Shropshire Council

Date: Monday, 20 January 2020

Time: 10.00 am

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

Contact: Amanda Holyoak, Committee Officer
Tel: 01743 257714
Email: amanda.holyoak@shropshire.gov.uk

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

6 Public Health Outcomes Update (Pages 1 - 56)

To consider a report on Public Health outcomes, **TO FOLLOW**

Contact: Rachel Robinson, Director of Public Health, 01743 252003

The Chairs of the People Overview Committee, Place Overview Committee and Communities Overview Committee have been invited to attend this meeting.

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Committee and Date	Item
Health and Adult Social Care Overview and Scrutiny Committee	Public

Substitution of the General Fund with the Public Health Grant

Responsible Officer Rachel Robinson: Director of Public Health	
Rachel.Robinson@shropshire.gov.uk	Tel: 01743 252003

1. Summary

1.1 This report provides an update on the Council's approach to the substitution of general core Council funding with monies from the public health grant. The process is one approach, alongside public health advocacy and health in all (Health Impact Assessments) in local policies, to tackle the wider determinants of health and ensure that wellbeing is embedded in Shropshire Council services to achieve improved public health outcomes at scale. The process of substitutions was initiated by the Council's financial strategy for 2019-20 to 2021-22. Previous reports have been presented to the Health and Wellbeing Board and Health Scrutiny Committees of the Council. This report is the next in the series of reports giving updates on progress.

2. Recommendations

2.1. That the committee considers and approves the approaches being developed by the team to provide assurance of the delivery of public health outcomes within Shropshire Council. This includes the draft substitution framework/memorandums for the use of funding and delivery of outcomes.

2.3. That the committee endorses the next steps for reporting on the substitutions process.

REPORT

2.3 The gap in Government funding for social care, combined with reductions in the Public Health grant put severe financial pressure on Shropshire Council and limited its ability to fund non-mandatory services. The Revenue and Capital Budget approved by Council set out the requirement to deliver savings of £2m through the recommissioning of services across Adults, Children's and Public Health Directorates. As a consequence, there was a need for the Council to achieve efficiency savings through improved integration of the Public Health function across the Council. This approach included decommissioning some non-mandated services and a reduction in staffing. Between February and May 2019, papers were presented to Council Committees, including Cabinet, Health and Adult Social Care Scrutiny and the Health and Wellbeing Board, outlining changes to the delivery of

Public Health services and outcomes within Shropshire. The dual aim of this new approach was to deliver improved public health outcomes while meeting financial challenges. The PH function was rationalised and some savings from the rationalisation reinvested in council services that deliver health improvement and protection e.g. housing, regulatory services etc across the wider determinants of health.

2.4 In early 2019 it was proposed that 16 services receive reinvested public health grant monies in substitution for general funds to develop and embed public health outcomes within key core Council Services. Appendix 1.

2.5 To prioritise areas for substitution that delivered maximum population level prevention and wellbeing outcomes, a set of four criteria were agreed to assess services against. The 4 criteria are:

1. The substitution results in general funding savings to the same value.
2. The council service is committed to adding further prevention / wellbeing value through minor redesign e.g. staff training, embedding prevention / wellbeing into policies and protocols, job specification changes, developing and supporting health champions, embedding social prescribing and connectivity into existing jobs.
3. The services contribute to the Health and Wellbeing Board joint strategic goals.
4. Any changes to services are cost neutral.

2.6 During substitutions budget assessment the delivery of each service / project is matched against the criteria in 2.5. This process provides assurance that substitutions meet the requirements of delivery of the public health grant.

2.7 It is important that Shropshire Council can provide evidence to assure the allocation of the public health grant. Each service eligible for substitution money has or will have a Memorandum of Understanding (MOU) or a Service Level Agreement (SLA) with Public Health.

2.8 The MOUs are an assurance process. Spend of the Public Health Grant is signed off to Public Health England by the 151 Officer and Director of Public Health. The signed statement requires that Shropshire Council (and all other councils) use the Public Health Grant to promote and protect health. The MOUs / SLAs include KPIs and support the sign off process and ensure ongoing governance and delivery.

2.9 An update on progress to deliver the substitutions is attached as Appendix 1. The substitutions process is being successfully delivered to the timetable set out. Issues are:

1. Of the 16 service budgets identified for substitution five were delivered or commissioned via Public Health and already have SLAs in place; therefore, 11 services/ projects require an MOU or SLA.

2. Of the 11 services requiring an MOU/ SLA, four MOUs / SLAs have been signed; three MOUs are with services for signing. One project is on hold and therefore the substitution is on hold; one project was capital spend and not eligible for substitution, two IBCF projects have been discontinued therefore the projects will no longer be funded.

3. Shropshire Council's telehealth project is currently on hold, as a result the £33,000 substitution is also on hold.

4. The £350,000 allocated to children's services meets the cost of early years staff at the early years hubs; the £100,000 allocated to the parenting programme meets the cost of early help, parenting programme staff. The content of the MOU has been agreed, the MOU will be in place by mid-January.

5. The Public Health Team and finance business partner have currently identified substitutions to the value of £2,714,130. The value of substitutions is set at £2,955,420, therefore substitutions to the value of £241,290 are still to be allocated.

6. Negotiations have been held with leisure to assess if there is opportunity to make £241,290 substitutions in the budget, this has now been agreed and an MOU is in development.

2.9. It is important that Shropshire Council can provide evidence to assure the the allocation of the public health grant is used to improve the health and wellbeing of the population of Shropshire. The MOU or a Service Level Agreement (SLA) with for each service will be held between Public Health and the service. Both the MOU and SLA approaches will include the following information in order to assure the substitution process:

1. The current service description and its specific contribution to prevention and wellbeing.
2. Opportunities that have been identified to further embed prevention in the service
3. Key performance indicators that assure prevention and wellbeing are embedded in the service.
4. A key performance indicator reporting framework
5. A financial monitoring and evaluation framework

2.10 It is proposed that key performance indicators are monitored every six months and the SLAs/MOUs are reviewed every 12 months.

2.11 It is proposed that a further progress report is presented to Scrutiny Committee in 6 months.

3. Risk Assessment and Opportunities Appraisal

3.1 The substitution approach being taken by Shropshire Council is designed to provide risk management and assurance about the way in which the council allocates the Public Health grant

3.2 The MOU / SLA approach to substitutions is supported by Directors and senior service managers.

3.3. The substitution of general fund by Public Health grant is an opportunity to embed prevention and wellbeing into the services – provided by Shropshire Council.

3.4 Finance partners are part of the team delivering the substitutions project. This ensures that the process aligns with the Shropshire Council accounting framework.

3.5 The agreed source of future funding of the Public Health grant is uncertain. The recent prevention green paper recommended that the way in which the Public Health grant is funded is reviewed. It has been proposed that future funding of the Public Health grant be from business rates. The way forward remains unknown.

3.6 Any change in funding will be known in advance and so provide an opportunity to assess the impact on the services addressed in this paper.

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4. Financial Implications

4.1 The reconfiguration of Public Health, the integration of Public Health services within other Council Directorates and the resulting efficiency savings have allowed for a substitution of the Public Health ring fenced grant. This has enabled the Council to deliver on a range of public health outcomes across a number of wider Council functions and for the Council to redirect Public Health grant funding to cover expenditure that meets the grant eligibility criteria across the organisation.

4.2 Budgets across Council services that have been identified for substitution have had Public Health grant funding replace core Council funding, either in full or in part. In effect, the core Council budget requirement for these services has reduced as they are now in receipt of funding from the Public Health grant. The total expenditure incurred in the services has not decreased.

5. Background

5.1 A paper presented to the Health and Wellbeing Board - Changes to Public Health within Shropshire Council (May 2019 Board) set out the challenges of delivering non-mandatory council public health and social care services for the people of Shropshire. The challenges come from reductions in the adult social care budget and the public health grant. The paper set out an ambition that there will be integration of public health function across health and social care in Shropshire and that this model will be co-designed with partners. The process is known as 'substitutions'. This paper is an update on the progress of public health substitutions.

