

Healthy Lives is a partnership programme working across social care, primary care, public health, the voluntary sector, community health services, the CCG and other partners such as the Fire and Rescue Service. Its main focus is on keeping people well and it supports the work of the Care Closer to Home Board and the work on One Place. Healthy Lives is a framework for system wide prevention that aims to tackle issues of high value to the health and care system by:

- Mobilising non-clinical interventions in the local community that improve wellbeing and reduce future demand on health and care services;
- Using health intelligence (including the GP and social care record) to identify groups of people with social, behavioural or clinical risk factors;
- Proactively engaging with groups at risk and connecting them to sources of non-clinical support;
- Developing the public health roles of a wide range of frontline staff.
- One of the key approaches underpinning the model is Social Prescribing.

Social Prescribing can be the **key to** identifying those people at risk of poor health whether that be due to a medical condition or a social issue relating to housing, loneliness, debt, unemployment, low level mental health. Social prescribing is an **intervention in its own right** offering a non-clinical solution to support change in people through access to activities or interventions in their local communities.

14. Social Prescribing

The current Shropshire Social Prescribing model concentrates on referrals of people with:

- One or more long term conditions
- Pre-Diabetes
- Frequent attenders at GP practices
- Social isolation and loneliness
- Mild to moderate mental health issues
- Cardio-vascular risks
- Joint pain (linked to musculoskeletal health)

- Significant behavioural risks, e.g. smoking

14.1 Deliverables

- Continuation of programme management approach with clear governance and accountability
- Learning from the demonstrator site in the Oswestry/Ellesmere locality systematically applied as the programme has scaled up.
- Step by step methodology for implementation
- An approach for working with the voluntary and community sector
- Quality assurance process for groups receiving referrals from the SP Adviser
- Systematic use of measurement tools and collection of data on outcomes
- Dedicated social prescribing advisor time for primary care practices signed up
- Project implementation teams in each practice with GP champions
- Range of marketing information and promotional materials for professionals being developed and regular media communication.

14.2 Social Prescribing Delivery Sites

Practices referring include:-

South Shropshire	Central	North Shropshire
Bishops Castle Bridgnorth Albrighton Brown Clee*	Severnfields Claremont Bank Marden Radbroke Green	Plas Fynonn Cambrian Caxton Ellesmere

No social prescribing advisor but working with us on a community health improvement model (This does not appear to make sense, though I can guess what it means.)

In development – Market Drayton and Whitchurch with interest from other GP's and primary care practices in different parts of the county.

A piece of modelling work has taken place which demonstrates the impact of scaling up the programme for social prescribing as an approach to reduce demand, improve outcomes and reduce pressure on over-stretched services. Central to the work is the joint working with the local voluntary sector.

14. 3 Development of a children/young people's proposal for social prescribing

The other wider population health programmes have made considerable progress in the past 12 months with the following achievements:-

- Physical activity, musculoskeletal health and falls prevention – a new community activity programme Elevate commissioned and delivering across localities in Shropshire, a wide range of community based physical activity initiatives supporting the social prescribing programme, a targeted piece of work on training for GP's on physical activity. Community based, functional MOT's sessions covering Oswestry, Bishops Castle, Shrewsbury, Bridgnorth, the delivery of a joint pain advisory initiative to people and targeted in localities.
- Cardiovascular Health (including diabetes) – considerable work has taken place on an effective model of community education to support patients with pre-diabetes, this included thorough ethnographic research. The National Diabetes Prevention Programme led by the CCG is available in GP practices and through the social prescribing programme, diabetes is still identified as a priority to address.
- Making Every Contact Count – Healthy Conversations – delivery of bespoke training programme on behaviour change covering three levels. Piloted with physiotherapists, and delivered to Let's Talk Local practitioners with plans to expand delivery to wider organisations and staff groups.
- Carers – ongoing strategy and action plan in place with 5 priorities including work with the hospital on discharge, publicity and promotional materials, dedicated work with young carers and support for national Carers Rights Day and Carers week. Carers developed and led 'Taking the pressure out of caring' workshops have taken place during September and October across Shropshire, Telford & Wrekin. Young carers from Shropshire, Telford & Wrekin came together for a creative workshop in April 2018, the artwork and messages created are powerful, and will be used in a printed leaflet to raise young carer awareness in schools and educational settings. Shropshire Fire and Rescue Service are working with the commissioned provider to offer Safe and Well visits to all young carers and their families.
- Food Poverty – consultation with key groups and mapping of activity across the county to understand current picture. Strategy and action plan developed – Shropshire wide
- Tribe – piloting of geo-spatial social action platform with the goal of connecting people in a local community who are able to support others or are in need of support. Currently being tested in different sites in Shropshire as part of the place based model of delivery.
- Safe and Well Visits – these continue via FPOC, (covering social isolation, slips/trips/falls, healthy lifestyles, warmth. Identified people at risk not known to services. Risk areas for accidental domestic fires, profiling of clients, and targeted work with different organisations, development of data sets.

