



Date: Monday, 12 March 2018
Time: 2.00 pm
Venue: Shirehall
Contact: Amanda Holyoak, Committee Officer
Tel: 01743 257714
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COMMUNITIES OVERVIEW COMMITTEE

TO FOLLOW REPORT (S)

6 Resilient Communities - Healthy Lives (Pages 1 - 52)

To scrutinise the Council's contribution to strengthening Communities, Kate Garner - Locality Commissioning Manager, Jo Robins - Consultant in Public Health and Kevin Lewis – Director Help 2 Change, will deliver a presentation (to follow).

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Healthy Lives and Resilient Communities

Page 1

Communities Overview Scrutiny Meeting

Monday 12th March 2018

Agenda Item 6

Healthy Lives and Resilient Communities

What can communities do to contribute to this and what would they need to do this?

Initial enquiries

- What are the key preventable health and wellbeing issues facing Shropshire's communities?
- Are there any demographic or geographic differences?
- What are the main contributory factors to these issues?
- What is the council's approaches to tackling these?
- What are the recognised approaches to prevent these issues?
- What is the volunteering potential in communities?
- How can this be realised/what is required?
- What approaches are other local authorities taking and how effective are they?

What are the key preventable health and wellbeing issues facing Shropshire's communities?

Public Health Dashboard (similar LAs)



National Rating: 34th of 150 Local Authorities (Substantially Above Average)

Premature Deaths: Better than National Average

- Child Obesity Summary Rank 7th of 15 (Above Average Rating)
- NHS Health Check: Rank 5th of 15 (Above Average Rating)
- Tobacco Control: Rank 12th of 12 (Below Average Rating)
- Alcohol Treatment: Rank 2nd of 15 (Above Average Rating)
- Drug Treatment: Rank 11th of 15 (Below Average Rating)
- Best Start in Life: Rank 9th of 14 (Below Average Rating)
- Sexual Health: Rank 9th of 15 (Below Average Rating)

The population of Shropshire

There are 310,100 people living in Shropshire (Office for National Statistics, 2014) which are distributed across the following age bands;

0 to 15 years



Shropshire: 16.8%
England: 19%

16 to 64 years



Shropshire: 60.4%
England: 63.5%

65 years and over



Shropshire: 22.9%
England: 17.6%

Life expectancy for men and women is higher than the England average. However, on average only the first 64 years for men and 66 years for women are without chronic condition or ill health.



Shropshire: 80.3 years
England: 79.5

Healthy life expectancy: 64.8 years



Shropshire: 83.8 years
England: 83.1

Healthy life expectancy: 66.0 years

Life expectancy for men and women from more deprived areas is lower than those who are least deprived;

- Most deprived males have a shorter life expectancy for an average of 5.8 years compared to least deprived
- Most deprived females have a shorter life expectancy for an average of 2.6 years compared to least deprived

Shropshire Public Health Dashboard

National Rating of 34 out of 150 Local Authorities: this is substantially above average
 Premature deaths: Better than the national average

Performance comparison to England average

| Average | Below Average |
|---|---|
| Children in school: 17.4% in school compared to 19.8% national | Smoking status at time of delivery: 12.4% compared to 10.7% national |
| Physically active adults: 62.2% compared to 57% national | Statutory homelessness: 2.9 per 1,000 households compared to 0.9 per 1,000 households national |
| Crime: 14.9% compared to national | People killed and seriously injured on roads: 43.1 per 100,000 compared to 38.5 per 100,000 national |

Performance comparison to our statistically similar LA areas

| Above Average | Below Average |
|---|--|
| Child obesity: rank 7th of 15 similar Local Authorities | Tobacco Control: rank 12th of 12 |
| NHS Health Checks: rank 5th of 15 | Drug Treatment: rank 11th of 15 |
| Alcohol Treatment: rank 2nd of 15 | Best Start in Life: rank 9th of 14 |
| | Sexual Health: rank 9th of 15 |

Starting Well

Children and Young People's Health



Performance better than England average

3% children aged 4 to 5 years are obese

England: 9.3% (2015/16 PHE)

17.4% children aged 10 to 11 years are obese

England: 19.8% (2015/16 PHE)

45.9% of infants are totally or partially breastfeeding at 6-8 weeks

England: 43.2% (2015/16 PHE)

95.9% uptake of MMR vaccination

England: 91.9% (2015/16 PHE)

97.9% uptake of vaccinations for diphtheria, pertussis, tetanus, Hib and polio (5 in 1 vaccine)

England: 95.2% (2015/16 PHE)

Performance similar to the England average

17 out of every 1,000 conceptions were for females under 18 years

England: 20.8 (2015/16 PHE)

33.5 for every 100,000 alcohol specific hospital stays per year were for people under 18 years

England: 37.4 per 100,000 (2013/14 – 15/16 PHE)

Performance worse than the England average

455.3 per 100,000 hospital admissions for dental caries for children aged under 4 years

England: 241.4 per 100,000
England: 280.1 per 100,000 (2013/14 – 2015/16 PHE)

409.3 per 100,000 admissions for asthma in children aged under 9 years

England: 280.1 per 100,000 (2015/16 PHE)

12.4% women are smokers at time of birth

England: 10.7% (2016/17 PHE)

Living Well and Ageing Well



Performance better than England average

44 per 100,000 new STIs recorded
England: 795 per 100,000 (2016)

601 per 100,000 early cardiovascular deaths
England: 746 per 100,000 (2013-15)

62.2% physically active adults
England: 57% (2015)

130.5 per 100,000 early cancer deaths
England: 138.8 per 100,000 (2013-15)

Performance similar to the England average

59% of adults over 18 years are overweight or obese
England: 61.3% (2015/16)