Four issues are being addressed through the substitutions process:

1. Delivery of the Public Health duties of Shropshire Council. These are set out in the Health and Social Care Act 2012 https://researchbriefings.files.parliament.uk/documents/SN06844/SN06844.pdf
2. Development of a mechanism to embed prevention and wellbeing for staff and residents into every aspect of council service.
3. To measure and monitor of agreements with council services to deliver public health outcomes
4. To deliver an explicit, measurable contribution to population prevention and wellbeing (public health) outcomes.

5.2 The embedded prevention and wellbeing of staff and residents will be aligned with Shropshire Together Health and Wellbeing Strategy.

5.3 The substitution of general core Council funding with monies from the public health grant is one approach, alongside public health advocacy and health in all (Health

Impact Assessments) in local policies, being developed within the Council to tackle the wider determinants of health and ensure that wellbeing is embedded in Shropshire Council services to achieve improved public health outcomes at scale.

6. Conclusions

This paper is an update on the Public Health grant substitutions process, the process for embedding prevention and wellbeing into council services, and the process for monitoring outputs and outcomes.

List of Background Papers

Health and Wellbeing Board (May 2019) Changes to Public Health within Shropshire Council

http://shropshire.gov.uk/committee-services/documents/s22037/9.%20HWBB%20Report%20on%20Public%20Health%20FINAL%20amends.pdf

Health and Adult Social Care Overview and Scrutiny Committee (September 2009) Public Health Outcomes and Minutes of the meeting

https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=737

Cabinet Member (Portfolio Holder)

Dean Carroll

Local Member

Appendices

Appendix 1: Sixteen services that receive public health grant monies in substitution for general funds

Appendix 2: Draft MOU for Fuel Poverty

Appendix 3: Draft MOU for Housing Services

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Appendix 1

Report on services receiving substitution from Public Health grant

Service	Status	Substitution (£)
1. Emergency planning	Draft MOU with emergency planning	147,000
2. Regulatory services	MOU signed	384,950
3. Housing including fuel poverty	Draft MOU with Housing services Fuel poverty services – MOU signed	137,100
4. Telehealth care	Suspended – allocated telehealth care is paused due to legal issues	0
5. Child health	Draft MOU with early help children's hubs & parenting programmes	450,000
6. Leisure services	SLA with Outdoor Partnerships has been signed. Exploring opportunities to extend substitutions in leisure services. Services being explored include core leisure service provision – a substitution of £200,000 is planned.	42,350 Plus £24X,XXX
7. Targeted mental health schools	Targeted mental health schools service is commissioned by Public Health; therefore, no MOU is in place.	8,000
8. Healthy child development programme	Commissioned by Public Health; therefore, no MOU is in place.	90,140
9. Meadow place community rehabilitation	Proposed funding was capital and so did not meet the funding criteria	0
10. Shropshire Partnership	Delivered by Public Health; therefore, no MOU is in place.	80,000
11. Women's refuge	Commissioned by Public Health; therefore, no MOU is	197,000

	in place.	
12. Homelessness team	Draft MOU with Housing services	400,000
13. Housing prevention (supporting people)	Draft MOU with Housing services	666,020
14. IBCF Equipment telecare assistive tech	Project no longer in place	0
15. IBCF Let's Talk Local	MOU signed	68,070
16. IBCF Energise PSI falls prevention	Commissioned by Public Health; therefore, no MOU is in place	43,500
17. IBCF Initiative 2N – Specialist equipment	Project no longer in place	0

MEMORANDUM OF UNDERSTANDING TO EMBED PREVENTION / WELLBEING IN SHROPSHIRE SERVICES

This Memorandum of Understanding is between Housing, Fuel Poverty provided by Shropshire Council to support embedding prevention and wellbeing into services. The embedding of prevention and wellbeing is in line with the Health and Wellbeing Strategy. It provides corporate and Public Health England assurance of delivery of the Shropshire Council statutory responsibilities to deliver public health services to residents of Shropshire.

Memorandum of Understanding between:

SERVICES:	**GRANT FUNDING:**
Homelessness prevention (line 10060) Homelessness Team (line 10058) Supporting people (housing prevention) (line 10065)	**£102,100** **£400,000** **£666,020** **£1,168,120 Total**
MAIN CONTACT:	**MAIN CONTACT:**
Laura Fisher	Rachel Robinson
TEL NO:	**TEL NO.**
01743 258981	01743 252003
EMAIL:	**EMAIL:**
Laura.Fisher@shropshire.gov.uk	

START DATE:
END DATE:

PUBLIC HEALTH ENDORSEMENT:

DATE:	
NAME:	
SIGNATURE:	

Laura Fisher *(Homelessness Prevention)* ENDORSEMENT:

DATE:	
NAME:	
SIGNATURE:	

REVIEW DATES

September 2020

SERVICE DESCRIPTION

Overview of service and summary of contribution to health and wellbeing (to include background, objectives and targets)

The Homelessness service is – please add a description of the service.

Homelessness is the most acute form of housing need. A person can be legally classed as homeless if they're living on the street, sleeping on a friend's sofa, staying in a hostel or suffering from overcrowding. To prevent homelessness, the Housing Options team work with you using a range of options to try to keep you in your current home or assist you to find alternative accommodation.

Your enquiry will be taken by a trained customer services operator, who will complete an initial contact referral form on behalf of the Housing Options team. If your enquiry requires housing advice, you'll receive a phone call within five working days of contacting us (contact details are at the bottom of this page). For homelessness enquiries you'll be contacted the same day.

If you're homeless we'll take a homelessness application from you. This will help us decide if we have a duty to rehouse you. If so, we'll also be able to offer you temporary accommodation whilst more secure accommodation is found.

Not everyone is entitled to be rehoused. Before reaching a decision, we must consider these five questions:

- Are you legally considered to be homeless?
- Do you have a right to live in the UK and are you eligible for assistance?
- Can you be classified as being in priority need of help?
- Are you homeless through no fault of your own? You can be disqualified from long-term help if the council decides you made yourself intentionally homeless.
- Do you have a local connection with the local authority area?

We'll look at each of these in detail, make enquiries and ask for evidence to help us make a decision. Once a decision has been made, you'll be provided with a letter outlining the decision and the reasons the decision was arrived

3. Opportunities to further embed prevention in regulatory services

Opportunities to further embed prevention into the homelessness prevention services are:

1. To further embed wellbeing and prevention into all homelessness prevention work practices, services and policies.
2. To embed wellbeing and prevention into practices by embedding knowledge and skills into team job descriptions and reviewing during professional appraisal.

3. To enhance practices by requiring staff to maintain and update knowledge and skills in wellbeing and prevention so that staff have knowledge of wellbeing, mental and physical, e.g. Healthy Conversations, Making Every Contact Count + & Mental Health First Aid.
4. To further embed wellbeing and prevention into homelessness prevention services by enabling staff to:
    a. support residents and communities through other integrated health and social care programmes e.g. the social prescribing programme.
5. To further embed wellbeing and prevention into homelessness prevention policies. The updates will be in line with the Shropshire Council health impact assessment approach.
6. Measure public health outcomes to determine the impact on residents of the substitutions process.

4. SUMMARY IMPACT EMBEDDING PREVENTION / WELLBEING

The outcome of embedding prevention and wellbeing into homelessness prevention services will be to deliver Health and Wellbeing outcomes for the residents of Shropshire[1]. Shropshire Health and Wellbeing Board have agreed that prevention and sustainability are priorities:
The following 3 objectives are to be delivered through services

1. Health promotion and resilience
2. Promoting independence at home
3. Promoting easy to access and joined-up care.

5. PROGRESS MEASURES TO DELIVER EMBEDDED PREVENTION / WELLBEING

(to include outcomes agreed – aligned with Health and Wellbeing Strategy, workforce development, health improvement (mental health, physical health, lifestyle), health protection, wider determinants)

- Public Health will receive a completed trajectory identifying individual strands of work for each team linked to the agreed public health outcomes, national and local, and expected numbers (trajectory).
- Quarterly reports on progress and updates related to outputs against trajectory and outcomes. Outcomes will also measure the extent to which wellbeing and prevention is embedded into the services delivered by teams - through staff development, work practices and policies.
- Quarterly reporting should include progress on work practices, services and policies, financial reporting, and case study information – one case studies per team.
- End of year reporting should identify outcomes, where possible mapped to the PH Outcomes (section 6) Framework, along with quarter four and annualised data sets (see above).

