

Date: Monday, 19 April 2021

Time: 11.00 am

Venue: THIS IS A VIRTUAL MEETING - PLEASE USE THE LINK ON THE AGENDA TO LISTEN TO THE MEETING

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HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

6 Delivering Public Health Outcomes - Update (Pages 1 - 22)

To review the memorandums of understanding for substituted services, report to follow

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Committee and Date

**Health and Adult Social Care
Overview and Scrutiny
Committee**

Item

Public

Substitution of the General Fund with the Public Health Grant

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1. Summary

- 1.1 This report provides a 2020/21 update on Shropshire Council's approach to the substitution of general core Council funding with monies from the public health grant to fully embed health in all policies. The process works alongside public health advocacy and health in all (HiAP) 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.
- 1.2 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.
- 1.3 In the year 2020/21 the percentage of Public Health grant allocated to wider council services has reduced by 5%. In the year 2019/20 25% of the Public Health Grant was allocated to wider council services, in 2020/21 this reduce to 20% of the Public Health Grant which was allocated to wider council services.
- 1.4 The health and wellbeing in all policies approach was formally adopted by Shropshire Council Cabinet on 12/02/2020, substitution funding is consistent with this approach.
- 1.5 The financial year 2020/21 has been anomalous due to the Covid-19 pandemic. The impact of the pandemic on substitutions is reflected in the report.
- 1.6 This report addresses the allocation of substitutions alongside the impact on services that have operated during the pandemic. In an additional section we present the change to work in services that have substitution funding and impact on the population of Shropshire.

2. Recommendations

- 2.1. That the committee notes the updated approach to health and wellbeing in all policies.
- 2.2 That the committee note the interface between the substitutions process developed by the Public Health team and health and wellbeing in all policies approach.

- 2.3 To note wellbeing public health outcomes in Shropshire Council services which receive substitution funding.

REPORT

- 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 wellbeing (public health) outcomes within key core Council Services, which have a significant impact on health and wellbeing in Shropshire. A process was developed to prioritise and monitor outcomes for any services that received substitution funding.
- 2.5 In February 2020 Shropshire Council Cabinet approved a health and wellbeing approach (HiAP) to embed wellbeing into all Shropshire Council policies as a to improve population health. This approach aligns with the with the substitutions approach and broadens the wellbeing agenda.
- 2.6 As an outcome of a refocus of substitutions in 2020/21. The number of services receiving substitutions was reduced to 10 services. The 6 services removed are listed below with a rationale for removal. These projects are either delivered/commissioned by Public Health, did not meet inclusion criteria or were no longer operational. The projects affected are highlighted on Appendix 1.
- 2.5.1 Targeted mental health schools – removed because the service is commissioned by Public Health
 - 2.5.2 Healthy child development programme – removed because the service is commissioned by Public Health
 - 2.5.3 Meadow Place Community Rehabilitation – the funding was capital and therefore did not match the funding criteria
 - 2.5.4. Shropshire Partnership – the service is delivered by Public Health
 - 2.5.5 IBCF Equipment telecare assistive technology – the project is no longer operational
 - 2.5.6 IBCF Initiative 2N, specialist equipment – the project is no longer operational
- 2.7 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:
- 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.
- 2.8 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.

- 2.9 Shropshire Council can provide evidence to assure the allocation of the public health grant. Each service eligible for substitution money has a Memorandum of Understanding (MOU) or a Service Level Agreement (SLA) with Public Health.
- 2.10 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. The Public Health spend is then assured by Public Health England; informal feedback supported the rigorous process put in place.
- 2.11 An update on progress to deliver the substitutions 2020/21 is attached as Appendix 2. The substitutions process is being successfully delivered to the timetable set out, within the context of the global pandemic.

2 Current situation

- 2.12.1 Full details of the MOUs signed, and substitutions cost is provided as Appendix 2. Of the 10 services requiring an MOU/ SLA, seven MOUs have been signed. Two services are commissioned by Shropshire Council Public Health and therefore no MOU is required. A final MOU is outstanding, the MOU is with Emergency Planning for signing.
- 2.12.2 Covid response and management has significantly impacted on Emergency Planning and Public Health services. This delay will be rectified in the April 2021.
- 2.12.3 The Public Health Team and finance business partner have currently identified 2020/21 substitutions to the value of £2,437,560. The value of substitutions allocated is set at £2,437,560, and all substitutions have been allocated.
- 2.12.4 The value of substitutions in 2019/20 was £2,955,420 (25% of Public Health grant) after analysis and removal of Public Health provided services this amount reduced by £517,860 to the current value £2,437,560 (20% of Public Health grant).
- 2.12.5 Of the ten services receiving the substitution funding, 6 have demonstrated they have achieved their KPIs in a measurable way, the remaining 4 services have been supporting the wider COVID response and therefore delivering alternative KPIs supporting public health outcomes around health protection.
- 2.12.6 The 10 services successfully delivered the following, details of health and wellbeing outcomes are in Appendix 3:

