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Shropshire Council

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 6th September 2017

Committee: HEALTH AND WELLBEING BOARD

Date: **Thursday, 14 September 2017**
Time: **2.00 pm**
Venue: **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Corporate Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Wellbeing Board

VOTING
Shropshire Council Members
Lee Chapman – PFH Health and Adult Social Care (Co-Chair)
Nicholas Bardsley – PFH Children's Services and Education
Lezley Picton – PFH Culture & Leisure

Prof Rod Thomson - Director of Public Health
Andy Begley - Director of Adult Services
Karen Bradshaw - Director of Children Services

Shropshire CCG
Dr Simon Freeman – Accountable Officer
Dr Julian Povey – Clinical Chair (Co-Chair)
Dr Julie Davies – Director of Performance & Delivery

Jane Randall-Smith – Shropshire Healthwatch
Rachel Wintle – VCSA

NON-VOTING (Co-opted)
Neil Carr - Chief Executive, South Staffordshire & Shropshire Foundation Trust

Simon Wright - Chief Executive, Shrewsbury & Telford Hospital Trust

Jan Ditheridge - Chief Executive Shropshire Community Health Trust

Dr Tony Marriott - Chair GP Federation

David Coull – Chairman, Shropshire Partners in Care (Chief Executive Coverage Care Services)

Mandy Thorn - Business Board Chair (Managing Director Marches Care)

Bev Tabernacle – Director of Nursing, Robert Jones & Agnes Hunt Hospital.

Your Committee Officer is: **Karen Nixon** Committee Officer
Tel: 01743 257720 Email: karen.nixon@shropshire.gov.uk

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

To receive apologies for absence and any substitutions that should be notified to the Clerk before the meeting.

2 DISCLOSABLE PECUNIARY INTERESTS

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

3 MINUTES (Pages 1 - 6)

To confirm as a correct record, the minutes of the Health and Wellbeing Board meeting held on 6 July 2017, which are attached.

Contact Karen Nixon Tel 01743 257720.

4 PUBLIC QUESTION TIME

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14.

5 SYSTEM UPDATE

a) STP Update, Phil Evans Director, STP Programme

b) Future Fit update, Phil Evans Director STP

c) Out of Hospital Programme, Julie Davies, Director Delivery & Performance, Shropshire CCG

6 BETTER CARE FUND FINAL SUBMISSION 2017/18

Report to follow.

Contact: Tanya Miles, Head of Operations, Adult Services and Tom Brettell, Better Care Fund Manager.

7 SAFEGUARDING BOARDS ANNUAL REPORTS (CHILDREN & ADULTS)

Report to follow.

Contact Ivan Powell, Chair, Keeping Adults Safe in Shropshire Board and the Safeguarding Children Board.

8 JOINT COMMISSIONING GROUP REPORT TO THE BOARD - HEALTHY LIVES (Pages 7 - 40)

Report attached.

Contact Penny Bason, Health and Wellbeing Co-Ordinator, Tel 01743 253978.

9 MENTAL HEALTH PARTNERSHIP BOARD BRIEFING TO THE H&WB (Pages 41 - 46)

Report attached.

Contact Andy Begley, Director of Adult Services, Tel 01743 258911.

10 CHILDREN'S TRUST BRIEFING TO THE H&WB (Pages 47 - 50)

Report attached.

Contact Karen Bradshaw, Director of Children’s Services or Francean Doyle, Tel 01743 254201.

11 SHROPSHIRE DOMESTIC ABUSE STRATEGY 2017/20 - DRAFT (Pages 51 - 68)

Report attached.

Contact Andrew Gough, Community Safety Partnership Manager, Tel 01743 253984.

12 HEALTH & WELLBEING BOARD COMMUNICATION STRATEGY UPDATE (Pages 69 - 88)

Report attached.

Contact Maria Jones, Communications and Marketing Officer, Shropshire Council Communications Team, Tel : 07876 887028.

Committee and Date

Health and Wellbeing Board

14 September 2017

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 6 JULY 2017
9.30 - 11.05 AM

Responsible Officer: Karen Nixon
Email: karen.nixon@shropshire.gov.uk Tel: 01743 257720

Present

Professor Rod Thomson	Director of Public Health
Andy Begley	Director of Adult Services
Dr Julian Povey	Clinical Chair, Shropshire CCG
Dr Julie Davies	Director of Performance & Delivery, Shropshire CCG.
Daphne Lewis	substituted for Jane Randall-Smith, Shropshire Healthwatch.
Neil Nisbet	substituted for Dr Simon Wright, Chief Executive, SaTH.
Michael Whitworth	Interim Director Contracting and Planning, Shropshire CCG, substituted for Dr Simon Freeman.

Also present:
Stuart Aspin, STP Project Manager, Penny Bason, Health & Wellbeing Co-Ordinator, Mr & Mrs John Bickerton, Tom Brettell, Beter Care Fund Manager, Cllr Gerald Dakin, Jan Ditheridge, Chief Executive, Shropshire Community Health Trust, Tanya Miles, Head of Operations, Adult Services, Shropshire Council, David Sandbach, Cllr Madge Shineton and Steven Spencer NHS T&W CCG.

9 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from;

Nick Bardsley	PFH Children's Services, Shropshire Council
Karen Bradshaw	Director of Children's Services, Shropshire Council
Lee Chapman	PFH Health & Adult Social Care, Shropshire Council
David Coull	Chair SPIC
Dr Simon Freeman	Accountable Officer Shropshire CCG
Lezley Picton	PFH Culture & Leisure, Shropshire Council
Jane Randall-Smith	Shropshire Healthwatch
Bev Tabernacle	Director of Nursing / Deputy Chief Executive, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Trust.
Mandy Thorn	Business Board Chair
Rachel Wintle	Voluntary and Community Sector Assembly
Clive Wright	Chief Executive, Shropshire Council
Simon Wright	Chief Executive, Shrewsbury & Telford Hospital (SATH)
NHS Trust	

Substitutions notified were as follows;

Daphne Lewis substituted for Jane Randall-Smith, Shropshire Healthwatch.
Neil Nisbet substituted for Dr Simon Wright, Chief Executive, SaTH.
Michael Whitworth, Interim Director Contracting and Planning, Shropshire CCG, substituted for Dr Simon Freeman.

10 DISCLOSABLE 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.

11 MINUTES

RESOLVED: That the minutes of the meeting held on 25 May 2017 be approved subject to amending the name Nicky James to read Nicky Jacques, under 'also present' representing SPIC.

12 PUBLIC QUESTION TIME

Two public questions were submitted from a Mr David Sandbach and a Mr John Bickerton (copies of each of the questions and the formal responses are attached to the signed minutes).

The first question from Mr David Sandbach asked if 'As part of the Healthy Lives initiative will the CCG and Shropshire Council involve commercial and industrial organisations in the task of preventing ill health.'

The Board replied that it would work to involve as many partners as possible for the prevention work. The Board was keen for businesses to be involved to support their workforce in Shropshire and to support the delivery of health and wellbeing initiatives. In response, Mr Sandbach commented he believed this course of action was flawed and he undertook to provide the Director of Health with his ideas, which were welcomed.

The second question from Mr John Bickerton, Oswestry asked "Why am I being misled by the Council regarding the Better Care Fund, when the Public Health Supplement to the NHS Constitution states that the local Council should take into account all 7 articles of the NHS Constitution, one of which is to be open and transparent with the public. I do not believe they are doing this with the Better Care Fund." The Director of Public Health proposed to take this question at item 5a of the agenda – Better Care Fund Update.

13 SYSTEM UPDATE

a) Better Care Fund

Tanya Miles, Head of Operations, Adult Services, introduced a report on the Better Care Fund. The Board considered the content of the draft BCF Plan 2017/19 and commented on its content in light of the publication of the BCF guidance on 3rd July 2017. This latest formal guidance had only been released that Tuesday afternoon. The detail still had to be gone through, whilst the first deadline for the draft submission of 11 September was quickly approaching.

Tom Brettell, Better Care Fund Manager gave a presentation on Integration and the Better Care Fund Plan and in doing so he stated that significant progress was being made on systems leadership and that work towards integrated working at all levels was being made.
In response to the public question from Mr Bickerton (see Minute11), Dr Povey said he believed the BCF Plan was clear, concise and easy to read. Overall, it summed up very well what the BCF was and where it was headed. Each of the scheme descriptors within the BCF document highlight the key deliverables, milestones and outcomes and the associated funding. Also in response to Mr Bickerton Andy Begley, Director of Adult Services, clarified that the dispute between the Local Authority and Shropshire CCG regarding a number of funding issues (which may have been the basis for Mr Bickerton's question) had been resolved.

The Board agreed that the document highlighted the system wide work to tackle key health and care challenges. A specific discussion ensued about Delayed Transfers of Care (DToC) and the wider implications this covered. It was agreed that it was key for the STP and the BCF to use the same language.

It was noted that a new NHS Social Care Dashboard had just been published and the Director of Performance and Delivery from the CCG suggested it might be good to look at this in more detail at a future Board meeting.

In respect of governance and sign-off the Board generally agreed that the next Board meeting did not need to be brought forward to 7th September, but instead this could be delegated to the Joint Commissioning Group and the Chair of the Health and Wellbeing Board.

RESOLVED

i. That the proposed approach for pooled budget for 2017/18 be approved.

ii. That the submission timeframes be approved and that delegation to the Joint Commissioning Board and the Chair of Health and Wellbeing Board be approved.

iii. That workshop sessions with partners be approved, depending on the model used.

b) STP Update

Stuart Aspin, Project Manager STP, gave a PowerPoint presentation (copy attached to the signed minutes) updating the Board on the following main STP issues and generally commenting that after tweaks here and there, he was confident everything was now clearer;

- STP Transformation and Vision
- STP Governance Structure – excellent work being shared re Neighbourhood Boards
- Delivery Group
- STP Time line
- One Plan (90 Day Plans) – highlighted and Shropshire's 90 Day Plan was circulated at the meeting. (MSK = Musculoskeletal)
- Next Steps

For clarification, Mr Aspin confirmed that he did not view the STP Board as making decisions – only recommendations to the relevant decision making body. The Health and Wellbeing Board generally agreed that good progress had been made on improving progress and delivery through the STP. Mr Aspin assured the Board of his commitment to give clear consistent communication. Dr Povey thanked Mr Aspin for the update and the clarity which was welcome.

RESOLVED: That the STP be a standing item on the agenda and that an update be brought to the next Board meeting in September.

c) STP Optimity update

This verbal update was introduced and amplified by Dr Povey. He confirmed that the development of the out of hospital/neighbourhoods model was now underway. This linked in to other pieces of work; including the GP 5 year Forward View, the Community Services Review and the Prevention work. Optimity had been contracted to support the development of the out of hospital offer for Shropshire. There was a huge amount of information and work to develop as part of the programme. A timescale to define the model going forward would be identified, whilst it was noted that this work also linked in to Future Fit and the Hospital Sustainability Plan.

A comment was made that the element of a workforce planning stream, including volunteers was missing. There was an assurance that this was currently being looked at and indeed for the next 5 years ahead too.

In response to a question about when the Optimity report would become public, Dr Povey said this was being developed at the next CCG Board meeting, to which all were welcome to attend and contribute.

RESOLVED: That an update on progress with STP Optimity be made to a future meeting of the Health & Wellbeing Board.

14 HWB DELIVERY GROUP REPORT

a) Healthy Lives – Social Prescribing Next Steps

Rod Thomson, Director of Public Health, introduced and amplified a report (copy attached to the signed minutes) on 'Healthy Lives'; which focussed on taking a whole system approach to reducing demand on services and relied on working together in partnership to deliver activity. It supported integration across health and care as set out in the Health and Wellbeing Strategy and was an integral component of the STP Neighbourhoods Workstream.

The Social Prescribing pilot in Oswestry was the flagship element of Healthy Lives; however all aspects of the programmes were moving forward. It was noted that everyday work was developing and that the Social Prescribing pilot would be evaluated during quarter 4 of 2017/18.

More specifics about baselines and trajectories were hoped for – for example how many falls were projected to be prevented and what cost savings that would make for the system.

In conclusion the Board was pleased to see that everything was moving forward in a positive way.

The CCG was concerned about how this work would link in to the national drivers and metrics. After discussion, they the CCG was assured that the range of metrics could be made available to them as the work progressed.

RESOLVED;

i. That the development of Healthy Lives be supported.

ii. That financial investment into prevention activity be endorsed.

b) Leadership and Stepping up to the Place – Place Based Planning offer from the LGA

Andy Begley, Director of Adult Services reported verbally on progress to date with place based planning. Several successful workshops had been held recently, which was a positive use of resources. 'Stepping up to the Plate' was an opportunity to gain support from the LGA and he advised the former Chair had been keen to do this, especially as it linked in to system planning.

A debate ensued and the Board supported continuation of working with the Leadership Centre and the LGA on system leadership. It was agreed that the support for leadership development could be focussed on a system approach to workforce development. It was therefore:

RESOLVED: That the Director of Adults Services, the Health & Wellbeing Co-Ordinator, the Chief Executive of Shropshire Community Health Trust and Phil

Evans, be charged jointly with making the connections and have the conversation about joining in with this initiative.

15 MAKING IT REAL - LOCAL ACCOUNT

Andy Begley, Director of Adult Services introduced and amplified a report (copy attached to the signed minutes) on 'Making it Real' the Local Account. The Director discussed the proposal to amalgamate Making it Real (MiR) and People to People (P2P) boards and the implications of this for partnership boards. The Health and Wellbeing Board supported this idea and the excellent work undertaken to date.

Stewart Smith, a Development Support Worker spoke personally about MiR and the Local Account in Shropshire, which was all about the aim of making personalisation a reality in adult social care. Working with local people and understanding service users' perspectives and needs sat in the centre of service design delivery.

Broadly this work linked in to both the CCG who were engaging with this and Healthwatch, who were seen as one way to draw this all together. Both were seen as core members.
A discussion ensued about how this information could be got out to the public more broadly.
It was agreed that workshops would be a critical element that needed to be built in.
Daphne Lewis commented that Healthwatch would have a wealth of experiences to draw upon and she undertook to highlight this up to Jane Randall-Smith following the meeting.

Work on an electronic version of the document was welcomed and the opportunity to consider the importance of the voice of people who used services in developing and shaping future services was welcomed very positively by the Board.

RESOLVED: That the excellent progress to date on Making it Real be welcomed and noted.

<TRAILER_SECTION>

Signed …………………………………………………… (Chairman)

Date:

Health and Wellbeing Board
14th September, 2017

HWB JOINT COMMISSIONING GROUP REPORT – HEALTHY LIVES

Responsible Officer
Email: Penny.bason@shropshire.gov.uk Tel: 01743 252767 Fax:

1. Summary

1.1 This paper serves as an update on the Healthy Lives and includes the first draft of the Social Prescribing business case in Appendix A.

1.2 The business case highlights key achievements of Healthy Lives. In brief these are:

- **Safe and Well visits** - Pilot and county area roll out of Fire Service Safe and Well visits. This model is an expansion of the Fire Service Home Safety Check to include the identification of health and wellbeing issues including, home warmth, falls, lifestyle choices (smoking, physical activity), and isolation and loneliness (including carers);
- **Social Prescribing pilot** – Implemented social prescribing in the Oswestry area with referrals from 4 GP practices, Adult Social Care, the VCS, Family Matters, and working towards referrals from mental health services. There are approximately 18 providers offering approximately 50 interventions;
- **Diabetes Prevention protocol** – Pre-diabetes protocol agreed and being tested in 2 demonstrator sites, Shrewsbury and Oswestry. The protocol involves searching GP records for pre-diabetics and offering a 2.5 hour information session along with advice, guidance and information about accessing community support. The demonstrator in Oswestry is linked to Social Prescribing and those who attend the sessions there are offered Social Prescribing to support non clinical approaches to improving lifestyle and addressing social issues; this programme will link with the National Diabetes Prevention Programme in 2018/19;
- **All age Carers Strategy** – The carers strategy has been agreed and is linked to Social Prescribing, Safe and Well visits and dementia companions. The strategy is focussed on working with partners to identify carers and to connect carers to the support they need, as well as ensure that services take carers needs into consideration (eg. Hospital discharge processes);
- **Dementia Companions** – agreement has been reached to implement dementia companions in 2 demonstrator sites (Oswestry and Ludlow), and to link the dementia companions to social prescribing pilot sites;
- **Mental Health** – linking mental health to Social Prescribing to ensure a person centred approach can be delivered through social prescribing; development of a mental health needs assessment for Shropshire and strategy during 17/18; development of a system approach to developing services to support people with mental health needs through a Mental Health Partnership Board;

- **Process for programme evaluation** – contracted with Westminster University to evaluate the Social Prescribing programme.

1.3 The Business Case is still in draft form, but is being shared for comments feedback and endorsement. The Business case seeks to articulate how we can support the development and scaling up of Social Prescribing throughout Shropshire and highlights the opportunity for closer working between Adult Services Let's Talk Local, Community Care Coordinators and Social Prescribing. Following a Shropshire CCG There are a number of geographical areas and GP practices that are keen to progress with the development of Social Prescribing.

1.4 Key considerations include:

a) Use the step by step checklist (developed in the Oswestry Social Prescribing demonstrator site) and apply to those primary care teams/localities interested
b) Identification of resources to support the expansion of the model across Shropshire.
c) Produce a paper outlining the model and endorsement through respective boards of the CCG and the Council (based on the Care Navigation Paper)
d) Workforce mapping and agreement for the model
e) Development of a reference group to sense check the model and identification of leads from the CCG and the council to support the workforce change management programme
f) Trial the new way of working in Bishops Castle to ensure key learning takes place
g) Continue to work with the voluntary sector to support their leadership role
h) Continue to work with existing networks such as the Compassionate Communities and wider voluntary sector groups to ensure they are part of the solution.
i) Identify a site suitable to include Children's Services to pilot joint working
j) Continue to learn from the existing model in Oswestry
k) Learn from the progress being made through the formal evaluation being carried out on the Social Prescribing Demonstrator site.

1.5 As a reminder - **Healthy Lives** focuses on taking a whole system approach to reducing demand on services and relies on working together in partnership to deliver activity; it works across organisations and partnership groups and supports integration across health and care as set out in the Health and Wellbeing Strategy and is an integral component of the STP Out of Hospital Workstream. The Delivery Group (now the Joint Commissioning Group) has made a report on Healthy Lives to all recent HWBBs.

1.6 The HWBB Delivery Group has renewed its terms of reference ToR) and is now the HWBB Joint Commissioning Group. Please see Appendix B for the Final Draft ToR.

2. Recommendations

2.1 To discuss and support the development of Healthy Lives and the Social Prescribing Business Case;
2.2 To discuss and endorse the scaling up of Social Prescribing across Shropshire.
2.3 To agree the updated Terms of Reference of the Joint Commissioning Group.

DRAFT

3. **Risk Assessment and Opportunities Appraisal**
   3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)
   3.2. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities.
   3.3. The component parts of Healthy Lives and other system planning have been done by engaging with stakeholders, service users, and patients. This has been done in a variety of ways including through patient groups, focus groups, ethnographic research. The STP plan as a whole will require engagement and consultation in the future.