15. Children and Young People Team -Commissioned Services: Health Visiting and School Nursing now 0-25 Public Health Nursing Service

Local Authorities are responsible for commissioning Public Health Nursing Services for 0-19 year olds and up to 25 where additional needs are identified. A new 0-25 Public Health Nursing Service contract was developed and the contract awarded to Shropshire Community Health Trust commencing 1st October 2017. 2017. The service

specification was developed to enable the opportunity to provide a coherent, effective, flexible approach that uses a greater skill mix of staff delivering services in homes, community settings, schools and FE colleges to meet the needs of the children and young people of Shropshire. The 0-25 Public Health Nursing Service has amalgamated the services provided by health visiting, Family Nurse Partnership and school nursing.

The core public health offer for all children includes:

- Child health surveillance (including infant physical examination) and development review.
- Child health protection, immunisation and screening
- Information, advice and targeted support for families with additional needs
- Health promotion and prevention by the multidisciplinary team
- Defined support in the early years and education settings for children with additional and complex health needs
- Additional or targeted public health nursing support as identified in the JSNA, e.g. support for looked after children, young carers or children of military families.

15.1 Health, wellbeing and resilience are essential to the development of all our children now and for their future.

Evidence through the national Healthy Child Programme shows that we can achieve this approach through a strong children and young people's Public Health service.

The specification for 0-25 Public Health Nursing service (PHNS) contract will:

- provide an opportunity to tailor services to what is needed within localities and communities across the county;
- focus on improving accessibility of services,
- enable continuity through transition points for children and young people,
- deliver improved child health outcomes in Shropshire.

The new service has developed single point of access lines for parents and professionals as well as extended the CHAT Health texting service for parents. New lead roles have been developed in the service, these include emotional health and well-being, SEND and a role dedicated to COMPASS. SCHAT also moved over to a new electronic patient record (EPR) system which although has improved much of the information that can be drawn from the system they are still experiencing some problems with extracting all data, they are working hard to rectify this and have already identified some fixes.

15.2 Co-ordination and Delivery of health promotion in schools.

TaMHS (targeted mental health support)

Encompasses training programmes, support and co-ordination of activity across a wide range of agencies, including schools, colleges, social work etc. to develop

expertise of frontline staff in identifying, supporting and referring appropriately, children and young people who experience emotional and mental health issues. A number of professionals working with children and young people have been trained in Mental Health First Aid and this training continues to be offered.

Mental Health Services & Schools Link Programme

Shropshire Local Authority & CCG has been successful in our application for the Mental Health Services and Schools Link Programme, run by the Anna Freud National Centre for Child and Families and funded by the Department for Education.

The programme has underpinned the recommendations of the Governments Green Paper on Children & Young Peoples Mental Health. Taking part in the programme Shropshire will benefit from the learning of the past few years and it will help to support the mental health and wellbeing of children and young people across Shropshire while facilitating closer collaboration between schools and colleges and those providing mental health support.

This programme will also help form the basis of the targeted schools CPD programme that is being explored (see future plans).

This programme is a ground-breaking initiative to help Clinical Commissioning Groups (CCGs), other service providers and Local Authorities work together with schools and colleges to provide timely mental health support to children and young people. It works to empower professionals and support staff by brokering contact, sharing expertise and developing a joint vision for children and young peoples' mental health and emotional wellbeing in each locality.

The programme has already been successfully piloted in 255 schools across England (2015-2016), and has been independently evaluated. The pilot was developed in response to recommendations set out in 'Future in Mind' (DH 2015), to improve access to mental health support for children and young people, by bringing together schools and mental health professionals to two free, joint workshops. [Read the full evaluation report.](#)

Workshops are being held in Shropshire in September and November which over 65 schools, colleges & special education settings taking part.

15.3 Future Plans

To develop and introduce a subscription based CPD programme for school's mental health leads to gain transferrable knowledge and skills to inform and develop a whole school approach to supporting the emotional and mental health needs of children and young people.