Emergency planning

- The years 2020/2021 were challenging to the Emergency Planning Unit. The Unit started the year in response mode, due to severe flooding events and continued in response to address the emerging global pandemic. Most of the multi-agency LRF and national work were put on hold to deal with the ongoing events. Both LRF and national working groups are now reconvening to assess a way back to business as usual.

- The team have completed an update of suite of incident response plans including flooding and pandemic.
- Increased awareness of the importance of emergency preparedness with council colleagues and partners as an outcome of actions during floods and the pandemic
- Increased community resilience engagement

Regulatory services

- Have undertaken a vital role in protecting the public during the pandemic. A significant amount of work has taken place by the service behind the scenes to protect the health of people in Shropshire. The service has taken a lead role in protecting the public through a range of enforcement and advisory functions, adopting a proportionate and pragmatic approach to enforcing business restrictions and Covid secure measures in the workplace.

Housing including fuel poverty

- Keep Shropshire Warm have continued to support residents to reduce their exposure to cold throughout the pandemic. In the past 12 months 117 homes were supported to either reduce or eliminate exposure to cold.

Child health

- Interventions at family hubs continued during the pandemic with modifications to the way in which service is delivered. Of those families treated throughout the pandemic over 50%(62 families in Q1-3) reported of families reported improved physical and mental health (136 families in Q1-3); over 50% improvements in domestic abuse. Families were supported to deal with specific issues including domestic violence (25%), drug and alcohol misuse (25%), mental health (78%)

Leisure services – Outdoor Partnership

- During 2020/21 the majority of volunteering projects have been on hold due to volunteers being unable to undertake the work due to Covid restrictions. IN response to this the Outdoor Partnership – Wild Teams have been extensively involved in the Covid Community Resilience Team response. They have used resources to deliver PPE, food parcels, food to food banks, laptops to schools and free school meals.

Women's Refuge

- The Women's Refuge is commissioned by the Housing Team via the Public Health Grant. Working with partners throughout the pandemic the refuge has provided a service to women and their children in Shropshire who have required support and a safe space.

Homelessness team

- Throughout the pandemic the homelessness team have supported more than 650 individuals and families to find temporary or permanent accommodation.

Housing prevention (supporting people)

- Throughout the pandemic the homelessness prevention team and homelessness team have prevented more than 150 individuals and families from becoming homeless.

IBCF Let's Talk Local

- Let's Talk Local offers a community-based service for Shropshire residents, promoting early conversations aimed to support the maintenance and improvement of people's health, wellbeing, and independence.
- Throughout the pandemic the service has been delivered via a virtual platform. In 2020/21 1969 appointments were booked and 1605 appointments were completed across the county.
- Care needs were supported by the service.

IBCF Energise PSI falls prevention

- Energise delivers a 20-week community postural stability instruction exercise programme. The team created an 'Elevate at Home' project for Shropshire residents referred to the programme; 1091 packs were requested. This programme was run in parallel with a phone triage service to risk assess referred individuals.

2.13 Impact of the Covid-19 pandemic on substitutions

2.13.1 The Covid-19 pandemic has had a significant impact on the delivery of Public Health substitutions as with wider Public Health and Council services. The Covid-19 pandemic was declared on 11th March 2020 and the first national lockdown began on 23rd March 2020.

2.13.2 From February 2020 to date Shropshire Council has been extensively involved in the pandemic response. Work has been prioritised and refocused on urgent COVID-19 related response first.

2.13.3 The full details of the impact of the on-going Covid-19 pandemic on Shropshire Council and residents are recorded elsewhere. The impact on the services provided by the council has been significant. Throughout the pandemic services have worked in partnership. The needs of the pandemic have led to the following outcomes, services have redefined (temporarily) the service they provided; staff were redeployed to roles within the council; new roles were created in the council to provide resident protection and support; new teams were created in the council to deliver new services e.g. Health Protection and Community Resilience Team. We present this report against the background of the pandemic response and as Shropshire Council is on the road to delivering business as usual, all be in still through hybrid working. It is anticipated that some recovery of the delivery of other services will begin during 2021.

