

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

Date: 26 February 2020

**Committee:  
Health and Wellbeing Board**

**Date:** Thursday, 5 March 2020  
**Time:** 9.30 am  
**Venue:** Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,  
Shropshire, SY2 6ND

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

Claire Porter  
Director of Legal and Democratic Services (Monitoring Officer)

**Members of Health and Wellbeing Board**

VOTING

Shropshire Council Members

Lee Chapman – PFH Organisational  
Transformation and Digital Infrastructure  
(Co-Chair)  
Dean Carroll – PFH ASC and Public Health  
Ed Potter – PFH Children’s Services

Rachel Robinson - Director of Public Health  
Andy Begley - Director of Adult Services  
Karen Bradshaw - Director of Children’s  
Services

Shropshire CCG

Mr David Evans – Accountable Officer  
Dr Julian Povey – Clinical Chair (Co-Chair)  
Dr Julie Davies – Director of Performance &  
Delivery

Lynn Cawley – Shropshire Healthwatch  
Jackie Jeffrey – VCSA

NON-VOTING (Co-opted)

Megan Nurse – Non-Executive Director  
Midlands Partnership NHS Foundation  
Trust

Paula Clarke, Chief Executive,  
Shrewsbury & Telford Hospital Trust

Jan Ditheridge - Shropshire Community  
Health Trust

Nicky Jacques – Chief Officer,  
Shropshire Partners in Care

Mark Brandreth – CEO  
Sarah Bloomfield – Interim Director of  
Nursing/Deputy CEO,  
Robert Jones & Agnes Hunt Orthopedic  
Hospital NHS Foundation Trust

David Stout – STP Programme Director

Laura Fisher – Housing Services Manager

Your Committee Officer is Michelle Dulson Committee Officer

Tel: 01743 257719 Email: [michelle.dulson@shropshire.gov.uk](mailto:michelle.dulson@shropshire.gov.uk)

# AGENDA

## 1 Apologies for Absence and Substitutions

To receive apologies for absence and any substitutions 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 of the last meeting (Pages 1 - 10)

To confirm as a correct record the minutes of the meeting held on 16 January 2020.

Contact: Michelle Dulson Tel 01743 257719

## 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. The deadline for this meeting is 9.30am on Tuesday 3 March 2020.

## 5 System Update (Pages 11 - 18)

Regular update reports to the Health and Wellbeing Board are attached:

### **STP Update**

A verbal update will be given.

Contact: David Evans, Joint Accountable Officer, Shropshire CCG and Telford & Wrekin CCG

### **Shropshire Care Closer to Home**

Report attached.

Contact: Lisa Wicks, Deputy Director of Performance & Delivery, Shropshire CCG

### **Healthy Lives Update**

Report attached.

Contact: Val Cross, Health & Wellbeing Officer, Shropshire Council

**6 Carers Review (Pages 19 - 56)**

Report attached.

Contact: Margarete Davies, Carer and Engagement Lead, Shropshire Council /  
Kate Garner, Service Manager, Shropshire Council

**7 Director of Public Health Annual Report (Pages 57 - 60)**

Report attached.

Contact: Rachel Robinson, Director of Public Health, Shropshire Council

**8 Local Development Plan - Integrating wellbeing into land use (Pages 61 - 64)**

Report attached.

Contact: Sue Lloyd, Consultant in Public Health, Shropshire Council

**9 Chairman's updates**

**10 AOB**

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## Committee and Date

Health and Wellbeing Board

5 March 2020

## **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 16 JANUARY 2020 9.30 - 11.30 AM**

**Responsible Officer:** Michelle Dulson

Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

### **Present**

Councillor Lee Chapman (Co-Chair)	PFH Organisational Transformation and Digital Infrastructure
Councillor Dean Carroll	PFH for ASC and Public Health
Councillor Ed Potter	PFH Children's Services
Rachel Robinson	Director of Public Health, Shropshire Council
Andy Begley	Director of Adult Services, Shropshire Council
Dr Julian Povey	Clinical Chair, Shropshire CCG (Co-Chair)
Lynn Cawley	Chief Officer, Shropshire Healthwatch
Jackie Jeffrey	Chairman, VCSA
Jan Ditheridge	Chief Executive, SCHT
Nicky Jacques	Chief Officer, Shropshire Partners in Care
David Stout	Transformation Director
Laura Fisher	Housing Services Manager, Shropshire Council
Megan Nurse	Non-Executive Director RJ & AH Hospital

### Also in attendance:

Val Cross, Penny Bason, Linda Vaughan, Cathy Riley, Kerry Simmonds, Anne-Marie Speke, Jeanette Coyne

### **48 Apologies for Absence and Substitutions**

The following apologies were reported to the Board by the Chair:

Steve Trenchard, Shropshire STP  
Martin Harris, STP Programme Director  
Bev Tabernacle, Director of Nursing, RJA  
Mark Brandreth, CEO, RJA  
Dr Julie Davies, Director of Performance & Delivery, Shropshire CCG  
Karen Bradshaw, Director of Children's Services  
Mr David Evans, Accountable Officer, Shropshire CCG

### **49 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.

Jackie Jeffrey, declared that the VSCA were funded via the prevention part of the Better Care Fund.

## 50 Minutes of the last meeting

It was confirmed that Dr Julian Povey (Clinical Chair, Shropshire CCG - Co-Chair) had indeed been in attendance at the meeting, as had David Stout (Transformation Director).

It was also confirmed that paragraph 38 of the Minutes should refer to Cathy Riley and not Megan Nurse.

### RESOLVED:

That the Minutes of the meeting held on 14 November 2019 be approved and signed by the Chairman as a correct record, subject to the above.

## 51 Public Question Time

A question submitted by Lisa Richards, Loss and Wellbeing Specialist, in relation to what the Council was doing to support their own employees in terms of their mental health and wellbeing had been circulated to Members. The Occupational Health, Safety & ICT Approvals Manager had provided a response to these questions.

A copy of the question and the response provided is attached to the signed minutes and available on this Committee's pages on the Council's web site.

## 52 System Update

### i. Shropshire Care Closer to Home

Dr Julian Povey, Clinical Chair, Shropshire CCG (Co-Chair) introduced and amplified the report of the Deputy Director of Performance and Delivery, Shropshire CCG – copy attached to the signed Minutes – which provided an update on the Shropshire Care Closer to Home programme.

He drew attention to the three phases, the enablers and the next steps. In relation to Phase 2, concern was raised about the level of consent from patients who wished to be case managed. The Clinical Chair, Shropshire CCG explained that the level of consent was different at each pilot site, but that the numbers were in line with what had been anticipated. In response to a query, the Clinical Chair, Shropshire CCG explained what was being done to reach those patients who had not responded. The Chairman requested that the Board be sighted on the percentage of patients who had agreed to be case managed whilst this phase was rolled out.

David Stout, the STP Programme Director, Shropshire CCG reported that those patients who were not in touch with Social Care/Health Care were being identified and that it was hoped that they would be picked up via the risk stratification tool. He assured the Board that the situation would be monitored to ensure the correct people were targeted. He went on to inform the meeting that it was planned to roll out case management across Shropshire and Telford & Wrekin as part of the Long-Term Plan. The Business Case was due to go through the CCG clinical commissioning committee the following week.

Jeanette Coin, Business Manager for Albrighton Medical Centre informed the Board that an information leaflet was currently being drafted and that this, along with other measures, were being utilised to actively address those patients who had not yet responded. Lynn Cawley, Shropshire Healthwatch offered some assistance with the drafting of the leaflet to ensure the information was clear.

**RESOLVED:** That the information and progress outlined in the report be noted.

ii. The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin

David Stout, the STP Programme Director updated the Board in relation to the Long-Term Plan. He reported that publication of the Long-Term Plan had been delayed as it was still awaiting sign off by NHS England, which was the case nationally. He explained that it was expected that it would now be published in April 2020.

Work was continuing on the operational side of the plan along with work to develop implementation plans. The first meeting of the Shadow Integrated Care Board would take place in February following which a roadmap for the development of an Integrated Care System for the next year or so would be developed.

The Chairman requested an update on the role of technology across the system which was fundamental to the success of service transformation.

**RESOLVED:** That the update be noted.

iii. Better Care Fund, Performance

Penny Bason, the STP Programme Manager introduced and amplified her report – copy attached to the signed Minutes – which provided an update on the performance of the Better Care Fund (BCF) for 2019/20. She informed the Board that approval for the 2019/20 plan had been received and the first update would be provided in quarter 3. All four of the metrics were expected to be on track but the non-elective admissions metric was currently 9% over target, however a range of improvement plans were now in place.

The STP Programme Manager drew attention to the Care Closer to Home Shared Care record which was being highlighted as their 'Integration Success story'.

The Chairman expressed his relief that the Local Government Settlement had included the continuance of the Better Care Fund but stressed the risks of the continued use of grant funding which was not an adequate solution for the long-term funding of Adult and Children's Social Care.