Children's Trust members have agreed to endorse and support the learning and monitor the impact the learning is having within schools. It aligns with the key priorities in Shropshire and the SEN development work.

16. PSHE, RSE and working with schools.

16.1 Policy Context: Statutory Status Children and Social Work Act March 2017

From September 2020, all schools have a responsibility to deliver relationship (primary), relationship sex education (secondary) and health education.

Shropshire schools are able to access and receive support, advice and training from the Public Health Curriculum Advisor. The programme delivers evidence based, young people informed curriculum and whole school approaches which address and contribute to cross cutting strategic priorities. Reports to go to the Children Trust, School Safeguarding and CSE groups.

Shropshire Children Services Ofsted report 2017 highlighted “comprehensive and well-developed work”, “extensive work undertaken to measure impact”. The programme works with key partners in health, education, police and voluntary sector. In terms of reach, the section 11 Safeguarding audit returns document 95% uptake of Shropshire schools, including Tuition Medical Behaviour Support Services (TMBSS)

National recognition:

- 2017 Winner of the Children and Young People Award PSHE category
- 2015 Finalist Pamela Sheridan Sexual Health award for innovation for RSE primary
- PSHE Association accredited quality assurance for the RSE work
- Shropshire’s work features in many national publications as a good practice case study, including LGA Councillor briefing on Teenage Pregnancy
- Presentations e.g. national: 2017 LGA conference local: Shropshire Partnership Boards Summit

2017/18 PSHE and RSE work delivery:

- Drug and Alcohol policy for schools been developed.
- Disseminating findings form ‘Digital Romance’, development of sexting guidance and drafting E-Safety survey, ‘Health Uncovered’ Grooming – could it happen to you? National Podcast,
- Policy briefing event for governors, heads and PSHE co -coordinators,
- Funding from Community Safety and School/Youth Event LGBT History festival,
- Support and contributed to regional and national developments via W.M. Public Heath England, Sex Education Forum advisory group and PSHE Association DfES sponsored expert group

2018/19 work plan:

- Continuing focus on quality assurance through the PSHE young Inspectors scheme and PSHE Review update.
- Preparing school for statutory status, supporting school leadership and governors.
- Emphasis on high risk groups:
- Drug and Alcohol policy launch, RSE and SEND agenda, CSE prevention,

.17. Partnership Working:

The children and young people staff are involved in a variety of work streams, including:

- The reshaping of maternity services, Local Maternity Systems Transformation Board (subset of the Local STP arrangements)
- Developing best practice for schools etc. in relation to Ofsted requirements
- Leading professional development training

18. The UK Recovery Walk

The UK Recovery Walk takes place each September as part of National Recovery Month, an internationally recognised month which raises awareness of substance misuse and recovery.

The walk, which is overseen by the charity Faces and Voices of Recovery UK (FAVORUK), aims to celebrate the achievements of people in recovery from drug and alcohol dependency, alongside promoting the work of treatment services. The event also gives the opportunity to demonstrate that recovery is possible and challenges the stigma often associated with drug and alcohol dependency.

Following a successful bidding process, Shrewsbury hosted the 10th annual UK Recovery Walk on Saturday 8th September. 5000 people from around the country attended, participating in the walk which showcased many of the key landmarks of the town including Quantum Leap, Shrewsbury Castle and the Town Square. The event also included a family friendly celebration event which took place in the Quarry featuring live music, dance and circus performances. The day was a success with many participants and FAVOR UK commenting on the celebratory atmosphere.

The UK Recovery Walk was the culmination of 12-months planning which brought together many organisations such as Shrewsbury Town Council, West Mercia Police, Shropshire Recovery Partnership, Shrewsbury BID as well as numerous Shropshire Council services including Public Health, Highways and Transport, Emergency Planning and Parking. The planning process was a true partnership.

The event also received significant support from the Shropshire Recovery Community who were greatly involved in the planning process as well as fundraising, promoting the event and volunteering on the day.

Shropshire Public Health hope to continue to build upon the success and legacy of the FAVOR UK Recovery Walk making this a firm foundation for developing recovery across Shropshire and reducing the stigma for those whose lives are blighted by the misuse of drugs and alcohol.

18. Drug Related Deaths

Public Health undertake a review of all drug related deaths in the county defined as those deaths where the person died as a result of overdose of illegal drugs and or were known to services for either drug and alcohol dependency up to 12 months prior to death. The aim of the reviews is to look at what lessons can be learnt and how services can be improved to prevent future deaths.