2.13.4 It remains 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 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

2.13.5 The unprecedented circumstances of the 2020/21 pandemic and the subsequent temporary changes to the way in which Shropshire Council provide services have resulted in four services changing the way that they deliver services and to the agreed KPIs not being measurable in the year:

- Community Social Work Team (Let's Talk Local)
- Health Protection (Regulatory Services)
- Emergency Planning Unit
- Health Activities (Leisure Centres) Outdoor Partnerships

Six services that have been able to deliver to the agreed KPIs are:

- Homelessness
- Homelessness Prevention
- Keep Shropshire Warm
- Women's Refuge
- Children's Family Hubs
- Parenting

2.13.6 The 4 services that have changed the way they deliver services listed above have all been active delivering services, some of which have been temporarily refocused during the pandemic. A summary of changes to Community Social Work Team (Let's Talk Local), Health Protection (Regulatory Services), Emergency Planning Unit and Health Activities (Leisure Centres) Outdoor Partnerships services is provided in Appendix 3.

2.13.7 The outcomes for the 6 services that have been in a position to deliver to the agreed KPIs is provided in Appendix 4.

2.14 **Proposed Next Steps**

2.14.1 Key performance indicators continue to be monitored every six months and the SLAs/MOUs are reviewed every 12 months.

2.14.2 It is proposed that in the next 12 months the focus is on supporting services which receive substitutions funding to continue to embed wellbeing into services and into policies. All of the actions need to be considered in the context of Living with Covid-19.

2.14.3 That during Q1/Q2 2021, the area and level of substitutions within the Council is reviewed reflecting the impact of the pandemic on the public's health and the need to make additional funds available to tackle the impacts and live with COVID.

- 2.14.4 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.

4. Conclusions

This paper is a 2021 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, Cabinet Member for Adult Social Care, Public Health & Climate Change

Appendices

Appendix 1: Report on services receiving substitutions from Public Health grant 2019/20

Appendix 2: Report on services receiving substitutions from Public Health grant 2020/21

Appendix 3: Covid-19 Update - services with Public Health grant substitutions

Appendix 4: Key Performance indicators associated with Public Health grant substitutions 2020/21

Appendix 1

Report on services receiving substitution from Public Health grant 2019/20

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	137,100 102, 100 homelessness prevention 35,000 Keep Shropshire Warm
4. Telehealth care Removed February 2020	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 £241,290
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 in place.	197,000
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

Appendix 2

Report on services receiving substitutions from Public Health grant 2020/21

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	Housing services – MOU signed Fuel poverty services – MOU signed	102, 100 homelessness prevention 35,000 Keep Shropshire Warm
4. Child health	Early help children's hubs & parenting programmes – MOU signed	450,000
5. Leisure services	Outdoor Partnerships SLA signed.	42,350
6. Women's refuge	Commissioned by Public Health; therefore, no MOU is in place.	197,000
7. Homelessness team	Housing services – MOU signed	400,000
8. Housing prevention (supporting people)	Housing services – MOU signed	567,590
9. IBCF Let's Talk Local	MOU signed	68,070
10. IBCF Energise PSI falls prevention	Commissioned by Public Health; therefore, no MOU is in place	43,500
Total		2,437,560

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Appendix 3

Covid-19 Update - services with Public Health grant substitutions

Community Social Work Team (Let's Talk Local)

In March 2020 Let's Talk Local shifted services onto a virtual and remote platform. Shropshire's Adult Social Care Practitioners adapted to many new ways of working and have risen to the challenge of supporting residents in a very different way. Many opportunities and advantages have been observed. For example, a significant reduction in cancelled and non-attended appointments. This new approach has encouraged the team us to expand and adopt new technology that will continue to aid them in the future. Residents continue to make contact with First Point of Contact (FPOC) who book appointments in the same way as before.