**RESOLVED:** That the BCF performance template and metrics be noted.

iv. Healthy Lives Update

Val Cross, the Health and Wellbeing Officer introduced and amplified her report - copy attached to the signed Minutes - which provided the Board with the findings from the second Health and Wellbeing Board workshop held on 5 December 2019.

The Health and Wellbeing Officer reported that the workshop had been well attended with 20 representatives from a number of different partner organisations across the system. She explained that participants used the draft prioritisation matrix to score the priorities against and the table set out at paragraph 3.3 provided a summary of the discussions.

In conclusion, the Health and Wellbeing Officer informed the Board that the two workshops had enabled a sound decision-making process based on evidence and consensus to recommend the Health and Wellbeing Board priorities.

It was felt that these workshops had provided a prime opportunity to refresh the Health and Wellbeing Strategy and Action Plan along with formalising the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Board Terms of Reference. To this end, working groups would be formed from amongst the Board members and/or their representatives. The Health and Wellbeing Officer confirmed that progress would be reported to the next meeting.

**RESOLVED:**

A. That the identified key priorities (based on the evidence and workshop outcomes) be endorsed, as follows:

- Adverse Childhood Experiences
- Workforce
- Healthy Weight and Physical Activity

B. That the ongoing prioritisation and work happening which includes; Smoking in Pregnancy, Social Prescribing, Domestic Abuse, Dementia, Alcohol, Mental Health - wellbeing support, suicide prevention, County Lines and Air Quality, be recognised.

**53 0-25 Emotional Health and Wellbeing Service update**

Anne-Marie Speke, the Healthy Child Programme Co-ordinator introduced and amplified the report of the STP Programme Director for Mental Health – copy attached to the signed Minutes – which informed the Board of the progress made in the refreshed Children and Young People’s (CYP) Local Transformation Plan.

The Healthy Child Programme Co-ordinator gave an overview of the plan which had been submitted to NHS England / NHS Improvement in October 2019. Following feedback from NHS England / NHS Improvement amendments had been made and the most up to date iteration of the plan could be found on the CCG website. She then drew attention to the I-Thrive model which had been used to develop and map services. Further work was required to ensure Action Plans were updated and to that end a meeting had taken place the previous day to identify the lead officers to take this forward.



The Healthy Child Programme Co-ordinator informed the meeting that recruitment to the new Mental Health Support Teams (MHSTs) was in progress with some practitioners starting in January and the rest of the team in March.

In response to a query, the Healthy Child Programme Co-ordinator explained that the data had been an issue however MPFT had introduced new systems so she was confident that the data was still reliable but that more up to date data should start coming through.

The Portfolio Holder for Children's Services urged the Board not to underestimate the challenges faced by Children's Services, particularly in relation to mental health and he requested that the barriers to support be looked at in more depth by the Board.

The Director of Adult Services felt that the outcomes in the Action Plan were very service orientated rather than focussed on outcomes for children and young people. In response, the Healthy Child Programme Co-ordinator reassured the Board that this had been looked at and that the Action Plans were being amended to reflect this.

Concern was raised that the majority of referrals came through GPs, however, the Healthy Child Programme Co-ordinator reported that other professionals including schools could refer into the service. Cathy Riley, MPFT also confirmed that this had shifted and that the majority of referrals were now from schools.

Lynn Cawley, Shropshire Healthwatch informed the meeting that Healthwatch had recently met with a cohort of young people/young adults (late teens/early 20s) who had great insight into mental health issues that were underlying in their own lives and who would welcome the opportunity to help shape these services.

**RESOLVED:**

- A. That the contents of the update be noted and that the ongoing system leadership for effective joined up children's services be supported.
- B. That the refreshed Children and Young People's Local Transformation Plan be approved, subject to the action plan being refreshed at a workshop on 15 January 2020.

## 54 Wellbeing Award

Kerry Simmonds, the Deputy Head, Market Drayton Infants School introduced and amplified her report – copy attached to the signed Minutes – which provided an overview of the Wellbeing Award being completed at Market Drayton Infant and Nursery School. She also gave a presentation, which covered the following areas:

- Background
- Impact so far
- Everyone's responsibility – how to make this happen
- The curriculum
- Parental involvement
- Resilience and prevention

- Staff wellbeing
- Collaboration beyond the school
- Conclusion

The Deputy Head explained that wellbeing was key for children and families and that she worked with a lot of different people within the school including the school nurse, caretaker, cook, mental health lead, SENCO etc. She explained how wellbeing had been linked to the curriculum and that all schools within the Academy had wellbeing as a priority.

They were the only school in Shropshire that had undertaken the Optimus award but they felt that it was crucial to get wellbeing right at the earliest opportunity in order to achieve the best results and impact for their children. The Deputy Head reported that an interim assessment of their work towards the award was taking place the following day.

The Deputy Head drew attention to the impact so far which included changing the ethos in the school so that wellbeing became everyone's responsibility. Parental engagement had also seen a big change with 95% of parents currently engaged.

The Portfolio Holder for Children's Services praised the excellent work being done at Market Drayton Infant and Nursery School and wondered how best to get this into every school. In response, the Director of Public Health confirmed that this could be looked at to see how roll out could be supported. The STP Programme Director was very impressed with the enthusiasm shown but stressed the need to link what was being done with Ofsted. In response, the Deputy Head reported that wellbeing was important to Ofsted as it was recognised that by getting wellbeing right at an early age this would bring long term benefits as the children moved up to the Junior School.

The Chairman felt that the support being provided to parents was very important. He commented that he would be very interested to hear back on the sleep work that was currently being undertaken in order to more fully understand its impact on learning.

**RESOLVED:** To note the information and progress of the Wellbeing Award and the work being completed for children and young people in Shropshire.

## 55 **Single Strategic Commissioner programme**

David Stout, STP Programme Director introduced and amplified the report of the Accountable Officer, Shropshire CCG – copy attached to the signed Minutes – which provided a further update on the application process for creating a single strategic commissioner across Shropshire and Telford & Wrekin.

The STP Programme Director informed the meeting that they had applied and were turned down on their first application to create a single strategic commissioner for the reasons set out in paragraph 3.2 of the report. However, positive feedback had been provided (paragraph 3.4) and a new timetable for re-application agreed.

The Board were further informed that options were being explored by the two CCGs to align their governance structures in line with a move towards a single management team and to that end, a number of Director roles had been appointed to. The STP Programme Director reported that public engagement would take place during January and February 2020.

**RESOLVED:** That the contents of the report be noted.

## 56 Dementia update

Linda Vaughan introduced and amplified the report of the Commissioning and Redesign Lead for Mental Health (interim), Shropshire CCG – copy attached to the signed Minutes - which provided the Board with an update on the current commissioning work in dementia, including key work areas for the programme for the coming year along with an update on hospital avoidance accreditation.

Ms Vaughan drew attention to the Key Objectives and Strategic Goals to be met in 2020, set out at paragraph 6 of the report. She then highlighted what had been achieved since publication of the Dementia Strategy in 2017 which included the funding of two dementia companions.

It was confirmed that Shropshire performed well in terms of diagnosis to prevalence rates (71% against the national target of 67%) however it was estimated that around 31% of people with dementia in Shropshire had yet to be diagnosed.

Ms Vaughan informed the meeting that a Sub-Group of key partners had been created in order to take an overview of the whole system. The Director of Public Health felt that the development work being undertaken in relation to prevention, dementia friends/communities, social prescribing etc was a great opportunity to bring in community level work.

Concern was raised in relation to how a diagnosis was communicated to the person and their family. In response, Dr Julian Povey, Clinical Chair, Shropshire CCG explained that there were pros and cons to having the diagnosis, which could be very impactful, however the evidence on balance was that having an early diagnosis was helpful in order to find out what was possible, what services were available etc. Obviously, some people would not be happy about having a diagnosis and he agreed that better communication was required.

The Chairman welcomed the report as he felt it had been a long time coming however he remained confident that it would be delivered and urged Ms Vaughan to take the opportunity of support offered within the meeting and the opportunity for joint working.

**RESOLVED:** To note the progress against the Dementia Strategy along with the updates in relation to national guidance set out in the report.

## 57 Homelessness and rough sleeping provision

Laura Fisher, the Housing Services Manager introduced and amplified her report – copy attached to the signed Minutes – which updated the Board on a range of actions being undertaken to support and rehouse rough sleepers in the County.

The Housing Services Manager reported that the annual rough sleeper count had taken place on 14 November 2019 which consisted of both a count (in the main market towns) and an estimate of those known verified rough sleepers who were not seen. The final figures submitted were 16, which was a reduction from 21 the previous year.

She then drew attention to the cold weather provision, which was a non-statutory provision of accommodation, which had been activated on 30 November 2019, the earliest that this provision had ever been activated. Although the offer was made to all known and verified rough sleepers, not all would accept the offer and many would refuse initially. Severe Weather Emergency Provision was offered during times when the weather was severe eg if below freezing for three consecutive nights and was a statutory duty. This provision had been activated for three nights so far this year at 70 Castle Foregate.