6.HEALTH & WELLBEING OUTCOMES FOR STAFF AND/OR RESIDENTS

(to include public health outcomes agreed – workforce development, health improvement (mental health, physical health, lifestyle, health protection, wider determinants)

[1] Shropshire Council (2016) Shropshire Health and Wellbeing Strategy 2016-2021 http://www.shropshiretogether.org.uk/wp-content/uploads/2016/05/FINAL-HWBB-Strategy-2016.pdf

6.1 Service outcomes
Outcomes will be measured using:

The homeless service impacts public health outcomes:
I have included the 2 national public health indicators for homelessness. Can you please add any local homelessness indicators that are used locally and would add value to the MOU.

6.1.1 National outcomes
Public health outcomes:
1.15i Statutory homelessness – eligible homeless people not in priority need
1.15ii Statutory homelessness – households in temporary accommodation

6.1.2 Local outcomes
To be added – this is a link to a document detailing all we gather for HCLIC which is our quarterly government return - https://gss.civilservice.gov.uk/wp-content/uploads/2017/11/HCLIC-Data-Specification_v1.1.pdf
4. Prevention & relief
i. Numbers of homelessness preventions
ii. Numbers of homelessness episodes of relief
6.2 Assistance with support needs

6.2 Health in All Policies outcomes

Staff outcomes
Process outcomes:
6.2.1: Number of job descriptions updated to embed wellbeing and prevention practices
6.2.2: Number of staff completing MECC+ training
6.2.3: Number of staff completing Mental Health First Aid training

Resident outcomes
6.2.4: Number of residents referred to social prescribing hubs
6.2.5. Case study example of work across agencies to build resilience

Policy outcomes
6.2.6: Number of policies refreshed
6.2.7: Number of policies refreshed to include wellbeing and prevention measures
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7. ADDITIONAL INFORMATION

Include in here a note on data sources and monitoring. Any other additional information that support smooth execution of the MOU.

Add as necessary

8.FINANCIAL MONITORING AND EVALUATION

The funding to be provided through the PH grant to be added.

The net expenditure budget (before the application of Public Health grant funding) for the homelessness prevention service (line 10060) is £102,100 2019/20. The Public Health grant funding of £102,10 is therefore approximately 100% of the total net expenditure budget for the service.

The net expenditure budget (before the application of Public Health grant funding) for the homelessness team (line 10058) is £1.028m in 2019/20. The Public Health grant funding of £400,000 is therefore approximately 40% of the total net expenditure budget for the service.

The net expenditure budget (before the application of Public Health grant funding) for the supporting people (housing prevention) service (line 10065) is £2.2m 2019/20. The Public Health grant funding of £666,020 is therefore approximately 30% of the total net expenditure budget for the service.

Budget monitoring is undertaken monthly by the service in collaboration with Finance Business Partners; review and challenge of the financial information, including the continued suitability of Public Health grant funding allocated to support Public Health outcomes, is intended to be inherent within this monthly process.

9.HEADLINE FINANCES AND FINANCIAL HANDLING

At the end of the project/end of the financial year, a statement of the costs incurred will be submitted to Public Health. Evidence to support any significant items of cost (such as copy invoices) will be provided upon request.

The completion of regular budget forecasts on Business World is required to provide Public Health clear oversight of current performance and any potential underspends that may arise from the project.

Whilst the funding detailed above has been specifically allocated to this service the funds may be put at risk if the Members decide to use this allocation to fund other activities or support the bottom line financial position. Public Health will endeavour to inform of any such risks as soon as possible should they arise.

Support to embed prevention is provided by the Public Health Team. The team can be contacted via email.

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MEMORANDUM OF UNDERSTANDING TO EMBED PREVENTION / WELLBEING IN SHROPSHIRE SERVICES

This Memorandum of Understanding is for Housing Services, Affordable Warmth and Fuel Poverty Schemes provided by Shropshire Council to support embedding prevention and wellbeing into services. The embedding of prevention and wellbeing is in line with the Health and Wellbeing Strategy. It provides corporate and Public Health England assurance of delivery of the Shropshire Council statutory responsibilities to deliver public health services to residents of Shropshire.

Memorandum of Understanding between:

SERVICE:	**GRANT FUNDING:**
Keep Shropshire Warm /HeatSavers	**£135,000**
MAIN CONTACT:	**MAIN CONTACT:**
Paul Kelly	Rachel Robinson
TEL NO:	**TEL NO.**
01743 254877	01743 252003
EMAIL:	**EMAIL:**
Paul.Kelly@Shropshire.gov.uk	

START DATE: 1st April 2019
END DATE: 31st March 2020

PUBLIC HEALTH ENDORSEMENT:

DATE:	18/12/19
NAME:	Rachel Robinson (Susan Lloyd for)
SIGNATURE:	

Paul Kelly *(Keep Shropshire Warm and HeatSavers)* ENDORSEMENT:

DATE:	18/12/19
NAME:	Paul Kelly – Housing Operations Manager
SIGNATURE:	

REVIEW DATES
December 2020

SERVICE DESCRIPTION
Overview of service and summary of contribution to health and wellbeing (to include background, objectives and targets)

Keep Shropshire Warm (KSW) is Shropshire Council's Affordable Warmth and Energy Advice Service, which is currently delivered in partnership with Marches Energy Agency, to promote energy conservation and energy efficiency in domestic properties.

KSW offers free and impartial advice on:

- Grants and discounts to help finance affordable warmth measures
- Energy efficiency
- A unique referral service to relevant key professionals and community groups who have regular contact with vulnerable households
- Relevant professionals and community groups training to recognise those vulnerable households living in fuel poverty or struggling to afford to heat their homes
- Benefit entitlement checks to enable income maximisation
- Management of local authority grants specific to affordable warmth measures
- Tariffs
- Help for residents in assessing whether an 'offer' is genuine – particularly in relation to door-knocking or cold calling!
- Emergency funding is now available for low income households in a 'no heat' situation due to broken gas central heating systems

HeatSavers was formed in 2011 by Shropshire Council's Housing Services, Public Health, Age UK and Marches Energy Agency (MEA) to provide advice and assistance to vulnerable households in respect of heating and energy efficiency issues.

The HeatSavers scheme includes a range of solutions, which include, suppling temporary radiators and Emergency Heating Grants, delivered by the Private Sector Housing team (PSH). Referrals are received from front line workers who have identified concerns for the health of vulnerable people due to poor housing conditions and a lack of heating.

PSH receive referrals and respond directly to the needs of the household, working with the referring professional or agency. Households will also receive a wide range of housing advice and assistance from Housing Services.

3. Opportunities to further embed prevention in regulatory services

Opportunities to further embed prevention into Keep Shropshire Warm services are:

1. To further embed wellbeing and prevention into all Keep Shropshire Warm and HeatSavers work practices, services and policies.
2. To embed wellbeing and prevention into practices by embedding knowledge and skills into job descriptions and reviewing during professional appraisal.
3. To enhance practices by requiring staff to maintain and update knowledge and skills in wellbeing and prevention so that staff have knowledge of wellbeing, mental and physical, e.g. Healthy Conversations, Making Every Contact Count + & Mental Health First Aid.
4. To further embed wellbeing and prevention into Keep Shropshire Warm and HeatSavers services by enabling staff to:
    a. support residents and communities through other integrated health and social care programmes e.g. the social prescribing programme.
5. To further embed wellbeing and prevention into Keep Shropshire Warm and HeatSavers policies. The updates will be in line with the Shropshire Council health impact assessment approach.
6. Measure public health outcomes to determine the impact on residents of the substitutions process.