Health Protection (Regulatory Services)

COVID-19: Regulatory Services' Environmental Health functions have had a vital role in protecting the public during the pandemic. A significant amount of work has taken place by the service behind the scenes to protect the health of people in Shropshire. The service has taken a lead role in protecting the public through a range of enforcement and advisory functions, adopting a proportionate and pragmatic approach to enforcing business restrictions and Covid-19 secure measures in the workplace. This work has included:

- **Protecting the Food Chain: Maintaining safe and hygienic practices which ensure food is safe to eat.** At the start of the pandemic, Regulatory Services proactively contacted volunteers and businesses, particularly those who were diversifying their operations, to offer expert advice and guidance so that they could continue to provide food which is safe to eat. The team worked with voluntary, community and business sectors to support them with food hygiene and food standards advice to help them respond to the increasing demand to provide food for some of the most vulnerable residents in Shropshire. Allergic reactions to food ingredients can be fatal and changes in food operations also posed that additional risk which needed to be identified and controlled.
- **Business Closures:** Regulatory Services has had a vital role in protecting the public and employees, we provided advice on the COVID-19 business closure regulations during our interactions with food businesses and premises that we are the enforcing authority for health and safety legislation.
- **COVID Secure Workplaces:** This work includes ensuring that these workplaces are COVID secure so that employees returning to work and members of the public are protected as much as possible.
- **Outbreak Management:** Since the start of the pandemic four officers have been embedded in Shropshire Council's Health Protection Cell, initially supporting the work with Care Homes and then later to deliver the requirements of the Outbreak Plan. Regulatory Services' highly skilled and competent public health specialists' knowledge, skills and competency base have been crucial to supporting the public health response. Regulatory Services has been flexible and proactive in joining forces with the Health Protection Cell at a time of national emergency.

Emergency Planning Unit

The years 2020/2021 were challenging to the Emergency Planning Unit. The unit started the year in response mode, due to severe flooding events and continued in response to address the emerging global pandemic. Most of the multi-agency LRF and national work were put on hold to deal with the ongoing events. Both LRF and national working groups are now reconvening to assess a way back to business as usual.

	Outcomes Agreed Against	Activities Progressed	Improvements Realised
6.1	Service Outcomes: <ul style="list-style-type: none"> Suite of incident response plans Maintaining training Assist community resilience programs 	<ul style="list-style-type: none"> Updates to plans utilised during the pandemic and flooding response completed. Training has been paused during this time and will be restarting in slightly different formats once we emerge from lockdown. Community resilience engagement has increased due to both flooding and the pandemic 	<ul style="list-style-type: none"> Outbreak Control Plan improved and is now more comprehensive due to the learning over the past year Virtual training programs have been developed which will in future enable more engagement with communities across Shropshire We engaged with the National Flood Forum to assist our communities to become more resilient to flood events. Providing the communities with the knowledge to protect/reduce the impact and prepare for future flood events
6.1.1	National Outcomes: <ul style="list-style-type: none"> Local Resilience Forum Partnership Working National resilience 	<ul style="list-style-type: none"> Local Resilience Forum has begun a series of meetings to review and develop our work program for 2021 The Emergency Planning Unit is an active member of the National Human Aspects and Community Resilience Working Group. The EPU is also an active member of the Communities Prepared National Working Group which the Cabinet Office, Civil Contingencies Secretariat lead. 	<ul style="list-style-type: none"> Both working groups provide advice to the government to inform and assist their development of future guidance and policies under the Civil Contingencies Act.
6.1.2	Local Outcomes: <ul style="list-style-type: none"> Local incidents 	<ul style="list-style-type: none"> The severe flood event of 2020 debrief outlined areas of improvement which the Council in the intervening time took on board. A full debrief of the C19 response will be conducted later this year, after the National 4 Step roadmap for recovery is completed. 	<ul style="list-style-type: none"> As a result of the lessons learned and the improvements to our response. The flooding event of 2021 which saw similar flooding depths saw an improved response which was acknowledged by the Chair of the local Tactical Coordinating Group, who commented that the Local Authority had excellent engagement across all areas of the council and a good

			situational awareness of the response.
6.2	Health in All Policies Outcomes: <ul style="list-style-type: none"> • Staff Outcomes • Plan Outcomes • Training Opportunities 	<ul style="list-style-type: none"> • Due to both incidents, staff across the council have a better awareness of emergency planning and are more engaged with the planning and response process • Our community response capability has improved greatly and links with various partners and other areas of the council will have a positive legacy effect going forward. 	<ul style="list-style-type: none"> • We intend to retain as many C19 volunteers as possible. • To encourage and train those volunteers who have come forward during C19 to continue to support their communities in an emergency and become permanent Community Response Volunteers.