The rise in drug related deaths is a national concern. Since 2014 there has been a steady rise across England in the number of people dying of drug related deaths. The majority of drug related deaths are related to heroin. The reasons for the rise in deaths is multiple and complex. Firstly there has been an increase in the availability and purity of heroin, secondly an ageing cohort, as many of those who started using heroin in the 1980's and 1990 are now experiencing poor physical and mental health conditions putting them at a higher risk of death.

Since 2017, the review also included the deaths of alcohol service users known to treatment. Reviewing alcohol related deaths will help to understand more about the treatment needs of this population. In the first six months of this year there have been four alcohol related deaths from associated liver disease of people aged under 40, the average age of this type of death is 54.3 years. Premature death is not the only concern, the misuse of alcohol can lead to alcohol related brain injury such as Wernicke or Korsakoff's syndrome, resulting in memory problems, confusion, confabulation and co-ordination problems, resulting in difficulties functioning without care and support.

One of the outcomes from the findings was the provision of naloxone to reduce the number of drug related deaths. The treatment service is offering naloxone to all users and their family members who are at high risk of an opioid overdose. Naloxone works rapidly to reverse the effects of overdose for a short period of time (20 to 30 minutes) allowing people time to seek proper medical intervention. If injected into someone who is not overdosing from opioids there are no known harmful side effects. Since April 2017, the community service has given out 135 naloxone kits.

18.1 County Lines (Organised Crime)

Shropshire, like other rural areas in the country is subject to county lines activity. The National Crime Agency (NCA) have undertaken two reviews into activity, and in the last published review in November 2017, 88% of police forces reported some level of county lines activity.

County lines is defined as activity whereby serious and organised crime gangs enter into rural areas to supply drugs through the use of mobile telephone lines to avoid detection. As part of their 'business' model they will entice and coerce vulnerable adults and young people to supply Class A drugs to local markets. They will 'cuckoo' by developing relationships with vulnerable adults and using their home addresses perpetrate crime. The use of violence and intimidation is also part of the modus operandi and the escalation of violence and the carrying of weapons is a concern.

The Community Safety Partnership holds the responsibility for the local response to County Lines. Under both adult and children safeguarding, work is underway to raise awareness of the issues to frontline staff. A conference by the Children's Safeguarding is been held on the 8 November 2018 looking at childhood exploitation, and how many young people involved in County Lines will experience multiply levels of exploitation. Both children's and adult safeguarding board have released a recent policy briefing to frontline workers.

As a cross cutting and complex issue it requires a clear partnership approach and work is underway to co-ordinate activity across a range of boards and organisations to ensure Shropshire has a robust response.

18.2 Retender of Drug and Alcohol services

The drug and alcohol community services contract is currently out for re-tender. With a reduced budget providers are been asked to be innovative in how they are going to respond to the treatment and recovery needs of people in Shropshire.

6.1 The response to the tender has been encouraging with four strong bids received. Following evaluation and moderation it is planned that the new service provider can be announced early December.

18.3 Time 4 you Event

As part of recovery month the Drug and Alcohol Action Team (DAAT) organised the 'Time 4 You' event which was on the 24th September between 4-7pm. This open 'drop in' event, at the Shrewsbury Wildlife centre was aimed at concerned others, carers or those who are affected by family or friends who have issues with drugs & or alcohol. Attendees were able to try various relaxation technique taster sessions, such as yoga, mindfulness and aromatherapy. Alongside the free activities was a market place enabling attendees to access a number of support and information services such as council advice services, treatment providers, volunteer support services, community engagement and health advice services. Attendees also had access to the gardens at the centre with accompanying live music. The event was attended by both professionals and a number of concerned others / carers with positive feedback received about how relaxed, informative and friendly the event was. The DAAT will continue to work to encourage concerned others and carers to engage with all the different support services that are available to them.

19. Sexual Health

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 statutory sexual health services of comprehensive, open-access, contraception and sexually transmitted infections (STIs) testing and treatment services.

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.

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 in Shropshire 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 PHE, Countywide prevention

campaign material, widely advertising access to the free online HIV home sampling service which is integral to the annual National HIV testing campaign.

Public Health continues to develop Sexual Health services in community pharmacies to ensure easier access for its community. Many community pharmacies now offer Sexually Transmitted Infection (STI) test kits, chlamydia screening and treatment, and emergency contraception services.