17.2% adult smokers
England: 15.5% (2016)



Performance worse than the England average

16% of households experience fuel poverty
England: 11% (2015)

Wider determinants of health in Shropshire

| | |
|---------------------------------|---|
| Mental Health | § Higher self-reported happiness |
| | § Lower self-reported anxiety rates |
| | § Similar number of fruits and vegetables consumed per day |
| Education and Children's Issues | § 57% of pupils achieved 5 A*-C GCSEs including English and Maths in 2015/16 – similar to the England average of 58% |
| | § 14% (6,765) of children aged under 16 years were classed as living in poverty in 2013 - lower than the England average of 20% (2014) |
| Homelessness | § 6% of people within Shropshire aged 16 to 64 years have no qualifications (2015) - significantly lower than the England average of 8% |
| | § 4% of people aged 16 to 18 years in Shropshire are NEET - lower than the England average of 5% (Public Health Outcomes Framework www.phoutcomes.info) |
| | § 2.9 out of every 1,000 households in Shropshire were classified as homeless in 2015/16 - higher than the England average of 0.9 per 1,000 households |
| | § 14,380 people in Shropshire experienced income deprivation based on the IMD2015 |
| | § Average house price in Shropshire of £164,623 |

Better local performance compared to the England average

Worse local performance compared to the England average

| | |
|------------|---|
| Employment | § 6% of unemployed working age adults in Shropshire were claiming out of work benefits in November 2015 compared to 9% England average |
| | § 4% of working age people in Shropshire were unemployed in 2015 - similar to the England average of 5% (NOMIS) |
| | § 32% of unemployed people in Shropshire aged 16 to 64 years wanted to work - similar to the England average (NOMIS www.nomisweb.co.uk) |
| Crime | § 14.9 violent crime offenses per 1,000 people – significantly lower than the England average of 17.2 offenses per 1,000 people |
| | § 27.1 hospital admissions due to violent crime per 100,000 people between 2012/13 to 2014/15 in Shropshire - significantly lower than the England average of 47.5 per 100,000 (Public Health Outcomes Framework www.phoutcomes.info) |
| | § Increases for incidents of; <ul style="list-style-type: none"> ○ Violence against a person: 62% or 14 per 1,000 people ○ Sexual offences: 61%, 1.7 per 1,000 people ○ Drug offenses: 2%, 1.4 per 1,000 people ○ Possession of weapon offenses: 53%, 0.3 per 1,000 people ○ Public order offenses: 57%, 1.5 per 1,000 people ○ Miscellaneous crimes against society: 28%, 0.8 per 1,000 people |
| | § Recorded crime in Shropshire increased 16% between 2014 and 2015 |
| | § There were 44.1 crimes per 100,000 people in 2015 - lower than the England average rate of 69.3 crimes per 100,000 people (Police recorded crime, Home Office) |

Specific challenges for Shropshire Geography and Population Health



- Ageing population and increasing demand on services
- Rural geography, limited transport and difficulty accessing some services
- Keeping people independent in their own homes
- Reducing need to access care homes by promoting community asset support
- Following the trends of many regions across England, Shropshire has highest demand and spend for health and social care services related to;

Cardiovascular disease (including heart disease and stroke from poor diet, diabetes, smoking, obesity, excess alcohol consumption and high blood pressure/cholesterol)

Respiratory disease (including chronic obstructive disease and childhood asthma from smoking, occupational risks and pollution)

Musculoskeletal disease (such as back pain and osteoporosis from obesity and inactivity)

Falls in older people

Making good progress on -



- Reducing childhood obesity
- Improving uptake of childhood vaccinations
- Reducing levels of teenage pregnancy
- Smoking levels in adults

Need to do better



- **Statutory homelessness**
- *2.9 out of every 1,000 households homeless compared to 0.9 per 1,000 in England in 2015/16*
- **Fuel Poverty**
- Smoking in pregnancy
- People killed or seriously injured on the road-alcohol related

Are there any demographic or geographic differences?

Using Data – Shropshire hospital admission rates

Age Standardised admission rates per 100,000 population (top 10 admissions by ICD10 code) by place plan areas