The Housing Services Manager explained that the Outreach service operated all year round. She reported that funding had been secured to set up a rough sleeper team of 5 additional posts which would enable them to extend the service. The service would be based within 70 Castle Foregate and it was hoped to open the following week.

She then drew attention to the development of a new App for reporting rough sleepers (Appendix A) along with work with Shrewsbury BID to develop a streetlink website (Appendix B). She urged colleagues to circulate this information around their organisations.

The Portfolio Holder for Adult Social Care and Public Health congratulated the team for their hard work in reducing the number of rough sleepers in the County to 16, the lowest number yet, and for their work in relation to 70 Castle Foregate.

**RESOLVED:** That the contents of the report be noted.

## 58 **Immunisations update**

Rachel Robinson, the Director of Public Health introduced and amplified her report – copy attached to the signed Minutes – which provided an overview and update on Shropshire's position regarding screening and immunisation programmes. It also outlined areas of responsibility for partners locally and areas of concern.

The Director of Public Health drew attention to the key findings which highlighted that whilst Shropshire continued to perform favourably in comparison to England as a whole, the uptake of the second dose of MMR and the shingles vaccinations remained a focus as did cervical screening uptake and the flu vaccine.

The Portfolio Holder for Adult Social Care and Public Health was reassured that the headlines were mostly positive, but there were variations within the data and take up

rates were still below what was expected. Work with health colleagues to target specific groups more effectively, would be welcomed.

In relation to cervical screening, concern was raised that the waiting time for results appeared currently to be 3-4 months rather than the usual 2-4 weeks. The Director of Public Health had not been made aware of this delay but agreed to look into it.

**RESOLVED:**

To note the contents of the report and the data contained therein and to support and promote activities designed to improve uptake of vaccines and screening programmes raising awareness of these interventions.

**59 Chairman's updates**

The Chairman updated the Board in relation to the following pharmacy updates:

- Pharmacy at 5 Cross Street, Ellesmere will be operated by Day-Night Pharmacy Ltd. A letter confirming the opening hours had been received.
- Notification of Closure: Day-Night Pharmacy Ltd, trading as Ellesmere Pharmacy, 18 Scotland Street, Ellesmere will cease to provide pharmaceutical services on 11 May 2020.
- Change of Ownership application by Lunts Healthcare Ltd granted for Lunts Pharmacy, Roushill, Shrewsbury.
- Combined Change of Ownership and no significant relocation application for Lunts Pharmacy from Roushill, Shrewsbury to the Ground Floor unit, Block C, The Tannery, Barker Street, Shrewsbury by Lunts Healthcare Ltd now open to written representations until 23 February 2020.

The Chairman informed the Board that it was intended to hold a joint Shropshire and Telford & Wrekin development session for members to increase their knowledge and understanding of mental health and what they can do to support communities. Each Health and Wellbeing Board would need to sign up to the Mental Health Concordat and develop work plans.

**60 AOB**

None.

<TRAILER\_SECTION>

Signed ..... (Chairman)

Date:



Shropshire Clinical Commissioning Group



## Health and Wellbeing Board Meeting Date: 5<sup>th</sup> March 2020

### Item Title Shropshire Care Closer to Home – Update Report

**Responsible Officer** Lisa Wicks, Shropshire Clinical Commissioning Group  
**Email:** lisa.wicks@nhs.net

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#### 1. Summary

This paper provides an update on the Shropshire Care Closer to Home programme.

#### 2. Recommendations

The Health and Wellbeing Board is recommended to note the information and progress outlined in the report.

### REPORT

#### Programme Phases & Progress Updates

##### Phase 1

The Frailty Intervention Team (FIT) based in the A&E Departments of both Royal Shrewsbury Hospital and Princess Royal Hospital in Telford runs 5 days per week at both sites and the teams continue to report reductions in length of stay, improved discharge and avoidance of emergency admissions amongst over 75's presenting at the acute hospitals.

##### Phase 2

Case Management has been live since mid-August 2019 at the eight pilot sites and as at December 2019, 202 people were being case managed across the demonstrator sites.

Work has been taking place to evaluate the impact of the teams; a half-day workshop took place in November 2019 with the Care Closer to Home Programme Team, Pilot Implementation Team and the Case Managers to explore and capture direct feedback on how the pilot sites are functioning, identify what is working well and what needs adjusting in advance of full rollout of the Case Management model.

Whilst a more comprehensive evaluation of impact over a longer period is not yet available, case studies, improved outcomes, earlier identification of needs and evidence of admission avoidance is all being captured.

These early indications of success have led the Programme Board to recommend an accelerated expansion and rollout of Case Management across the county. It is recognised that some up-front investment for additional resource will be required to ensure the model of

care is delivered safely and effectively. The CCG Commissioning Committee endorsed the accelerated rollout of Case Management in two steps over the next year:

- Step 1 – From April 2020 employ Case Managers, nursing capacity and admin support to stabilise the pilot sites plus pick up caseload each of a neighbouring GP practice;
- Step 2 – From October 2020 transition staff to work from one of five wellbeing hubs reaching the whole county population. These hubs will accommodate the Case Manager for that area as well as all associated health and social care professionals.

The Programme Team is now working with provider and partner organisations to allocate funding to enable the recruitment of Case Managers and their admin support to start in post in April 2020. Further work is also underway to scope and agree what specific additional workforce is required to support these Case Managers during the expansion to whole county working.

### **Phase 3**

The Programme Team have been working with partner and provider organisations to impact assess the Phase 3 models of care which were approved by Shropshire Clinical Commissioning Committee in June 2019. There have been some delays in this process but the work is now almost complete and an outcome report will go to the CCG Clinical Commissioning Committee who will agree next steps.

### **Admission Avoidance Team in Shrewsbury Area**

The admission avoidance team working to deliver intermediate care and rapid response services, as an interim “rescue” measure, pending full roll out of the Shropshire Care Closer to Home (SCCtH) transformation work was launched on 9th December. As at 28th January the following referrals have been received:

- Total of 45 referrals for the month, of these 37 were prevented from a hospital admission as a result of the intervention from the team

### **Enablers**

A task and finish group are working through the technical aspects of using a Council owned system called Liquid Logic to implement an interim IT solution allowing data flow from partner organisations to enable Case Managers to have an overview of the people they are working with. It is hoped that this will be complete by April 2020 when Case Managers are in post to begin wider rollout of the Case Management model.

Whole system workforce transformation planning has begun with all partner and provider organisations and is being driven by Health Education England and the STP at a system level. This will identify the specific workforce needed to support the transformation of services across Shropshire in the coming months and years.

### **Next Steps**

A public, patient and provider workshop took place on 26<sup>th</sup> February to explore the findings of the Joint Strategic Needs Assessment and the Programme Team are working with Public Health colleagues to collate the feedback from the event to refine the final version of the document ahead of publication. Once this is complete work will begin on developing the requirements for step-up community beds in Shropshire.



**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)**

**Local Member**

**Appendices**



# Health and Wellbeing Board

Meeting Date: 5<sup>th</sup> March 2020

## HWBB Joint Commissioning Report – Healthy Lives Update

**Responsible Officer:** Val Cross, Health and Wellbeing Officer/Healthy Lives Co-ordinator

**Email:** val.cross@shropshire.gov.uk

### 1. Summary

1.1 This report provides updates for ‘Healthy Lives,’ the Partnership Prevention Programme of the Health and Wellbeing Board.

1.2 It includes information about developments and partnership working for: Cardio-Vascular Disease (CVD) risk prevention; Physical Activity – Elevate; Social Prescribing and details of a submitted bid for funding.

### 2. Recommendations

2.1 That the Board notes and supports the ongoing work.

## REPORT

### 3.0 Background

3.1 Healthy Lives is the name of the prevention programme of the Health and Wellbeing Board. Partners across health, social care and the voluntary and community sector are working together proactively rather than in isolation, to reach Shropshire’s residents before their health or condition develops or gets worse.

3.2 Healthy Lives is a proactive and reactive programme, where these partner organisations are combining to innovate, make the best use of their human and monetary resources, and individual knowledge and expertise to help make a difference to Shropshire people. Evidence base is used for in all Healthy Lives work. Figure 1 illustrates some of the main partners.