DRAFT

4. **Financial Implications**

4.1 There are no direct financial implications as a result of this paper, for decision. However, the prevention element of system planning will require financial input and the Board is asked to endorse investment in prevention activity. As well, integration and transformation processes may impact on budgets and service delivery.

5. **Background**

5.1 Healthy Lives is part of system plan through the Better Care Fund and the STP and is made up of the following programmes – 3 HWB Strategy Exemplars highlighted in bold:
- Social Prescribing
- Falls Prevention,
- **CVD & Healthy Weight and Diabetes Prevention,**
- **Carers**/Dementia/UTIs,
- **Mental Health**,
- Future Planning & Housing,
- COPD/ Respiratory & Safe and Well
- Additional developments include prevention work in relation to Musculoskeletal health (MSK)

5.2 Healthy Lives is supported by a Steering Group that reports to the HWB Joint Commissioning Group and the Out of Hospital Programme Board.

5.3 The approach of Healthy lives has been endorsed by Optimity review (included in the May HWBB report) with recognition of population health programmes, a framework for population health (Healthy Lives) and robust project documentation, data on population health need, and individual programmes of work (including social prescribing) and governance.

5.4 In addition to the above highlighted achievements:

5.4.1 Shropshire is leading the regional Midlands and East Social Prescribing Network. More information regarding the regional network and the first regional social prescribing event can be found here.

5.4.2 The **Falls** Community Postural Stability Instructors (PSI) programme is progressing; Energize has won the contract to deliver this service that will see the development of more support for people in their communities in Shropshire, to keep themselves from falling and improving musculoskeletal health as people age.

5.5 The prevention activity of Healthy Lives is included in the STP 90 Day Plan for Shropshire Out of Hospital work.

6. Additional Information

6.1. Reports regarding Healthy Lives have been made regularly to the HWBB which can be found here.

7. Conclusions

N/A

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) **Previous HWBB reports: https://shropshire.gov.uk/committee-services/ieListMeetings.aspx?CommitteeId=217**
Cabinet Member (Portfolio Holder) **Cllr Lee Chapman**
Local Member n/a
Appendices **Appendix A – Social Prescribing Business Case** **Appendix B – Joint Commissioning Group Terms of Reference**

DRAFT

Appendix A

Healthy Lives – Social Prescribing Across Shropshire - DRAFT

1. Purpose

The purpose of this business case is to outline the proposal for the expansion of the current Healthy Lives programme (in particular Social Prescribing) across Shropshire. This includes the resources required to expand the programme and also includes a description of what has been achieved so far, the vision, outcomes, design approach and stages of delivery, with proposals for the future implementation programme including the processes required to support delivery.
This will include update on progress for:

- Developing the Social Prescribing model to further integrate the roles of Let's Talk Local and the Community Care Coordinators as part of a model of Care Navigation;
- Working with primary care to further develop chronic disease protocols for diabetes and cardiovascular disease prevention, mental health, support for carers, and avoidance of carer breakdown.
- Rolling out Social Prescribing and a new model of Care Navigation across the county to connect people to non-clinical support they need in their communities.

2. Introduction

Shropshire Council with its partners have an ambition to support Shropshire people to become the healthiest and most fulfilled in England. To support this aim, local leaders of health and care organisations are shifting their focus from 'fixing disease' towards promoting and maintaining health; recognising there are no easy solutions to this but working collectively to identify and test out solutions.

The Healthy Lives Programme combines the key prevention deliverables of the Better Care Fund, Shropshire CCG, Public Health, NHS providers and the voluntary sector to take a whole system approach to reducing demand on services and improving health & wellbeing. One of the central programmes within the Healthy Lives Framework is the social prescribing programme which provides a solution to the increasing demand that both adult social care and primary care is experiencing.

At the system level, planning is being done through the Sustainability and Transformation Plan (STP). The Shropshire Neighbourhoods programme (also known as Out of Hospital programme) will use place based planning to reduce demand on acute and social care services. Healthy lives is part of this programme that works as a partnership across key agencies who are committed to a model that identifies risk, supports integration and uses an asset based approach. The programme draws together local community-based programmes within adult social care, children's services, the CCG, the local hospice, public health (Help2Change behaviour change services) and community development teams in the council to:

1. 1. Building resilient communities and developing social action
2. Developing whole population prevention by linking community and clinical work – involving identification of risk and social prescribing
3. Designing and delivering integrated health and social care community services that provide alternatives to hospital care for mild, moderate and severe long term conditions; rapid access urgent and crisis care
4. Designing and delivering end-to-end community pathways that effectively interface community health, adult social care and children's services with secondary care (with a focus on frail elderly and mental health)

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3. Background

Shropshire demographic and health profile

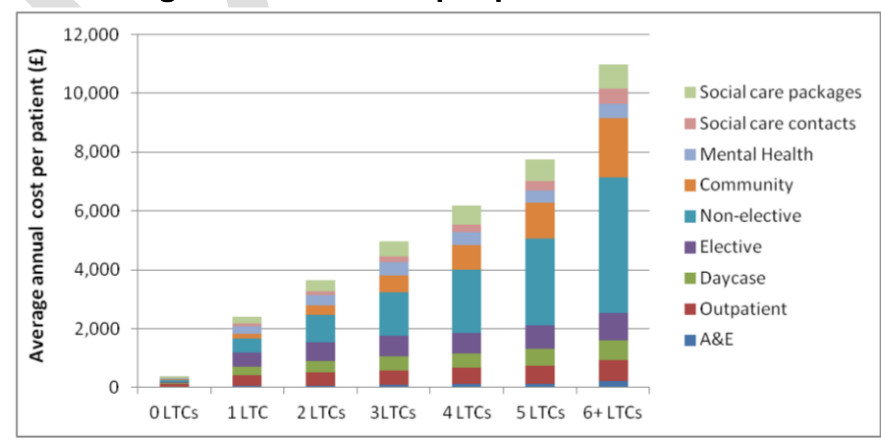
The Shropshire population of 310,000 are mainly white British, with a high proportion of over 50 year olds that is projected to increase significantly in the next decade. Health issues arise from the ageing population, significant lifestyle risk factors, long term conditions, rural inequalities in health and respiratory issues for over 65 and 0-5 year olds. Whilst the county is fairly affluent there are areas of deprivation and the rurality means access to services can be difficult. Unemployment is low, but despite significant employment in the public sector, Shropshire can be described as a low wage economy; consequently the wider determinants of health including education, access to employment and housing significant issues to consider when developing services that support good physical and mental health.

In addition to challenges we face due to an ageing population, Shropshire has seen a rise in the number of people with long term health problems due to illnesses such as diabetes and linked to high levels of obesity.

Most of these long term conditions and illnesses, which are the cause of premature death (before the age of 75 years), are preventable and simple changes to our lifestyle can make a significant difference in reducing the risk of developing, for example, heart or lung disease. A number of key factors such as increasing the level of exercise we take, reducing the amount of food we eat, including controlling the sugar content of our diet and stopping smoking cigarettes can all make a significant difference in reducing our risk of chronic illness or premature death.

Long term conditions (LTCs) carry a multitude of issues for people, from understanding how to manage their conditions to receiving holistic support that takes into account the person, rather than the condition(s). There is significant strain and cost to the system to address long term conditions, as highlighted in the graph below.

Chart 1: Annual cost of long term conditions per patient



Changing how we working with people to prevent and manage LTCs will require a significant sea change in the way we approach keeping people well and will include the delivery and expansion of ‘prevention’ programmes.

DRAFT

One solution is to scale up the place based population model for Healthy Lives and specifically the social prescribing programme as this provides opportunities to offer non clinical interventions based on behaviour change and which impact on the social needs of residents. In addition it provides an opportunity to bring together the key elements of existing effective practice such as Community and Care Co-ordinators, Behaviour Change programmes and the Let's Talk Local models, Community Enablement Team, Help2Change Behaviour Change Teams, the Community Enablement Team and grant funded third sector programmes and services This would supplement the existing hospice led community based Compassionate Communities model (Co-Co) and other community led projects.

Local services have made strides in transformation, for example a new model of delivering adult and children's services in Shropshire. This programme works to draw together service delivery and people to support a new model of health and care that is owned across the system and by service users and the wider public.

Case for change

As a system we are working together to solve a number of key issues:

- **Deficit reduction**

The health and care system in Shropshire must work to reduce its mounting deficit. Simply put, we are unable to balance our books across the health and care service in the county. The current predicted deficit by 2020/21 is approximately £120m (across health and care), and until we make some significant changes, this will continue to grow.

Service users/ patients too often have a poor experience of care, particularly when needing to cross organisational boundaries

There is a pressing need for integrated working which improves the quality, co-ordination, collaboration and consistency of care delivered across the whole system both through the placement of integrated teams, but also at a more basic level through effective networking and communication across the whole system.

- **Access to services has been articulated as a key priority for our communities**

Service users have told us that access to services is a key priority. Barriers to accessing services have included lack of information about services and where to access them, waiting times, and services not working in a joined up way (meaning that service users are passed from one service to another).

- **Capacity across primary, secondary healthcare and social care is extremely limited as resources are directed towards those people with multiple high level needs**

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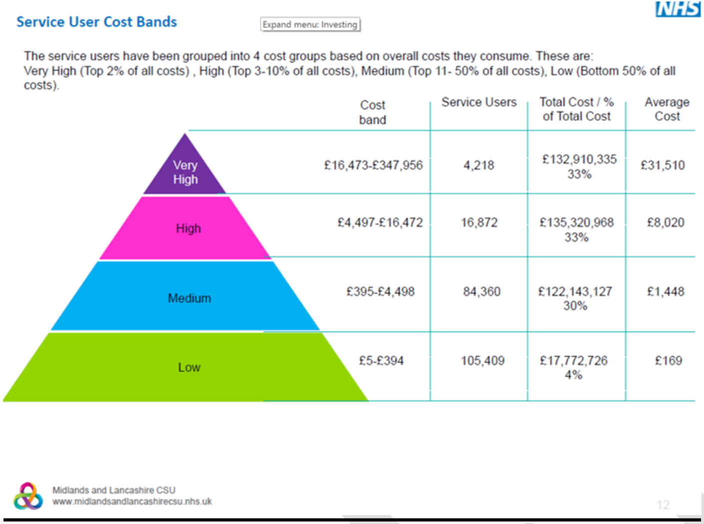
Currently a small proportion of the population utilising a large proportion of spend (the graph below highlights 10% of the population utilising 2/3s of the spend.

Diagram 2: Service user cost by banding



	Cost band	Service Users	Total Cost / % of Total Cost	Average Cost
Very High	£16,473-£347,956	4,218	£132,910,335 33%	£31,510
High	£4,497-£16,472	16,872	£135,320,968 33%	£8,020
Medium	£395-£4,498	84,360	£122,143,127 30%	£1,448
Low	£5-£394	105,409	£17,772,726 4%	£169

As a system these challenges are demonstrated through specific symptoms that are facing the NHS, social care and many members of the population who have long term health needs.

These include:-

- Increasing pressures on GP practices – attendances and increasing complexity of patient needs
- Increasing pressures on hospital services
- Increasing pressures on adult social care services
- Growing burden of disease in relation to long term conditions
- Growing burden of mental health
- Reduction in resources across the public sector
- Growing health inequalities

The most recent research highlights that primary care is seeing increasing numbers of patients presenting with more complex health conditions and including social needs which many GP's do not feel able to deal with. A recent report from the National CAB found that increasingly patients are seeking non-medical support from GP's which results in a greater proportion of time given to social concerns. These coupled with increasing number of patient attendances and increasing strategic expectations is resulting in over-pressurised and over-burdened primary care. Other services in particular Adult Social Care are also reporting similar challenges.

One of the responses to this in some areas has been the growing interest in and the practical development of social prescribing projects whereby GP's have recognised the need to work differently to address these challenges. This has resulted in various responses, in different areas with some Social Prescribing formally commissioned by CCG's and/or Local Authorities and in other areas small scale projects in GP practices have flourished either in collaboration with the voluntary sector or through the creation of a primary care support scheme. Other projects have grown organically often championed by forward thinking GP's or community leaders with backgrounds and understanding in community development approaches and multi-agency working.

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Nationally interest is growing in this area with the creation of a national network and the commissioning of a national evidence based review by NHS England. The recently launched document outlines some key insights for commissioners on how to co-produce a high quality social prescribing programme that makes the best use of local resources and reflects the latest thinking about what will work.

There is evidence from exemplar sites that social prescribing can reduce demand on health and care services, places like Halton, Gloucester and Rotherham have make significant strides in improving health, and reducing costs, through Social Prescribing. Please find more information in **Appendix A**.

What has Healthy Lives Delivered so far?

The Prevention Programme, **Healthy Lives**, draws together current prevention activity (from Public Health, the Health and Wellbeing Board, Better Care Fund, Adult Social Care, Shropshire CCG and Provider partners), as well as development of new prevention activity, into one programme that focuses on taking a whole system approach to reducing demand on services. This programme relies on working together in partnership and with our communities to improve Shropshire people's health and wellbeing.

The Healthy Lives Programme has been working now for approximately 18 months and has delivered some key prevention work. Social Prescribing is the cornerstone of this work. Key deliverables have included:

- **Safe and Well visits** - Pilot and county area roll out of Fire Service Safe and Well visits. This model is an expansion of the Fire Service Home Safety Check to include the identification of health and wellbeing issues including, home warmth, falls, lifestyle choices (smoking, physical activity), and isolation and loneliness (including carers);
- **Social Prescribing pilot** – Implemented social prescribing in the Oswestry area with referrals from 4 GP practices, Adult Social Care, the VCS, Family Matters, and working towards referrals from mental health services. There are approximately 17 providers offering approximately 50 interventions;
- **Diabetes Prevention protocol** – Pre-diabetes protocol agreed and being tested in 2 demonstrator sites, Shrewsbury and Oswestry. The protocol involves searching GP records for pre-diabetics and offering a 2.5 hour information session along with advice, guidance and information about accessing community support. The demonstrator in Oswestry is linked to Social Prescribing and those who attend the sessions there are offered Social Prescribing to support non clinical approaches to improving lifestyle and addressing social issues;
- **All age Carers Strategy** – The carers strategy has been agreed and is linked to Social Prescribing, Safe and Well visits and dementia companions. The strategy is focussed on working with partners to identify carers and to connect carers to the support they need, as well as ensure that services take carers needs into consideration (eg. Hospital discharge processes);
- **Dementia Companions** – agreement has been reached to implement dementia companions in 2 demonstrator sites (Oswestry and Ludlow), and to link the dementia companions to social prescribing pilot sites;
- **Mental Health** – linking mental health to Social Prescribing to ensure a person centred approach can be delivered through social prescribing; development of a mental health needs assessment for Shropshire; development of a system approach to developing services to support people with mental health needs through a Mental Health Partnership Board;
- **Process for programme evaluation** – contracted with Westminster University to evaluate the Social Prescribing programme.

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4. Developing the Shropshire Social Prescribing Model

This section includes:

- **What is social prescribing?**
- **Brief description of how we developed the Shropshire model**
- **A programme approach**
- **What Social Prescribing is delivering now in Shropshire**
- **What health and wellbeing concerns are we focussing on?**
- **What more could we achieve?**

What is Social Prescribing?

Social prescribing provides GPs and other accredited healthcare providers with a formal referral pathway into these health-promoting community assets, targeting patients with social or behavioural factors that pose a risk to their health. Illustrated in the diagram below. The programme offers more than signposting, as it includes support from an advisor, along with data recording and governance. The community interventions are quality assured, with outcomes reported back to the prescriber:

People expected to benefit from social prescribing include:

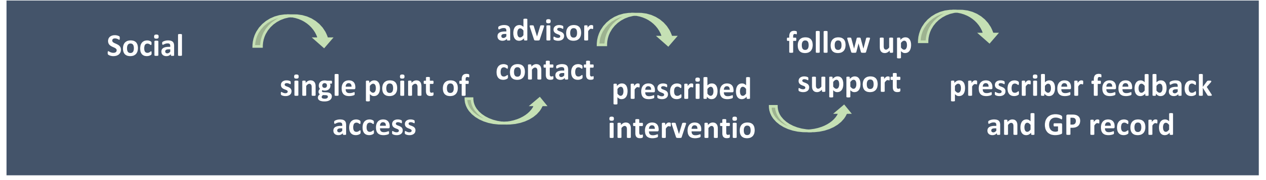
- Patients with long term conditions e.g. diabetes, COPD, MSK disease
- Patients with low-level mental health problems
- Patients with high CVD risk
- Patients with risk behaviours e.g. smoking, alcohol
- Frequent attenders in general practice
- People who are unemployed or on low income
- People living in poor housing e.g. cold homes
- People who are lonely and socially isolated
- People with significant caring responsibilities

By addressing the wider determinants of health, and targeting patients most at risk, social prescribing helps to reduce inequalities in health.

How have we developed a model in Shropshire?

In brief, the Social Prescribing model for Shropshire has been developed through a 'design' and collaborative approach of the Healthy Lives Programme. The programme has used national and international research (**Please see Appendix A for national examples and return on investment**), understood the wealth of community and Voluntary Sector support and the good will of many in Shropshire to support the health and wellbeing of people, and tested out new ways of working in order to develop the model.

A demonstrator site has been established in Oswestry to help contribute toward the growing evidence of the impact of social prescribing and work out the practicalities of running a local service. A simple illustration below shows how the pathway operates.



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Evaluation will take into account specific programmes including diabetes, cardiovascular disease and social isolation. Pseudonymised data from individual patient records will be aggregated to determine change across population groups and metrics include:-

GP	GP appointments, nurse appointments, community care coordinator contacts
Hospital	A&E attendances, unplanned hospital admission
Mental Health	contact with mental health providers – CMHT, hospital admission
Social Care	Social care support packages
Wellbeing	feeling positive, self-care, managing symptoms, work/ volunteering/ accessing training, money (benefits), family/ friends, housing (using evidence based scales)

Whilst the formal evaluation has yet to be completed the programme has captured early learning on how people can be supported by Healthy Lives (**see appendix C for patient stories and Appendix F highlights the data and measures being used**). The programme has required commitment, energy, and a significant amount of investment in time by partner organisations to deliver. The programme will continue to grow by connecting people, connecting services and influencing transformation but it also needs to be included in investment plans for the healthcare system.

A Programme Approach

For the Healthy Lives Programme, a programme methodology has been used throughout, based on the Design Council principles. Each programme area of Healthy Lives has developed a range of solutions using, where possible, a 'double diamond' approach to considering the problem: the approach begins with a wide focus to gain insights and ethnographic research into the problem; it is then refined into a smaller area of focus for development; before returning to a wider focus in order to develop potential solutions. Through trial and learning, this produces solutions that can be delivered.

The approach is people focussed, working to understand the population, communities and the issues facing the population. It requires a good understanding of how the problem affects people and provides a solid foundation for transformation planning.