| Shropshire Age Standardised Rates per 100,000 population - all ages by top 10 ICD10 codes | I21 Acute myocardial infarction | I63 Cerebral infarction | J18 Pneumonia, organism unspecified | J22 Unspecified acute lower respiratory infection | J44 Other chronic obstructive pulmonary disease | N39 Other disorders of urinary system | R07 Pain in throat and chest | R10 Abdominal and pelvic pain | R55 Syncope and collapse | S72 Fracture of femur | Total Top 10 ICD10 Codes | IMD 2015 (based on rank) | Rurality (based on rank) 2011 |
|---|---------------------------------|-------------------------|-------------------------------------|---|---|---------------------------------------|------------------------------|-------------------------------|--------------------------|-----------------------|--------------------------|--------------------------|-------------------------------|
| Albrighton | 265 | 252 | 778 | 414 | 76 | 788 | 846 | 1120 | 182 | 191 | 4080 | 3 | 2 |
| Bishop's Castle | 159 | 149 | 533 | 233 | 81 | 473 | 336 | 431 | 106 | 271 | 2176 | 1 | 1 |
| Bridgnorth | 176 | 149 | 977 | 376 | 165 | 714 | 478 | 435 | 165 | 279 | 2962 | 3 | 2 |
| Broseley | 267 | 247 | 1465 | 275 | 425 | 849 | 598 | 630 | 129 | 191 | 3725 | 2 | 3 |
| Church Stretton | 191 | 167 | 692 | 249 | 210 | 613 | 486 | 513 | 187 | 278 | 2954 | 3 | 1 |
| Clebury Mortimer | 96 | 113 | 587 | 302 | 83 | 424 | 181 | 392 | 34 | 257 | 1856 | 2 | 1 |
| Craven Arms | 330 | 213 | 870 | 490 | 170 | 956 | 487 | 845 | 190 | 268 | 3832 | 1 | 1 |
| Ellesmere | 175 | 103 | 847 | 229 | 197 | 506 | 615 | 460 | 114 | 211 | 2724 | 2 | 2 |
| Highley | 262 | 225 | 1040 | 262 | 297 | 707 | 389 | 539 | 146 | 208 | 2982 | 1 | 3 |
| Ludlow | 103 | 85 | 328 | 205 | 164 | 458 | 342 | 415 | 66 | 129 | 1889 | 1 | 3 |
| Market Drayton | 170 | 175 | 940 | 477 | 269 | 743 | 635 | 571 | 158 | 133 | 3212 | 2 | 2 |
| Much Wenlock | 118 | 130 | 473 | 230 | 62 | 336 | 161 | 213 | 98 | 178 | 1472 | 3 | 2 |
| North Oswestry | 103 | 55 | 509 | 274 | 110 | 485 | 205 | 252 | 136 | 111 | 1664 | 2 | 2 |
| Oswestry Town | 157 | 105 | 715 | 408 | 103 | 488 | 526 | 436 | 196 | 213 | 2668 | 1 | 3 |
| South & East Oswestry | 142 | 182 | 771 | 400 | 118 | 725 | 484 | 538 | 215 | 244 | 2873 | 2 | 1 |
| Pontesbury and Minsterley | 200 | 127 | 1015 | 362 | 202 | 902 | 749 | 715 | 154 | 254 | 3672 | 3 | 3 |
| Shifnal | 137 | 167 | 1097 | 393 | 190 | 493 | 691 | 683 | 77 | 158 | 3083 | 3 | 2 |
| North East Shrewsbury | 203 | 209 | 1109 | 755 | 403 | 1181 | 896 | 776 | 246 | 243 | 4440 | 1 | 3 |
| Shrewsbury Rural | 178 | 136 | 947 | 384 | 222 | 884 | 758 | 736 | 291 | 235 | 3725 | 2 | 1 |
| South Shrewsbury | 177 | 167 | 897 | 440 | 257 | 736 | 674 | 698 | 227 | 163 | 3512 | 3 | 3 |
| West and Central Shrewsbury | 143 | 211 | 979 | 508 | 168 | 813 | 730 | 672 | 206 | 228 | 3674 | 3 | 3 |
| Wem | 210 | 280 | 761 | 419 | 157 | 1035 | 913 | 943 | 301 | 293 | 4294 | 2 | 1 |
| Whitchurch | 173 | 181 | 823 | 494 | 196 | 731 | 506 | 599 | 191 | 248 | 3217 | 1 | 3 |
| Shropshire | 172 | 164 | 821 | 399 | 196 | 719 | 590 | 601 | 181 | 214 | 3173 | | |

Using Data – Shropshire hospital admission rates

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| Shropshire | 172 | 164 | 821 | 399 | 196 | 719 | 590 | 601 | 181 | 214 | 3173 | | |