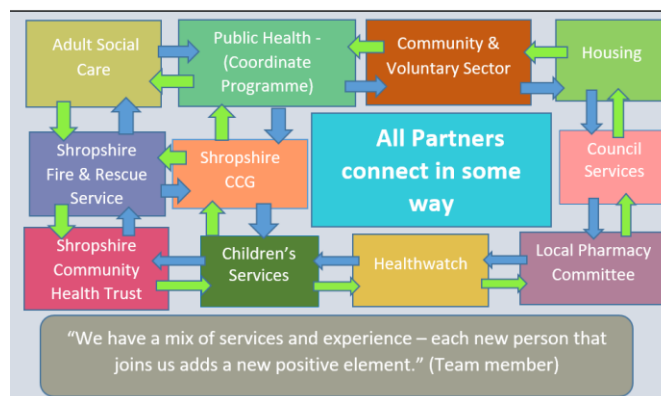


Fig. 1 Examples of Healthy Lives Partners for illustrative purposes

## 4.0 Programme updates

### 4.1 Cardio-Vascular Disease (CVD) risk prevention - Use of AliveCor Kardia Atrial Fibrillation (AF) testing devices in the community

- 4.1.1 As part of a proactive approach to reach people early, before their condition gets worse, identifying opportunities to test for AF within community settings is always being sought.
- 4.1.2 As at 17th February 2020, there have been 185 interactions with people in Shropshire Pharmacies. There is much higher activity in Telford & Wrekin pharmacies, and although there is better density of population in this area, there are further opportunities to develop AF work locally. Data (which is combined across Shropshire and Telford & Wrekin) has detected 57 possible risks of AF.
- 4.1.3 Opportunities are sought to use the devices at events and conferences, and AF testing will be offered at the Healthwatch conference in March, and opportunities for screening within the Council workforce are being discussed.

### 4.2 Physical activity - Elevate

- 4.2.1 'Elevate' is an evidence based programme, funded through the IBCF and delivered by a local provider. It is delivered by local experienced instructors in Postural Stability Instruction (PSI). The sessions build on core strength i.e. strengthening muscles to maintain strength and balance, rather than becoming muscular and is aimed at those aged 65+ who are a bit unsteady on their feet, and at risk of falling, rather than frail.
- 4.2.2 The latest contract report (August to November 2019) has demonstrated good results. Although numbers have slowed this quarter with 66 referrals, a total of 651 people have now been referred, with more (375) self-referring.
- 4.2.3 Shrewsbury, Oswestry and Ludlow have the greatest demand, and there is a good spread of classes countywide including; Pontesbury, Bishops Castle and Clun which have developed following proactive action from Community & Care Coordinators and GP surgeries working in partnership with the instructors.
- 4.2.4 The largest referral group for the quarter (aside from self-referral) have been the Rural Communities Charity (RCC) and the Falls Team.
- 4.2.5 Timed up and go scores (time taken to walk around a chair and back) to date, have shown; 78% of people have improved, 10% have maintained and 12% have slowed / declined – but it was noted that this group reported they may have been 'rushing around' more and needed to slow down.
- 4.2.6 Positive feedback from people attending the classes has included:  
*"I arrived feeling lethargic, drained & soon feel transformed. Like plugging into a light socket"*  
*"Learning how to get up off the floor has given me the confidence to have my first bath in 2 years"*

### 4.3 Social Prescribing

- 4.3.1 Social Prescribing is progressing very well. There have been 761 referrals to the service to date, with all areas showing an increase in referral numbers. The top reasons for opportunistic referrals continue to be: risk of loneliness / social isolation; mental health difficulties; long term conditions and lifestyle risk factors. Referrals in the 49 and under age group are noticeably increasing, which is a positive development in terms of access.
- 4.3.2 Healthwatch are continuing their insight work, and have met with focus groups comprised of young adults, and use of an on-line questionnaire. The aim of this research is to investigate what this age group understand about social prescribing, and what type of referral activity would appeal to them. This is to help inform the Children and Young People's Social Prescribing work taking place.

4.3.3 Collaborative work continues with Primary Care Networks.

#### **4.4 LGA/Health Foundation bid**

4.4.1 An Expression of Interest funding bid for 'Shaping Places for Healthier Lives' was submitted to the Local Government Association/Health Foundation on the 16<sup>th</sup> of January 2020. The bid title is 'Food insecurity in rural communities', with the focus being south west Shropshire.

4.4.2 The bid detail was well supported alongside our colleagues in the Shropshire Food Poverty Alliance, and a working group which was formed when the bid was being developed. Partners in this working group and supporting organisations included representation from; Shropshire Food Poverty Alliance, Citizens Advice, Shropshire Youth Association, Healthwatch Shropshire Council; (Early Help, Healthy Child Programme; Public Health; Early Years and Childcare; Adult Social Care; Shropshire Outdoor Partnerships); Elected Members; a local GP; Shropshire STP and Shropshire CCG.

4.4.2 We were very pleased to be one of the 30 Councils selected from 110 applications, to get to the second stage. Work is now happening to submit this next application, which needs to be submitted in March. We are hopeful that we will be successful again, and secure funding to take this work forward.

#### **4.5 Community Wellbeing and Social Prescribing Workshop - Building and nurturing good health and wellbeing in our communities and with our communities**

4.5.1 A Community Wellbeing and Social Prescribing Workshop was held on the 12<sup>th</sup> December 2019. This was an opportunity to acknowledge the progress that has been made so far with the model of social prescribing, but also an opportunity to look at our future vision, agree the principles and also to consider how some of the programmes could be brought together.

4.5.2 The focus of the workshop was exploration of how we build and nurture health and wellbeing in our communities and included consideration of how we build on our community's assets, opportunities around social prescribing practice and building skills around health and wellbeing.

4.5.3 The workshop was well evaluated, and was attended by a mixture of organisations and services which included: Voluntary and Community Sector organisations (QUBE, Severn Hospice, Hands Together Ludlow, Healthwatch, Connexus, CAB, Age UK, Carers Trust4All, Taking Part and Mayfair Community Centre) Shropshire Council (Public Health, Social Prescribing Advisors, Adult Social Care) and Shropshire CCG (Community and Care Co-ordinators, Primary Care Networks, GP Practices) and Shropshire Fire and Rescue Service.

4.5.4 There was an overall commitment to this work to continue and to look at how the roles in place complement each other. Ongoing communication was considered central.

4.5.5 The event was well received, with feedback including "Feeling that there's people out there who want to work together for the greater good and we will do our best to make it happen." "Communication and conversations round the tables," "hearing about the ambitions and clear understanding of aims," "networking, knowledge, contribution and need to keep communicating," "to hear how Social Prescribers work in comparison to C&CC (Community and Care Co-ordinators), and "seeing there is support for the VCS." A summary of the event is available if required.

4.5.6 There was a positive response to future involvement in the future model as it evolves. A subsequent meeting was held in January 2020, and another is planned to take the work forward.

## **5.0 Risk Assessment and Opportunities Appraisal**

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates. However the HWBB are asked to note the risks identified in the May 2019 paper, and continue to support the Programme.

## 6.0 Financial Implications

There are no financial implications that need to be considered with this update

## 7.0 Additional Information

## 8.0 Conclusions

Excellent work is continuing through the Healthy Lives Prevention Programme.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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Cllr. Dean Carroll
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Portfolio Holder for Adult Services, Climate Change, Health and Housing
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<b>Local Member</b>
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<b>Appendices</b>
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## Health and Wellbeing Board Meeting Date 5<sup>th</sup> March 2020

### Review of Shropshire Carer Support Services

Responsible Officer: Kate Garner

Email: [kate.garner@shropshire.gov.uk](mailto:kate.garner@shropshire.gov.uk)

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#### 1. Summary

The purpose of this report is to update the Health and Wellbeing Board on the activity and outcomes of a review of the services and support for unpaid adult carers in Shropshire and to share the recommendations and actions that have emerged from the review. These actions will now be integrated into the existing Shropshire's All-Age Carers Strategy Action Plan and taken forward by the Shropshire Family Carer Partnership Board.

The review was led by Adult Social Care (ASC) and focussed on the support available for unpaid adult carers within the council and its commissioned services, health services and the diverse range of voluntary and community groups.

A co-production approach was adopted for the review, with the Family Carers Partnership Board (FCPB), chaired by Cllr Dean Carroll and made up of family carers, and representatives of Shropshire's health and care system fully involved in its design and delivery.

This co-production approach continued through 3 task and finish group meetings. The membership of the group was primarily family carers along with other members of the FCPB. Through the meetings the group heard evidence from organisations delivering services and support to carers, including Shropshire Council and Shropshire and Telford Hospital Trust (SaTH), using this information and the findings of the survey to inform the recommendations and actions detailed in the attached report.

#### 2. Recommendations

That the Board notes this report, with particular reference to the recommendations and actions that have emerged through the review work.

### 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

In the 2011 Census 34,260 people in Shropshire identified themselves as carers, and the associated economic value associated with this has been calculated as £261.5 million, or an average of £7,633 each.

The economic value of unpaid care in the UK has been estimated as £132 billion – an average of £19,336 per carer.

The financial impact on the council of not supporting family or unpaid carers to remain in their caring role and avoid carer breakdown, could be significant. The investment of less than 500K currently made by ASC to support carers, including assessments, and to commission externally delivered support plays an important role in reducing the number of care packages and admissions to a residential setting,

## 5. Report

Following feedback from a number of sources that suggested people in Shropshire either did not understand our model for providing support for carers, or attached little value to the conversations and assessments we deliver, it was agreed in June 2019 to undertake a 'deep dive' into the services and activities provided for adult unpaid carers in Shropshire and how these carers currently feel about what is available to them.