4. SUMMARY IMPACT EMBEDDING PREVENTION / WELLBEING

The outcome of embedding prevention and wellbeing into Keep Shropshire Warm and HeatSavers services will be to deliver Health and Wellbeing outcomes for the residents of Shropshire[1]. Shropshire Health and Wellbeing Board have agreed that prevention and sustainability are priorities:

The following 3 objectives are to be delivered through services

1. Health promotion and resilience
2. Promoting independence at home
3. Promoting easy to access and joined-up care.

PROGRESS MEASURES TO DELIVER EMBEDDED PREVENTION / WELLBEING

(to include outcomes agreed – aligned with Health and Wellbeing Strategy, workforce development, health improvement (mental health, physical health, lifestyle), health protection, wider determinants)

- Quarterly reports on progress and updates related to outputs against outcomes. Outcomes will also measure the extent to which wellbeing and prevention is embedded into the services delivered by teams - through staff development, work practices and policies.
- Quarterly reporting should include progress on work practices, services and policies, financial reporting, and case study information – one case study per year.
- End of year reporting should identify outcomes, where possible mapped to the PH Outcomes (section 6) Framework, along with quarter four and annualised data sets (see above).

[1] Shropshire Council (2016) Shropshire Health and Wellbeing Strategy 2016-2021 http://www.shropshiretogether.org.uk/wp-content/uploads/2016/05/FINAL-HWBB-Strategy-2016.pdf

6.HEALTH & WELLBEING OUTCOMES FOR STAFF AND/OR RESIDENTS

(to include public health outcomes agreed – workforce development, health improvement (mental health, physical health, lifestyle, health protection, wider determinants)

6.1 Service outcomes – national public health outcomes
Outcomes will be measured using:

1.17 Fuel poverty - % population
1.18 The number of Category 1 Hazards for Excess Cold reduced or eliminated.
1.19 The preventative savings to NHS and Society calculated using the Building Research Establishment, Housing Health and Safety Rating System Calculator.

6.2 Service outcomes – local public health outcomes

6.3 Health in All Policy Outcomes

Staff outcomes
Process outcomes:
6.: Number of job descriptions updated to embed wellbeing and prevention practices
6g: Number of staff completing MECC+ training
6h: Number of staff completing Mental Health First Aid training

Resident outcomes
6i: Number of residents referred to social prescribing hubs
6j. Case study example of work across agencies to build resilience

7.ADDITIONAL INFORMATION

Include in here a note on data sources and monitoring. Any other additional information that support smooth execution of the MOU.

8.FINANCIAL MONITORING AND EVALUATION

The funding to be provided through the PH grant to be added.

The net expenditure budget (before the application of Public Health grant funding) for The Keep Shropshire Warm and HeatSavers service is £135,000 for 2019/20. The Public Health grant funding of £135,000 is therefore approximately 100% of the total net expenditure budget for the service.

Budget monitoring is undertaken monthly by the service in collaboration with Finance Business Partners; review and challenge of the financial information, including the continued suitability of Public Health grant funding allocated to support Public Health outcomes, is intended to be inherent within this monthly process.

9.HEADLINE FINANCES AND FINANCIAL HANDLING

At the end of the project/end of the financial year, a statement of the costs incurred will be submitted to Public Health. Evidence to support any significant items of cost (such as copy invoices) will be provided upon request.

The completion of regular budget forecasts on Business World is required to provide Public Health clear oversight of current performance and any potential underspends that may arise from the project.

Whilst the funding detailed above has been specifically allocated to this service the funds may be put at risk if the Members decide to use this allocation to fund other activities or support the bottom line financial position. Public Health will endeavour to inform of any such risks as soon as possible should they arise.

Support to embed prevention is provided by the Public Health Team. The team can be contacted via email.

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Understanding how Public Health outcomes are being delivered across Shropshire Council

Public Health:

Population Health

Prevention is Better than Cure

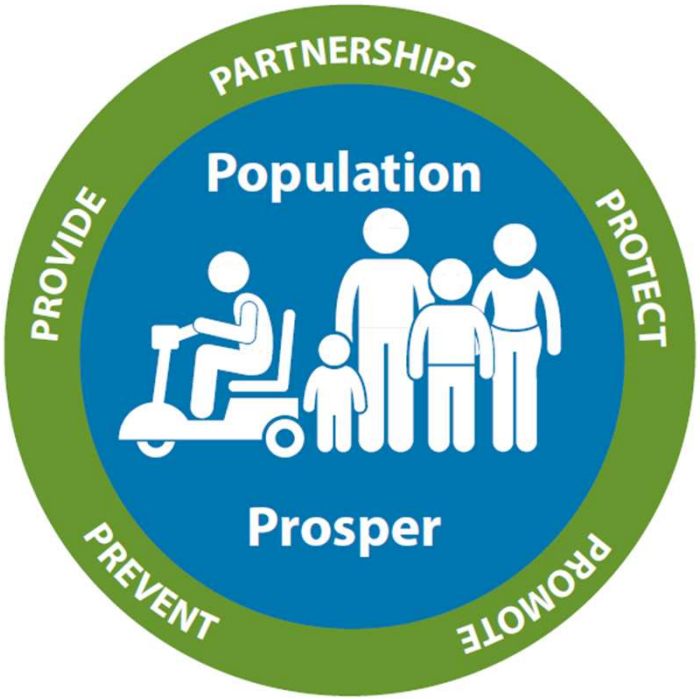
A Shared Responsibility

Public Health:
Population Health
Prevention is Better than Cure
A Shared Responsibility

Content

- Context for delivery
- Public Health's key health and wellbeing priorities
- Work to deliver an ambition to redesign and co-produce a new model of Public Health
  - An update on the provision of smoking and weight management services
  - The approach assurance of delivery of Public Health outcomes including the substitution of funding

Public Health:
Population Health
Prevention is Better than Cure
A Shared Responsibility



Public Health and Good Health and Wellbeing: is a shared responsibility

"The science and art of **promoting** and **protecting** health and wellbeing, **preventing i**ll-health and **prolonging** life through the organised efforts of society." *The Faculty of Public Health*

- Public health is about improving and protecting the health of groups of people, using an evidence based approach: *Population Health*
- Targeting risk factors which promote, prolong and prevent ill health - *prevention*

Shropshire Council

Public Health:
Population Health
Prevention is Better than Cure
A Shared Responsibility

What makes us healthy?

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

To understand why, we need to look at the bigger picture:

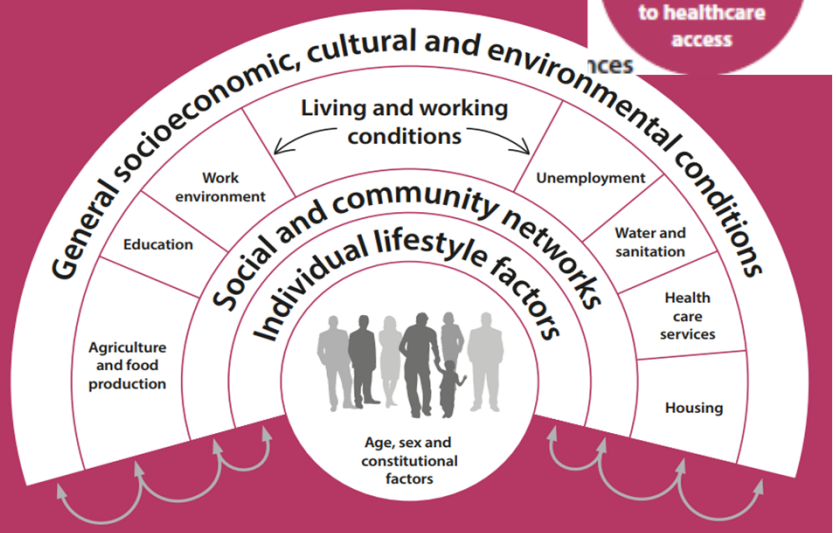
The healthy life expectancy gap between the most and least deprived areas in England is over **18** YEARS