Health inequalities – differences

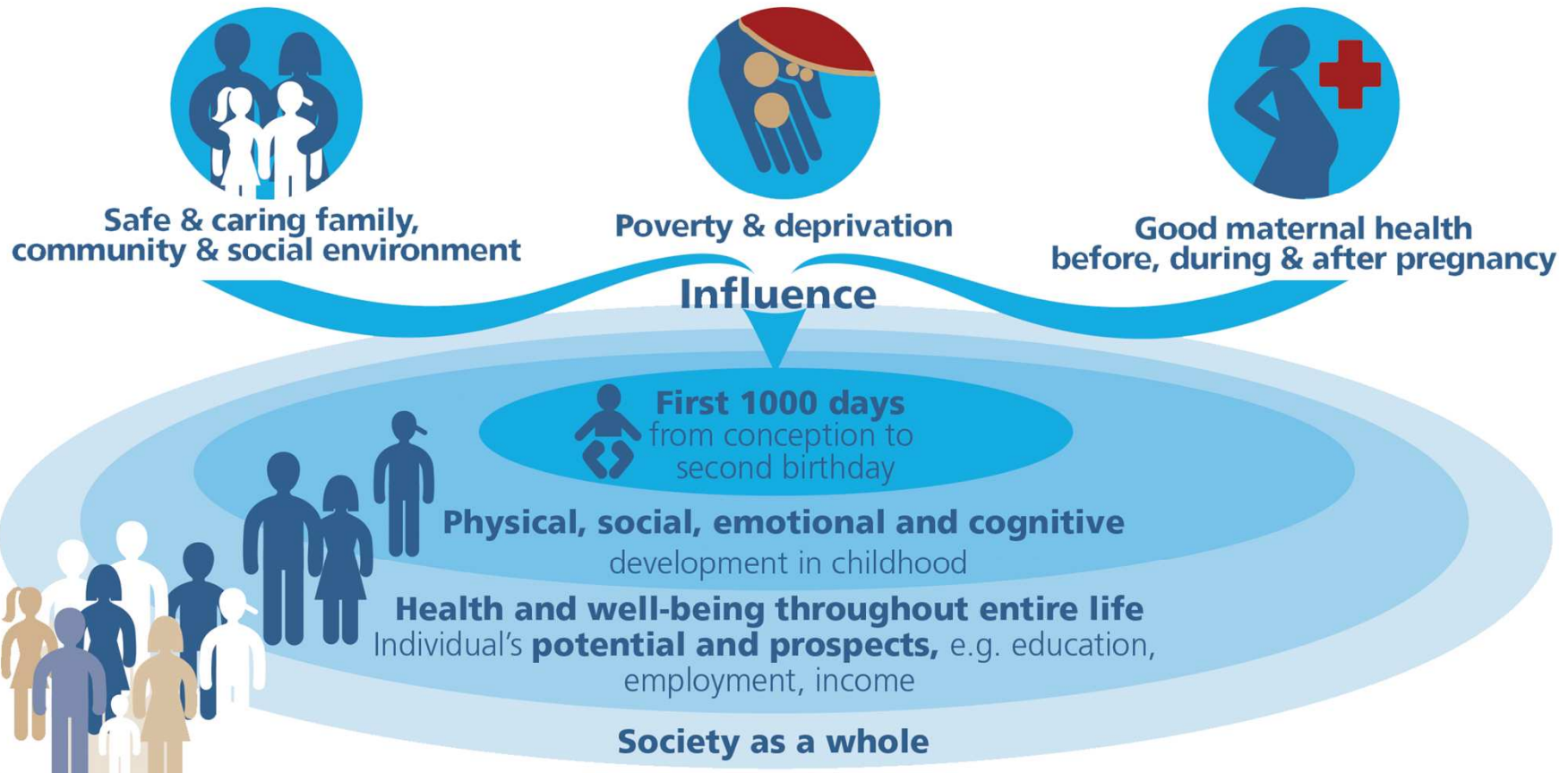


- In Shropshire, life expectancy is 5.8 years lower for men and 2.6 years lower for women in the most deprived areas of Shropshire compared to the least deprived areas
- In England, the poorest people will on average spend 17 additional years of their life living with a disability compared to those in the most affluent communities

What are the main contributory factors to these issues?

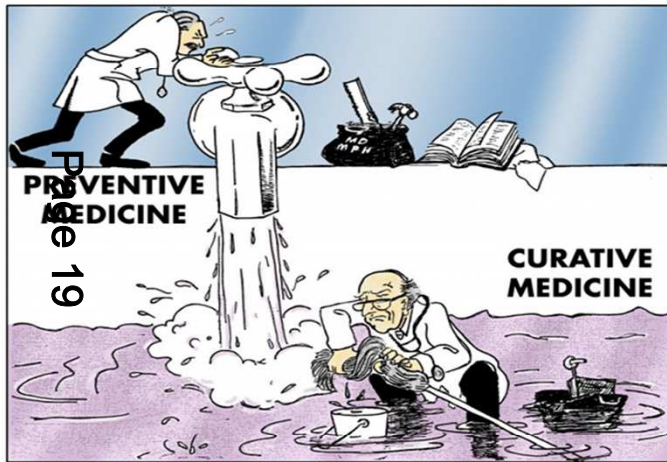
TITLE

Early childhood experiences, including before birth, can have a lifelong impact

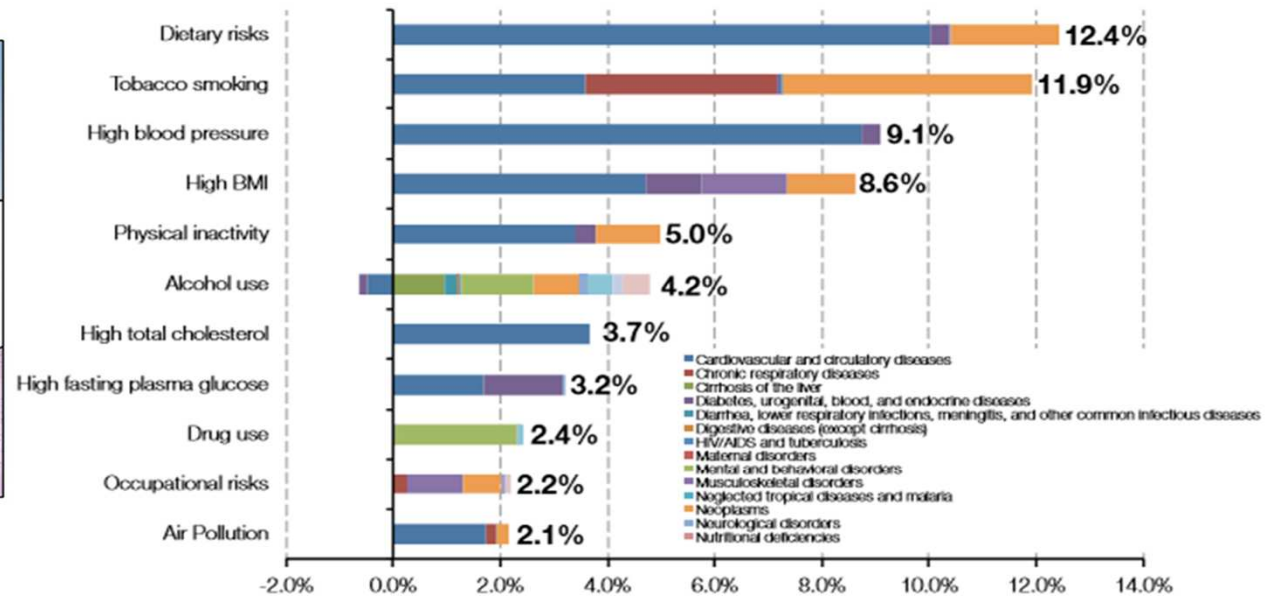


Children who live in poverty and deprivation are at higher risk of dying early, developing obesity or experiencing ill health

The Prevention Challenge



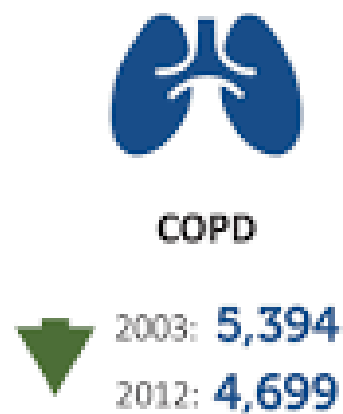
UK disability adjusted life years, both sexes all ages 2010.