Diagram 4 – the double diamond

The programme approach requires appropriate documentation as part of each development area including PiDs, logic models, project trackers, and risk registers; and have implemented an agile working process. A staged approach has been used to establish the Social Prescribing pilot/ demonstrator site which is now live and operational. Further information on all of the programme documentation is available.

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Additionally the model has built on existing assets both within teams but also recognised and respected the input from local good practice and community based resources. Some of this is delivered through the existing public sector and is classified as a service and other things have developed organically over a period of time led by third sector, charities or local leaders. This includes:-

- A dedicated behaviour change team in place through the Help2Change team
- Changing model for community health trust with re-design of clinical pathways with a focus on prevention
- Community and Care Co-ordination project in 42/43 practices
- Compassionate Communities led by the local Severn Hospice
- Resilient Communities through the Community Development Teams in the Council
- Let’s Talk Local Hubs developed through adult social care
- Varied third sector and locally developed groups and initiatives in many areas
- Good multi agency working and positive working relationships with organisations such as Fire and Rescue Services

A staged approach has been used to establish the pilot/ demonstrator site and details of each stage can be found in **Appendix B,** which highlights the activity and required resource and in brief includes:

- **Stage 1** – understanding the area
- **Stage 2** – Engaging the local stakeholders
- **Stage 3** – Identify need in relation to demand and work with local referrers, those delivering interventions and build the project team including a dedicated co-ordinator and an enhanced social prescriber. Develop a community directory and agree the measures
- **Stage 4** – Go live, receive referrals and implement agile working
- **Stage 5** – Evaluate the programme (external scrutiny) including the numbers of cases, the outcomes for the individuals and the cost of the intervention. Cost of the interventions will be completed locally
- **Stage 6** – Agree funding, build contract, and commission providers

What does Social Prescribing actually do now in our demonstrator site?

In Oswestry, Social Prescribing is working with the Oswestry GP practice cluster, Adult Social Care, Mental Health teams, the Voluntary and Community sectors who refer people who they think would benefit from social prescribing support. A structured referral pathway has been developed along with guidance to demonstrate who would benefit from social prescribing. As described above, those who are referred are provided one-to-one sessions with a Social Prescribing advisor to understand the key health, wellbeing and social issues that they may be facing. The advisor works with the person to develop an action plan and the advisor makes referrals to appropriate service providers. Please see diagram below for an illustration of how this works.

In Oswestry there are currently 20 quality assured providers offering 50 interventions. The interventions are recorded and the providers return attendance and other appropriate information to the advisor. To date 37 people have been referred to Social Prescribing – **please see Appendix C for some of their stories.**

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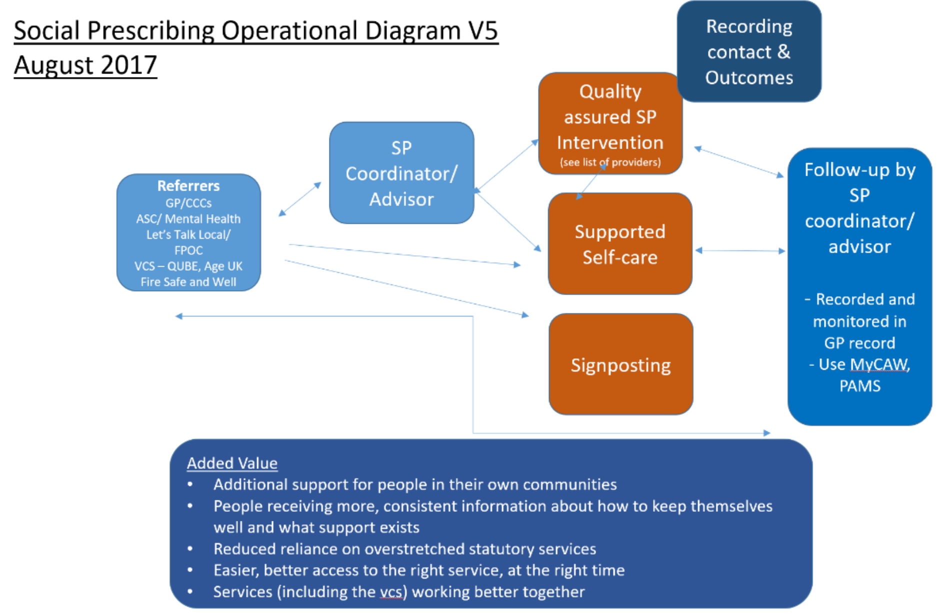

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What health and wellbeing concerns are we focussing on?

Social Prescribing demonstrator has focussed on referrals of people with:

- One or more long term conditions
- Pre-Diabetes
- Frequent attenders at GP practices
- Social isolation and loneliness
- Mild to moderate mental health issues

Areas that are in development include:

- Falls
- Musculoskeletal health
- Cardio-vascular disease

Please see Appendix D for the evidence base for prevention work on these key health and wellbeing issues.

What more could Social Prescribing do?

Public Health intelligence work is currently being carried out to assess the impact of this work, however we believe that SP will have significant impact on:

- Major changes for individual health and wellbeing, particularly those with LTCs
- Support people with diabetes, pre-diabetes, CVD
- Reduce social isolation and loneliness
- Improve mental health
- Reduce pain
- Significantly reduce falls
- Achieve
- Support primary care capacity
- Reducing unplanned hospital admissions
- **See Appendix D for further evidence of potential impact**

5. Our Proposal: What we want to do next – A Community Centred Locality Model

Building on lessons from the demonstrator site, we want to scale up the model of Social Prescribing across the county. To do this we would like to do more to draw together the role of Social Prescribing with Community Care Coordinators and ASC's Let's Talk Local role into one Care Navigation model. We would like this model to integrate the assets and community services that are already delivering support to people in their communities; to provide integrated support and better understanding of what is available for people.
We feel that this will build on the current vision of transformation in Shropshire, through the Out of Hospital work stream that is developing a locality one team approach; working across the system, with regular people, with GPs, with Adult and Children's Services, and NHS providers, to support individuals, families and communities to take more control over their health and well-being. This model is a bolder and braver model of working that will result in enduring change and transformation across the system. This new model will be influenced by and driven by the needs of the community and makes a concrete difference to people's lives.
We are building on an asset based locality model led by Shropshire Council and which makes the best use of the assets that already exist within localities. The approach now adopted by the local NHS provider and the CCG recognises the value and impact of a stronger more collective public sector response. In addition the contribution and value that the third sector and the wider community brings is crucial given the significant changes required to really change the current system.
All too often we think we need something new to replace an existing service or 'plug a gap' rather than looking at what we already have. Our approach is to work with what we have, change the parameters of that so that we support a self-care approach which draws on the capabilities of local people and local teams.

Central to the development of the work is the integration of the core functions of a number of teams which are complementary and support the development of a locality based model of prevention which recognises the uniqueness that each service area brings. This includes the following:-

- Community Enablement Team
- Let's Talk Local Teams
- Community Care Coordinators
- Social Prescribers
- Help2Change Team
- The Voluntary and Community Sector

Please see **Appendix E** for a more full description of these services and their unique selling points.

What will the new model look like?

The Care Navigation and Prevention Model may look slightly differently depending on the community they are working in due to the services and facilities available. Whilst there is no universal definition of care navigation or a 'care navigator'; navigation at its heart is a coordination process and key ingredient to achieving integrated care provision to improve health and well-being
The model will work within Primary Care and across services (including social care) to support people access the right services in their community. It will support the proactive approach to identifying frailty, vulnerability and inequality and support people to improved health and wellbeing working with and utilizing the existing assets within the communities in Shropshire, to support people to find the best solution to help their health and wellbeing.
The model will draw together current functions within community care coordinators, let's talk local and social prescribing and will support new community services models of working.
The model will draw together current programmes that include community care coordinators, let's talk local and social prescribing. The model will work with the assets that exist within the

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communities in Shropshire, to support people to find the best solution to help their health and wellbeing.
The model will support the proactive approach to identifying frailty, vulnerability and inequality and support people to improved health and wellbeing.

The Combined Impact of the Above

To meet the challenges outlined in the above sections new ways of working are needed which maximise the skills expertise and roles of employed practitioners but which also draw on and working alongside the extensive experience of the third sector.

In addition working with the community itself and residents on their needs recognising their capabilities and assets has been shown to demonstrate benefits and long term change. This is apparent in the locally derived community development model led by Severn Hospice and local GP's in direct collaboration with local residents. Working more collaboratively on a prevention agenda but supporting the wider health system including primary and secondary care will assist that sea change required.

Our approach will be about developing new ways of working that provide more 'rounded' support based on health and wellbeing needs rather than addressing physical health conditions. It is not our intention to recruit and train new workers but to bring different roles from different teams to work more closely together developing new ways of working that support wider health and wellbeing needs of people supporting and developing their capabilities rather than identifying solutions. This would mean working with teams and practitioners to adapt and change rather than recruitment of new roles.

The Benefits

Benefits to the System

- Increased engagement of and involvement of local residents in their own care decisions
- Ensure more people remain independent at home
- Avoidance of permanent admissions to residential and nursing homes
- Reduction of emergency admissions to hospitals
- Greater capacity across the system driven by population health need but working on capabilities of individuals
- Additional resource for those rural areas with more limited provision
- Strengthening of existing programmes which might be vulnerable
- Supports the local ambition to the clear ambition to work proactively to develop an integrated care navigation model going forward

Benefits to the Community and Local People

- Greater awareness and understanding of the different roles and resources that practitioners can bring resulting in a better offer for residents
- Increased ability of the practitioners to work differently with residents on a solution based model Residents with long term conditions will be offered behaviour change support to improve quality of life and wellness
- Support for patients to navigate the complex web of health, social and community care systems
- The coordination and promotion of agreed local web and app-based portals that can provide self-help and self-management resources

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- Time to listen and engage people in a way that works for them
- Access to and opportunity to resourceful community members who can prolem solve and develop projects
- Residents with long term conditions will be offered additional options to improve health and influence service development

Benefits to Primary Care, Adult Social Care

- Additional capacity for primary care and adult social care
- Non clinical solutions offered to more people with existing medical conditions or to those people with social needs (ranging through debt advice to mental health support to physical activity to creative arts therapy
- Changing practice of existing roles into 'a community based' approach
- Wider access to Let's Talk Local discussions or forums
- A more consistent approach to training around behaviour change, and Healthy Conversations
- Offer of behavioural change and motivational support to compliment existing workforces
- Better use of existing resources that are currently in different organisations but which are fulfilling similar functions
- More streamlined information points and directories
- Increased capacity and resource for the individual teams struggling to meet demand

Benefits to the Third Sector

- Extended role for the third sector working more closely with health and care systems
- Support for the third sector to develop quality assurance processes for commissioning
- Additional services working more collaboratively with health colleagues such as housing support, benefits advice and mental health
- A wider range of voluntary sector providers commissioned to support health and wellbeing needs
- Value of the third sector identified through impact and evaluation
- Third sector offer an alternative approach to the public sector including arts, creative approaches and cultural opportunities
- Third sector are recognised as an essential part of the solution to long term system change

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6. Timeline and resources needed to roll out the Social Prescribing Model

How will it be delivered?

- Through Community Based Locality Teams working in a multi-practitioner team around a single geography and with specific groups of patients/residents
- Working on a proactive model identifying through risk stratification the health and care needs of individuals making sure that the right support is provided in the best place
- Using an asset based approach which builds on the existing strengths and capabilities of patients, their families and carers, their local network or the wider community

Timescales for Roll out

September – November 2017

- Expansion of the programme to new areas/practices – Albrighton, Bishops Castle, Sevenfields, exploratory discussions with Market Drayton and Whitchurch
- Evaluation of the Oswestry demonstrator site
- Develop the dataset for the evaluation (to be used for future shaping of the programme)

- Workforce Mapping and agreement of the model
- Papers on the integration of the teams to the respective board for the CCG and the council
- Reference group developed and key officers identified from the CCG and the council to support the workforce change management programme
- Expand the use of MYCAW to adult social care staff
- Work with Children's Services to ensure they are part of the roll out
- Trial new ways of working in Bishops Castle – including integrated teams (Social Prescribing, CET, Community and Care Co-ordinators, Co-Co and community NHS Trust)
- Development of the offer for the creative arts
- Delivery of the workshop for the voluntary sector in Oswestry to feedback on progress and support evaluation

December – February 2018

- Expand the model to additional areas and practices
- Use interim findings from the mid-term evaluation project to inform the future development of the programme

7. Support for the Model – Resource Requirement

Based on the model in the Oswestry area (which has been tried and tested) the following would be required to roll out across Shropshire:-

1. Three WTE, locality co-ordinators (based on the role currently being delivered in the Oswestry demonstrator site).
2. Dedicated support funding for the third sector to support their capacity to deliver a similar function as used by the QUBE in Oswestry – they have been able to co-ordinate and work with local voluntary sector providers to ensure they are quality assured for commissioning purposes.
3. Development of five WTE, Enhanced Social Prescribing roles (using existing resources across the ASC system).
4. A .5 WTE communications lead to ensure a more consistent approach to marketing and promotion of the programme
5. Continued integration support from the PH department
6. PH Consultant support from the PH department

8. Governance

The Social Prescribing Programme is overseen by the Healthy Lives Steering group which consists of representatives from the Council, (including commissioners, and the design team) NHS (CCG), (Better Care Lead and Locality Managers) Fire and Rescue Service. It is chaired by public health and in turn reports to the Joint Commissioning Group and the STP Neighbourhoods Group and the Health and Wellbeing Board. Structure below –

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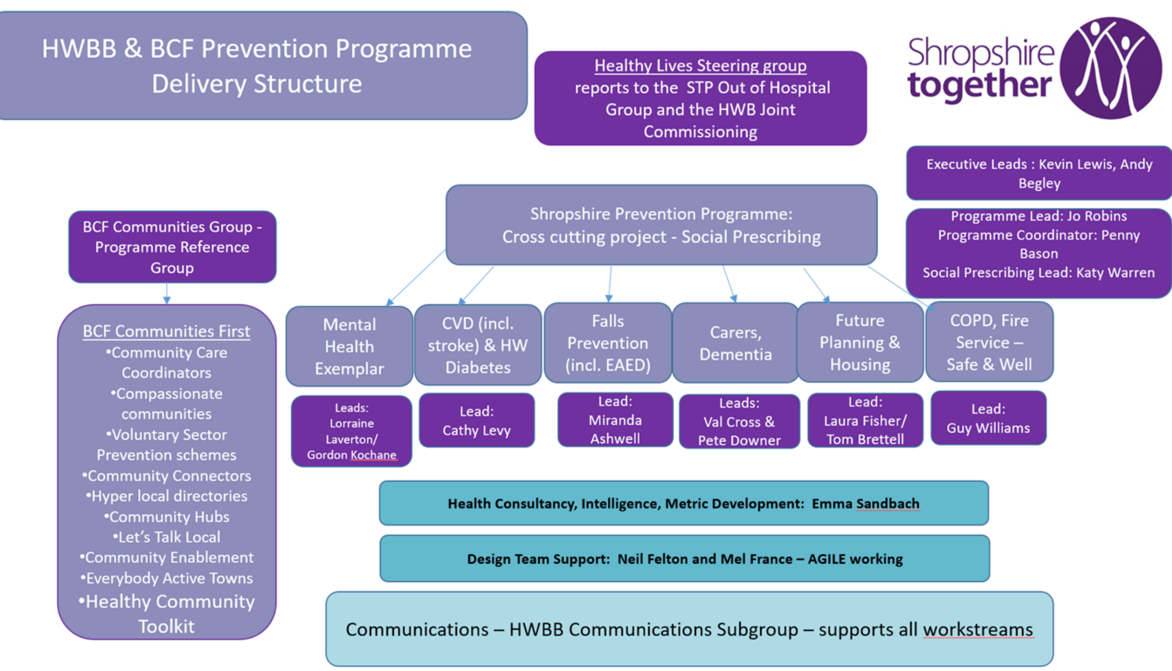


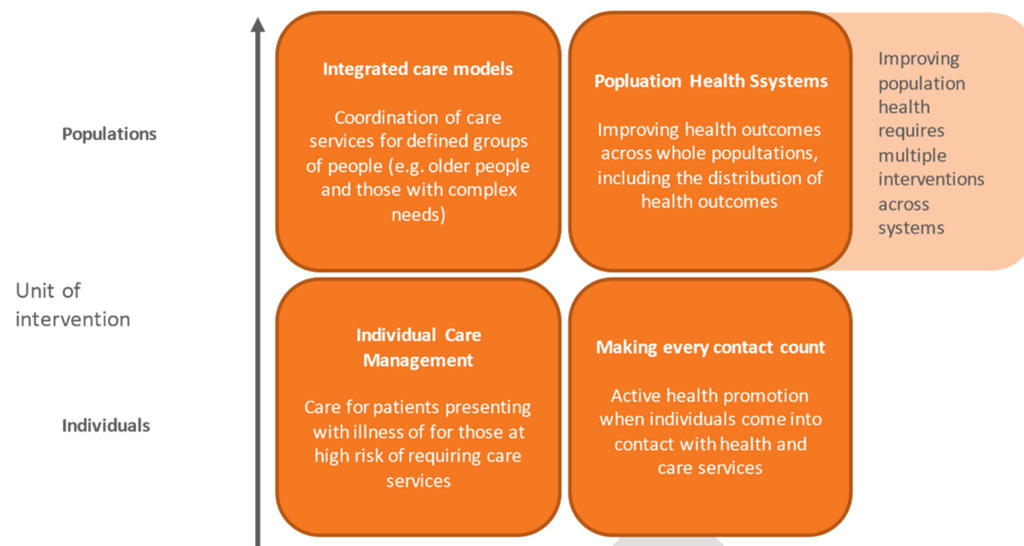
9. Supporting the system wide vision

The Social Prescribing Model, and the Wider the Healthy Lives Programme proposals support the vision of the Health and Wellbeing Board and the wider health and care economy.

The HWBB provides our vision: **to be the healthiest, most fulfilled people in the country**. To achieve this goal we need to deliver place-based integrated health and care models that support independence into older age for the majority of our population. Integrated technology and data moving freely across our system will support the placed-based delivery models, backed up by a one public estate philosophy which maximises the use of public assets to the full. These transformational changes will support the investment shift into prevention, maintenance, early detection and treatment and allow a shrinking of secondary care provision.