20. Shropshire Domestic Abuse Service

The refuge service is commissioned by Shropshire Council and delivered by Shropshire Domestic Abuse Service (SDAS). The service has been in place since 2017 and provides 10 bed women's refuge, a 3 bed women's shared home and a 2 bed male or female shared home; all of which can accommodate children. The smaller property is only ever occupied by either male or females (adults) at any given time. The properties are currently located across the south, central and north areas of Shropshire; however the occupiers will be those fleeing from anywhere in the country. Spaces are allocated on a risk basis.

Analysis of the last year shows the number of clients in accommodation has tended to decline very slightly over the year but is not significant. The majority of clients were between the ages of 21-35 years. The number of children in the service has varied over the year with, on average, 26 children in accommodation at any one time. The age of the children in the accommodation service tends to vary, but the majority of children were under 10 years old. Stalking and harassment are increasingly being recorded in the type of violence and abuse experienced as victims are assessed at the point of entry into the service. The work reported by the University of Worcester states that stalking is a particularly serious indicator of serious violence. The length of abuse experienced varies but the average duration is just over 7 years. There was a slight increase in the number of clients who were 'homeless through Domestic Violence' and this figure stabilised at an average of 10 in each quarter and approximately 50% of clients are unemployed and in receipt of benefits. There was a MARAC tag for, on average, 9 clients per quarter and occupancy is usually recorded at approximately 90%.

SDAS also support those living independently in Shropshire who are affected by domestic abuse; either now or in the past. The support covers all forms of emotional and practical support including advocacy, attendance and on occasion representation at court (family and criminal), support through any child safeguarding issues, multi-agency work with mental health, drugs and alcohol services, police, schools and health; and any other agency appropriate to the individual needs.

The Outreach Service has seen a significant increase in the number of referrals with 64 being recorded as being in the service in quarter 4. The waiting time for entry into the service (both outreach and group-work elements) was escalating over the first two quarters of the year but this has been managed by increased staff training, improved connections with referrers (to clarify thresholds, etc.) and enhanced targeting of the service. The number of children in the service is significant, with 99 children in the service in quarter 1 of 2018-19. The children in the service are provided with indirect

support (because they accompany an adult) and SDAS also provide direct support to children via a grant from Children in Need. SDAS has provided direct support to 41 children via this grant aid. CSC provide support for approximately one third of the children in the service (21 out of 72 in quarter 4 of 2017-18). The average duration of abuse suffered by the clients in this service is slightly longer than the clients in refuge, averaging approximately 10 years.

SDAS also runs various programmes across the County for victims of domestic abuse to help educate them, empower them, increase their self-esteem/confidence, offer peer support and break down barriers of isolation. SDAS has a part time co-ordinator in post who supports Shropshire's Survivor Group. 'Survivors Empowering & Educating Domestic Abuse Services' (SEEDS) support County Training and Shropshire Safeguarding Children's Board during their agency training; to bring to life the reality of living in an abusive life. SEEDS members are also in the process of setting up SODA (Survivors of Domestic Abuse) peer support coffee mornings around the County. Enabling those who wish to meet in an informal setting with people who understand them; not to offer advice and guidance, but a friendly ear.

Following the restructure of Early Help Team SDAS has picked up all referrals for Group Work. The offer has been increased from two groups per term to six groups per term. This has had a significant impact on time offered for one to one support and waiting lists (Currently SDAS has 70 people on waiting list for Outreach service and 27 for Group work). SDAS has also been successful in obtaining funding from Strengthening Families to increase the staff resource by 1 FT post to assist with the need for our service from 1 October 2018.

20.1 Domestic Abuse Strategy 2018 – 2020

The strategy was launched in January 2018 and has six key actions. These six actions are part of two overarching priorities which focus upon **Prevention** and coordinated **service delivery**:

Priority – To prevent domestic abuse (and associated harm) from taking place

Action 1:

Targeted campaigns and key messages utilising existing programmes and media.

Action 2:

Ensure that staff are trained to an appropriate level for their role that provides the rights skills and knowledge about Domestic Abuse.

Action 3:

Victims of domestic abuse are able to access information and support they required through the recognised pathways they choose.

Priority - To deliver co-ordinated and sustainable services to victims and perpetrators of domestic abuse

Action 4:

Ensure that the strategies and action plans developed by Shropshire's Strategic Partnership Boards demonstrate the work they are undertaking to tackle domestic abuse in Shropshire.

Action 5:

Ensure that interventions are in place to meet the needs of a diverse range of victims and families.