What are the recognised approaches to prevent these issues?

Health Risk and Preventable Chronic Conditions

- Cost to wellbeing and mental health
- Cost to the system



The Financial Cost - Breakdown of Current Spend

Community Fit Phase 1



Service User Cost Bands

Expand menu: Investing

The service users have been grouped into 4 cost groups based on overall costs they consume. These are: Very High (Top 2% of all costs), High (Top 3-10% of all costs), Medium (Top 11- 50% of all costs), Low (Bottom 50% of all costs).

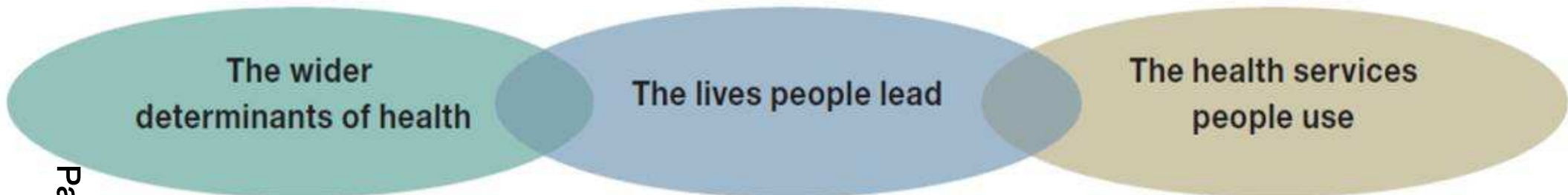
Page 22



Impact of prevention services

- Financial benefits to the council, the economy, the NHS
- Avoidable treatment costs
- Improved quality of life in some cases immediately
- Improved quality of life in later life
- Reduction of welfare benefits
- Improves resilience, employment and social outcomes
- Return on investment of £14.00 for every £1.00 invested

Connecting the silos



Page 24

The wider determinants of health

Major wider determinants

Financial status

Employment and work environment

Education

Housing

The lives people lead

Leading risk factors

Tobacco

High blood pressure

Alcohol

Cholesterol

Being overweight

The health services people use

Accessibility and responsiveness

Primary care (e.g. GP practice)

Secondary care (e.g. hospital)

Preventative care (measures taken to prevent diseases)

Community services

Healthy Lives – Resilient Communities



The Shropshire approach

HWBB & BCF Prevention Programme Delivery Structure



Healthy Lives Steering group reports to the STP Neighbourhoods Group and the HWB Delivery Group/ Joint Commissioning

Shropshire Prevention Programme: Cross cutting project - Social Prescribing Programme leads meet regularly

Executive Leads : Kevin Lewis, Begley, CCG TBD

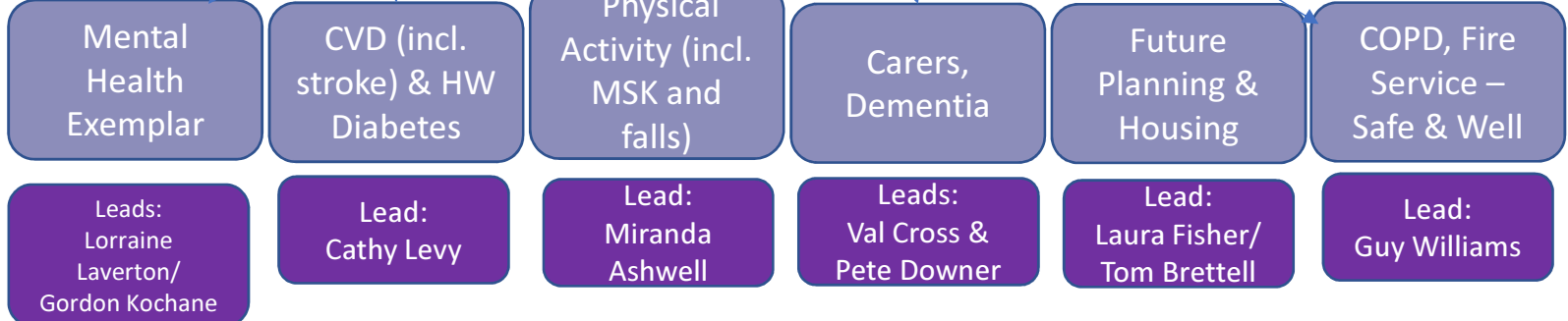
Programme Lead: Jo Robin
Programme Coordinator: Val
Social Prescribing Lead: Katy W

Out of Hospital/ Neighbourhoods Reference Group



Page 26

Communities First
Community Care Coordinators
Compassionate communities
Voluntary Sector prevention schemes
Community Connectors
per local directories
Community Hubs
Let's Talk Local
Community Enablement
Everybody Active Towns
Healthy Community Toolkit



Health Consultancy, Intelligence, Metric Development: Emma Sandbach

Design Team Support: Neil Felton and Mel France – AGILE working

Communications – HWBB Communications Subgroup – supports all workstreams

The Shropshire approach



- Incorporating the evidence of what works
- Commissioning of public health services
- Delivery through Help2Change Service
- ^{Partners} Behaviour change models
- ² Working across departments – ASC, Communities, Children's
- Working directly with partners – Fire and Rescue Services
- Influencing partners – STP, Neighbourhood Prevention
- Place based approach – working with communities, local services including adult social care teams and GPs