Find our more: health.org.uk/what-makes-us-healthy

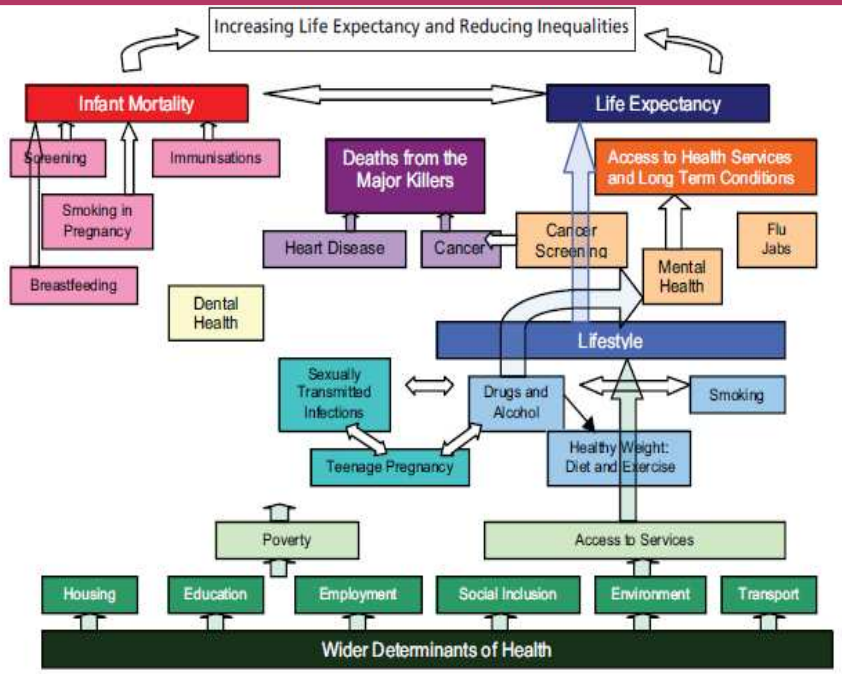
The Health Foundation

What makes us Healthy?

10% of a population's health and wellbeing is linked to healthcare access



Dahlgren and Whitehead 1991



Public Health:
Population Health
Prevention is Better than Cure
A Shared Responsibility

"The best way of ensuring a long healthy life is to have the best start in life, a decent education, a warm and loving home and sufficient income to meet our needs. Or to put it more simply - a job, home, family and friends are the things that matter most to our health and wellbeing."

Public Health England

Shropshire Council

Public Health:
Population Health
Prevention is Better than Cure
A Shared Responsibility

Prevention: Return on Investment

www.shropshire.gov.uk

SCTMP14433

Return on investment

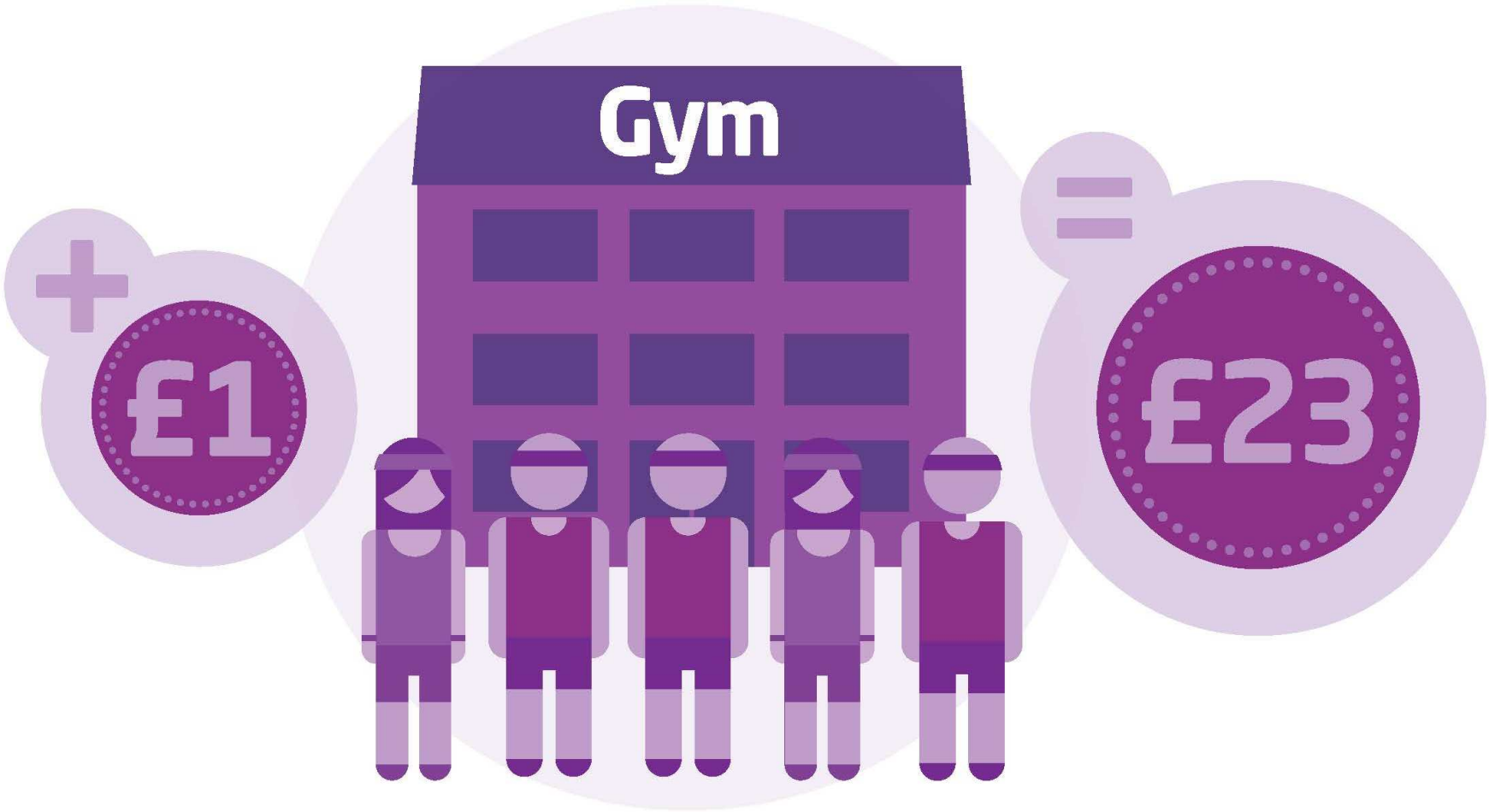
Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.

The Kings Fund

Local Government Association

Slide 7

SCTMP14433 Can be removed
Susan Lloyd, 19/09/19



Return on investment

Birmingham's Be Active programme of free use of leisure centres and other initiatives returned an estimated £23 in quality of life, reduced NHS use and other gains for every £1 spent.

The King's Fund

Local Government Association

Slide 8

SCTMP14434 Can be removed
Susan Lloyd, 19/09/19

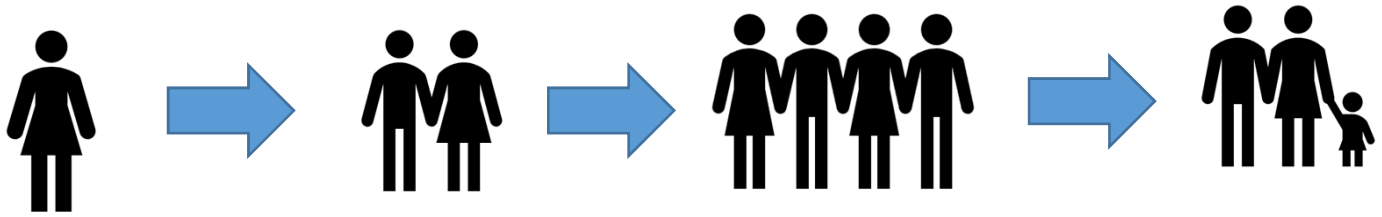
Return on Investment for prevention

Source: From Kings Fund: Making the Case for Public Health Interventions: 2014 and Healthy Lives Programmes