*The transformation required is **not** a mere shifting of activity from acute providers to other place-based community services including general practice, but is a fundamental shift in thinking and in the ways of working to improve population health by working as a system and not constrained by organisational boundaries. The Council articulated this as a move to a health and wellness service rather than illness service, the CCG articulated a need to deliver clinical and financial sustainability by sharing collective responsibility for health and care outcomes, and the community provider stated they want to deliver transformed services within a clear strategic commissioning framework that sets out the commissioners expectations for population health (Optimity)*

Diagram 3: Population Health Systems



Source: Kings Fund, Population Health Systems Focus of intervention
(Feb 2015)

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Appendix A
Wellbeing Enterprises CIC (Commissioned in part by Halton CCG)

Wellbeing Enterprises CIC has been in place for ten years. Funded by Halton CCG GP's prescribe into the programme combination of personalised 1 to 1 support, education courses (social Prescribing) and social action (volunteering, social entrepreneurship) A comprehensive data base is in place with data from a number of years. They have seen significant **improvements** in the overall health of those using the programme

MOVE THIS PARAGRAPH BELOW TO THE INVEST TO SAVE SECTION

- Financial savings to the public sector of .55p for each £ invested enabling .55p of future savings to the NHS.
- Calculated return on investment, ratio for every £ spent produces a value of £8.90 in terms of wider impacts on society including economic and health benefits.
- Meets the cost effectiveness for QALY improvements calculated as 60.4. using a cost effectiveness benchmark of £30,000 per QALY this equates to £1.82m
- The programme is considered to be cost effective and provides good value for money

Gloucester CCG

Whilst the evaluation was completed over a short time period of six months a number of improvement were seen, including: _

- Improvements in wellbeing with positive outcomes for patients
- Reductions in emergency admissions
- Reductions in emergency attendance
- Reduction in the cost of emergency admissions
- Reduction in primary care consultations
- Some savings assumptions identified

Rotherham CCG has commissioned a service over a period of years with accompanying data and **improvements have been seen in**

- Long term conditions
- Reduction in patient admissions
- Reduction in A and E attendance
- Reduction in non elective inpatient admissions
- Reduction in out-patient attendance

Additionally in Rotherham wider health and wellbeing benefits have also been seen such as

- major wellbeing improvements with 83% of patients made progress in one outcome area (feeling positive, lifestyle, reduced social isolation and lonliness, increased independence) and improved quality of life for patients and carers.

Invest to Save

In addition to the improvements being seen in health and wellbeing, reduction in pressures on hospital services some of the sites have also demonstrated return on investment on a social and financial level. Examples include

- Bristol where a £3 social return on investment per £1 was seen

- Rotherham have calculated a return on financial investment of .33p for each £ invested in the first year.
- This was even greater when over 80 year olds are taken out of the calculations with savings in the first year of £534 per patient with a return on investment of £0.46p. Rotherham are confident that the costs will be re-couped within under three years.

Modelling work carried out by London CCGs as part of their Sustainability and Transformation planning used Hospital Episodes Statistics to estimate the savings to the NHS that could be achieved by implementing social prescribing across London. Excluding intervention costs, it was estimated that the combined saving to London CCGs over 5 years would be £533 million.

Other similar projects to that of Social Prescribing are demonstrating successful outcomes are operating in Herefordshire
Other similar projects that show success are operating in Herefordshire through the healthy lifestyle trainer service which offers intense behavioural management support. The service has seen real changes in the health and wellbeing of local residents. Results from their annual reports both in 2014/2015 show they are targeting the right people (including those from areas of deprivation and with issues around diet, exercise, alcohol and smoking). The service reached 286 clients with improvements in diet, exercise and quitting smoking.

In 2016/17 this increased to 492 new people, (including the unemployed, homeless, and people caring at home or full time at home). A high proportion of the cohort achieved their goals with improvements in weight, BMI, increases in physical activity (especially around initial 30 minutes per week reduction in fatty foods and increase in healthy eating, and reduction in consumption of alcohol and improvements in generic well-being).

This demonstrated the impact once people have access to an intensive support service lifestyle changes are possible in behaviour and clinical indicators.

Furthermore the evidence base for public health interventions is well documented in different research papers and studies. A recent British Medical Journal systematic evidence review[1] assessed the return on investment from a range of existing Public Health interventions carried out in high income countries, in order to inform the potential impact of proposed disinvestments from austerity measures. The findings identified;

- For every £1 invested in Public Health, £14 will subsequently be returned to the wider health and social care economy.
- The outcomes suggest that local and national Public Health interventions are highly cost saving

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Appendix B - Social Prescribing - Area Roll-out Checklist

Stage 1 — Understanding the area

Gather Area Data
- Local provision
- Staff in area
- Demand
- Performance

Customer Insight
Communication plan

Resource needed
- Community Enablement team x.5
- Data and intelligence x.5
- Administrative * x2
- VCSE input & infrastructure
- Multi-agency Steering Group

Stage 2 — Engaging the local stakeholders (stimulate interest)

Community engagement events
- GPs, other referrers
- Potential providers
- Voluntary Groups
- Public?
- Communication plan

Local Member engagement

Resource needed
- Community Enablement team x.5
- Administrative * x2
- Locality SP lead x1
- Multi-agency Steering Group
- VCSE input & infrastructure
- Resource for engagement events

Stage 3 — Building the model

Agree services/LTCs to be targeted (based on demand)
Sign up Referrers
Sign up Interventions
Build Project Team
Build/identify Community Directory

Resource needed
- Community Enablement team x.5
- Locality SP lead x1
- Administrative * x2
- Business design x.5
- Multi-agency Steering Group
- VCSE input & infrastructure

Stage 4 — Go Live

Begin referrals
Begin meeting clients
Agree and check measures
Continue to engage new providers & referrers (and develop relationships)
Agile working

Resource needed
- Community Enablement team x.5
- Locality SP lead x1
- Administrative; project coordination x1.5
- Business design x.5
- Data and intelligence x.5
- SP advisor x1
- VCSE input & infrastructure
- Multi-agency Steering

Stage 5 — Evaluate

Measure Pilot success
- No. of cases handled
- Outcome for individuals
- Cost of intervention (incl. comparison to traditional approach)

Resource needed
- Community Enablement team x.5
- Locality SP lead x1
- Administrative* x1.5
- Social Prescribing Advisor(band 6) x1
- Business design x.5
- Data and intelligence x.5
- Independent evaluator (cost variable)
- Multi-agency Steering Group

Stage 6 — Commission the community run solution

-Create Business Plan and agree ongoing funding
- Build contract
- BCF sign off
- Commission providers
- Communication

Resource needed
- **Commission ongoing development with the VCSE**
- **Embed and develop solution across organisations**
- **Employ appropriate workforce**
- **Multi-agency Steering Group**
- **Communication plan**

*Administrative includes senior leadership, programme coordinator, and admin

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Appendix C – Case Studies from Healthy Lives – will be updated to describe impact on services

Lady in her 70's referred to Social Prescribing due to loneliness and isolation. Recently bereaved and moved into the area. She used to lead a full life and enjoyed socialising with her husband. She enjoys talking to others. She is unsure how to meet people and socialise in this area. She is also concerned about keeping mobile safely due to her arthritis and sight problems.
Claire, our Social Prescribing Advisor, had a good initial meeting with the lady, discussing her concerns and interests and agreeing the Social Prescribing interventions she would like to become involved with (Get Up & Go – activity sessions for the over 60's, improving balance, co-ordination and muscle strength; Age UK Day Centre).
Claire met the client at the first session of Get Up & Go and introduced her to another Social Prescribing client, to encourage them both to attend. Both ladies enjoyed the session which involved seated volleyball and Boccia and both ladies have continued to attend this class together.
The lady was also referred to the Age UK Day Centre and is currently on their waiting list for a place. Other Day Centre opportunities are available in Oswestry or nearby but are not at convenient times for the lady. Claire has also signposted her to the Oswestry Arthritis Self-Help group sessions at the Hydrotherapy Pool at Robert Jones Hospital,
Claire will remain in contact and offer 3 month follow-up.

Mrs M. was referred through the Fire Service Safe and Well Visits. She has peripheral neuropathy from the chest down which is the main cause of her unsteadiness. She is under the Gp for this and has received support from Physio and OT with equipment in place to minimise the risk. Her husband has heart issues. They have a 10 year old with Cerebral palsy and Autism and a healthy 7 year old daughter. We have agreed that a referral to Carers Trust4all would be useful to them as they are not currently being supported. This will give the 7 year old also access to the siblings group for respite.
She received information on FPOC and QUBE so that they were aware on where to find local advice and info as well as support from SC if needed. They are a family with although poor health a positive approach to life. Mrs M is interested in crafts so also made her aware that the Library would be a good service to support the whole family.
Mrs M is rather restricted in her access to some things as she has a plastics allergy, making the community a mine field for her.
Mrs M. requested additional grab rails at the property. It is owned by SC and managed by STAR Housing so after speaking to the housing support officer, additional grab rails and electrics were renewed and the plug points were made higher in order to reduce her risk of falls.
It was lovely to speak with them both and I think it shows a really good outcome once referrals have been made for 2 people who would otherwise still be unaware of how to resolve their respective issues.

Appendix D – Evidence Base
The Case for Preventing Diabetes and the Impact of Doing Nothing
Type 2 diabetes is strongly associate with increased weight and as a consequence prevalence has been rising rapidly
The estimated costs for social care resulting from complications of diabetes in Shropshire are £8.3 million per year.
This increases to £47 million per year for the costs to the wider NHS in relation to treating diabetes and associated complications.

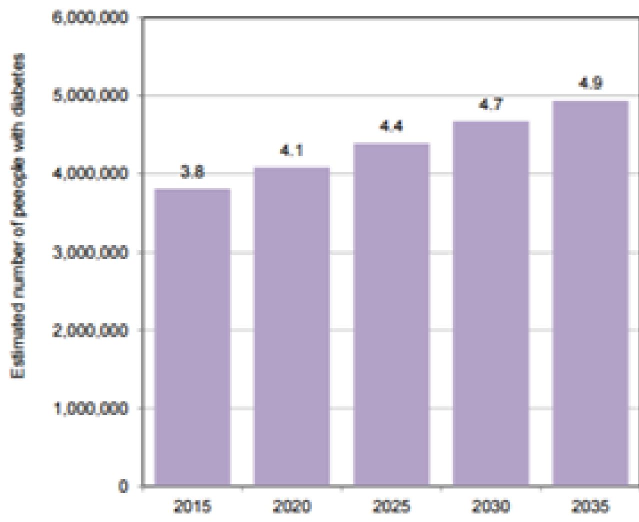
Type 2 diabetes is one of the most damaging health consequences of obesity. It accounts for 90% of all cases of diabetes, and is largely preventable through diet, physical activity and maintenance of a healthy weight.

Diabetes now affects 1 in 10 adults (around 23,000 in Shropshire) and leads to a range of serious and disabling complications including heart attacks, strokes, kidney failure, blindness and limb amputations. These costs are on a rapidly rising trajectory. Despite most diabetes being preventable, we invest only a tiny amount on this. In addition, most diabetics receive very little support in self-management, which is proven to improve quality of life and reduce complication rates.

It is estimated that as many as 1 in 5 adults have 'pre-diabetes' (non-diabetic hyperglycaemia). If not supported to improve their risk factors, around 6% per year will progress to become diabetic.

The chart below shows the projected estimates of the number of people with diabetes between 2015 and 2035 if no intervention is delivered. If this was realised, it can be seen that there will be an estimated increase of 1.1million people with diabetes by 2035.

Estimates of diabetes prevalence (2015-2035)



The following table shows a potential saving of £568k per annum in Shropshire could be achieved from reducing the number of people progressing from pre-diabetes within Shropshire.

The following table shows a potential saving of £568k per annum in Shropshire could be achieved from reducing the number of people progressing from pre-diabetes within Shropshire.

Achieving a 15% reduction in the number of people progressing from pre-diabetes to diabetes is estimated to save Shropshire NHS £568k p.a. (£2.8m over 5 years):

Prevention Potential	Scale of Need In Shropshire	Activity	Intervention	Objective	Impact/ROI
Diabetes Prevention	23,902 adults with diabetes (15,380 on GP registers) 31,600 adults with pre-diabetes 1 in 4 care home residents diabetic NHS costs = £47m p.a. Social care costs = £8.3m p.a.	The cost of diabetes in 2010 was 10% of NHS spend. If no action is taken, this is predicted to rise to 17% of NHS spend by 2035	- NHS Health Check - Pre-diabetes social prescribing pathway - Help2Slim weight management service - Digital health support	15% reduction in the number of people progressing from pre-diabetes to diabetes each year (based on 6% p.a. expected progression rate)	Type 2 diabetics averted = 284 p.a. NHS cost savings @ £2k p.a./diabetic = £568k p.a. Social Care cost savings @ £350 p.a./diabetic = £100k p.a.

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WHAT WE INTEND TO DO
Structured education can help diabetes patients to stabilise blood glucose levels, reducing the risk of complications and improving quality of life, thus reducing the financial burden on the NHS and wider social care system. NHS England estimates that for every diabetic receiving structured education, there is a net saving to the NHS of around £70 p.a.

Achieving an increase in the number of diabetics in Shropshire receiving structured education from 10/month to 500/month is estimated to save Shropshire NHS £420k p.a. (£2.1m over 5 years):

Prevention Potential	Scale of Need In Shropshire	Activity	Intervention	Objective	Impact/ROI
Structured education for diabetics	23,902 adults with diabetes (15,380 on GP registers)	Only 100-150 diabetics p.a. receive structured education in Shropshire	- Structured education (e.g. Xpert programme)	Structured education delivered to 5,000 diabetics p.a.	NHS cost savings from structured education @ £70 p.a./diabetic = £420k p.a.

Musculoskeletal Disease

In Shropshire, severe back pain affects more than 1 in 10 people; the largest modifiable risk factor is obesity

In Shropshire 27% of obese adults suffer from osteoarthritis of the knee and 14% from osteoarthritis of the hip.

The leading cause of disability in England is musculoskeletal (MSK) disease, including osteoarthritis and osteoporosis with major risk factors caused from physical inactivity, obesity and smoking.

MSK disease accounts for around 30% of GP consultations and is the leading cause of sickness absence, with 32 million working days lost per year in the UK.

The Musculoskeletal Calculator estimates that 56,154 people in Shropshire live with back pain. This means that of the total Shropshire population, 18.2% are estimated to have back pain (overall prevalence). This is similar to the overall England prevalence of 16.9%.

Severity

It's estimated that there are 33,552 people in Shropshire with severe back pain, which equates to 10.9% of the population.

Shropshire:

Falls

One third of people aged over 65 and half of those aged over 80 fall at least once a year. In Shropshire it is estimated that around 400 older people fall every week with 1 in 5 of these falls resulting in significant injury. Approximately 10 people aged over 65 years facture their hip each week in Shropshire, 8 out of 10 of these fractures result from a fall. Falls are extremely expensive and in a study in Torbay health and social care costs in the first year following a fall amounted to 4% of the hospital budget and 4% of the adult social care budget.

Many falls result in fractures, particularly in those with osteoporosis. The consequences are often life changing or life threatening (30% of hip fracture patients die within 1 year; only 46% return to their normal residence).

The number of falls is predicted to rise significantly due to an ageing population and low rates of physical activity. Falls are not an inevitable consequence of ageing; they are mostly preventable. For example, half of all people with a hip fracture have had a previous fragility fracture which provided an opportunity for prevention.

Achieving a 10% reduction in hospital admissions from falls is estimated to avoid costs of £1.5m p.a. across health and social care (£7.5m over 5 years):

Prevention Potential	Scale of Need In Shropshire	Activity	Intervention	Objective	Impact/ROI
Falls prevention	Estimated 19,000 falls p.a. in older people	1,254 emergency hospital admissions p.a. (2014-15 data)	- Falls awareness programme - Falls assessment within NHS Health Check - Community-based Postural Stability Instruction (PSI)	10% reduction in the number of falls-related hospital admissions (preventing 125 p.a.)	NHS costs avoided @ £3,508/admission = £438k p.a. Social care costs avoided @ £8,721/admission = £1.1m p.a.

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Appendix E – Current service provision and unique selling points DRAFT NOT COMPLETE

Shropshire Council's Community Enablement Team

Skilled practitioners with experience and expertise in working directly with community groups to build local networks of support based on issues being identified by communities.
They help to build the social infrastructure of a community and join up activities taking place often of a practical nature or provide information to professionals and local services about things that are taking place in a locality. Examples include local directories and information on Shropshire Choices
They know the community well and as a result are able to advise professionals and those working on service re-design now to develop schemes, programmes and services that reflect the needs of the community. They ensure that the knowledge, skills, time of individuals and the resources in communities are recognised by local professionals
Part of their role involves direct work with local councils and elected members briefing them on activity and working proactively alongside them to develop solutions to community challenges.
They have specialist knowledge and insight about each of the localities in Shropshire, are approachable with a hands on, can do practical approach.

USP

They are able to take pressure off local services by offering a community based non clinical solution which links people into local resources, information and social activities
Detailed local insight about the community based assets and resources for all of the localities across Shropshire

Community and Care Co-ordinators

Community Care Coordinators are non-clinical roles typically based in GP Practices to provide non-health interventions to address wider determinant concerns. The role is typically tailored to local community need with a focus on building relationships with statutory and non-statutory (including voluntary) organisations and linking with care support groups.

As each locality differs the C&CC identifies locally available resources and support for patients who are referred through. Patients are then signposted or offered support dependent on their level of need. Patients are categorised into the following:-

Complex – repeated contact and prolonged engagement with referral to other organisations
Moderate – home visit or further contact with referral to other agencies
Simple – sign posting and information giving

As of September 2017, 42 of the 43 GP Practices served by Shropshire CCG are actively engaged with the Community and Care Co-ordinator programme and 42 have a Community and Care Co-ordinators in post (C&CC's).

USP

They are well established, highly regarded by GP's, clinicians and patients. C&CCs work in a flexible way within GP practices and have good knowledge of their communities and the patients in need in their area.

Help2Change and Behaviour Change

Help2Change is Shropshire Council's in-house public health provider, with longstanding clinical and behavioural experience across the public sector. It works closely with primary care in Shropshire to deliver the NHS Health Check programme, stop smoking services and weight management support. It has been a prime mover in the development and implementation of social prescribing in Shropshire, through the provision of infrastructure , the enhanced social prescriber role, and delivery of behaviour change services to patients. Through its work with GP practices, it has the developed audit tools to search the patient record and proactively identify risk cohorts of patients who would benefit from support. As well as providing services within GP surgeries and

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pharmacies, it delivers community clinics and has a mobile clinic. It also provides point of care blood testing, including testing for diabetes and pre-diabetes. Help2Change has a commercial remit and is developing a number of products and services to support behaviour change, including a digital Health Coach application to support self-management of long term conditions, and Health TV digital signage. It is a provider of education and training, with particular expertise in behaviour change techniques such as motivational interviewing, and supports the delivery of Making Every Contact Count. Working closely with maternity, Help2Change provides specialist services for pregnant mums, and is developing a Healthy Baby engagement platform in support of this work. Help2Change has a growing workplace health programme which provides services nationally.

Enhanced Social Prescribing Advisors

A newly developed role which brings a new set of skills to complement existing roles. The role offers one to one support to individuals and their family to understand their health and wellbeing needs and issues, supports the identification of realistic goals and develops an action plan to achieve those. The skills used are based on motivational interviewing, lifestyle and behaviour change and recognises the capabilities of each individual.
The social prescription is co-designed between the advisor and the individual and a nonclinical community based intervention identified to which a referral is made. Additional follow up support is offered via one to one, telephone, email, text. Crucial and additional elements of the role include time with the individual, listening and a genuine desire to work alongside the individual to identify solutions as opposed to offering them.
The advisor offers follow up support as required and monitors progress. Reliable measurement tools are used at the initial appointment and post intervention with mid-point review. Following other exemplar areas the Advisor will not 'close cases'; people will be able to come back for support in the future as needed

USP – supports behaviour change, offers healthy lifestyle options, offers extra time and works alongside individuals to identify solutions for change.