Our Approach in Shropshire – Three Components

Public Health

- Prevention of long term conditions and improving population health
- How we can support and work with primary care and local partners (CCG)
- Importance of evidence, data and evaluation of impact
- Existing programmes in place and local service models
- Data, measurement and governance
- Proactively identify those people at risk

Page 28

Integration and Third sector

- Fantastic assets in the community across Shropshire
- Proactive, enthusiastic and willing to work with us
- Building on what we have
- Integrating, making better use of assets and developing sustainability

National drivers

- National policy – HWBB , STP, Sustainability
- Personalisation and Integrated Care – Leadership From Local Govt
- NHS England - Five Year Forward View
- National review on the evidence base for social prescribing – toolkit from Westminster University and good practice
- Primary care support – Social Prescribing is one of 10 high impact changes GP Forward View

The Healthy Lives Programme

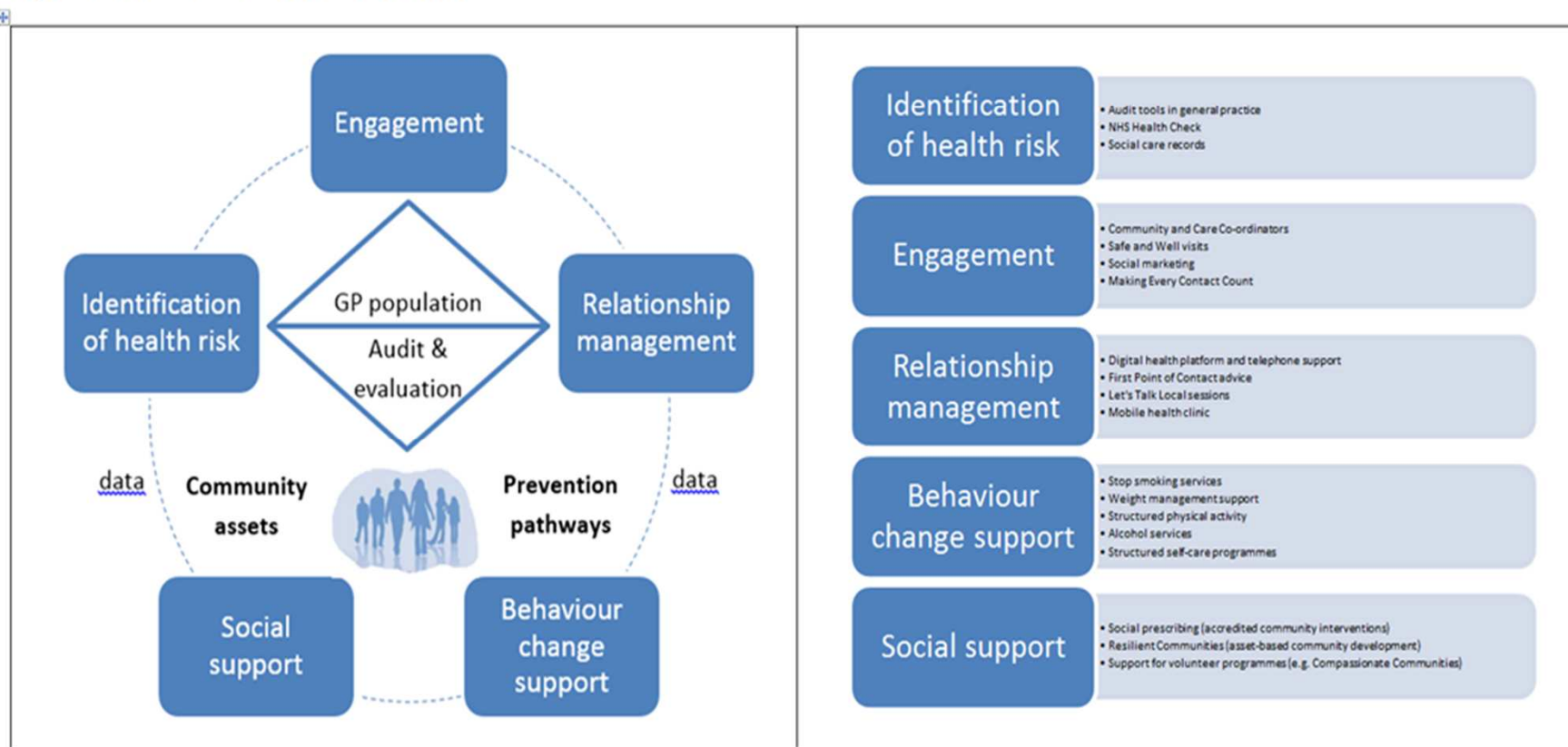
Healthy Lives Priorities

- Social Prescribing
- Fire Safe and Well visits
- Cardiovascular Health and Diabetes
- Working with Carers
- Healthy Conversations – Making Every Contact Count
- Mental Health
- Dementia
- Housing and Fuel Poverty
- Resilient Communities

Shropshire Healthy Lives programme

The Shropshire Healthy Lives programme supports individuals, families and communities to take more control over their health and reduce their risk of chronic disease. It connects GP populations with health-promoting assets and support programmes in their neighbourhood, to improve wellbeing and reduce dependence on health and social care services.

Page 31





Helping People Live Healthier Lives

Making healthy choices can sometimes be difficult but getting help to make those choices is easy.

Here at Help2Change we have specially trained, experienced advisors who can support you to lead a healthier life. Losing weight, being more active, quitting smoking and having regular health checks can help you live longer and have the best possible quality of life now and in the future.



Commissioned Services:

- NHS Health Check
- Help2Quit
- Help2Slim
- Healthy Lives

Commercial Developments:

- Preventive Health
- Food4Health
- Health TV
- Health Coach
- Healthy Baby

Free Health Check

Helping You to Stay Healthy

Are you between 40 and 74 years old? The NHS Health Check can help you spot early warning signs of some health conditions.