Action 6:

To deliver a local programme for perpetrators without a criminal record with the aim of reducing their abusive behaviour

21. Help2Change

Introduction

Help2Change provides the core infrastructure for the partnership prevention programme Healthy Lives, as well as delivering the NHS Health Check, Help2Quit and Help2Slim. In the past year, 14,434 people were seen by Help2Change. Help2Change has strengthened links with adult social care and Let's Talk Local services, and continues to make efficiency savings in response to the funding pressures on the Council. The team has restructured and five posts have been made redundant in 2018-19 to date. The team has also developed several commercial services in order to generate income.

21.1 NHS Health Check

Shropshire Council has a statutory responsibility to deliver the NHS Health Check to all eligible 40-74 year olds, and to achieve year-on-year improvement in uptake. 18,725 patients were invited to take up their check during 2017/18, and 11,002 patients accepted and received their check. NHSHC is tightly integrated with follow-on services such as stop-smoking and weight management services, as well as the clinical management of cardiovascular risk, that impact on demand for social care. Locally within year 3,970 patients attending their check recorded high cholesterol and 1,392 patients were recorded as at increased risk of diabetes and appropriate for referral to the new national Diabetes Prevention Programme. The NHSHC has short-term as well as long-term benefits; for example the identification and treatment of atrial fibrillation (irregular heartbeat) has an immediate impact on reducing the risk of disabling strokes.

21.2 Help2Quit

Help2Quit (H2Q) is Shropshire Council's in-house stop-smoking service. In 2017-18, Help2Quit treated 2,836 clients, achieving a 46% quit rate against the national target of 35%. On average Help2Quit saves two years of life for every day that operates. 39,000 people continue to smoke in Shropshire; if they attend Help2Quit, they are four times more likely to successfully quit than if they try alone. Smoking is a major cause of disability, with smokers needing social care nine years earlier than the rest of the population. Social care costs of smoking are estimated to be £8.26m p.a. in Shropshire. Shropshire's smoking in pregnancy rates remain above the England average. Help2Quit forms part of the local maternity services pathway, with every pregnant smoker in Shropshire automatically referred to Help2Quit to reduce the risk of lifelong harm to the baby.

21.3 Help2Slim

Help2Slim (H2S) is Shropshire Council's in-house weight management service. In the past year, it treated 955 clients, many with severe obesity (as there is no secondary care service available in Shropshire). 31% of clients starting H2S achieved 5% or more weight loss (clinically significant). H2S is a key intervention following the NHS Health Check, and integrates with NHS pathways. There are 56,000 Shropshire adults recorded as obese by their GP, predisposing them to diabetes. Complications of diabetes include heart attacks, strokes, kidney failure, blindness and limb amputations. One tenth of the NHS budget is spent on treating diabetic complications. The cost of care packages increases with worsening obesity, having a direct impact on social care costs.

21.4 Healthy Lives

Help2Change provides the social prescribing advisor team for the Healthy Lives programme (described earlier), as well as the IT infrastructure, data management and monitoring. The outcomes are being evaluated by Westminster University, and Shropshire Council has been accepted onto the NHS vanguard programme for use of Patient Activation Measures to monitor the impact on health and social care services.

21.5 CareLink

Help2Change has data sharing agreements with GP practices in Shropshire, and is procuring a secure NHS area for storing Healthy Lives data that will form a bridge between health, social care and the community and voluntary sector. Help2Change has developed audit tools in general practice, which it currently uses, that allow for the proactive identification of patients expected to require social care in later life due to physical, psychological, behavioural or social risk factors. By engaging with these risk groups at an early stage, and providing access to support through Healthy Lives, dependency on statutory services can be reduced.

21.6 Education and training

Within the Healthy Lives programme, a hybrid model for advisor services is being developed that combines the expertise of the Help2Change team and Let's Talk Local. The skills of advisors is being enhanced through joint training, so that behavioural science, motivational interviewing, making every contact count (MECC) and social care assessment is embedded in all consultations. Closer integration is being sought with the Council's Joint Training team, as Help2Change's training function transitions to a cost-recovery model. Work with Shropshire and Telford STP has led to a successful bid for Health Education England funding to deliver MECC training.

21.7 Commercial development

Help2Change has been exploring new ways to deliver public health gain without the requirement for Council funding. It has developed three commercial services with the aim of generating sufficient income to progressively replace Council funding of Help2Change over a period of three years. These will be fully operational by 31st March 2019.