Let's Talk Local

Let's Talk Local Hubs are in place Across Shropshire in the five market towns and offer, they are part of the overarching adult social care service known locally as People2People. The over-arching aim is to, increase people's well-being by promoting choice and control, with a focus on developing and maintaining independence.
One of the ways in which people can expect to receive information and support quickly is through The Let's Talk Local sessions whereby paid staff and volunteers offer support in localities.
A Let's Talk Local advisor offers informal advice and provides information on what is available through adult social care services as well as providing information and guidance on a range of issues such as housing support, benefits, assistive technology, occupational therapy and covers different areas of a person's life
Each advisor uses a structured conversation which contains a number of prompts as a guide to identifying relevant issues relating to the individual. This is recorded and an action plan created with agreed goals.

USP

Locality based sessions across the county which can be easily accessed through First Point of Contact, the service is able to offer appointments in the community that are flexible and local. The service has totally transformed and changed its focus from a dependency model to one where people are encouraged to make better use of the community around them.

Easy access through First Point of Contact, council portal staffed by trained advisors.

Offer of appointment that is community based and flexible to sui needs of the individual which includes one to one support based around a structured interview on what is working well, what needs improving and harnesses he skills of the individual and prompts individuals to access to community support.

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Also able to offer fuller care assessment where this might be needed.

Role of the Voluntary and Community Sector

The role of the VCS is vast, and there are many VSCE organisations who play a significant role in supporting people in Shropshire. One example is below.

Compassionate Communities A hospice led community development programme known locally as Co-Co
Volunteers drawn from the communities across Shropshire are trained to support the expansion of compassionate activities across the county and is now in place with a number of GP practices and communiites across the county. Patients groups within the GP practices are central to the delivery of the network however the model is not static and prescriptive but adapatable to different areas. In short the practice GP identifies and refers individuals to the local co-ordinator who works with Co-Co volunteers and the needs are matched with one or two volunteers. An initial visit takes place and the type of support and frequency of contact agreed. This is reviewed at regular intervals and changed as necessary.
Volunteers are matched based on shared interests with the individual and initial visits take place once per week with additional support via telephone, the quantity of support is mutually agreed with the overall aim of supporting people increase connectedness within their community.
The resourcing of the network is the responsibility of the community therefore developing a model of sustainability which is not sector funding dependent.
The support can be of a practical nature, or more about social connections but there is a deliberate and conscious mapping of 'interests' between individual recipient and the volunteer.
USP
It is a non-statutory funded network not reliant on public sector funds which has been developed by the local hospice.
Launched in 2010 the Compassionate Communities network is now in place across a number of communities in Shropshire and is expanding. The network is invited by the practice to work with the community and volunteers are matched to individuals.
Leadership role is taken by the community and the difference in the way the network is co-ordinated at community varies according to the community resources and vision.

Appendix F
Monitoring Performance
The measures being used are linked directly to patient need and the local behaviour change programmes. An EMIS (GP recording system) template is being created to capture these measures at the point of the patient meeting the advisor for their assessment. This will ensure that there is a flow of information that can be added to the GP record if this is agreed by the practice. The EMIS record will also allow for benchmarking e.g. numbers of patients accessing social prescribing, where they are referred from and which interventions they require

As a result of the pilot we anticipate improvements in :-

1. Improved wellbeing – **Measured by MY CAW and PAMs**
2. Reduced demand on statutory services:
    a. attendances at GP practices
    b. attendances at accident and emergency
    c. callout to out or hours or emergency services
    d. unplanned hospital admissions
    e. prescribed medications
    f. ASC interventions

Measured by Practice and hospital data

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3. Reduction in risk of future disease or disability
4. Improvement in pre-intervention concerns identified by client
5. Added social value, e.g. volunteering

Measured by programme data

Future measures will include

- Engagement of the community sector in supporting non medical health and wellbeing
- Patient satisfaction and feedback
- Awareness of social prescribing amongst healthcare and social care frontline staff

Initially the pilot will look at fewer measures to test out the viability of the model however in the longer term it is anticipated that measures will cover process, activity, self reported concerns and social return on investment. These will include the impact of interventions on well-being, a series of process indicators to measure activity and some measures that will demonstrate return on investment on a social and/or financial basis.

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1. Purpose

The purpose of the Shropshire Joint Commissioning Group is drive forward system transformation; to develop and deliver joint commissioning for the Shropshire STP Out of Hospital work. The group will work to the vision and aims of the Health and Wellbeing Board and take a whole system approach to improving population health.

2. Health and Wellbeing Board Aim and Vision (from the Joint HWB Strategy)

Our Aim:

To improve the population's health and wellbeing; to reduce health inequalities that can cause unfair and avoidable differences in people's health; to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.

Our Vision:
For Shropshire people to be the healthiest and most fulfilled in England

3. Role of the Joint Commissioning Group

a. To support the strategic direction of both the Health and Wellbeing Board and the Shropshire STP Out of Hospital work;

b. To lead on the development and delivery joint commissioning intentions;

c. To lead the development and implementation of the Healthy Lives Prevention Programme and provide joint commissioning recommendations and decisions;

d. To lead on the development, delivery and implementation of the Better Care Fund Programme, ensuring financial and performance monitoring and reporting to the HWBB;

e. To Manage the Better Care Fund Assurance Framework, ensuring that any areas of concern are reported to the Health and Wellbeing Board and mitigating actions are agreed and implemented;

f. To develop a genuinely collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people;

g. To review the work plans (actions plans) and performance of the Out of Hospital work to identify areas for joint work, joint commissioning, and connectivity to cross organisational strategic planning and service delivery;

h. To ensure that appropriate stakeholders, including commissioners, provider organisations, patient and participation groups, and the VCSA, are involved with the development and delivery of the Out of Hospital work programme (to take place through scheme and programme development rather than at the Joint Commissioning meeting);

i. To ensure that stakeholders have appropriate methods for engagement including providing ideas, concerns, and feedback on action plans and Health and Wellbeing developments;

j. To discuss Health and Social Care issues affecting service delivery in Shropshire items and their relevance to the Health and Wellbeing Board and the Out of Hospital Programme Board;

4. Principles

The Group will follow principles as agreed by the HWBB.

- To work primarily to improve the health and wellbeing of the citizens of Shropshire.

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- To work collaboratively and consensually.
- To add value over and above our current arrangements to really tackle key priorities and delivery outcomes for our communities.
- To have genuine levels of trust and an open and honest willingness to work collaboratively.
- To communicate, listen and engage with the communities we serve, actively seeking ways to enable stakeholders help define and develop the work that we do.
- Decisions will be based on evidence (both qualitative and quantitative) and data sharing will be the norm.
- To develop creative and constructive challenge to ensure that we are always working to maximise its potential as partners.
- To be pro-active by developing collaborative working to deliver system transformation and commissioning intentions, whilst maintaining appropriate flexibility to respond to issues as they arise.
- Responsibility and accountability - to our members, our staff and our public.

5. <u>Membership</u> – to send deputies when not available

- Director of Public Health – Shropshire Council
- Director of Children's Services – Shropshire Council
- Director of Adult Services – Shropshire Council
- Head of Adult Social Care – Shropshire Council
- Director of Contracting & Planning – CCG
- Director of Delivery & Performance – CCG
- Director of Primary Care - CCG
- Senior Finance Business Partner – Shropshire Council
- Director of Finance – CCG
- Clinical Director, Better Care Fund - CCG
- Representative from Housing
- West Mercia Police
- Fire Service
- Healthwatch
- Integration Lead, Public Health
- Better Care Fund Manager, Shropshire CCG
- Locality Manager, Shropshire Council

6. <u>Governance</u>

The Joint Commissioning Group will report to the Health and Wellbeing Board and the STP Programme Board. The group will also discuss and make recommendations to all partnership groups as needed. **Financial decision making remains within the constituent organisations.**

7. <u>Meeting Arrangements</u>

<u>Co-Chair</u> – Meetings will be operated by a co-chair arrangement, one from the Council and one from the CCG; to be elected annually.
<u>Notice of Meetings</u> –Shropshire Together will provide administration
<u>Meeting Frequency</u> –meet minimum bi-monthly
<u>Agenda and Papers</u> – Partners are encouraged to provide agenda items and papers for the Group; and papers will be provided to the group at least 2 days in advance.

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Health and Wellbeing Board
Thursday 14th September 2017

MENTAL HEALTH PARTNERSHIP BOARD BRIEFING TO THE HEALTH AND WELLBEING BOARD

Responsible Officer **Andy Begley**

Email: andy.begley@shropshire.gov.uk Tel: 01743 258911

1.0 Summary

This is the regular update briefing commissioned by the Health and Wellbeing Board from the Shropshire Mental Health Partnership Board (MHPB). The briefings will provide regular assurance to the Health and Wellbeing Board on the work of the MHPB and highlight areas for closer consideration by the H&WBB.

2.0 Recommendations

The Health and Wellbeing Board is recommended to note the information in the report and:

a) endorse the MHPB action plan attached as Appendix A

b) support the MHPB outcomes and actions to achieve the outcomes outlined at section 6.2

REPORT

3.0 Risk Assessment and Opportunities Appraisal

The Mental Health Partnership Board through its associated health and wellbeing outcomes supports the reduction of inequalities across Shropshire

4.0 Financial Implications

No financial decisions are explicitly required with this report, there may be associated resource implications to be considered for some actions.

5.0 Background

This update briefing provides the Health and Wellbeing Board with regular assurance from the Mental Health Partnership Board concerning the partnership approach to promoting and supporting the mental health and emotional wellbeing of the people of Shropshire.

6.0 Mental Health Partnership Board (MHPB) Action Plan

"Shropshire is a place where mental health is everyone's business, positive emotional wellbeing is promoted and services and communities work together to provide appropriate support when our people need it"

6.1 The MHPB action plan as of August 2017 is attached as Appendix A.

6.2 The plan outlines actions to be undertaken across Shropshire over the next 8 months and looks to:

- champion mental health matters and the eradication of stigma associated with mental ill health
- ensure that there is strong public awareness and participation in matters relating to mental health and wellbeing
- undertake work to reduce the numbers of people taking their own life and improve the support for those affected by suicide.

- ensure that systems are in place so that mental health services are designed in partnership with people with lived experience

6.3 To deliver the outcomes highlighted above the MHPB is:

a) Increasing its membership to include representatives from the providers of the 0 – 25 Emotional Health & Wellbeing Service to ensure it is truly an **All Age** MHPB

b) Developing a **MHPB Communications Plan** that outlines key dates, events and joint communications for the next 12 months

c) Engaging with **"Experts by Experience"** by linking to the Making it Real Board and establishing regular participation from those people with lived experience of mental ill health across Shropshire.

d) Building a picture of what Shropshire looks like in terms of mental health through a **Shropshire Mental Health Needs Assessment.** This includes first hand experience of those people who have used mental health services in Shropshire.

e) Strengthening links to the **Shropshire & Telford & Wrekin Crisis Care Concordat** to ensure work between us is coordinated and duplication of effort is avoided.

f) Driving forward the **Shropshire Suicide Prevention Action Group** who are:

  - linking with the coroners office to gather greater intelligence around the factors that may have influenced a suicide or suspected suicide
  - Working with the Voluntary Sector Forum to identify the agencies that support people affected by suicide/suicide prevention
  - Sharing information on access to services (e.g. Samaritans/SSSFT) targeted at those vulnerable groups who are at greater risk of suicide

1.0 **MHPB meeting July 2017**

7.1 At its meeting in July 2017 the MHPB:

- welcomed assurance from Sustainability and Transformation Plan Programme Management Office that mental health will be a consideration across all areas of the Plan. This included an invitation for a representative from the MHPB to participate in the STP Delivery Group.
- discussed the refresh of the Domestic Abuse Strategy which has led to clarity being sought on the service specification of the 0 – 25 Emotional Health and Wellbeing Service (EHWS) for Shropshire and Telford and Wrekin. The MHPB were advised that the Pentagon of Partnerships (The chairmen of the Partnership Boards) and the Children's Trust had worked together with the CCG in the early stages of development of the service specification for the 0-25 EHWS to ensure that '*Services for children suffering as a result of compromised parenting will be fundamental to the service.'* And that *'a range of interventions will be delivered from prevention, promotion of wellbeing through to more reactive services as more complex mental health problems occur.' (extract from 0-25 EHWS Service Specification 2017).* Clarity on what these services entail is now being sought.
- Highlighted a need to look more closely at mental health support for ex offenders

7.2 The MHPB work programme will be updated to include further consideration of the above matters.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) **Previous HWBB papers** **Appendix A**	
Cabinet Member (Portfolio Holder) **Cllr Lee Chapman**	
Local Member **NA**	
Appendices	Appendix A - MHPB Action Plan

APPENDIX A
(Update Aug 2018)

Shropshire Mental Health Partnership Board Action Plan **May 2017 – April 2018** *"Shropshire is a place where mental health is everyone's business, positive emotional wellbeing is promoted and services and communities work together to provide appropriate support when our people need it"*					
Outcome	**Output**	**Activity**	**Responsibility**	**Timeframe**	**Status**
The Shropshire Mental Health Partnership Board is trusted as a champion of mental health matters across Shropshire. There is strong public awareness and participation in matters relating to mental health and wellbeing.	The principle that Mental Health is everyone's business is championed across the public and voluntary sector	Establish regular promotion of the championing of mental health across partner organisations	All	July 2017 – April 2018	
	Mental Health First Aiders in place across partner agencies	Establish regular promotion of mental health first aiders across partner organisations	All	July 2017 – April 2018	
	Experts by experience are routinely involved in the work of the MHPB	Engage with "Making it Real" Board	Lorraine Laverton	August 2017	
		Establish representation on MHPB	Lorraine Laverton Stewart Smith	November 2017	
	12 month Communication Plan in place	Develop and agree a common vision for the MHPB	Lorraine Laverton All	Agreed 16 May 2017	
		Develop a 12 month communications plan	Task group – Janet Radford, Fiona Williams, Maria Jones	Present draft to MHPB Sept 2017	
		Embed the principles of Making Every Contact Count (MECC) across all partner agencies.	All	July 2017 – April 2018	
		Use H&WBB Communications Groups to ensure shared publicity / awareness raising events.	Lorraine Laverton	July 2017 – April 2018	

APPENDIX A
(Update Aug 2018)

Shropshire Mental Health Partnership Board Action Plan May 2017 – April 2018 *"Shropshire is a place where mental health is everyone's business, positive emotional wellbeing is promoted and services and communities work together to provide appropriate support when our people need it"*					
Outcome	**Output**	**Activity**	**Responsibility**	**Timeframe**	**Status**
	Clear contact information for patients, family, carers, friends –	Evaluation of implementation of ACCESS 24/7 365 0300 1240365	SSSFT	January 2018	
	MHPB Governance & accountability lines in place	Draft and agree terms of reference including accountability and membership	Lorraine Laverton	July 2017	
	Shared learning from case studies	Case study included within reports on agenda for each MHPB meeting	All	Ongoing	
	Champion the principles of the ACE (Adverse Childhood Experiences) approach across all partner agencies	Working with Children's Trust to embed the ACE approach across all partner agencies	Anne-Marie Speke Lorraine Laverton	May 2018	
Shropshire communities see a reduction in the numbers of people taking their own life and improved support for those affected by suicide.	Suicide Prevention Strategy in place	Work in partnership with Telford and Wrekin Council to establish a joint Suicide Prevention Strategy	Gordon Kochane	Ratified by Health and Wellbeing Board May 2017	
	Shropshire Suicide Prevention Action Group established	Action Group established and Terms of Reference in place	Gordon Kochane SSPAG	Meeting 6th June / 5 Sept 2017	
Shropshire communities feel confident that the mental health services they may use have been designed in partnership with people who have relevant lived experience.	Mental Health Needs Assessment report	Undertake MHNA	Gordon Kochane MHNA Steering group	To be completed by April 2018	

APPENDIX A
(Update Aug 2018)

Shropshire Mental Health Partnership Board Action Plan May 2017 – April 2018 *"Shropshire is a place where mental health is everyone's business, positive emotional wellbeing is promoted and services and communities work together to provide appropriate support when our people need it"*					
Outcome	**Output**	**Activity**	**Responsibility**	**Timeframe**	**Status**
		Undertake interviews with "Experts by Experience"	Shropshire Business Design team	June – Sept 2017	

NB This 12 month action plan has been developed from the Shropshire Mental Health Partnership Board workshop in March 2017. Along with the findings of the Shropshire Mental Health Needs Assessment it will establish a firm foundation on which to build a Mental Health Strategy for Shropshire in 2018.

Red = Significant issues, requires action **Amber = In progress, monitor** **Green = On track, no action required** **Purple = Completed**

Mental Health First Aid (MHFA) is the help provided to a person developing a mental health problem or experiencing a mental health crisis. Just as physical first aid is administered to an injured person before medical treatment can be obtained, MHFA is given until appropriate treatment is found or until the crisis is resolved.

Mental Health Champions advocate for mental health issues in their communities and workplaces. They raise awareness and challenge the stigma associated with mental ill health.

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Shropshire Clinical Commissioning Group

Health and Wellbeing Board
Thursday 14th September 2017

CHILDREN'S TRUST BRIEFING TO THE HEALTH AND WELLBEING BOARD

Responsible Officer Karen Bradshaw

Email: karen.bradshaw@shropshire.gov.uk Tel: 01743 254201

1.0 Summary

This regular update briefing commissioned by the Health and Wellbeing Board (H&WBB) from the Shropshire Children's Trust will focus on work to develop an action plan for the 0 – 25 SEND Strategic Board and engaging with young people with SEND and provide updates on the 0 – 25 Emotional Health and Wellbeing Service, School Readiness and Embedding the Adverse Childhood Experiences (A.C.E) approach. This briefing provides assurance to the H&WBB on the work of the Trust and highlights areas for closer consideration by the H&WBB.

2.0 Recommendations

The H&WBB is recommended to note the information and updates in this report and :

a) Ensure that the needs of children and young people with SEND are taken into consideration across all health and wellbeing development work

b) continue to help in raising the profile of "All About Me" and encourage all organisations in contact with children and families to promote the "All About Me" strategy.

c) continue to encourage practitioners to engage with the development of the A.C.E approach across Shropshire.

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3.0 Risk Assessment and Opportunities Appraisal

The Children's Trust through its associated health and wellbeing outcomes supports the reduction of inequalities across Shropshire

4.0 Financial Implications

No financial decisions are explicitly required with this report, there may be associated resource implications to be considered for some actions.

5.0 Background

This update briefing provides the Health and Wellbeing Board with regular assurance from the Children's Trust concerning the partnership approach to promoting and supporting the health and wellbeing of children, young people and families in Shropshire.