Health Activities (Leisure Centres) Outdoor Partnerships

As a response to the pandemic leisure centres and Outdoor Partnership activities have been closed down during the three periods of lockdown. This has severely restricted the permitted engagement with the population for this service.

Covid-19 has had a significant impact on the Outdoor Partnership Team and Shropshire's rights of way network.

- There has been a 215% increase in the number of issues being logged on our Management System
- A 187% increase in general issues being reported
- Issues with being able to work from home due to IT provision and the requirement to have access to legal records and files. A business case is being drafted to highlight the IT requirements.
- Volunteers have been unable to undertake works.
- Legal Orders have not been progressed due to the inability to fulfil parts of the statutory function due to restrictions.

This has further highlighted the importance and value of the rights of way network to enable access to the countryside for recreation and people's health and wellbeing.

Although the outdoor partnership was not able to deliver its usual service due to Covid, the team were very active in supporting the Covid effort. Examples of activities are below:

Shropshire Council's Outdoor Partnership Team Covid response.

- Over 1,000 food parcels delivered to Shropshire residents who were shielding or vulnerable.
- Over 120 PPE packs delivered (ongoing).
- 45 food pallets delivered to Food banks.
- Weekly food collections since April 2020 (now twice weekly) from Birmingham Fareshare to Shropshire Food hub.
- 550 laptops delivered to schools.
- Free school meal parcels delivered to schools for holiday periods.

- The Wild teams Manager is now managing the Lateral Flow Test site at Craven Arms.



The above was only possible as a result of all team members stepping in to ensure that normal services were maintained. Without the additional efforts and long hours of all team members the additional task of food and PPE delivery at a time of crisis would not have been possible

Appendix 4

Key Performance indicators associated with Public Health grant substitutions 2020/21

- National indicators are national data performance indicators for the service
- Local indicators are local data performance indicators for the service

Housing and homelessness

Service: Housing and homelessness prevention	Annual Target	Data source	Actuals			
			Q1	Q2	Q3	Q4
KPI:Housing homelessness prevention						
National indicators						
Statutory homelessness - eligible people not in priority need	n/a - no target set	HCLIC	42	26	12	n/a
Statutory homelessness - households in temprary accomodation (Snapshot at the end of each quarter)	n/a - no target set	HCLIC	273	252	277	n/a
Local indicators						
Number of homelessness preventions	n/a - no target set	HCLIC	108	24	35	n/a
Numbers of homelessness episodes of relief	n/a - no target set	HCLIC	256	202	196	n/a
Assistance with support needs	n/a - no target set	HCLIC	275	220	192	n/a
Staff outcomes						
Number of job descriptions which embed welling and prevention practices	n/a - no target set	Local performance indicators	42	42	42	42
Number of staff completing MECC+ training	n/a - no target set	Local performance indicators	0	0	0	n/a
Number of staff completing Mental Health First Aid training	n/a - no target set	Local performance indicators	0	0	0	n/a
Resident outcomes						
Number of residents referred to social prescribing hubs	n/a - no target set	Local performance	Not yet in place - conversations ongoing and hopefully from April 2021			n/a
Cast study example of work across agencies to build resilience		Local performance indicators	Sent seperately			n/a
Policy outcomes						
Number of policies refreshed	n/a - no target set	Local performance indicators	0	0	0	n/a
Number of policies refreshed to include wellbeing and prevention measures	n/a - no target set	Local performance indicators	0	0	0	n/a

Keep Shropshire Warm

Service: Keep Shropshire Warm/HeatSavers	Annual Target	Data source	Actuals			
			Q1	Q2	Q3	Q4
KPI: Housing (fuel poverty)						
National indicators						
Fuel poverty - % population in Shropshire	n/a - no target set	PHOF	12.3	12.3	12.3	12.3
Local indicators						
Number of category 1 hazards for excess cold reduced or eliminated	n/a - no target set	Local performance indicators	22	31	39	25
The preventative savings to the NHS and Society calculated using the BRE, Housing Health and Safety rating system calculator	n/a - no target set	Local performance indicators	£19,442 (NHS) £347,864 (Society)	£24,321 (NHS) £435,165 (Society)	£33,304 (NHS) £595,846 (Society)	£21,185 (NHS) £379,043 (Society)
Staff outcomes						
Number of job descriptions which embed wellbeing and prevention practices	n/a - no target set	Local performance indicators	0	0	0	0
Number of staff completing MECC+ training	n/a - no target set	Local performance indicators	0	0	0	0
Number of staff completing Mental Health First Aid training	n/a - no target set	Local performance indicators	0	0	0	2
Resident outcomes						
Number of residents referred to social prescribing hubs	n/a - no target set	Local performance indicators	0	0	0	0
Cast study example of work across agencies to build resilience	n/a - no target set	Local performance indicators	0	0	0	0
Policy outcomes						
Number of policies refreshed	n/a - no target set	Local performance indicators	0	0	0	1
Number of policies refreshed to include wellbeing and prevention measures	n/a - no target set	Local performance indicators	0	0	0	0