This was done through a combination of face to face interviews with individuals and groups, an on-line survey and gathering information about services and activities designed for carers. The findings of the review will be used to update the action plan of the All Age Carer Strategy to ensure alignment and continuity of the existing strategy.

The information gathering stage of the review was completed in August 2019. We spoke with 135 carers and a further 93 carers completed an online survey. Members of frontline staff responded along with a group from the voluntary sector.

The information gathered through the survey was collated into key points, which have been aligned with the priorities of the Carers Strategy. These are -

### **Carers Strategy Priority One – Carers are listened to, valued and respected**

Key point: currently, not all carers feel that the organisations they are seeking support from listen, value and respect them, and talking to practitioners is only of benefit when it is a proper two-way conversation where what they have said has been heard and recognised.

### **Carers Strategy Priority Two – Carers are enabled to have time for themselves**

Key Point: Currently, not all carers felt practitioners considered a wide range of options when suggesting different ways to allow the carer to have space and time for themselves and it is only by practitioners addressing any isolation and thinking outside the box that may allow carers to have a break.

### **Carers Strategy Priority Three – Carers can access timely, up to date information.**

Key Point: Currently, not all carers feel they are getting the right information at the right time during their journey and information needs to be helpful, appropriate, correct, consistent and provided in a timely manner if it is to be of use.

### **Priority Four – Carers are enabled to Plan for the Future**



Key point: Currently, not all carers felt they had been given information to plan for the future and without regular contact, timely conversations and support are missed when their caring role changes.

### **Priority Five – Carers are able to fulfil their educational, training and employment potential.**

Key point: Currently not all working carers feel they are receiving good, understanding support from their workplaces where their options are discussed. Without standardisation of carer rights and a carer policy in the workplace carers may have to stop working to provide care.

Following the survey work a task and finish group was created, involving carers, stakeholders and officers, that used the evidence heard, the information gathered, along with the existing strategy and action plan to develop recommendations and an action plan to implement these.

## **Recommendations**

### **Priority 1**

- Plan meetings and workshops with the carer in mind.
- Carers are actively involved in overseeing the All Age Carer Strategy action plan, ensuring their voices are heard
- Conversations must be person centred where carers are heard and recognised. Practitioners recognise the difference in the caring role for different conditions
- Opportunities to provide training for carers
- Raise awareness of the particular needs of carers to ensure that they are not disadvantaged by the way Shropshire Council delivers services
- How do we support cross boundary carers -especially when their cared for is in hospital in Shropshire?
- Ensure young adult carers are recognised and given appropriate support in line with Care Act 2014
- Ensure parent carers are transitioned into ASC and given appropriate support in line with Care Act 2014
- Adopt a whole family approach to ensure all carers for an individual are identified e.g. main carer recognised but often siblings provide care but are not recognised
- Specialist support required as well as generic support provided

### **Priority 2**

- Person centred assessments that have value and are quality conversations
- Better information sharing with partner organisations
- Digital Approach - Technology enabled support that may aid carer
- Proactive identification of carers to aid self-identification and signpost/refer for support
- Ongoing Support – how to move from carer assessment and support plan to outcomes being met.

- How to access emotional support; coping strategies and psychological support with caring responsibilities

### **Priority 3**

- How information on what is available in the local community is provided
- Making every conversation count across the sector. Ensuring all areas of health and social care are able to identify carers and are aware of the best route to signpost a carer and where to access digital information.
- Practitioners are sufficiently skilled to explain and advise on the ASC process
- Information on technology enabled support

### **Priority 4**

- Provide information to allow carers to plan for the future
- Ongoing contact to receive timely information.

### **Priority 5**

- Ensure Council policies are carer friendly
- Raise awareness of working carers in business sector and provide information and support to businesses to enable them to support working carers
- Support services provided for working carers
- Sustaining the caring role by supporting someone to work, train or volunteer

## **6. Additional Information**

NICE guidance - Supporting Adult Carers guidelines issued on 21 January 2020 has been cross referenced and corresponds with the recommendations and actions emerging from the review.

At the request of our Making it Real Board the recommendations and actions will be cross referenced with the Making it Real 'I and we statements'.

## **7. Conclusions**

This review has focussed on the services and support provided to adult carers. To follow this work discussions about the areas in the strategy relating to young carers will take place with Children & Young People Services at the Family Carers Partnership Board.

This review has benefitted from the involvement throughout of carers, who have shared their knowledge and experience to inform and shape the recommendations and actions that have emerged from the review work.

The All-Age Carers Strategy updated action plan will now be taken forward to implementation by the Shropshire Family Carers Partnership Board.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**NICE guidance – Supporting Adult Carers January 2020**

<https://www.nice.org.uk/guidance/NG150>

**Making it Real – I and we statements**

<https://www.thinklocalactpersonal.org.uk/makingitreal/about/six-themes-of-making-it-real/>

**Cabinet Member (Portfolio Holder)**

CLlr Dean Carroll, Portfolio Holder for Adult Social Care, Public Health and Climate Change

**Local Member**

All

**Appendices**

Appendix 1 – Recommendations and actions Shropshire Carer Support Services Review

Appendix 2 – Shropshire’s All-Age Carers Strategy 2017-2021

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## **Review of Shropshire Carer Support Services**

### **Background**

In June 2019 Shropshire Council began a review of the offer for carers in Shropshire. The first stage of the review, gathering information from carers, ran from mid-June to end of July, and we spoke with:

- 135 carers, individually and in groups, throughout Shropshire;
- a further 93 carers completed the online survey; 55 working carers; 28 non-working carers and 10 preferred not to say;
- Voluntary sector organisation - Taking Part
- Frontline staff – 6 members of staff.

Geographic area and category of carer who participated:

<b>Locations</b>	<b>Survey Locations</b>	<b>Condition Specific</b>
Shrewsbury	NW - 14	MH Carers
Pontesbury	NE - 6	LD Carers
Nesscliffe	C - 42	Parent Carers
Church Stretton	SW - 4	Age UK
Oswestry	SE - 3	Parkinson Carers
Wem	Prefer Not to Say - 24	Stroke Carers
Market Drayton		Care and Share – dementia carers
Bridgnorth		Alzheimer Carers
Shifnal		MS Carers
Ludlow		General Carers
Cleobury Mortimer		

During the second stage of the review we held three Task and Finish group meetings to develop an action plan from the findings of the initial report. The Task and Finish group was made up of carers and representatives from:

- Shropshire Council Adult Social Care,
- Shrewsbury and Telford Hospital Trust (SaTH)
- Primary Care.
- Clinical Commissioning Group (CCG);
- Parent and Carer Council (PACC);
- Age UK
- Carers Trust 4all (CT4A)

Proposed recommendations have been organised under respective priorities, where possible, and are detailed under each key point. The proposed recommendations will be considered when we prepare to recommission the Carer Information and Support contract.

Several of the proposed recommendations are relevant across all the priorities, see table below, and have been included under the most appropriate priority to avoid duplication.

Improved communication between professionals and individuals and other organisations	Timely, easy to understand and find information	A joined up system
Digital approach – technology that may assist	Showing how we value carers	See me – I am not ‘just’ a carer

**Carers Strategy Priority One – Carers are listened to, valued and respected**

**Key point: currently, not all carers feel that the organisations they are seeking support from listen, value and respect them, and talking to practitioners is only of benefit when it is a proper two-way conversation where what they have said has been heard and recognised.**

**Task and Finish Group Proposed Recommendations and Actions:**

<b>Proposed Recommendation</b>	<b>Proposed Action</b>
Plan meetings and workshops with the carer in mind	we will ensure date and time of meetings/training/workshops are suitable for carers and give information on parking and expenses
Carers are actively involved in overseeing the All Age Carer Strategy action plan, ensuring their voices are heard	The FCPB will be co-chaired by a carer and Shropshire Council representatives.  We will establish area based armchair panels so that more carers can contribute to a meeting without attending.
Conversations must be person centred where carers are heard and recognised. Practitioners recognise the difference in the caring role for different conditions	We will support practitioners to have meaningful conversations through mentoring and coaching, including feedback from carers.
Opportunities to provide training for carers	We will have a programme of available training such as safe handling as part of the ILP manual handling contract; basic first aid through partner organisations; medication through pharmacists; joint training courses such as Supporting Mental Health Carers.
Raise awareness of the particular needs of carers to ensure that they are not disadvantaged by the way Shropshire Council delivers services	Internal awareness raising work with services and commissioners
How do we support cross boundary carers - especially when their cared for is in hospital in Shropshire?	We will explore cross boundary agreements with neighbouring Councils regarding support for carers where the cared for resides in another Council area. We will work with SaTH on how we will provide information in the hospital for people from neighbouring Councils e.g. Powys about what support is available to them.