6.0 0 – 25 Special Educational Needs and Disabilities (SEND) Strategic Board

6.1 As a sub group of the Children's Trust the 0 – 25 SEND Strategic Board takes the lead on our partnership work to embed the changes of the SEND reforms and to continuously look to improve outcomes for children and young people living with special educational needs and / or disabilities.

6.2 The 0 – 25 SEND Strategic Board has recently appointed a co chair from Shropshire CCG and is currently working on developing an action plan that will ensure;

- Shropshire Children and young people living with Special Educational Needs and/or Disabilities, and their families and carers, feel empowered and in control of their lives

- Shropshire Children and young people living with Special Educational Needs and/or Disabilities, and their families and carers, feel safe and supported appropriately whatever their age (0 - 25) and wherever they are.

6.3 This work will make sure that:

- There is in place a 0-25 SEND communications and participation strategy that is easy to understand and provides a basis on which to regularly engage with children, young people and their families and carers; that provides meaningful participation in the co production of strategies and services with a common message and clear pathways agreed across education, health and social care.

- A Local Offer is in place that is co produced with children and young people and provides information in an accessible format, that sets out in one place information about provision available for children and young people who have special educational needs and/or disabilities.

- A Joint Commissioning Strategy in place that is co produced based on outcomes and value for money and includes clear pathways and decision making.

6.4 To inform this work Shropshire Council is partnering with Humanly, a research and design studio, to develop an approach that ensures consistent and embedded participation of children and young people at an individual, service and strategic level. This work is grant funded and supports Shropshire Council to meet its statutory obligations to children and young people with special educational needs and disabilities (SEND). (Humanly works with organisations in the public and third sectors to develop new services, systems and ways of working that are human-centred. You can see examples of Humanly's work here: www.designhumanly.com)

6.5 The Children's Trust have scheduled a deep dive report from the 0 – 25 SEND Strategic Board to its meeting on the 19th October 2017 and will provide a more detailed update on progress to the H&WBB in our next briefing

6.6 We would ask the H&WBB to assist our whole system approach and encourage partners to ensure that the needs of children and young people with SEND are taken into consideration across all health and wellbeing development work.

7.0 Ongoing Children's Trust Work – 'All about me' and 'Embedding the ACE approach'

7.1 In our last briefing to the H&WBB we told you about work the Children's Trust is undertaking to embed the ACE approach across Shropshire.

7.2 The work to embed the ACE approach across Shropshire continues not simply to ensure we have healthy children but *to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.* (H&WBB Strategy 2016-2021).

7.3 Forward thinking is again part of our work focussed on making sure Shropshire Children are 'school ready'. In our briefing in May 2017 we advised the H&WBB how school readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally and how being school ready has an impact on his or her adult life.

7.4 The Children's Trust are continuing to work on key areas:

- Promoting a common brand to raise awareness to ensure children are school ready across Shropshire **"All About Me…."**
- Developing a leaflet "All About Me…." That identifies key developmental milestones for children, for use across all organisations in contact with children and families
- Using the "All about me…" developmental milestone leaflets:
  - Undertake awareness training for housing providers (support workers) and free childcare places,
  - Undertake briefings for headteacher forums for schools that have an early years setting to include ASQ-3 and the integrated 2 year review process

- Looking at the possibility of sharing information with schools with early years settings ie number children rising 2 to enable them to plan more effectively
- Encouraging early years settings to undertake a home visit prior to the child starting by sharing best practice from early years settings who are already undertaking the visits

7.5 We would ask the H&WBB to:

- continue to help in raising the profile of "All About Me" and encourage all organisations in contact with children and families to promote the "All About Me" strategy.
- continue to encourage practitioners to engage with the development of the A.C.E approach across Shropshire.

8.0 Update on 0-25 Emotional Health and Wellbeing Service

8.1 In our last briefing to the Health and Wellbeing Board we highlighted our concerns around the size of the waiting list for the 0-25 Emotional Health and Wellbeing Service. At our most recent meeting we were reassured that:

- Waiting list initiatives to date have undergone detailed review and plans have been refined and refocused. Revised plans enable all aspects of the historical (pre May 2017) waiting list to be cleared by August 2017
- As of the 1st of May children and young people are now able to benefit from a wider range of services in addition to the traditional elements of care. This wider range of options enable improved patient choice and contribute to reduce waiting times. Initially the NHS element of the service (previously CAMHS) will continue but are now complemented by;
  - **Kooth -** Providing an anonymous 24 hour online service offering peer support, self-help and trained counsellors to talk to during the hours of 12 till 10pm
  - **Healios -** Providing evidence based psychological therapies delivered online by qualified clinicians from 8am to 9pm 7 days a week.
  - **The Children's Society** – Scoping availability of resources in the community and working with young people to aid transition to other services
- FAQ style communications to be shared with Children, young people, parents, carers, those who referrer into the service as well as other stakeholders. The communication aims to provide clarity in answering the following questions;
  - *What is different now?*
  - *What will change in the future? And when will it change?*
  - *How do I access the service?*
  - *How will I know about any future changes?*

8.2 The Head of Operations for the 0 – 25 Emotional Health and Wellbeing Service at SSSFT is now a member of the Children's Trust so we look forward to continued engagement and continued improvements to the service.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) Previous HWBB papers
Cabinet Member (Portfolio Holder) Cllr Nicholas Bardsley Cllr Lee Chapman
Local Member **NA**
Appendices **NA**

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Health and Wellbeing Board
Meeting Date

SHROPSHIRE DOMESTIC ABUSE STRATEGY 2017 – 2020 (DRAFT)

Responsible Officer
Email: Andrew.gough@shropshire.gov.uk Tel: 01743 253984 Fax:

1. Summary

Tackling Domestic Abuse should be a key priority for all the strategic partnership boards in Shropshire. The three-year domestic abuse strategy is being developed by the Shropshire Domestic Abuse Forum (SDAF) on behalf of the Shropshire Community Safety Partnership in consultation with a wide range of agencies, organisations and individuals. The aim of the strategy is to improve services for victims of domestic abuse within Shropshire and respond effectively to domestic abuse. The Strategy builds on previous domestic abuse strategies, and the Governments Violence against Women and Girls Strategy, in order to support victims and to explore ways to encourage offenders to seek the assistance they need to change their behaviour.

2. Recommendations

The Health and Well-being Board is asked to note the report and provide feedback on the draft strategy by 29th September 2017.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

4. Financial Implications

Funding for the delivery of the strategy has previously been provided by the Police and Crime Commissioner. Organisations and agencies also contribute resources in order to achieve the outcomes set out in the strategy.

5. Background

Domestic Abuse, both nationally and locally is significantly underreported. Those people who experience domestic abuse will often keep it from family and friends and are unlikely to report abuse to public bodies. The strategy will set out how the Domestic Abuse Forum will support the delivery of projects and policies to help victims, and families who are affected by domestic abuse, and help to support new or developing domestic abuse services and projects.

Attached is a draft of the 2017 – 2020 strategy that has been developed by a group consisting of officers from Probation; the Police; CCG; Children's Services; Shropshire Domestic Abuse Service and West Mercia Women's Aid. The group agreed that the strategy should have an overarching outcome to 'Stop Domestic Abuse', and two key priorities: To prevent domestic abuse from taking place and to ensure that co-ordinated and sustainable services are delivered to victims and perpetrators of domestic abuse.

6. Additional Information

In 2016–17 the total number of recorded incidents of domestic abuse was 4,316 which represents a significant increase in the number of recorded crimes with a domestic abuse marker from 3,200 in 2015-16. The Shropshire IDVA service, in the 12 months to March 2017, provided a service to 280 individual clients. This also exceeds the number of clients seen in previous years.

7. Conclusions

Domestic abuse is a crosscutting issue for all Partnership Boards in Shropshire. It affects health, housing, parenting, benefits, social functioning, criminal activity, employment, finances and aspirations, and like substance misuse, it is often hidden until a crisis point is reached by which stage problems are complex, embedded and long lasting. Therefore, it is crucial that all the strategic partnerships in Shropshire ensure that domestic abuse is addressed in their strategies.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) **N/A**
Cabinet Member (Portfolio Holder) **Cllr. Lee Chapman**
Local Member **N/A**
Appendices **Shropshire Domestic Abuse Strategy 2017 - 2020**

Shropshire Domestic Abuse Strategy 2017 - 2020

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Definitions of Domestic Abuse

Where to get more information:

- **Useful Publications**
- **Useful Websites**

Foreword

Domestic Abuse can have a devastating effect. It ruins lives, breaks apart families and has an impact across generations. Much has been done over recent years to increase protection for victims and to punish perpetrators. There has been an increase in the level of reporting of these crimes. However, domestic abuse remains an underreported crime.

What is domestic abuse?
Domestic Abuse can involve a range of behaviours, which are abusive and which would not always necessarily be classed as violent. The new definition of domestic violence and abuse as defined by the Government from 1st April 2013 is:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.'

The definition was also widened to include 16-17 year olds and reflect coercive control, 'honour' based violence, female genital mutilation (FGM) and forced marriage. The new definition recognises that abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. Additionally, the Care Act (2014) introduced Domestic Abuse as a category of abuse that particularly affects adults with care, and support needs, and which includes older people.

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Executive Summary

Tackling Domestic Abuse is a key priority for the Shropshire Community Safety Partnership. This strategy has been developed on behalf of the Community Safety Partnership by the Shropshire Domestic Abuse Forum (SDAF) in consultation with a wide range of agencies, organisations and individuals. This strategy aims to assist partnerships and agencies across Shropshire in delivering a joined up response to those affected by domestic abuse, underpinned by a recognition and understanding that no single agency can address this complex issue in isolation.

The aim of the strategy is to improve services for victims of domestic abuse within Shropshire and respond effectively to domestic violence and abuse. The Strategy builds on previous domestic abuse strategies, and the Governments Violence against Women and Girls Strategy, in order to support victims and to explore ways to encourage offenders to seek the assistance they need to change their behaviour.

Domestic abuse is a problem that occurs, predominantly, within the home, often without witnesses. It has tremendous costs for the victim, the family and friends of the victim, and upon the community as a whole. Importantly, domestic abuse and partner abuse can affect men and women. Whilst domestic abuse, both nationally and locally is significantly underreported, Shropshire has seen an increase in the number of reported incidents of domestic abuse over the three-year period 2013 to 2015.

What do the statistics say…?

It appears, from the data available, that the total number of recorded incidents has risen again in 2016-17. Based on the trend, it was expected the total number of reported incidents (crimes with a domestic abuse marker) in the 12 months period to the end of March 2017 would be in the region of 3,800 but the final number was 4,316. This represents a significant increase in the number of recorded crimes as we know that domestic abuse is an underreported crime and: "even if it were possible to put a figure on individual offences, and hence calculate a domestic abuse 'rate', this would not be a particularly telling reflection of the number of people at risk."(House of Commons Library, December 2013).

The overall aim is to reduce the number of people who are victims of domestic abuse. In order to do this the Partnership will need to have a far clearer view of precisely how many women and men are victims of abuse. The Partnership will continue to analyse incident and referral rates and attempt to calculate the level of under-reporting by monitoring the activity of commissioned domestic violence services; record incidents of domestic abuse where children are involved; identify and analyse 'key markers' that are often associated with domestic abuse, such as alcohol consumption and sports tournaments etc.

2015 – 2017 Strategy – What's the story…?

Refuge and Outreach Service in Shropshire
In April 2017, Shropshire Council awarded the contract to deliver refuge and outreach services to Shropshire Housing Group. Shropshire Housing Group, through Shropshire Domestic Abuse Services, now provides 10 bed spaces in the current South Shropshire refuge and, in addition, will provide a further 10 units of accommodation within "dispersed refuge" properties in North and Central Shropshire. This dispersed accommodation will provide smaller, but more flexible, safe places for women, or men, who need safe refuge accommodation. Services are also provided in Shropshire by West Mercia Women's Aid. This includes the IDVA service for those at high risk, and the provision of group work with children and young people that is funded by the West Mercia Police and Crime Commissioner.

White Ribbon Campaign
Agencies and organisations across Shropshire came together to pledge their support for the White Ribbon Campaign. This included Health services, Probation, West Mercia Police and Children's Services. The White Ribbon Campaign is the largest effort in the world where men are working to end men's violence against women. The international campaign, which ran from 25 November for 16 days, invited men, women and children from Shropshire to support the campaign by wearing a white ribbon and to make a pledge: ***Never to commit, condone or remain silent about violence against women***. In the UK, 45% of women have experienced some form of domestic abuse and sexual violence or stalking, and there are still, on average, 2 women a week killed by their violent partner or ex-partner in England and Wales. In November, there was a display at Shirehall in Shrewsbury providing white ribbons and badges. The display remained in place for the duration of the 16 days of action. In Ludlow, the South Shropshire Domestic Violence Network arranged a vigil in St Laurence's Church, on Friday 2nd December from 09:00 a.m. to 10:00 a.m., as a tribute to victims of domestic abuse.

For more information on the White Ribbon campaign, visit:
http://www.whiteribboncampaign.co.uk/

Domestic Abuse Forum
The purpose of the Forum is to encourage agencies and organisations to work in partnership in order to create an environment where domestic abuse is not tolerated and to reduce the impact on families and the wider community in Shropshire. Partnership working is essential in developing effective and safe services for all victims and providing holistic and appropriate responses to all abusers, as well as working with relationships where there is abuse on both sides; it is accepted that no agency can address these problems in isolation.

Domestic Homicide Review
Shropshire Community Safety Partnership undertook its first independent domestic homicide review, into the death of a woman on 23rd-24th December 2014. The review was commissioned by Shropshire Community Safety Partnership in line with Home Office guidance to identify what can be learned from the circumstances of a domestic homicide. The review examines, in detail, the circumstances of the case in order that agencies and organisations can learn from, and prevent, future homicides from

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occurring. Both the findings and recommendations of the review have been accepted by the Community Safety Partnership and agencies have committed to act upon the recommendations.

A full copy of the review and executive summary can be found by following the link to:

Shropshire Domestic Abuse Strategy 2017-2020

Domestic Abuse is a complex issue and its far-reaching effects require a co-ordinated and integrated multi-agency response. The 2017 – 2020 Strategy sets out what agencies in Shropshire will be doing in order to prevent domestic abuse taking place; and provide services to protect the victim and their families, and deal with perpetrators. The strategy has one overarching outcome: to 'Stop Domestic Abuse'. The forum has two key priorities: To prevent domestic abuse from taking place and to ensure that co-ordinated and sustainable services are delivered to victims and perpetrators of domestic abuse.

Prevention

Priority –To prevent domestic abuse from taking place.

Action 1:
Targeted campaigns and key messages utilising existing programmes and media.

- Ensure staff know, or have access to, information about the services, policies and procedures of all relevant local agencies for people who experience or perpetrate domestic violence and abuse.

Campaigns will promote key messages that emphasise:

- Domestic abuse will not be tolerated;
- Freedom from abuse and from the fear of violence is a basic right;
- Sexual assault may accompany domestic violence;
- Those who have experienced domestic abuse are not responsible for it;
- Help is available from a wide range of services.
- People identifying domestic abuse should work with victims and perpetrators to stop it where it is safe to do so.

Outcome	Action	Development	Owners
The public are informed what constitutes abuse and are made aware of the services available in Shropshire.	Targeted campaigns and key messages utilising existing programmes and media.	Work with groups on targeted campaigns and focussed group work in order to promote key messages on domestic abuse.	Shropshire Domestic Abuse Forum
Victims access services more quickly, leading to early intervention and a reduction in further harm.			Shropshire Domestic Abuse Forum
	Keeping Adult Safeguarding Board poster campaign to address the Domestic Abuse of older people		KASiSB (Keeping Adults Safe in Shropshire Board)

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Action 2: Ensure that staff are trained to a level where they have, as a minimum, a basic understanding of Domestic Abuse, and are able to support victims.

Workers from varying disciplines and organisational backgrounds, possessing a range of skills and abilities currently provide a frontline response to families and individuals experiencing and / or perpetrating domestic abuse. These workers require varying levels of training, development and support to enable them to work safely, effectively and consistently.

The NICE Guidance (Domestic violence and abuse: multi-agency working Public health guideline [PH50] Published date: February 2014) recommends that:

- Frontline staff in all services should be trained to recognise the indicators of domestic abuse and be able to ask relevant questions to help people disclose their past or current experiences of such violence or abuse;
- Staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services need to ask service users whether they have experienced domestic abuse;
- Services have formal referral pathways in place for domestic abuse. These should support people who disclose that they have been subjected to it; the perpetrators; and children who have been affected by it.

The guidance sets out four levels of training:

Level 1: Staff should be trained to respond to a disclosure of domestic abuse sensitively, and in a way, that ensures people's safety. They should also be able to direct people to specialist services. This level of training would be appropriate for staff in direct contact with people including; social workers; dentists, youth workers, care assistants, receptionists, interpreters and non-specialist voluntary and community sector workers.

Level 2: Staff should be trained to ask about domestic abuse in a way that makes it easier for people to disclose it. This involves an understanding of the epidemiology of domestic abuse, how it affects people's lives and the role of professionals in intervening safely. Staff should also be able to respond with empathy and understanding, assess someone's immediate safety and offer referral to specialist services. Typically this level of training is for: nurses, accident and emergency doctors, adult social care staff, ambulance staff, children's centre staff, children and family social care staff, GPs, mental health professionals, midwives, health visitors, paediatricians, health and social care professionals in education (including school nurses), prison staff and alcohol and drug misuse workers. In some cases, it will also be relevant for youth workers.

Level 3: Staff should be trained to provide an initial response that includes risk identification and assessment, safety planning and continued liaison with specialist support services. Typically, this is for; child and adult safeguarding workers, safeguarding nurses, midwives and health visitors with additional domestic abuse training and multi-agency risk assessment conference representatives.

Level 4: Staff should be trained to give expert advice and support to people experiencing domestic abuse. This is for specialists in domestic abuse. For example, domestic abuse advocates or support workers, independent domestic violence advisers or independent sexual violence advisers, refuge staff, domestic abuse and sexual violence counsellors and therapists and children's workers.

Outcome	Action	Development	Owners
Frontline staff in all services should be trained to recognise the indicators of domestic abuse and be able to ask relevant questions to help people disclose their past or current experiences of abuse;	Ensure that staff are trained to a level where they have, as a minimum, a basic understanding of Domestic Abuse, and are able to support victims.	Training should give staff, as a minimum, a basic understanding of the dynamics of domestic abuse.	Shropshire Domestic Abuse Forum
The Partnership will continue to ensure that the Multi-Agency Risk Assessment Conference (MARAC) procedure is supported by all agencies and that training is available for all staff who attend the MARAC.		Ensure specialist support services meet national standards of good practice	Multi Agency Risk Assessment Conference
	Keeping Adult Safeguarding Board will ensure that its training programme raises awareness of Domestic Abuse and helps those attending understand their responsibilities for keeping people safe.		KASiSB (Keeping Adults Safe in Shropshire Board)

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Action 3: Implement a pathway for victims of domestic abuse, including helpline provision, so that services meet clients' needs without duplication or gaps, and are part of a single response.