Child Health

Service:	Annual Target	Data source	Targets				Actuals				Frequency	Health check	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		1/4ly RAG	Annual RAG
KPI: Child health													
National indicators													
A&E attendances (0-4 years)		PHOF											
Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years)		PHOF											
Children with one or more decayed, missing or filled tooth		PHOF											
Population vaccination coverage – MMR for one dose (2 years old)		PHOF											
Population vaccination coverage – Dtap, IPV, Hib (2 years old)		PHOF											
MMR for two doses (5 years old)		PHOF											
Proportion of children aged 2-21/2 receiving ASQ-3 as part of the Healthy Child Programme or integrated review		PHOF											
School readiness: the percentage of children achieving a good level of development at the end of reception		PHOF											
Hospital admissions due to substance misuse (15-24 years)		PHOF											
Admission episodes for alcohol specific conditions – under 18 years.		PHOF											
Under 18 conception rate / 1000		PHOF											
Breastfeeding prevalence at 6-8 weeks after birth		PHOF											
Local indicators													
Early identification of need													
1.3. Number of families being supported by a targeted Early Help service that have an electronic family action plan	No target	Early help performance: high level dashboard (EHP)	No target	No target	No target	No target	242 (56%)	261 (64%)	219 (67%)				
1.4. Number of targeted Early Help cases closed as involvement has been successfully concluded	No target	EHP	No target	No target	No target	No target	8	17 (cumulative)	71 (cumulative)				
1.7i Number of families with improvement in emotional mental health & physical health	No target	EHP	No target	No target	No target	No target	13 (48%)	44 (60%)	79 (55%)				
1.7 ii Number of families with improvement in domestic abuse/parental conflict	No target	EHP	No target	No target	No target	No target	6 (55%)	15 (52%)	41 (64%)				
ii. Improvement in emotional mental health	No target	EHP	No target	No target	No target	No target	Replaced by 1.7i	Replaced by 1.7i	Replaced by 1.7i	Replaced by 1.7i			
iii. Improvement in physical health	No target	EHP	No target	No target	No target	No target	Replaced by 1.7i	Replaced by 1.7i	Replaced by 1.7i	Replaced by 1.7i			
3. Support provided is proportionate to risk: 3.2 number of targeted Early Help cases closed due to escalation to social work	No target	EHP	No target	No target	No target	No target	5	10 (cumulative)	39 (cumulative)				
4. Children in families with toxic trio are supported	No target	EHP	No target	No target	No target	No target	N/A - see notes	N/A - see notes	N/A - see notes	N/A - see notes			
4.1. Targeted involvement with families with toxic trio: Number of early help targeted involvements with families where domestic abuse is an issue of concern	No target	EHP	No target	No target	No target	No target	Insufficient data - see notes	42 (25%)	55 (26%)				
Number of early help targeted involvements with families where drug and/or alcohol misuse is an issue of concern	No target	EHP	No target	No target	No target	No target	Insufficient data - see notes	32 (19%)	45 (21%)				
Number of early help targeted involvements with families where mental health is an issue of concern	No target	EHP	No target	No target	No target	No target	Insufficient data - see notes	140 (81%)	167 (77%)				
6. Quality assessment and planning	No target	EHP	No target	No target	No target	No target	N/A - see notes	N/A - see notes	N/A - see notes	N/A - see notes			
6.1. Number of Early Help involvements graded as good or better	No target	EHP	No target	No target	No target	No target	8 (73%)	13 (54%)	24 (62%)				
6.2. Number of Early Help assessments graded as good or better	No target	EHP	No target	No target	No target	No target	6 (55%)	11 (46%)	17 (44%)				
Parenting programme													
7. At completion of a parenting group, the number of parents/carers that felt their confidence had improved in managing and understanding their child's behaviour	No target	EHP	No target	No target	No target	No target	No data - see notes	No data - see notes	5 (56%)				
8. 6-9 months after completion of parenting group, the number of parents/carers contacted that felt their confidence had further improved in managing and understanding their child's behaviour	No target	EHP	No target	No target	No target	No target	No data - see notes	No data - see notes	No data - see notes				

During 2020/21 Children's Health Services were disrupted up to June 2020 and the Parenting Programme until November 2020. The services provided produced outcome measures comparable with previous years.