Ensure young adult carers are recognised and given appropriate support in line with Care Act 2014	We will work with Children's services to ensure a smooth transition for young adult carers into adult social care through a transition assessment to ascertain what support is needed; link with local colleges and the two universities in Shropshire, pastoral care for students and organisations providing support for young people such as The Hive, CT4A and YSS to see how we can utilise the support they give; provide future planning workshops.
Ensure parent carers are transitioned into ASC and given appropriate support in line with Care Act 2014	We will work with Children's services to ensure a smooth transition for parent carers; provide a carer assessment under the Care Act 2014; link with partner organisations providing support such as PACC and provide future planning workshop
Adopt a whole family approach to ensure all carers for an individual are identified e.g. main carer recognised but often siblings provide care but are not recognised	We will support practitioners through mentoring and coaching to raise awareness of whole family approach and develop key steps for them to consider e.g. Step one: Think family. Step two: obtain the whole picture. Step three: Make a plan that works for everyone. Step four: Check it's working for the whole family.
Specialist support required as well as generic support provided	We will identify sources of support for specific caring roles. Using the symbolism of a tree, where the trunk is the generic information for those areas that are common to all carers, the branches are specialist areas of support

### **Carers Strategy Priority Two – Carers are Enabled to Have Time for Themselves**

**Key Point: Currently, not all carers felt practitioners considered a wide range of options when suggesting different ways to allow the carer to have space and time for themselves and it is only by practitioners addressing any isolation and thinking outside the box that may allow carers to have a break.**

#### **Task and Finish Group Proposed Recommendations and Actions:**

<b>Proposed Recommendations</b>	<b>Proposed Actions</b>
Person centred assessments that have value and are quality conversations	We will support practitioners to have meaningful conversations through mentoring and coaching, including feedback from carers, advising they think holistically and 'outside of the box' when looking at options for carers.
Better information sharing with partner organisations	We will develop protocols on sharing information, with consent, to relevant organisations on referral e.g. forwarding

	copy of carer assessment to CT4A on referral or adding detail on referral form of next steps agreed.
Digital Approach - Technology enabled support that may aid carer	We will raise awareness of technology enabled support to practitioners as part of the mentoring and coaching programme so that they are able to suggest to carers what support may be effective in each individual situation. A programme of workshops on Technology enabled care for carers, in order that they can see the equipment and a demonstration of how it would be useful for them.
Proactive identification of carers to aid self-identification and signpost/refer for support	We will support practitioners through mentoring and coaching on appropriate language to use to encourage carers to self- identify. Continue developing the 'Do you look after someone' bookmarks scheme at pharmacies. ICS practitioners at SaTH and community hospitals actively identifying carers and providing information and support during hospital stay, referring on for community support if appropriate. We will clarify the pathway and process for carer assessments arising from ICS
Ongoing Support – how to move from carer assessment and support plan to outcomes being met.	We will include actions from the review in the recommissioning of the carer contract. We will support practitioners to complete full support plans of how carers needs may be met through mentoring and coaching so that carers and other agencies referred to have a clear plan to work towards. Partner organisations provide support on financial advice and welfare benefits; peer support groups; other avenues of information including drop in's, information line. All agencies will review the support given to a carer to ensure it has been effective.
How to access emotional support; coping strategies and psychological support with caring responsibilities	We will discuss carers emotional and psychological needs during a carer assessment and look for support in the community such as counselling services; befriending; Mindfulness courses; online laughter yoga; linking with peer support groups and how a carer can access these within their caring responsibilities, this may mean arranging some form of respite solution. We will work with our partners to arrange courses on coping strategies for carers such as Heart Conscious breathing course



**Carers Strategy Priority Three – Carers can access timely, up to date information.**

**Key Point: Currently, not all carers feel they are getting the right information at the right time during their journey and information needs to be helpful, appropriate, correct, consistent and provided in a timely manner if it is to be of use.**

**Task and Finish Group Proposed Recommendations and Actions:**

Proposed Recommendations	Proposed Actions
How information on what is available in the local community is provided	<p>We will ensure clear, understandable information is made available in a variety of formats i.e. digitally and in paper form at local venues such as GP practices and libraries in collaboration with partners such as CT4A.</p> <p>We will support practitioners to find local information through a programme of networking/ signposting workshops for those involved in signposting individuals on, both practitioners and other organisations; Community directories; social prescribing directories; Tribe; ASC staff news and their own links to the community in order that they are able to effectively signpost carers appropriately.</p>
Making every conversation count across the sector. Ensuring all areas of health and social care are able to identify carers and are aware of the best route to signpost a carer and where to access digital information.	<p>We will provide a programme of networking/ signposting workshops, open for anyone involved in signposting individuals; LTL workers in each area making contact with groups in their area e.g. Stroke association self-help to leave details with the lead about how to contact ASC and where to get advice</p>
Practitioners are sufficiently skilled to explain and advise on the ASC process	<p>We will support practitioners through mentoring and coaching to explain the ASC process and what may be needed at varying stages, such as keeping care related receipts for the financial assessment. We will develop a 'handy hints' style document for key hints and tips that will also be available digitally.</p>
Information on technology enabled support	<p>We will provide clear, understandable information on what technology support is available, how it may support individuals and how it can be accessed on our Shropshire Choices website and through the Shropshire Support Finder booklet.</p>

### **Priority Four – Carers are enabled to Plan for the Future**

**Key point: Currently, not all carers felt they had being given information to plan for the future and without regular contact, timely conversations and support are missed when their caring role changes.**

#### **Task and Finish Group Proposed Recommendations and Actions:**

<b>Proposed Recommendations</b>	<b>Proposed Actions</b>
Provide information to allow carers to plan for the future	We will develop a programme of future planning workshops throughout the year.
Ongoing contact to receive timely information.	We will include actions from the review in the recommissioning of the carer support services contract. We will work with partner organisations on developing future plans for carers, which will be reviewed to ensure they are effective.

### **Priority Five – Carers are able to fulfil their educational, training and employment potential.**

**Key point: Currently not all working carers feel they are receiving good, understanding support from their workplaces where their options are discussed, without standardisation of carer rights and a carer policy in the workplace carers may have to stop working to provide care.**

#### **Task and Finish Group Proposed Recommendations and Actions:**

<b>Proposed Recommendations</b>	<b>Proposed Actions</b>
Ensure Council policies are carer friendly	We will work with Human Resources and make proposals to ensure carer friendly policies
Raise awareness of working carers in business sector and provide information and support to businesses to enable them to support working carers	We will seek advice from Shropshire's business representatives about engaging with the business sector to introduce 'Working for carers' schemes – accreditation for businesses and training on supporting carers in the workplace.
Support services provided for working carers	We will have a 'late night' availability on a weekly basis where carers are able to contact with queries and concerns via the phone or link chat with a member of staff.
Sustaining the caring role by supporting someone to work, train or volunteer	We will discuss a carers opportunities in a carers assessment and support them to work, do training or volunteering, which may involve looking at respite solutions to allow the carer to do this

### Proposed Next Steps

To take the report to the meetings in the table below for consultation and final sign off before incorporating new actions into the Shropshire All-Age Carers Strategy and developing an implementation plan.

<b>Date</b>	<b>Action</b>
<b>2 December 19</b>	<b>Family Carer Partnership Board</b>
<b>6 December 19</b>	<b>Making it Real Board</b>
<b>10 December 19</b>	<b>Directorate Management Team</b>
<b>January 2020</b>	<b>Task and Finish group 3<sup>rd</sup> meeting</b>
<b>February 2020</b>	<b>Learning Disability Carer Forum</b>
<b>March 2020</b>	<b>Family Carer Partnership Board</b>

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# All-Age Carers Strategy for Shropshire

2017 - 2021



## Foreward

The 2011 census shows us that there are around 34,000 known carers in Shropshire. They may be caring for a family member, spouse, partner or friend.

The work they do is invaluable, but whilst caring can be rewarding, we also know that 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.

There are also many people who do not identify as a carer, as they see it as part of being a family member, partner or friend. We want to send out a message out to our Shropshire communities that helping to look after someone who could not manage otherwise, is caring.

There are also more than 600 known young carers in Shropshire. A young carer is a child or young person from 5 years up to 18 years of age who may be helping to care for a parent, sibling or other family member. We have spoken to our young carers who have told us they want to be treated as individual children and young people first, and need to understand more about the medication the person they care for takes. This is reflected in the Strategy and Action Plan.

Caring has a known impact on young people through poorer emotional and physical health, and life chances such as education. However, the picture is not always gloomy, and with help and support, a balance between caring responsibilities and being a child or young person can be achieved.

We are delighted to support the All-Age Carers Strategy for Shropshire, which has been produced in consultation with Shropshire carers and partners. Through this, priorities have been identified for 2017-2021 to address the needs of our carers, and create better health and wellbeing outcomes for everyone.



**Andy Begley**  
Director of Adult Services



**Karen Bradshaw**  
Director of Childrens' Services



# All-Age Carers Strategy for Shropshire 2017 - 2021

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## 1 Executive summary

The contribution 'carers' of all ages make to society cannot be underestimated. A carer could be an adult, parent, young person or child. Some may not see themselves as a 'carer' because they see their caring role as part of being a partner, family member or friend.