Shropshire is a large rural county. Its rurality may prevent those who need help, and support, from accessing services or groups. It is important that any barriers that prevent people accessing services need to be identified and removed. This should be done in consultation with local groups that have an equality remit (including organisations representing the interests of specific groups), and in line with statutory requirements. This includes; people from black and minority ethnic groups, or with disabilities, older people, transgender people and lesbian, gay or bisexual people.

Outcome	Action	Development	Owners
Victims are able to access support via a single pathway Consistent and improved level of service to victims. Re-establish a Specialist Domestic Violence Court in Shropshire To continue to support and strengthen the MARAC process To continue to encourage the reporting of domestic abuse incidents to ensure victims and survivors of abuse receive a comprehensive service Keeping Adult Safeguarding Board and Shropshire Council will ensure the adult safeguarding pathway includes responding to Domestic Abuse in order to provide a level of support determined by the victim and/or their representative.	Implement a pathway for victims of domestic abuse, including helpline provision, so that services meet clients' needs without duplication or gaps, and is part of a single response.	Ensure that a single countywide assessment and referral framework is in place for all services in order to report domestic abuse. This should ensure that services meet client's needs without duplication or gaps, and as part of a single offer. Put in place local arrangements to ensure that people presenting to frontline staff with indicators of possible domestic abuse are asked about their experiences (see Action 2); Specialist advice, advocacy and support forms part of a comprehensive referral pathway.	Shropshire Community Safety partnership / Office of the Police and Crime Commissioner Shropshire Domestic Abuse Service / West Mercia Women's Aid Shropshire Domestic Abuse Forum Shropshire Domestic Abuse Forum / West Mercia Women's Aid KASiSB (Keeping Adults Safe in Shropshire Board)

Provision of Services

Priority

Action 4: Ensure that the strategies and action plans developed by Shropshire's Strategic Partnership Boards demonstrate the work they are undertaking to tackle domestic abuse in Shropshire.

Domestic abuse, like substance misuse, is a crosscutting issue for all Partnership Boards in Shropshire. It affects health, housing, parenting, benefits, social functioning, criminal activity, employment, finances and aspirations, and like substance misuse, it is often hidden until a crisis point is reached by which stage problems are complex, embedded and long lasting. Therefore, it is crucial that all the strategic partnerships in Shropshire ensure that domestic abuse is addressed in their strategies.

Outcome	Action	Development	Owners
There are sufficient resources available to meet the needs of vulnerable and minority groups; children; older people; those wishing to remain safe in their homes; those needing safe accommodation; those in need of community-based support; and those at high risk. Embed the learning from Domestic Homicide Reviews to ensure recommendations are addressed.	Ensure that the strategies and action plans developed by the Shropshire Strategic Partnership Board's demonstrate what work they are undertaking to tackle domestic abuse in Shropshire. (Need links here to various partnership strategies that reference domestic abuse)	Ensure officers from both statutory and voluntary services participate in local strategic partnerships in order to prevent domestic abuse, and that all Shropshire Partnership Boards champion the prevention of domestic abuse The Partnership has conducted a Domestic Homicide Review (DHR) and, along with any Serious Adult Reviews and a review of other DHRs, it will aim to learn lessons and help to prevent further domestic homicides and serious incidents.	Community Safety Partnership Children's Safeguarding Board Health and Well-being Board Children's Trust KASiSB (Keeping Adults Safe in Shropshire Board)

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Action 5: Ensure that interventions are in place to meet the needs of a diverse range of victims and families.

Domestic abuse is a significant issue to children and young people living in households where abuse is taking place. Children are at increased risk of physical injury during an incident, either by accident, or because they attempt to intervene. Children may be victims of Domestic Abuse, but even if they are not directly injured, children are greatly distressed by witnessing the physical and emotional suffering of a parent. Although the abuse may not be a daily occurrence, the risk of an incident places great strain on those living with it, with those involved feeling responsible for the abuse and living with a high level of shame and guilt. Research has shown that children experiencing domestic abuse are negatively affected in every aspect of their functioning: safety, health and well-being, emotional development, school attendance and achievement. To work effectively with victims of domestic abuse, it is important to understand the reasons why people remain in abusive relationships, and why they may not seek or respond to offers of help. When working with victims of domestic abuse, the first key principle to follow is to enquire safely about the abuse and where possible agree with them actions to keep them safe. Ideally, any discussions should be private in order to establish the level of risk posed to the individual, child or family. Whilst victims may be reluctant to disclose what is happening to them, often they are also hoping that someone will ask them in order to get help and support.

Outcome	Action	Development	Owners
Ensure that children (0-25years) living with, or at risk of, domestic abuse are referred for safeguarding support; Educate, inform and challenge young people about healthy relationships, abuse and consent, and engage men and boys, through campaigns such as White Ribbon, to challenge abuse. Support for the survivors of domestic abuse.	Ensure that interventions are in place to meet the needs of a diverse range of victims and their families. Ensure there are resources available to meet the needs of vulnerable elderly people who are victims of domestic abuse. Ensure that interventions primarily aim to increase the safety of the victim and their children (if they have any) and that this is monitored and reported.	Victims of domestic abuse receive appropriate support at the right time and in the right place; All staff, in direct contact with people affected by domestic abuse, understand equality and diversity issues. This includes those working with people who perpetrate domestic abuse.	Shropshire Domestic Abuse Service / West Mercia Women's Aid

Action 6:
Improved links to other areas of safeguarding, improved risk mitigation, and needs led interventions for victims, children and perpetrators, supported by commissioning frameworks.

Working with perpetrators, particularly those not in the criminal justice system is a priority for this strategy. Voluntary perpetrator programmes are behaviour change programmes that aim to help individuals stop being violent and abusive; learn how to relate to their partners in a respectful and equal way; and show them non-abusive ways of dealing with difficulties in their relationships and cope with their anger and to keep their partner safer. The most successful interventions in stopping domestic abuse work from the assumption that perpetrators, both men and women, intentionally use their behaviour to control or intimidate partners and family members. The voluntary perpetrator programme will be available to men and women who do not have a court sentence but wish to address their behaviour. Such interventions require the perpetrator to engage in the programme and be honest about the abuse they perpetrate. Proactive partner contact must also take place while the perpetrator is undertaking a programme, so that the changing risk can be managed appropriately.

Outcome	Action	Development	Owners
Change in the behaviour / attitudes of the perpetrator pre and post intervention; Number of people making a self-referral to the perpetrator programme; Reduction in repeat domestic abuse;	Improved links to other areas of safeguarding, improved risk mitigation, and needs led interventions for victims, children and perpetrators, supported by commissioning frameworks.	Commission an evidence based intervention programme for people who perpetrate domestic abuse, but who have not been through the criminal justice system, in accordance with national standards and based on a local needs assessment. Link perpetrator services with services providing specialist support for those experiencing domestic abuse (including children and young people). For example, link ongoing risk assessments of the perpetrator with safety planning and support provided by specialist services.	Shropshire Council
Number of people using refuge and IDVA services.		To support the re-commissioned domestic abuse service to deliver updated objectives and outcomes	Shropshire Domestic Abuse Service / West Mercia Women's Aid

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Definitions of Domestic Abuse:

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim.

Domestic abuse is a learned intentional behaviour and perpetrators choose this behaviour to get what they want and gain control frequently avoiding taking responsibility for their behaviour, by blaming their violence on someone or something else, denying it took place at all or minimising their behaviour. These behaviours whilst not inherently violent or criminal offences may include:

Psychological and emotional violence which includes harassment; destructive criticism; threats; verbal abuse; isolation; destroying possessions; humiliation and degradation and a range of other abusive behaviours.

Physical violence which may include punching; slapping; hitting; biting; pinching; kicking; pulling hair out; pushing; shoving; burning or strangling.

Sexual violence within a domestic violence context (perpetrated by current or former partners and/or family members) includes rape, sexual assault, sexual abuse and exploitation. The majority of rape and sexual assault takes place within this context but is often poorly recognised. In addition, there is an association between the existence of physical violence in adult relationships and child sexual abuse within the family.

Financial abuse is one of the most prominent forms of control tactics involving three distinct but overlapping factors, all of which can have a negative impact on a survivor's economic wellbeing. These include the perpetrator using male privilege to exploit existing economic disadvantage causing survivors to incur financial costs because of domestic violence, and using economic abuse to threaten their economic security.

Female Genital Mutilation (FGM) also known as female circumcision or female genital cutting, involves procedures that include partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. Medically this is unnecessary, extremely painful and depending on the degree of mutilation, has serious short and long-term health consequences both physically and psychologically. The origins of FGM are complex but it generally derives from beliefs that it is a religious requirement or a necessary rite of passage to womanhood, that it ensures cleanliness or better marriage prospects, prevents promiscuity and excessive clitoral growth, preserves virginity and enhances male sexuality. It also relates to tradition, power inequalities and the compliance of women. When mutilation is performed ranges from a few days old to adolescence, before marriage and occasionally on pregnant women and widows.

FGM is illegal in the United Kingdom (UK) either to perform or arrange for a girl to be taken abroad to have it performed. However, it is estimated that over 20,000 girls

under the age of 15 years are at risk of FGM in the UK each year, and 66,000 women in the UK are living with the consequences of FGM. However, due to the hidden nature of this crime the full extent is unknown.

Forced Marriage
In the UK, forced marriage is recognised as a form of violence against women and men, domestic /child abuse and a serious abuse of human rights. A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. This can be in the form of physical (including threats, actual physical violence and sexual violence) or emotional and psychological, financial, sexual and emotional pressure.

There is a clear distinction between forced marriages and an arranged marriage. In an arranged marriage, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

Honour crime or honour based violence
Honour crime or honour- based violence consists of a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. Not conforming to this code of behaviour brings shame or dishonour on the family.

Honour- based violence can exist in any culture or community where males are in position to establish and enforce women's conduct but males can also become victims when a relationship has been deemed as inappropriate

DRAFT

Where to get more information:

Useful Publications

Shropshire Community Safety Partnership, Crime Reduction, Community Safety and Drug & Alcohol Strategy 2017 – 2020
http://new.shropshire.gov.uk/media/5226/cspda-strategy-shropshire-2017-20.pdf

Safe West Mercia Plan – West Mercia Police and Crime Commissioner
http://www.westmercia-pcc.gov.uk/wp-content/uploads/2016/10/Safer-West-Mercia-Plan.pdf

Home Office (2016 - 2020) Call to End Violence against Women and Girls
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97901/action-plan-new-chapter.pdf

The NICE Guidance (Domestic violence and abuse: multi-agency working Public health guideline [PH50] Published - February 2014) https://www.nice.org.uk/guidance/ph50

Useful Websites

Shropshire Domestic Abuse Service - http://www.shropsdas.org.uk/

Refuge - http://www.refuge.org.uk/

West Mercia Women's Aid - http://www.westmerciawomensaid.org/

Men's Advice Line - http://www.mensadviceline.org.uk/

Man Kind - http://new.mankind.org.uk/

Victim Support - https://www.victimsupport.org.uk/help-and-support/get-help/support-near-you/west-midlands/west-mercia

Health and Wellbeing Board
Meeting Date: 14th September 2017

HEALTH AND WELLBEING BOARD COMMUNICATION AND ENGAGEMENT STRATEGY AND ACTION PLAN 2017-2018 UPDATE

Responsible Officer Val Cross, Health and Wellbeing Officer
Email: val.cross@shropshire.gov.uk
Tel: 01743 253994

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1. Summary

This is a progress update for The Health and Wellbeing Board Communication and Engagement Strategy and Action Plan for the period 2017-2018. These all link with the Sustainability and Transformation Plan (STP) and the Shropshire Neighbourhoods Programme An updated copy is provided in Appendix A.

Shropshire Council Communications and Engagement and Health & Wellbeing Teams have been producing campaign Toolkits for specific awareness weeks/days and specific campaigns, as identified in the Health and Wellbeing Board Communication and Engagement Strategy and Action Plan. Campaigns have included; Diabetes Week in May, Carers Week in June, which was used as an opportunity to launch the new All Age Carers Strategy and Action Plan, and the upcoming Older People's Day in October.
Ongoing campaigns include; Falls Awareness, ('Let's Talk About The F Word') and Public Health England's 'One You Active 10' in September and 'Stay Well This Winter'.

Toolkits are circulated to members of the HWBB Communications and Engagement Group for dissemination in their services and as a means to disseminate consistent health information to the Shropshire population.

2. Recommendations

That Board members promote use of the Campaign Toolkits in their services to provide consistent health and wellbeing information to Shropshire people.

REPORT

1.0 Introduction

1.1 Campaign Toolkits are an effective way of collating information for health campaigns together, and disseminating to partner services. Content typically includes;

- background to the campaign
- Relevant national and local facts and data relating to the condition (e.g. diabetes) or the target group (e.g. carers)
- A press release which can be adapted to individual services
- Social Media messages

1.2 The toolkit is an effective way of communicating consistent messages to the public of Shropshire.

2.0 Campaigns promoted

2.1 Campaigns have included; Diabetes Week in May, Child Accident Prevention Week in June, Carers Week in June, (which was also used as an opportunity to launch the new All Age Carers Strategy and Action Plan) Future campaigns and awareness raising include; Suicide Prevention Day in September, Older People's Day in October and Carers Rights Day in November.

2.2 Ongoing campaigns include; Falls Awareness, ('Let's Talk About The F Word') Carers, One You Active 10 and Stay Well This Winter.

3.0 Carers Communications Toolkit example

3.1 The Carers Toolkit is attached as an example in Appendix A for information.

4.0 Conclusion

4.1 The Action Plan Campaigns Calendar has been an effective mechanism for conveying health awareness to Shropshire People, but all partners need to be engaged to make it fully effective.

5.0 Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

5.1 There are no known Human Rights, Environmental consequences, Community or Equality issues with this Strategy and Action Plan. Communication and Engagement is a core principle of the Health and Wellbeing Board

5.2 Risk Assessment has identified potential threats as;
Losing engagement of key stakeholders. This risk will be reduced by; communicating with partners regularly via email and through bi-monthly meetings.

6.0 Financial Implications

There are no financial implications with the implementation of this Strategy and Action Plan.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr. Lee Chapman
Local Member
Appendices **App. A** Health and Wellbeing Board Communication and Engagement updated Action Plan 2017-18 **App. B** Carers Communications Toolkit

Health and Wellbeing Communication and Engagement Group Action Plan 2017-18

PRIO RITY	ACTION	Further detail	WHO?	DATE	Measurement and Milestones
Outcome 1 Local residents feel that they are well-informed about health and social care services across Shropshire and feel confident in knowing how to access them					
1	**Supporting access through information, advice and guidance**	Engaging the population and delivering information to ensure that the public are aware where they can go for services. Partners work together to ensure web based and printed information is current and communicated through individual communication channels.	All Communication and Engagement leads	Ongoing	
Outcome 2: Partners are working collaboratively to communicate and engage effectively with each other and with the public					
2	Partners to develop consistent messages for the public, which will be easily understood and have meaning. For example; what the 'Healthy Lives' programme is. Consistent, straightforward health messages and campaigns for Shropshire people. Deliver consistent and regular communications to alleviate public concerns e.g. around Sustainability and Transformation Plans (STPs)	Agreed wording, and method of communicating to people. Programme of monthly themed health campaigns, based on the STP Neighbourhoods Programme; Partnership Prevention Programme: Healthy Lives. **See calendar plan below** Clear project management approach for carrying out the work from the HWBB and local campaigns. Networking and working together. Developing protocols for deciding upon and delivering campaigns. This will include supporting the communication and engagement of key programmes such as Sustainability and Transformation Plans (STPs, NHS Future Fit and the Better Care Fund. (BCF)	Communication and Engagement leads from: Shropshire Council/Healthwatch, CCG, CSU, VCSA, SaTH, Shropshire Together Communication and Engagement leads from: Shropshire Council/ Healthwatch, CCG, CSU, VCSA, SaTH, Shropshire Together		

		Tools such as; a shared social marketing and communications resource platform, single consultation portal, news story feed through to the HWBB website, local network for working together (communication and engagement leads), agreed media protocol (including across social media), shared photo library, a regular health column in newspapers, shared evaluation tools to monitor effectiveness of communication and engagement Individual organisations sharing information about individual campaigns, events or updates via an effective forum or platform. These actions will lead to joint working and promotion of health and wellbeing across the health economy.	Communication and Engagement leads from: Shropshire Council/ Healthwatch, CCG, CSU, VCSA, SaTH, Shropshire Together Communication and Engagement leads from: Shropshire Council/ Healthwatch, CCG, CSU, VCSA, SaTH, Shropshire Together		
Outcome 3: Local residents feel that they are able to have their say and to influence key decisions about health and social care services					
4	**Develop tools for evaluation**	To generate an understanding of the most effective methods of communication and engagement and to ensure that we achieve the outcomes we set.			
5	**Determine the best way to engage those who are not routinely engaged**	Linking with the locality Joint Strategic Needs Assessment to understand better the population, making a targeted approach to ensure inclusion and consideration is given. This includes considering how best to engage with children and young people, vulnerable persons and those with protected characteristics.			

Month	Programme stream	Activity	Date	Partner Activity	Actioned by
March	Diabetes (including pre-diabetics) & Cardio-Vascular Disease (CVD) prevention Social prescribing, Mental Health, Carers Dementia, Falls Prevention, NHS Health check Future Planning, COPD and Respiratory Prevention	One You brisk walk app.	20/03/17		
April	Diabetes (including pre-diabetics) & Cardio-Vascular Disease (CVD) prevention Social prescribing, Mental Health, Carers Dementia, Falls Prevention, NHS Health check Future Planning, COPD and Respiratory Prevention	World Health day One You brisk walk app.	07/04/17	Libraries highlighting Reading Well Books on Prescription collections for mental health, available in all libraries.	Shropshire Council Libraries
May	Mental Health Carers Dementia Mental Health Future Planning	Mental Health Awareness week https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week Dementia Awareness Week https://www.alzheimers.org.uk/info/20167/dementia_awareness_week	8th to 14th May 2017 14th to 20th May 2017	Libraries – Mental health theme: Surviving or thriving? Positive Mental Health event day for staff held at the Shirehall 09/05/17 Libraries - Dementia Friends information session delivery to CEO team at Shirehall. Talk to GPs at the Royal Shrewsbury Hospital on Friday 19 May, possible reminiscence session at Market Drayton Library and Whitchurch Library (dates and times	Shropshire Council Libraries Shropshire Council Shropshire Council libraries

				tbc). Promotion of Reading Well Dementia collections.	
	Carers Dementia Mental Health	Carer Voice conference	25th May 2017	All Age carers voice conference	Shropshire Council/SSSFT/carers/NHSE/SCHT/Shropshire CCG
		One You brisk walk app.	May to mid -June 2017	Shropshire Council *Get up offa that thing* steps staff team challenge.	Shropshire Council
	Falls Prevention, Carers Dementia,	Falls prevention campaign launch Help2Change - Let's talk about the F word campaign launch 22/05/17.	May 2017	Shropshire Together - Tweets scheduled	Shropshire Council PH
				Shared the F word campaign with Care Providers in their weekly newsletter and also promoted via their Twitter and Facebook pages.	SPIC
				Retweeted on social media. All office staff that signpost, have been given the leaflet so that they can talk to people who the meet or who phone in.	Healthwatch
				Promoted the Falls Campaign in the weekly VCSA newsletter and have forwarded the toolkit for dissemination to VCS Forums of Interest. Have also retweeted information from the VCS twitter account. Reminder in an upcoming newsletter.	VCSA
				Re-tweeted messages	Age UK STW and the Wise and Well Team at Shropshire RCC.