For all 3 services staff outcomes, resident outcomes and policy outcomes were impacted.

Emergency Planning

	Outcomes Agreed Against	Activities Progressed	Improvements Realised
6.1	Service Outcomes: <ul style="list-style-type: none"> Suite of incident response plans Maintaining training Assist community resilience programs 	<ul style="list-style-type: none"> Updates to plans utilised during the pandemic and flooding response completed. Training has been paused during this time and will be restarting in slightly different formats once we emerge from lockdown. Community resilience engagement has increased due to both flooding and the pandemic 	<ul style="list-style-type: none"> Outbreak Control Plan improved and is now more comprehensive due to the learning over the past year Virtual training programs have been developed which will in future enable more engagement with communities across Shropshire Engaged with the National Flood Forum to assist our communities to become more resilient to flood events. Providing the communities with the knowledge to protect/reduce the impact and prepare for future flood events
6.1.1	National Outcomes: <ul style="list-style-type: none"> Local Resilience Forum Partnership Working National resilience 	<ul style="list-style-type: none"> Local Resilience Forum has begun a series of meetings to review and develop our work program for 2021 The Emergency Planning Unit is an active member of the National Human Aspects and Community Resilience Working Group. The EPU is also an active member of the Communities Prepared National Working Group which the Cabinet Office, Civil Contingencies Secretariat lead. 	Both working groups provide advice to the government to inform and assist their development of future guidance and policies under the Civil Contingencies Act.
6.1.2	Local Outcomes: <ul style="list-style-type: none"> Local incidents 	<ul style="list-style-type: none"> The severe flood event of 2020 debrief outlined areas of improvement which the Council in the intervening time took on board. A full debrief of the C19 response will be conducted later this year, after the National 4 Step roadmap for recovery is completed. An 	As a result of the lessons learned and the improvements to our response. The flooding event of 2021 which saw similar flooding depths saw an improved response which was acknowledged by the Chair of the local Tactical Coordinating Group, who commented that the

		<p>interim debrief has been conducted as well as the debrief on major outbreaks</p> <ul style="list-style-type: none"> • Team have actively supported the pandemic response, including outbreaks, incident teams and supporting the outbreak plans 	<p>Local Authority had excellent engagement across all areas of the council and a good situational awareness of the response.</p>
6.2	<p>Health in All Policies Outcomes:</p> <ul style="list-style-type: none"> • Staff Outcomes • Plan Outcomes • Training Opportunities 	<ul style="list-style-type: none"> • Due to both incidents, staff across the council have a better awareness of emergency planning and are more engaged with the planning and response process • Our community response capability has improved greatly and links with various partners and other areas of the council will have a positive legacy effect going forward. 	<ul style="list-style-type: none"> • We intend to retain as many C19 volunteers as possible. To encourage and train those volunteers who have come forward during C19 to continue to support their communities in an emergency and become permanent Community Response Volunteers.

Housing:

Staff outcomes: 94 staff had wellbeing embedded in job descriptions; 0 staff completed MECC training; 0 staff completed Mental Health First Aid training.

Resident outcomes: No record of residents being referred to social prescribing hubs

Policy outcomes: No updates in policies to include wellbeing and prevention.

Keep Shropshire Warm: 0 staff had wellbeing embedded in job descriptions; staff completed MECC training; 2 staff completed Mental Health First Aid training

Resident outcomes: No record of residents being referred to social prescribing hubs

Policy outcomes: 1 updates in policies to include wellbeing and prevention.

Child health services: 0 staff had wellbeing embedded in job descriptions; staff completed MECC training; 0 staff completed Mental Health First Aid training

Resident outcomes: No record of residents being referred to social prescribing hubs

Policy outcomes: No updates in policies to include wellbeing and prevention.