Local carers have told us they are often reluctant to be labelled with the term 'carer.' It is important that carers are considered as individuals in their own right. Anyone we meet in our daily lives could be caring for someone, and most people will have caring responsibilities at some time in their life.

The 2011 census shows us that among the 34,000 people currently caring for relatives, friends and neighbours in Shropshire, there are over a third who spend more than 20 hours a week caring, and over a fifth who dedicate 50 hours or more a week to their caring role. There are 3,457 carers who indicated they had bad or very bad health. Three in four are over the age of 54.

For the purpose of this strategy a carer is defined as:

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

The importance of carers' health and well-being is recognised in Shropshire, and following findings from the Shropshire Carers Survey, and engagement with partners and carers, the overarching aim for this All-Age Carers Strategy is:-

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

Some of the things Shropshire carers have told us they need are:

- Access to a variety of groups to provide a break from their caring role
- Time for themselves
- To be listened to and included as an equal in the care of their loved one or friend.
- Access to up-to-date and relevant information on all aspects of caring.

This has led to five key priority areas which are as follows:

1. Carers are listened to, valued and respected
2. Carers are enabled to have time for themselves
3. Carers can access timely, 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.



To deliver the strategy and make a real difference to these areas, we need to make sure that everyone plays a part in working together to improve health and well-being.

This means making sure that this thinking and action is embedded in existing health and social care work, including programmes such as the Better Care Fund, Future Fit and Community Fit, and work through the Children's Trust and implementation of the 2014 Care Act and the Children and Families Act 2014.

As this is an all-age strategy it covers all carer groups, and while all carers should be treated equally, it recognises the differing needs of all carers.

Our challenge also includes the fact that Shropshire is facing increased demand for health and care-related services, coupled with a future of large-scale budget reductions.

Shropshire is the largest inland county in England and is predominantly rural. This can present challenges for carers needing to access services and public transport.

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 also a dispersed population of children and young people with special educational needs and disabilities in Shropshire. There are approximately 5,000 children and young people who are under the age of 18 and have some level of additional need. 1,600 of these young people have been identified as 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.

In light of our challenges we want to work with local strategic partners, carers and the community to draw together key programmes for carers to ensure that they receive appropriate levels of support that is easy to access and integrated.

We need everyone to understand that they have an important role in making a difference to Shropshire's health and well-being and that we must work together in order to achieve the best results.

The implementation of this strategy will be supported and advised by the Shropshire Family Carers Partnership Board (FCPB), which includes representatives from carers, statutory services, the voluntary and community sector, and health. Regular progress reports will be made to the Health and Well-Being Board.

## 2 Summary of our priorities

### Priority 1 - Carers are listened to, valued and respected

#### Action we will take to address this:

Carers, including young carers are included in care planning (for example at hospital discharge).

Improve information sharing systems across services, to avoid carers having to repeat their story to different professionals. This will include training staff who work with carers.

Raise awareness of the caring role to enable easier access to carer support, which includes feeling safe and supporting well-being.

Use carers' experience and knowledge to plan future services, and when commissioning services including integrated working.

### Priority 2 - Carers are enabled to have time for themselves

#### Action we will take to address this:

Review assessment process for all carers and ensure understanding of replacement care needs.

Communicate and promote available replacement care including community support.

Identify and promote carer networks for all types of carers, and develop support for where gaps exist.

Develop a carer-centred approach within services (eg appointment flexibility and hospital visiting times).

Promote the use of assistive technologies such as GPS trackers and Telecare systems where appropriate.

### Priority 3 - Carers can access timely, to up-to-date information and advice

#### Action we will take to address this:

Providers and partners communicate to ensure information is easily accessible and in different formats. This should include health information and interventions for carers to help avoid ill-health and injury.

Work with education providers to promote information for young carers, young adult carers and parent carers.

### Priority 4 - Carers are enabled to plan for the future

#### Action we will take to address this:

Embed planning for the future as a part of all-age carer health and other assessment discussions.

Provide appropriate workshops for all carers about planning for the future.

Inform future planning of services through carer experience and data collected about carers.

### Priority 5 - Carers are able to fulfil their educational, training or employment potential

#### Action we will take to address this:

Actively encourage all local organisations to adopt the Employer and Employee Pledge to recognise and support carers in their employment.

Increase carers' knowledge of their employment rights, responsibilities, including after bereavement.

Work with education and training providers to help enable access to vocational and non-vocational training and education courses for carers, which includes volunteering opportunities

## 3 Introduction

We are increasingly aware of the vital role that carers play in our community. Carers provide essential support to those who are in need of care, and without that dedicated care, would be unable to manage.

A carer could be an adult, parent, young person or child. Some may not see themselves as a 'carer' because they see their caring role as part of being a partner, parent, family member or friend. It is important that carers are considered as individuals in their own right. Anyone we meet in our daily lives could be caring for someone, and most people will have caring responsibilities at some time in their life

For the purpose of this strategy a carer is defined 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."*

This strategy has been developed by using and collecting information from local and national sources. These include:

1. National guidance, data and legislation
2. Statistical data about Shropshire carers and the people they care for
3. Findings from the Shropshire Carers Survey which was carried out in July 2016
4. Information from carer partnership meetings.

The key driver for this strategy has come from what carers in Shropshire have told us they need.



## 4 National context

There are a number of documents from key organisations and legislation which support and have an impact on this strategy:

### Legislation

The Care Act 2014 – Under the Act, carers are recognised in the law in the same way as those they care for. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. The assessment will consider the impact of caring on the carer, what the carer wants to achieve in their own day today life and whether the carer is able or willing to carry on caring. There are national criteria to be used to decide whether or not the carer's need is 'eligible' for support from the local authority. Those carers who are eligible may be given a personal budget and/or a direct payment to support their well-being and help them continue in their caring role.

The Children and Families Act 2014 – section 19 of this Act places families at the heart of decision-making in relation to children and young people (0-25 years) with special educational needs and disabilities.

Section 97 of the Children and Families Act (page 74) also gives individuals with parental responsibility for a child with disabilities the right to an assessment of their needs by a local authority, and requires that there is regard to the well-being of parent carers in completing that assessment.

### National documents

The Department of Health NHS Mandate 2016-17 and Next steps for the Carers Strategy

HM Government Carers at the heart of 21st-century families and Carers Strategy: Second National Action Plan 2014 – 2016

NHS England (2014) Commitments to Carers and Five Year Forward View

All relate to the recognition of, and the health and well-being of, carers.

### The 2011 Census

While the 2011 Census found that 5.4 million people in England were providing unpaid care (the same proportion of the population as reported in 2001), over a third were providing 20 or more hours care a week, an increase of 5% on 2001 figures.

The Census also found that there were over 166,000 young carers aged 5-17 in England – an increase of over 26,000 since 2001. The majority were providing 1 to 19 hours care, but over 8% were providing 50 or more hours of care. Significantly, more women than men in the age group 50-64 were providing care. But there has been a shift in the age group of 65 and above – more men were providing care than women in 2011.



## 5 Local context - What we are doing in Shropshire to support carers

Shropshire's Health and Well-Being Board has highlighted carers support as an area for development through the Health and Well-Being Strategy for 2016-2021, which focusses on three priorities:

- Health promotion and resilience: encouraging people to make good decisions at all stages of life and making sure that the right support is available when needed.
- Promoting independence at home: planning support so that people are able to stay in a place that is familiar to them and where they can have the assistance of their community to keep well.
- Promoting easy access and joined up care: making sure that people experience care that meets their needs and that they have the right information at the right time to help themselves or to get support from others.

These three priorities are to be embedded in all strategy and action planning for health and care services and partnerships. As such we are using these priorities as focus for developing a whole-system approach to working together for carers. By whole-system approach, we mean everyone involved with carers has a responsibility to work together to support the implementation of this strategy.



## Partnership boards, groups and involvement of carers

Taking a whole system approach requires strong partnership working and integration of services, where possible. To ensure that we are working together for the best interests of carers and those they care for, carers are represented at a number of partnership boards. Examples of these are:

- Family Carer Partnership Board
- Carer Strategy Group
- Health Economy and Dementia Group
- Shropshire Council adult social care 'Making it Real' advisory groups and Board
- Mental Health Partnership Group
- Shropshire Early Help Strategy 2016-2018 Strengthening Families through Early Help

Carers are involved in the development of strategies and action plans to ensure their voices are heard, and that the service is meeting their needs.

## Partnership working with neighbouring councils

Shropshire is partnership working with neighbouring councils to share good practice and joint work to support carers. In particular, young carers and young adult carers. More information can be found in the action plan in Appendix 2.

## Community assets

In line with strategic developments in Shropshire, the carers strategy and action plan takes into consideration how community assets can support well-being. By assets we don't just mean buildings and equipment, we consider an asset to be any factor (including people and their skills and abilities) or resource which increases the ability of individuals and communities to improve and maintain their health and well-being. By taking this approach, we can make best use of what is already available in communities to support carers' health and well-being; whilst ensuring that services are available to support people in the most appropriate way.