	Carers, **Future Planning**	Dying matters http://www.dyingmatters.org/AwarenessWeek	8 – 14 May 2017	On Shropshire Choices My Health page and also promoted the campaign via social media Event in the square in Shrewsbury Friday 12th May 2017	Shropshire Council ASC Shropshire CCG/Severn Hospice
June	Diabetes (including pre-diabetics) & Cardio-Vascular Disease (CVD) prevention	Diabetes Week www.diabetes.org.uk	11th to 17th June 2017	Tweets scheduled through Shropshire Together. 77K reach. Communication toolkit completed and distributed. Press release	Shropshire Council PH Shropshire Council Comms and PH
		Child Accident Prevention Week	5th to 11th June 2017	Tweets scheduled through Shropshire Together 36,000 reach	Shropshire Council PH Shropshire Council
		Healthwatch 'Hot Topic' Mental Health	All month		Healthwatch
	Carers, Dementia Mental Health	Carers Week www.carersweek.org	12th to 18th June 2017	Libraries Weds 14th June: Oswestry Library, Tea and Cake Tweets scheduled through the Shropshire Together site. 86.1k reach	Shropshire Council/ ASC/CT4a Shropshire Council PH

				HWB newsflash Bookmarks to go into all pharmacy dispensing bags. Distributed w/c 05/06/17 in preparation for carers week. Also in all Shropshire libraries Carers Strategy on Shropshire Together and Shropshire Choices websites. Press release for Carers Week events and Strategy publicity. 4 x events. Shrewsbury, Bridgnorth, Bishops Castle & Ludlow Carers Comms. Toolkit written. On Shropshire Together website	Shropshire Council PH Shropshire Council PH/T & W Council Shropshire Council PH/ASC Shropshire Council PH/Comms. Carers Trust4all/Shropshire Council ASC Shropshire Council PH/Comms.
	Mental Health, Carers Dementia,	World Elder Abuse Day	15th June 2017	Joint event on preventing abuse and neglect to mark World Elder Abuse Awareness Day 2017.	Shropshire Council ASC/ SPIC
	Mental Health	Adverse Childhood Experience Conference (ACE)	16th June 2017	Conference to explain ACE and embedding into partner work plans	Shropshire Childrens Trust
July	Diabetes (including pre-diabetics) & Cardio-Vascular Disease (CVD) prevention	Health Information Week http://learning.wm.hee.nhs.uk/HIWevents	w/c 3rd July 2017	Launch of 'Reading well for long-term conditions' collection Press release	Shropshire Council Libraries

	Social prescribing, Mental Health, Carers Dementia, Falls Prevention, NHS Health check Future Planning, COPD and Respiratory Prevention	Healthwatch 'Hot Topic' – Maternity Services?			
August	Diabetes (including pre-diabetics) & Cardio-Vascular Disease (CVD) prevention Social prescribing, Mental Health, Carers Dementia, Falls Prevention, NHS Health check Future Planning, COPD and Respiratory Prevention	One You Active 10	24 August 2017	Comms. Toolkit circulated to member 22/8/17. Tweets scheduled through Shropshire Together (ST) up to Dec 17, with focus 10 days following campaign launch. Newsflash to 1770 recipients via ST newsflash	Shropshire Council PH and Comms.
Sept.	Diabetes (including pre-diabetics) & Cardio-Vascular Disease (CVD) prevention Social prescribing, Mental Health, Carers Dementia, Falls Prevention, NHS Health check Future Planning, COPD and Respiratory Prevention Mental Health	Stay Well This Winter World Suicide prevention Day Be Clear on Cancer Stoptober launch provisional 21/09/17	From September 2017 10th Sept. 2017	HWB newsletter, tweets and website promotion Press release Toolkit Publicise strategy - Mental Health Partnership Board	Shropshire Council PH and Comms. Mental Health Partnership Board Shropshire Council PH & Comms.

Oct.	COPD and Respiratory Prevention, Social prescribing, NHS Health check Diabetes (including pre-diabetics) & Cardio-Vascular Disease (CVD) prevention Social prescribing, Mental Health, Carers Dementia, Falls Prevention, NHS Health check Future Planning, COPD and Respiratory Prevention Mental Health	Stoptober Older Peoples' Day- All categories World Mental Health Day PHE Antibiotic Resistance campaign starts 23/10/17 through to December	October 2017 1st October 2017 10th October	Shropshire Council Community Enablement Team (SC) approached to joint co-ordinate with ASC, PH and Shropshire Council Comms. Shropshire Council part of antibiotic resistance pilot group.	
Nov.	Diabetes (including pre-diabetics) & Cardio-Vascular Disease (CVD) prevention COPD and Respiratory Prevention Carers	World Diabetes Day COPD Awareness month Stay Well This Winter – Flu vaccinations Carers rights day	14th November 2017 Nov 17 All month 24th November 2017	HWB team Shropshire Council – HWB newsletter, tweets and website promotion CT4A led event in Shrewsbury. Marketplace and information for carers.	Shropshire Council PH and Comms. Team CT4A, Shropshire ASC & PH, carers

	Social prescribing, Mental Health, Carers, NHS Health check, Future Planning	Alcohol Awareness Week https://www.alcoholconcern.org.uk/alcohol-awareness-week	13 - 19 November 2017 For 2 x weeks	Workshop event for carers. 'Mutual families and concerned others' Alcohol Awareness promotion in main Job Centres across the county.	Lead: Shropshire Council DAAT Lead: Shropshire Council DAAT
Dec.	NHS Health check, Social prescribing, Mental Health Diabetes (including pre-diabetics) & Cardio-Vascular Disease (CVD) prevention Social prescribing, Mental Health, Carers Dementia, Falls Prevention, NHS Health check Future Planning, COPD and Respiratory Prevention	Dry January planning? Stay Well This Winter – Prescription collection	January 2018 All month	Newsletter, tweets and website promotion	Shropshire Council PH and Comms. Team
Other Activity					

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Carers in Shropshire

Communications Toolkit

Introduction

Many thanks for supporting and promoting Shropshire's Carers Campaign

This communication toolkit provides information to raise awareness about what caring is, and to help people self-identify and seek support if needed. It also provides information about the new Shropshire Carers Strategy 2017-2021, and sources of information and support for carers of all ages.

The toolkit provides you with range of communication tools including articles, key messages, tweets and Facebook messages for you to use and cascade to organisations and individuals you work with on a daily basis.

What is happening in Shropshire to support carers?

A. Shropshire All Age Carers Strategy 2017-2021

A new All-Age Carers Strategy and Action Plan for Shropshire has been written for the period 2016-2021. Five priorities have been identified through consultation and surveys with carers, local and national best practice and a local multi-agency working group. These priorities focus around the overarching aim, which is:

"Carers are supported to remain emotionally, mentally and physically well and feeling safe"

The definition of a carer in this strategy is:

"Someone of any age who provides unpaid care for another person (of any age) who may be ill, frail, disabled, have poor mental health or addiction problems, meaning they are unable to manage without this care."

These five priorities are:

1. Carers are listened to, valued and respected.
2. Carers are enabled to have time for themselves.
3. Carers can access timely, to up to date information and advice
4. Carers are enabled to plan for the future.
5. Carers are able to fulfil their educational, training or employment potential.

An Action Plan to meet the needs of these priorities has been produced, and leads for each area have been identified. Work is now underway to ensure that firm outcomes will be achieved. The Strategy and Action Plan can be viewed at the **Shropshire Choices** website. Please click on the links on the page.

B. Carers Trust4all

Carers Trust 4all offer all carers support, which includes:

- Registration for an emergency replacement care service for up to three days where a carer may be unable to provide the care they usually provide due to an unplanned or emergency situation such as illness.

- Support for young carers.
- General support and advice around caring for someone.

Any carer or person who feels they may be fulfilling a care role can contact Carers Trust 4 all direct for information about their services.

Carers Support helpline ***during office hours***: 01743 341994.
All Carer emergency calls: 0333 323 1990 number option 1 and then option 6.

C. Carer's assessments

These enable carers to have a conversation with an adult social care practitioner so they can gain information, advice and the opportunity to hear about the networks of support that are available. Assessments can be requested through Shropshire Council's First Point Of Contact portal, who will encourage customers to meet a practitioner at a 'Let's Talk Local' appointment to discuss the options available, and also the benefits they may gain from completing a carers assessment.

'Let's Talk Local' sessions and details on how to access this can be found at https://www.shropshirechoices.org.uk/letstalklocal or by phoning the First Point of Contact on 03456 789044.

D. The Local Support Swap

This project aims to identify flexible ways of supporting carers in the community. Please contact Margarete Davies 01743 255776 or email Margarete.Davies@Shropshire.gov.uk for more information about Local Support Swap.

E. Shropshire Choices

Shropshire Choices is a community directory, which includes information for carers. More information can be found by clicking here

F. Shropshire Local Offer

Shropshire's local offer helps families, children, young people and professionals to support those with special educational needs or disabilities to find accurate and appropriate information so that they can make positive decisions about their lives. https://www.shropshire.gov.uk/local-offer/

Target Audience

- Carers of all ages including those who may not recognise themselves as a carer
- The whole community of Shropshire
- Organisations who work with carers
- The business community.

Key messages

- Many people do not recognise themselves as carers, and see this simply as part of being a family member, spouse, partner, friend or neighbour.

- We want to send out a message out to the Shropshire community that helping to look after someone who could not manage otherwise, is caring.

- Findings[1] show that:
  - The majority of carers take years to recognise their role.
  - The longer it takes to identify as a carer the more likely it is that carers will struggle without the support.
  - Not receiving help at an early stage can lead to financial difficulty, poorer physical and emotional health, a need to give up work and social isolation
  - People caring for someone with stigmatised conditions such as drugs and alcohol may be reluctant to make their needs known.[2]

- The new All-Age carers Strategy defines a carer as:

  "Someone of any age who provides unpaid care for another person (of any age) who may be ill, frail, disabled, have poor mental health or addiction problems, meaning they are unable to manage without this care".

  The overarching aim for this Strategy is

  "Carers are supported to remain emotionally, mentally and physically well and feeling safe"

  The Strategy and Action Plan can be found on the Shropshire Choices website.

- Support can be obtained through Carers Trust4all
  Carers Support helpline ***during office hours***: 01743 341994.
  All Carer emergency calls: 0333 323 1990 number option 1 and then option 6. Or Shropshire Council First Point of Contact (FPOC) on 0345 678 9044

- We hope through raising awareness of caring, and through implementation of the 2017-2021 All Age Carers Strategy and Action Plan more people will self-identify and seek help they may need, and known carers will continue to seek support and access services available to them, which will impact on having better physical and emotional health

Facts and Statistics

- The 2011 census shows us that there are around 34,000 known carers in Shropshire**.** This number does not account for people who do not identify as carers - 'hidden' carers, and young carers from 5 up to 18 years of age.

[1] Carers UK Missing Out – the identification challenge

[2] http://www.scie.org.uk/publications/guides/guide09/section1/hidden.asp

- Shropshire's population is ageing. In 2001, the 65 years and older population represented 18.1% of the total Shropshire population. This has now risen to 20.7% in 2011, compared to 16.4% for England and Wales. This is likely to impact on increased need for care and thus Carers.

- There is a dispersed population of children and young people with special educational needs and disabilities in Shropshire. There are approximately 5000 children and young people who are under the age of 18 and have some level of additional need. 1600 of these young people have been identified has having a significant level of special educational need and as such are likely to be receiving a high level of support from family carers.

- There are more than 600 known young carers in Shropshire. It should be recognised that young carers are children and young people first, and with help and support a balance between their caring responsibility and being a child or young person can be achieved. It is known that many struggle with educational attainment because of the additional burden of caring.

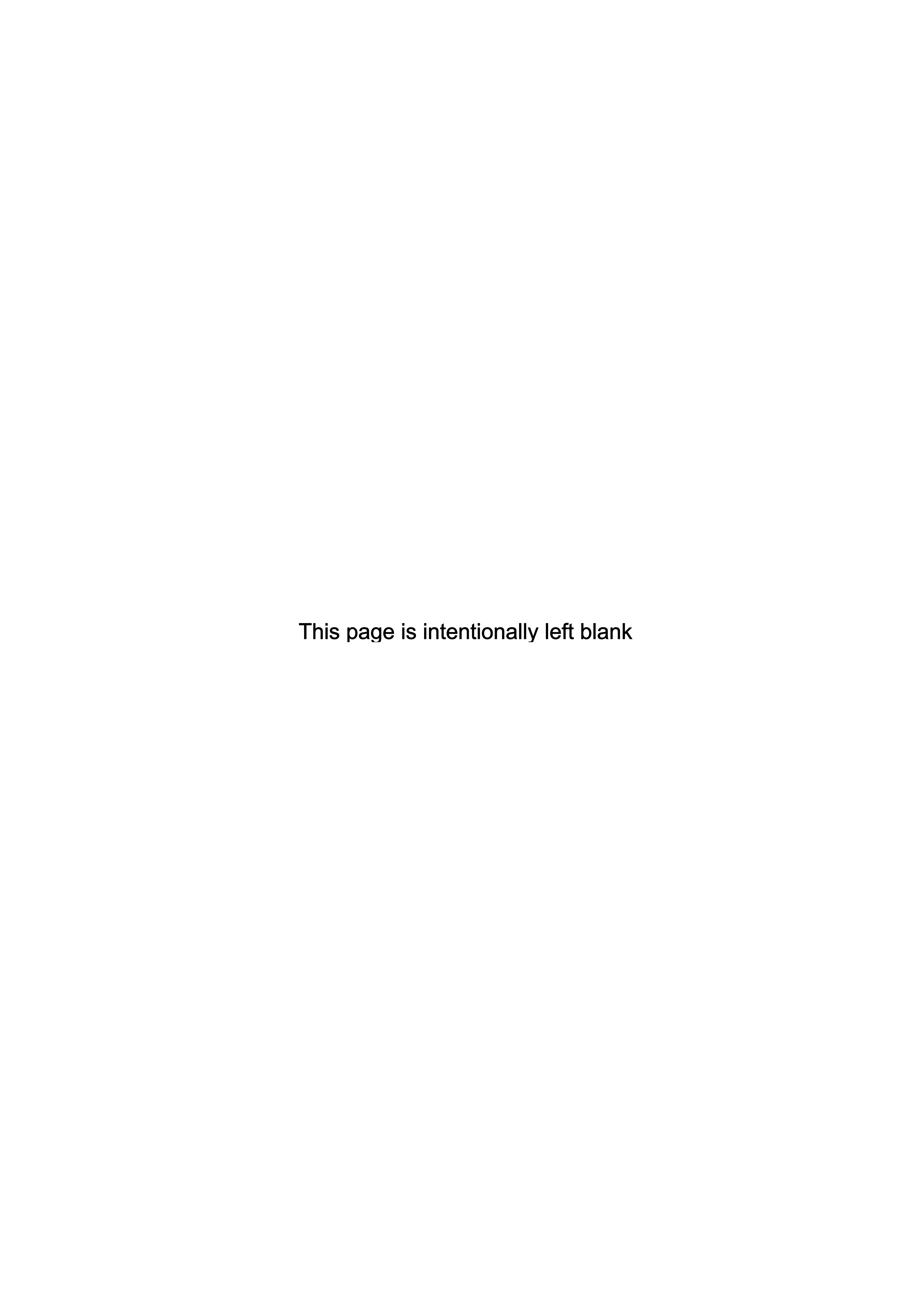
Twitter messages

Please can you use the hashtag #CarersWeek during Carers Week where possible to increase and help track conversations around the campaign.

Date	Twitter message	Image
08/06/17	Shropshire All age Carers Strategy is online. Visit https://www.shropshirechoices.org.uk/icareforsomeone/ and click on the link	
12/06/17	It's Carers Week! A huge shout out for our fantastic unpaid carers in Shropshire, and the work they do. #CarersWeek	Carers Week 2017 Monday 12 to Sunday 18 June
13/06/17	Do you look after someone? Visit https://www.shropshirechoices.org.uk/icareforsomeone/ for more information. #CarersWeek	Carers Week 2017 Monday 12 to Sunday 18 June
13/06/17	Carers Trust4all have events to celebrate Carers Week and other events. Call 01743 341994 for information. #CarersWeek	Carers Week 2017 Monday 12 to Sunday 18 June

14/06/17	A carer's assessment is a chance for you to discuss your needs. Click on https://www.shropshirechoices.org.uk/icareforsomeone/ for more information. #CarersWeek	Carers Week 2017 Monday 12 to Sunday 18 June
15/06/17	Do you care for a child with additional needs or disabilities? Click here https://new.shropshire.gov.uk/the-send-local-offer/ for more information. #CarersWeek	Carers Week 2017 Monday 12 to Sunday 18 June
16/06/17	Carers Trust4all provide help & support for all carers, including young carers. Read the newsletter! http://www.carerstrust4all.org.uk//pdf/Carers-Trust-4all-Newsletter-May-to-August-FINAL.pdf #CarersWeek	Carers Week 2017 Monday 12 to Sunday 18 June
16/06/17	Caring for someone affected by drug or alcohol use? Click on http://www.shropshirerecovery.com/ for more information or telephone 01743 294 700 #CarersWeek	Carers Week 2017 Monday 12 to Sunday 18 June
17/06/16	Carers UK have lots of information about all aspects of caring. Click on the link. http://www.carersuk.org/ #CarersWeek	Carers Week 2017 Monday 12 to Sunday 18 June
W/C 18/06/17	Parent carer? PACC would like to hear from you. Help us create a parent carer friendly community. http://www.paccshropshire.org.uk/	Carers Week 2017 Monday 12 to Sunday 18 June
10/07/17	Do you look after someone? Visit https://www.shropshirechoices.org.uk/icareforsomeone/ for more information about caring.	
01/08/17	Parent carer? PACC would like to hear from you. Help us create a parent carer friendly community. http://www.paccshropshire.org.uk/	
04/09/17	A carer's assessment is a chance for you to discuss your needs. Click on https://www.shropshirechoices.org.uk/icareforsomeone/ for more information.	

W/C 16/10/17	Do you care for a child with additional needs or disabilities? Click here https://new.shropshire.gov.uk/the-send-local-offer/ for more information.	
06/11/17	Carers UK have lots of information about all aspects of caring. Click on the link. http://www.carersuk.org/	
W/C 04/12/17	Do you look after someone? Visit https://www.shropshirechoices.org.uk/icareforsomeone/ for more information about caring.	



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