Intervention	Return on Investment for every £1 invested to the wider health and social care economy
Teenage Pregnancy	£11 in healthcare costs
School Based: Smoking	£15
Parenting Programmes	£8 (over 6 years)
Keeping active: free use of leisure centres	£23 in quality of life, reduce NHS use and wider
Housing investments: warm safe homes	£70 (over 10 years to NHS alone)
Disadvantaged groups in work	£3 (reducing crime, homelessness and care)
Social Support: Befriending	£3.75 (mental health spend)
Motivational Interviewing	£5
Drug Treatment	£2.50 (health and care)
Mental Health Interventions	Between £1,26 and £39 (health and care)
Falls prevention	Between £1.37 to 7.34 (health and care)
Social Prescribing in Shropshire	£2.29 (Health and Social Care)

Public Health:
Population Health
Prevention is Better than Cure
A Shared Responsibility

Supporting people and communities to live the best lives they can being be as happy and healthy as is possible



Public Health

Shropshire Council

Sustainability & Transformation Partners

Shropshire residents

Healthy Lives – A Team of Teams

Public Health:
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Funding and Resource

	2016/17	2017/18	2018/19	2019/20
Grant received from Public Health England (£)	12,628,000	12,317,000	12,000,000	11,683,000
Shropshire grant per head of population (£)	40	39	38	37
Telford & Wrekin grant per head of population (£)	76	74	71	68
England mean avg grant per head of population (£)	69	66	64	62
Shropshire allocation as a % of T&W				54.2%
Shropshire allocation as a % of England mean avg				58.9%

Out of 149 Local Authority areas, Shropshire receives the 17th lowest grant allocation per head of population (2019/20).

Public Health:
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Mandated functions

- Weighing and measuring of children - National Child Measurement Programme NHS Health Check assessment every five years
- Sexual health services
- Drugs and Alcohol Services
- Children's 0-5 Services
- Public health advice service - to clinical commissioning groups
- Protecting the health of the local population
- Oral health - this includes initiation, variation and termination of fluoridation.
- Intelligence : Annual Report, Joint Strategic Needs Assessment

- **Substitutions**
- 16 projects and services have been identified as suitable

Public Health:
Population Health
Prevention is Better than Cure
A Shared Responsibility

Public Health Shropshire ?

1. Evidence base: Population Health Management, JSNA
2. Partnerships and relationships: Individual, organisation
3. Integration: Shared responsibility
4. Community/place based approach: assets and targeted
5. Prevention: Early intervention, keeping people well for longer. Across all pathways, health promotion services commissioned

Priority Outcomes

Public Health:
Population Health
Prevention is Better than Cure
A Shared Responsibility

1. **Smoking in Pregnancy**
2. **Mental Health**
3. **Diabetes Diagnosis**

- Statutory Homelessness
- Carers
- RTAs
- Excess Winter Deaths
- School Readiness
- Successful completion of drug treatment
- Place shaping, green infrastructure, transport and communications.

Corporate Plan 2018/2019

the Big conversation

Health & wellbeing in Shropshire

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared

England worst | Regional average[4] | England average | 25th percentile | 75th percentile | England best

	Indicator names	Period	Local count	Local value	Eng value	Eng worst	Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	80.5	79.5	74.2	83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	83.7	83.1	79.4	86.8
	3 Under 75 mortality rate: all causes	2014 – 16	2,818	295.3	333.8	545.7	215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	616	63.6	73.5	141.3	42.3
	5 Under 75 mortality rate: cancer	2014 – 16	1,248	129.0	136.8	195.3	99.1
	6 Suicide rate	2014 – 16	64	7.8	9.9	18.3	4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	460	49.2	39.7	110.4	13.5
	8 Hospital stays for self-harm	2016/17	415	143.0	185.3	578.9	50.6
	9 Hip fractures in older people (aged 65+)	2016/17	407	549.7	575.0	854.2	364.7
	10 Cancer diagnosed at early stage	2016	774	50.6	52.6	39.3	61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	71.3	77.1	54.3	96.3
	12 Dementia diagnoses (aged 65+)	2017	3,315	70.4	67.9	45.1	90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	48	28.9	34.2	100.0	6.5
	14 Alcohol-related harm hospital stays	2016/17	2,188	655.7	636.4	1,151.1	388.2
	15 Smoking prevalence in adults (aged 18+)	2017	35,782	14.0	14.9	24.8	4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	68.2	66.0	53.3	78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	70.3	61.3	74.9	40.5
Child health	18 Under 18 conceptions	2016	82	15.2	18.8	36.7	3.3
	19 Smoking status at time of delivery	2016/17	305	12.4	10.7	28.1	2.3
	20 Breastfeeding initiation	2016/17	2,019	78.4	74.5	37.9	96.7
	21 Infant mortality rate	2014 – 16	27	3.1	3.9	7.9	0.0
	22 Obese children (aged 10–11)	2016/17	422	16.9	20.0	29.2	8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	16.7	21.8	42.0	5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	23.2	25.7	48.7	5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	5,825	12.1	16.8	30.5	5.7
	26 GCSEs achieved	2015/16	1,647	57.3	57.8	44.8	78.7
	27 Employment rate (aged 16–64)	2016/17	142,400	78.1	74.4	59.8	88.5
	28 Statutory homelessness	2016/17	354	2.6	0.8		
	29 Violent crime (violence offences)	2016/17	5,199	16.7	20.0	42.2	5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	630	20.7	17.9	30.3	6.3
	31 New sexually transmitted infections	2017	631	329.4	793.8	3,215.3	266.6
	32 New cases of tuberculosis	2014 – 16	26	2.8	10.9	69.0	0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Public Health Outcomes: 3 year rolling rates

Indicator Name	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18
Healthy Life Expectancy at birth: Female	66.6	66.4	66.1	66.0	65.5	67.5	65.4	-
Healthy Life Expectancy at birth: Male	65.3	64.4	64.3	64.7	64.7	65.4	64.5	-
Life expectancy at birth Female	83.2	83.6	83.7	84.0	83.8	83.7	83.4	-
Life expectancy at birth Male	79.5	79.7	80.0	80.1	80.3	80.5	80.4	-
Killed and seriously injured (KSI) on roads	42.7	42.5	41.7	43.7	43.0	49.1	53.0	-
Deaths from drug misuse	2.5	3.3	3.0	3.3	2.9	3.3	3.6	-
Infant mortality Persons <1 yr	3.8	3.1	3.2	3.3	3.1	3.1	4.1	-
Under 75 mortality rate from all cardiovascular diseases Female <75 yrs	42.1	41.7	41.4	39.2	39.0	39.3	37.7	-
Under 75 mortality rate from all cardiovascular diseases Male <75 yrs	101.9	98.8	95.0	91.1	89.0	89.1	86.7	-
Under 75 mortality rate from cancer Female <75 yrs	125.4	117.9	120.4	121.2	121.3	118.1	116.3	-
Under 75 mortality rate from cancer Male <75 yrs	157.3	149.3	150.4	142.2	140.3	140.5	138.5	-
Suicide rate Female 10+ yrs	6.4	4.7	5.0	5.1	4.8	3.5	2.6	3.6
Suicide rate Male 10+ yrs	18.1	19.4	17.6	16.7	14.9	12.2	13.5	13.9
Suicide rate Persons 10+ yrs	12.1	12.1	11.3	10.8	9.7	7.7	8.0	8.7
Statutory Homelessness	2.7	2.8	2.2	2.0	3.4	2.9	2.6	2.8

Value (Green = Better than England, Yellow = Similar to England, Red = Worse than England)
Source: Fingertips