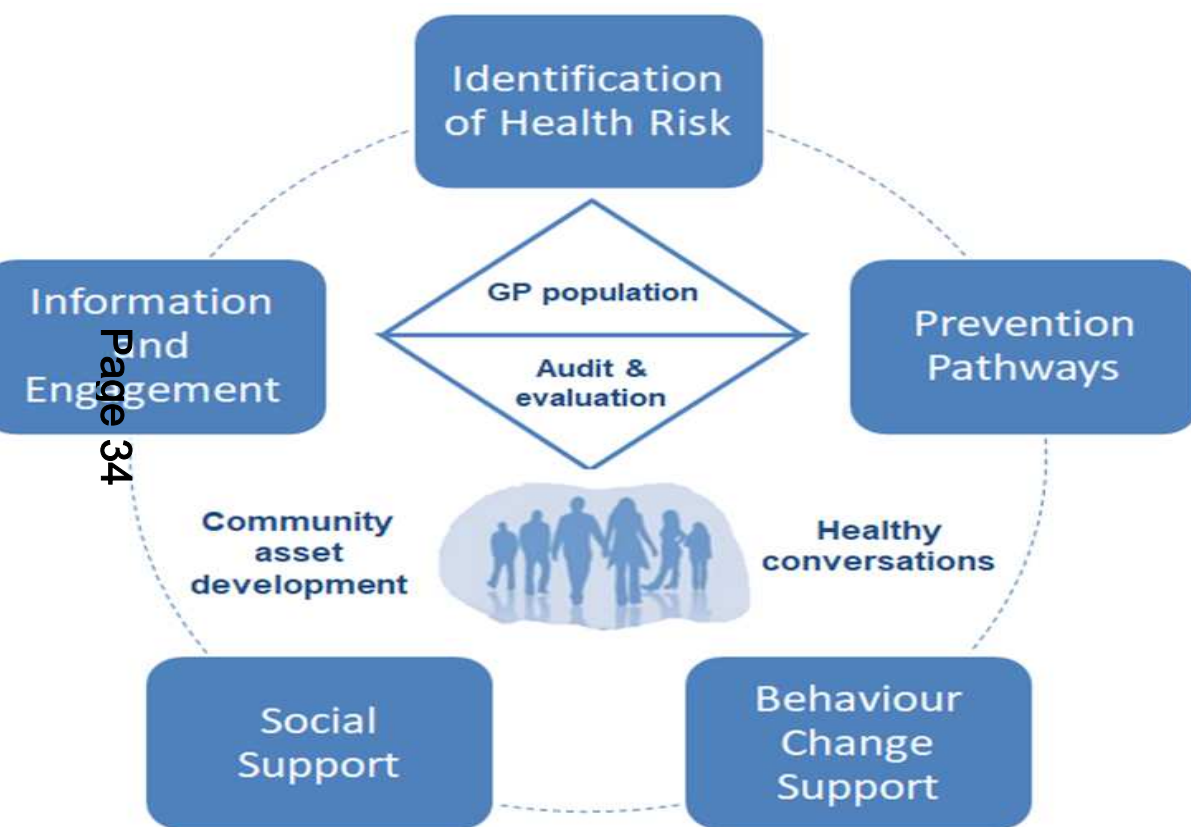
When you get the call from your doctor, GO!

To find out more about NHS Health Checks
ask here for more information or call 0345 6789 025



Page 38
Shropshire's Social Prescribing programme

Healthy Lives and Social Prescribing



Initial capacity: 1,500 patients p.a.

The Healthy Lives Programme takes a place-based, whole-system approach to improving health & wellbeing, and reducing demand on NHS and social care services.

It is being scaled up across the county, with strong support from primary care and the VCSE sector, and a national funding bid to bring an additional £510k into Shropshire.

Help2Change is providing:

- GP practice support
- Social Prescribing Lead
- Social Prescribing Advisor team
- Social Prescribing IT/database
- Outcomes monitoring & evaluation

How can Social Prescribing help?

- Proactively targets at-risk groups
- Referrals through primary care, adult social care, third sector, FPOC
- Opportunistic and proactive
- One to one support – time for people
- Measurement, governance and consistent approach

Components of Social Prescribing

- Numerous models but most involve a link worker or navigator who works with people to access local sources of support
- Many schemes across the country – offers additional support to primary care staff and the patient as it draws on resource from the community
- Various activities often offered by the third sector
- Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports, debt advice

Our ambitions and making it happen

- TEAMS working differently and complementing each other
- Healthy Conversations – a tool to equip all frontline staff- social care practitioners offer something more than sign posting
- ^P~~3~~ ³igger population health programmes – falls, diabetes, loneliness, mental health, cardiovascular health
- Supporting communities to thrive
- Expanding evidence base about building community and demonstrating the impact

The evidence base

- NHS England commissioned Westminster University
- Result – Toolkit – Making Sense of Social Prescribing (2017)
- NICE – Community Engagement-Improving Health and Wellbeing (2017)
- NICE – A Guide to Community Centred Approaches to Health and Well-Being (2014)
- Exemplar projects across the country – Halton, South Gloucester, Rotherham, Bromley by Bow, Newcastle Upon Tyne, Tower Hamlets

What approaches are other local authorities taking and how effective are they?