Place Plan Area	Cancer	Stroke	CHD	Obesity	Depression	Diabetes	Palliative Care	Dementia	LD	Mental Health
Albrighton	5.2%	3.3%	5.3%	12.6%	6.5%	8.5%	0.7%	1.8%	0.4%	0.7%
Bishop's Castle	4.4%	2.7%	4.1%	10.9%	8.7%	6.7%	0.7%	0.9%	0.8%	0.8%
Bridgnorth	4.7%	2.8%	4.2%	8.1%	9.3%	6.7%	0.4%	1.4%	0.4%	0.7%
Broseley	3.4%	2.8%	3.7%	12.9%	9.4%	6.5%	0.3%	0.5%	0.3%	0.5%
Church Stretton	4.6%	3.3%	4.9%	11.0%	8.6%	6.5%	0.5%	2.0%	0.3%	0.7%
Cleobury Mortimer	4.2%	2.7%	3.7%	9.4%	10.5%	7.6%	0.4%	0.9%	0.2%	0.5%
Craven Arms	4.1%	3.2%	4.5%	18.6%	13.6%	7.2%	0.3%	1.0%	0.4%	1.1%
Ellesmere	3.6%	2.6%	4.3%	15.1%	10.1%	7.1%	0.7%	1.2%	0.4%	0.8%
Highley	3.3%	2.7%	3.7%	10.0%	15.3%	8.5%	0.4%	1.1%	0.4%	0.4%
Ludlow	4.6%	3.0%	4.3%	10.4%	14.6%	6.9%	0.6%	1.6%	0.5%	1.1%
Market Drayton	3.5%	2.3%	3.3%	8.2%	8.5%	7.1%	0.5%	1.0%	0.4%	0.6%
Much Wenlock	3.9%	2.5%	4.1%	8.5%	11.0%	6.5%	0.3%	1.1%	0.4%	0.5%
North East Shrewsbury	2.3%	1.9%	2.8%	10.0%	12.6%	6.6%	0.3%	0.9%	0.5%	0.9%
North Oswestry	3.4%	2.5%	3.8%	14.3%	10.3%	6.7%	0.4%	1.1%	0.4%	0.7%
Oswestry Town	3.2%	2.5%	3.4%	11.9%	13.6%	7.2%	0.3%	1.1%	1.1%	0.9%
Pontesbury and Minsterley	4.7%	2.6%	3.8%	10.1%	15.4%	6.8%	0.4%	1.3%	0.7%	0.8%
Shifnal	3.3%	2.0%	3.5%	9.1%	8.6%	6.3%	0.1%	0.6%	0.3%	0.5%
Shrewsbury Rural	3.7%	2.4%	3.0%	10.4%	9.7%	6.4%	0.2%	0.6%	0.6%	0.6%
South & East Oswestry	4.4%	2.3%	3.1%	13.1%	10.9%	5.9%	0.3%	0.7%	0.3%	0.3%
South Shrewsbury	3.7%	2.7%	3.8%	11.2%	11.7%	6.8%	0.5%	1.3%	0.6%	1.0%
Wem	3.1%	2.2%	3.1%	9.2%	7.8%	5.5%	0.2%	0.9%	0.4%	0.7%
West and Central Shrewsbury	3.3%	2.5%	3.7%	9.7%	11.0%	6.8%	0.4%	1.0%	0.6%	1.0%
Whitchurch	3.7%	3.6%	4.9%	21.2%	12.7%	9.5%	0.5%	1.7%	0.4%	1.0%
England	2.7%	1.8%	3.1%	9.8%	9.9%	6.8%	0.4%	0.8%	0.5%	0.9%

Public Health:
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A Shared Responsibility

Healthy life expectancy and life expectancy

Area	Oswestry	Shrewsbury
Healthy Life Expectancy	66.1 years	72.7 years
Life Expectancy	82.1 years	84.4 years

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Delivery of improved Public Health outcomes

1. Integration, Partnerships, Workforce and Relationships
2. Evidence Based Approach
3. Prevention
4. Community/Place/Neighbourhood Based Approach
5. Substitutions

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Progress

1. Functions and Commissioning
2. Priorities

- Mandated services
- Smoking in pregnancy
- Diabetes
- Social prescribing
- Evidence-base – JSNA etc
- Relationship building
- Substitutions (building capacity)
- Local Plan
- Mental Health

Shropshire Council

Public Health:
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Smoking and Weight Management

- Help2slim and help2quit decommissioned
- Smoking in pregnancy, NHS Health Check and Social Prescribing remain
- Letter drafted for GPs
- Best Evidence for improved outcomes
- NHS Long Term Plan
- Work to segment the population:
  - Pregnancy, families, pre-conception
  - Mental Health
  - Outpatients
  - Targetting

Public Health:
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JSNA

1. Care Closer to Home
2. MSK
3. SEND
4. Next steps report

“Already making a difference”

“Supports our decision making”

“This is what we needed”

Public Health:
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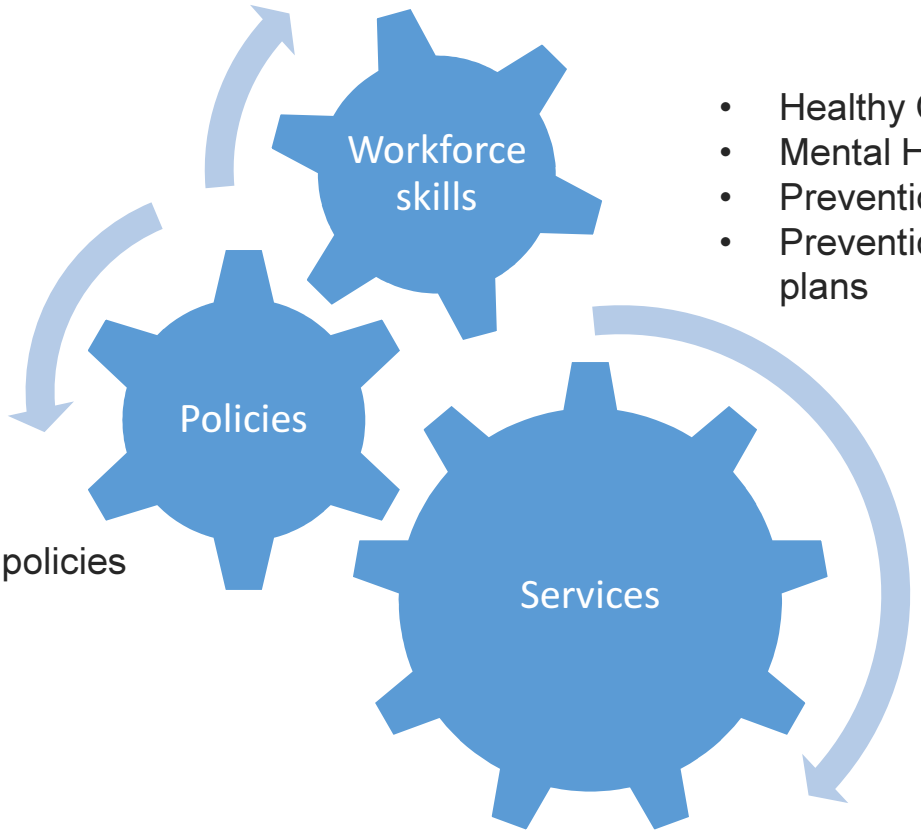
A Shared Responsibility

Substitution



Health in all policies

- Healthy Conversations
- Mental Health First aid
- Prevention in job descriptions
- Prevention in personal development plans

- Raise awareness of workforce within services
- Highlight co-operation between services e.g. Housing & social prescribing

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Substitution
Outcomes

Leisure and Culture – Wild Teams

Investment: £42,350

Outcome	Number	Saving per person	Total	Savings accrued by
Discharged entirely from the Community Mental Health Team service	2	£2,197	£4,394	SC
Volunteers moved into work, education or voluntary posts	15	£10,321	£154,815	DWP
Ready to be referred onto employment agencies such as Enable	5		£0	
Reduced weekly staff visits	30	£8,112	£243,360	SC
Abstinence from alcohol	2	£2,015	£4,030	CCG
Give up smoking or begin a healthier diet	8		£0	
Reduced depression/ anxiety as a result of social network/ reduction in social isolation	40	£977	£39,080	SC/ NHS
Present at A&E	3	£134	£402	NHS
Be admitted to hospital	3	£2,800	£8,400	NHS
Total			£454,481	
ROI			£6.16	

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Local Plan

1. Wellbeing in current plan but not included in place shaping conversations
2. New Local Plan in development (to be complete 2020)
3. Wellbeing priorities will be defined using the JSNA and Health and Wellbeing Strategy
4. Wellbeing will be embedded in 2 ways
   - In underpinning policies e.g. leisure, environment, transport, housing quality and design etc
   - As a health policy including health impact assessment, active travel, access to healthy food

We will achieve this through working with colleagues in services e.g. environment, place shaping etc. & working directly with planning colleagues

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Partnerships and Relationships

- ***Together as one, transforming health and care for Shropshire, Telford & Wrekin*** *:*
- Together we need to tackle the cause of the problems such as loneliness, poverty and obesity, and work differently so that services are joined up, making the most of new digital technology and using buildings that are fit for modern day health and care
- We need to do more to support people lead happier and healthier lifestyles by encouraging people to be more physically active, manage their weight or change habits such as stop smoking or alcohol abuse
- By joining up local services and working in collaboration with local people and our voluntary sector, we can achieve much greater benefits for our community
- **Provide a greater emphasis on prevention and self-care**

Questions?

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SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 23 September 2019
10.00 am - 12.29 pm in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Linda Jeavons
Email: linda.jeavons@shropshire.gov.uk Tel: 01743 257716

Present
Councillor Karen Calder (Chairman)
Councillors Madge Shineton (Vice Chairman), Roy Aldcroft, Kate Halliday, Simon Harris, Simon Jones, Heather Kidd and David Vasmer (Substitute) (substitute for Tracey Huffer)

25 **Apologies for Absence**

Apologies for absence were received from Councillors Gerald Dakin, Tracey Huffer (Substitute: David Vasmer) and Paul Milner.

26 **Disclosure of Pecuniary Interests**

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

Councillor Simon Jones declared that he was an employee of Shropshire Community Health Trust.

Councillor Madge Shineton declared a connection with Health Concern Kidderminster.

Councillor Roy Aldcroft declared that he was a Public Governor of the West Midlands Ambulance Service.

Councillor Kate Halliday declared that she was a member of a professional body which provided services in the drug and alcohol field.

27 **Minutes**

A discussion ensued regarding the Minutes. Some Members expressed their dissatisfaction regarding the content and indicated that some views had either been omitted or not recorded in the manner in which they had been expressed.

Arising from the minutes, the following points arose:

- *Minute No. 23 (Page 2) Reference was made to a letter written by the same surgery in November 2018 which had stated that closure of Whitehall would mean being destabilised to the point of being unable to deliver safe medical*

care. What had changed so that they were able to take more patients now? Patients also still appeared to be finding it hard to register with this practice.

Question – Can Committee investigate whether or not this continues to be a problem. If so, can this be taken back to the CCG for a response?

- *Minute No. 23 (Page 2) Was there a satisfactory relationship with primary care organisations and practice managers?Was enough effort put into making the tender attractive? Had the inclusion of the zero tolerance service in the contract made it unattractive and who was currently providing that service?*

  The Head of Primary Care said he would speak to the nearest Practice which on anecdotal evidence appeared to be restricting numbers once again.

  Question – What was the outcome of this discussion?

- *Minute No. 23 (Page 5) Why could the minutes of the Primary Care Commissioning Committee where the matter was discussed in private not now be made available?*

  The CCG could not release any minutes of confidential meetings. There had been a subsequent meeting held in public where questions from members of the public were responded to and the minutes of this meeting were available on the website. In response to a request from some members of the Committee who felt that the minutes should be available now the procurement process was no longer live, the Director of Primary Care said she would again check the position with the CCG's Director of Governance.

  Question – Are the minutes now available?

- *Minute No. 23 (Page 5) There have been reports of people being deregistered from surgeries due to changes in practice boundaries – was this correct, where can the boundary maps be found?*

  Question - Have these maps been made available. If not, please could this be actioned upon.

Members noted that Minutes were not a verbatim record, but a summary of the proceedings that may include the essence of the discussion.

RESOLVED:

That the Minutes of the meeting held on 23 August 2019 be confirmed as a correct record and signed by the Chair.

28 **Public Question Time**

There were no public questions or petitions.

29 **Member Question Time**

There were no member questions.

30 **Review of 111 Commissioning**

Members considered a report regarding a review of 111 Commissioning. The report provided a briefing on the current status of the six-month review of the Integrated Urgent Care service delivery model and the next steps.

The following were in attendance:

Ros Preen, Director of Finance and Strategy, Shropshire Community Health NHS Trust
Fran Beck, Executive Lead for Commissioning, Telford and Wrekin CCG
Simon Chapple, Medical Director, Shropshire Doctors Co-Operative Ltd
Emma Pyrah, Head of In Hospital, Shropshire CCG

Mr S Chapple introduced the report, which followed on from a request of this Committee to be kept updated following a review. The six-month review had been undertaken as part of a phased programme of work. It had been a really through review and involved many representatives from many organisations. All those involved had worked hard and been very committed.

In the ensuing debate all four responded to questions from Members. In summary, Members noted the following:

- Learning from the issues raised by palliative care/end of life patients a range of 'magic words' had been introduced for use by carers/patients. This would then enable the caller to be directed to the appropriate help quickly and appropriately.
- The Ambulance service was made aware of any Respect Plans/Advance Care Plans so could act appropriately to any calls;
- Given that in many rural areas there are areas with no street names etc, Members expressed concerns regarding the ability to locate some addresses. Members were informed that any person attending a patient would be a local provider and could ring up for directions. Technology and disposition codes also enabled calls to be tracked.
- A detailed analysis of performance and quality factors had been undertaken at the six-month review and a set of Key Performance Indicators had been agreed and grouped together in a more logical way.
- A Member expressed concerns regarding cross-border confusion with regard to addresses/postcodes. Some areas have multiple places with the same name and located miles apart, which can result in ambulances travelling long distances when one stationed closer could have been used. In response, all Members were asked to report any issues so that they could be investigated.

The Chair thanked them all for their attendance at the meeting and asked that a further update on the outcome of the review be presented to a future meeting.

AGREED:

That this item be further considered at the meeting scheduled to take place on 20 January 2020.

31 **Public Health Outcomes**

The Director of Public Health provided a report and presentation entitled "Understanding how Public Health Outcomes are being delivered across Shropshire Council.

The report and presentation covered:

- Context for delivery;
- Public Health's key health and wellbeing priorities;
- Work to deliver an ambition to redesign and co-produce a new model of Public Health;
- An update on the provision of smoking and weight management services; and
- The approach assurance of delivery of Public Health outcomes including the substitution of funding.

During discussion the Director of Public Health responded to questions from Members. In summary, Members noted the following:

- Funding – The allocation of funding was based on the 2013 allocation and followed an intensive evaluation process. Urban areas do get a bigger allocation compared to that of rural areas and there was a push to balance that gap. Members welcomed any lobbying of MPs to address any inconsistencies regarding funding allocation between rural and urban areas.
- Public Health Outcomes/Priorities – Members considered the outcomes/priorities and noted both the areas of concern and the areas in which Shropshire performed well. The Director of Public Health agreed to distribute detailed information regarding these figures and also further information relating to the work around smoking.
- Smoking in pregnancy services – The delivery of this service was available in the wider-community and not just maternity units.
- Memorandum of Understanding – Following discussion Members noted that not all MOUs had yet been developed. It was agreed that as and when MOUs were developed they would be reported to this Committee for consideration.

In response to questions, the Portfolio Holder for Adult Social Services and Climate Change commented that this Council continued to work with local MPs to raise funding in general. Shropshire Council had a similar population to many London Boroughs but received a third of the budget they received. There is deprivation, both in rural and urban areas and the cost of delivering services across 5,000 km of road network from Clun to Woore, Quatt to St Martins added an additional burden.

RESOLVED:

- That the approach of the Council to the delivery of public health outcomes, improving the health and wellbeing of Shropshire's communities and changes to Public Health services, be noted.

- That the ambition to redesign and co-produce a new model of public health delivery with Shropshire be endorsed.

- That the approach being developed by the team to produce assurance of the delivery of public health outcomes within Shropshire Council be approved.

- That an approach to local MPs requesting them to lobby ministers to increase the Public Health Grant funding baseline in Shropshire to closer to the England average and remove the inequalities in the provision of this grant be approved.

- That all Memorandum of Understandings be reported back to this Committee for consideration and comment.

32 **Work Programme**

Members considered the Work Programme. A copy of the updated Work Programme can be found appended to these Minutes.

Signed ..... (Chairman)

Date: .....

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