Social Prescribing

Nationally Recognised Projects with Data for Social Prescribing

- Halton Wellbeing Enterprises (CCG commissioned in part)
- South Gloucestershire CCG
- Rotherham CCG
- Tower Hamlets CCG
- Newcastle Upon Tyne West CCG – Ways to Wellness
- Bromley by Bow
- Leeds West CCG
- Some Vanguard sites such as Dudley

Expected Results

Outcomes

- Reduced demand on social and clinical
- Improved population health & wellbeing
- Improved integration and better joint working
- Alternatives to clinical treatments- Social Care and GP populations connected with health promoting assets and support programmes in their neighbourhood
- People connected to the right level of support
- People helped to take control of their own health
- Improvement in pre-intervention concerns identified by client

Measures

- Well-being – through My CAW and PAMs
 - Confidence of patient to manage conditions
 - Measure improvement in wellbeing through self reported concerns
- Attendances at GP practice
- Attendances at A&E
- Social care interventions
- Added social value, e.g. volunteering
- Activity data (reason for referral, age, gender etc)

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Healthy Lives – Resilient Communities



What is the volunteering potential in communities?

Page 43

How can this be realised? What is required?

Volunteering potential



Shropshire currently has levels of community capacity and involvement, social action and volunteering that other places would be delighted to have. Many of the Healthy Lives programmes – particularly Resilient Communities and Social Prescribing are reliant on the activity of individuals within communities or community groups/voluntary organisations for their success. This situation is threatened by a number of factors – changes to Shropshire’s demographics – an increasingly older population that relies on a culture of elderly people looking after other elderly people, changes to society, which could mean that the capacity people currently have in retirement to volunteer and be active in their communities could diminish, and a lack of financial investment in infrastructure support for the voluntary and community sector, which could result in organisations and charities being less robust, resilient and adaptable to cope with change and new ways of working.

Asset based community development (ABCD)



Shropshire has an ABCD approach to building community capacity and supporting social action and volunteering. ABCD principles are -

- Community led – what can people do for themselves? What do people need some help to achieve? What do people need others to do for them?
- Relationship orientated – how much more can we achieve when we work together?
- Asset based – what's strong and what's wrong? Using the strengths of individuals and communities allows the things that are wrong to be tackled
- Place based – working at the level of a neighbourhood, village or small town feels manageable when people want to make a difference
- Inclusion focused – communities that welcome 'strangers' and their assets

Resilient Communities (RC)



RC is the community capacity building programme delivered by the Community Enablement Team in partnership with local communities. Its activity is the foundation for Healthy Lives programmes that rely on the involvement of communities for their success. RC activity –

Creation of hyper local directories of local activity and services

Creation of Community Connector networks

Putting local governance arrangements in place for local activity to report to where this is needed, e.g. Health & Being Forums, steering groups

Identifying the gaps in community activity where there is unmet need and supporting the community to work together to fill those gaps

Being part of other programme teams, e.g. local social prescribing teams

Community based activity



The huge majority of community activity – organised by local people for other local people will benefit our mental, emotional and physical health and help people to feel they are socially connected. However, this type of activity would probably not be described in this way and the wellbeing benefits seen as secondary to the main purpose of the activity. Often the organisers would not see themselves as volunteers or delivering social action – they're just doing something in their community with their neighbours. Councils can play a role in enabling this activity in a number of ways – through ensuring that community assets are maintained and accessible, providing good quality information and advice about communities, providing community development advice and small amounts of funding and ensuring that there is effective local governance that enables people to feel part of how their place is run and the decisions that are made about its future.

Voluntary groups and volunteers



Shropshire is fortunate to have a strong and effective strategic voluntary and community sector assembly (VCSA) that represents the diverse range of voluntary groups active in the county. The VCSA has recently published research into the role of the voluntary sector in delivering 'preventative' activity – often delivered by volunteers - that supports people to stay away from expensive services and interventions.

<http://vcsvoice.org/2017/10/vcs-assembly-publishes-prevention-research/>

County wide and local voluntary groups and volunteers are playing a key role in the delivery of Shropshire's social prescribing model, as many of the interventions that people are referred or signposted to are voluntary. The council's ASC Let's Talk Local teams, and the GP based Community & Care Co-ordinators are equally reliant on these groups and their activities.

The challenge of traditional volunteering



There is a need for new approaches and a cultural change to support social action and volunteering that complements changes to both society and the delivery of public sector services. People – particularly in new communities – may lack the confidence to be ‘neighbourly’ towards individuals who would welcome low levels of support, or do small acts in their neighbourhood that make a difference. People are more likely these days to think that this is ‘someone else’s job’. In addition, traditional approaches to volunteering that suit people who are ‘time rich’, don’t work with the modern lifestyles of younger people who are ‘time poor’ and not able to offer time and energy to others on an organised or regular basis. Working together to rebuild a culture of neighbourliness and to find ways for people to give their time in ways that suits their lifestyles would unlock new social action and build the capacity of communities to do things that support well-being, health, social connectedness and independence.

Innovation that will unlock resilience and capacity



The council is developing and testing a number of innovative approaches that will build the resilience and capacity of individuals and communities. The serious concerns about the sustainability of current delivery models of social care and health services as a result of increased demand and falling budgets are driving the need for new ways of doing things that will involve us doing more for ourselves and for our community to maintain our health and independence.

The Tribe Project is being piloted in Oswestry with officers, community groups and volunteers testing a digital social action platform to create and respond to volunteer 'jobs' in the locality – essentially connecting up people who have a need with someone who can help, and vice-versa. Tribe, as a technology has the ability to strategically map 'need' which would inform the current and future needs of service delivery or community activity.

Summary of volunteering potential to support wellbeing



Shropshire has a range of strong assets that support and enable social action and volunteering across the county

Our current position could be threatened by a number of factors – changing demographics, changes to society and our lifestyles, a reduction in financial support for sector infrastructure and a sometimes uncertain future for the community assets that bring people together

There are a number of innovative ideas being explored and tested for new ways of working and changing the culture in which services are delivered and received.

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