## Association of Directors of Adult Social Service (ADASS) West Midlands - commitment to carers

The ADASS 16 point 'commitment to carers' is one of the national/regional adult social care drivers behind Shropshire's strategy. The commitments were developed by the ADASS West Midlands Carers Lead Network, Shropshire and all other authorities in the region have signed up to these priorities. Please see appendix 2.

## 6 Local demographic information

### Unpaid care in hours

The 2011 Census provides a breakdown of the hours of unpaid care provided in Shropshire by relatives, friends and neighbours.

### Unpaid care by general health and age

The 2011 Census showed that in Shropshire, 12.2% of carers providing 50 or more hours of unpaid care per week considered themselves in bad or very bad health.

### Unpaid care by age or gender

On 16 May 2013 more detailed information on the characteristics of the carer population was published by the Office for National Statistics. This showed a 55% increase in unpaid care being provided by people aged 65+ compared to 2011.





## 7 What carers have told us

### Health and Well-Being Strategy 2016-2020 consultation

Consultation was undertaken on the draft Health & Well-Being Strategy and action plan between 5 October and 29 November 2015. The public were invited to pass comment on the documents and also answered a series of questions around their thoughts on how exemplar provision and support for carers might look. A small number of focus groups were also held.

Questions were asked about the strategy's focus on health promotion and resilience, promoting independence at home, and promoting easy to access and joined-up care. Some specific questions were also asked around support for carers, these included:

- How do you think people can support themselves to continue to provide a caring role?
- What things do you think would help support an individual to continue to provide care for a partner, family member or friend?

The following themes were highlighted as important for supporting carers in Shropshire:

- Easy to access information and advice
- Health checks and care for the carer
- Support - family, friend, groups
- Flexible working/supportive employers
- Time to themselves and respite.

### National survey of adult carers 2014-15

This survey found that 66% of carers said they don't have enough control of their life, and 2 in 5 spend 100+ hours per week caring. More information about the findings can be found in Appendix 1.

## Carer feedback from differing sources

Carers have provided feedback through other means such as: Healthwatch surveys, consultation sessions, the annual Health and Social Care survey, and strategy development meetings.

Different themes that have arisen from these include: difficulties accessing information relating to their caring role, carers having to repeat their story, the provision of support that will enable carers to work – for example after-school support and support during school holidays, the need to consider the role of neighbours and friends who help to care for someone, having an opportunity to take a holiday without a caring responsibility, Short Break and respite services that are an affordable price or free – to ease the load, ie with sleep deprivation and to enable parent carers to spend time with non-disabled siblings and services built around people who need them, not around education, health and social care services. Young carers and young adult carers have cited the need to be told about the medication the person they care for takes, including side effects, as being important, as well as more awareness and knowledge about young carers in education settings.

## Shropshire Carers Survey summary

A survey was carried out between June and August 2016. 71 questionnaires were returned online and in paper format. Not all questions were answered fully – partly due to confusion with understanding the question, and comments of carer fatigue.

Respondents were asked to comment on six priorities which had been identified from previous surveys and consultation. The top three priorities were: Carers being supported to remain emotionally, mentally and physically well which was given the highest priority; followed by Carers being listened to, valued and respected; and thirdly, Carers receive support to enable them to have time for themselves.

The findings would inform which priorities were viewed as important and why.



The survey contained valuable first hand comments some of which are summarised below:

## Carers are listened to, valued and respected

### What carers told us this meant to them and what difference it will make

"It's very important that we're listened to and not told what's going to happen - this happens a lot and what we think doesn't count, it adds to my stress."

"Carers/ family (who) know the person best are within the intimate circle of support for that person, they hold the knowledge that makes plans work....."

"It should mean if we as carers go to any meetings, our ideas, worries etc. are listened and acted on, not just dismissed".

### Summary of what carers feel needs to happen to achieve this priority

More awareness of carers and young carers

Joint appointments with professionals, better communication between all parties

Carers and family members are the specialist of their situation, creating a solution from a multi-choice menu within budget

Well-designed services built around people who need them, not around health and social care

Carers helpline and website.

## Carers receive timely access to up-to-date information and advice

### What carers told us this meant to them and what difference it will make

"The booklets that are produced are very helpful and they let the carer know what activities are going on. The meetings ... also very good as all carers can get together and provide information to each other".

"This can be very different depending upon the issue and the mental state of the carer".

"Information about positive achievements, services, funding, etc. is important and can lift spirits".

"Vital - unfortunately there is too much information in one way and too much for someone to wade through. there is no simplicity".

"If carers are kept in the loop they will be able to access more services as and when they need".

### Summary of what carers feel needs to happen to achieve this priority

Sufficient time to read, understand and respond to letters / information sent, co-ordinate correspondence

One simple access place to support, info re trips/meetings/get-togethers, but most importantly someone to speak to

Easy access to information re legislation, statutory requirements, support entitled to, transparent eligibility criteria

Database of carers – support groups, put one another in touch, choose what info they receive, email updates

Let carers assess the accessibility and information provided first.

## Carers receive support to enable them to have time for themselves

### What carers told us this meant to them and what difference it will make

"Very important to have just a few hours to yourself".

"Just to think relax and keep up to date with things, Respite - relief, ability to have 'own' life and keep well, breathing space".

"Most important issue. Without having a break, I wouldn't be able to carry on, carers are carers often 24/7. They get mentally and physically worn out. They perhaps do not have family or friends to help out, so qtime out is needed".

"... time to sleep through the night, relax and regroup. Short breaks and services that carers / families can depend on need to be available".

### Summary of what carers feel needs to happen to achieve this priority

Funding available to community organisations which offer a whole host of different activities, alternative care provision e.g. a special crèche. Experiences and skills sharing so carers do not have to seek funding to enable participation.

Respite at an affordable price or free – to ease the load, ie with household chores, gardening.

As the patient/cared for person health worsens the carer needs more time allocated to their needs so they actually do get a rest and change of scenery.

A yearly assessment of the carer needs, and mandatory that carers are informed of this right.

## Carers are supported to remain emotionally, mentally and physically well

### What carers told us this meant to them and what difference it will make

"This is also very important. Must keep strong for the person you are taking care of. They need a lot of attention and support".

"Quite easy to become physically, emotionally drained. Good to have someone to help and talk to".

"This is very important because if I break down social services will have to step in. I need support to help me carry on caring".

"I have my own health problems which I don't always look after".

"Essential to avoid crisis..."

"My family hasn't had a holiday since 2006. My partner and I have never had a holiday, or even a weekend, alone together."

### Summary of what carers feel needs to happen to achieve this priority

A full care plan should be made for the carer also or a professional support package.

Lines of communication should be open with a key person, through email or other methods; don't have to explain concerns/situations to a different person.

Opportunities to use inclusive community facilities (sports village) for a range of activities at a discounted rate, ie keep fit.

Make GP surgery appointments available when I need them, and the community care co-ordinator.

Support groups available face to face, be creative about venues, somewhere that a carer can approach and chat about their concerns.

## Carers are supported in planning for the future

### What carers told us this meant to them and what difference it will make

"I dread to think of the future but with help and support of carers trust for all I don't feel so alone with it all having no family support."

"It would allow me to plan for my children's future after my death".

"It would relieve the worry of what would happen if I was unable physically to care for the person".

"This is a priority that worries us a lot. We have no-one who can step up and care for the long term future of the adult in our care".

"If we knew what is out there for us, it would ease our worries".

### Summary of what carers feel needs to happen to achieve this priority

Help and support (Carers Trust 4 All).

Carers and families should be central to the planning.

Facilitate the time to do this when provision has been made for the cared for.

Knowing what is out there, a service and how we access it for the right information.

An allocated professional available to support on an ongoing basis until no longer required; where possible the same person from start to finish.

A day workshop with speakers who can answer worries, ie about care, wills, living arrangements.

Service providers should be able to talk about this.

## Carers are able to fulfil their educational, training or employment potential

### What carers told us this meant to them and what difference it will make

"I enjoy my job and need to be able to continue to work".

"For younger carers who need to move on with their own lives this is a must".

"Carers need to think about themselves and their employability for when they no longer need to carry out their role as a carer".

"... without this priority, the long term future of carers can be greatly affected".

### Summary of what carers feel needs to happen to achieve this priority

Employers need to be supportive and flexible, workplace policies for leave/flexible working, medical appointments etc.

Funding and respite / support for the cared for so the carer can attend courses etc.

Educational and skills building courses to be made available for free to carers.

Utilise community assets for the benefit of carers educational, training needs.

## 8 Case studies

These case studies illustrate examples of carer support being provided within Shropshire, and young carer and young adult carer consultation work.

### Case Study: planning ahead

'Rachael' cares for her son 'Gavin' on a full-time basis. Gavin, who is in his 30s, has always lived at home with his mother; he has a learning disability and is confined to a wheelchair.

Rachael has been known to the carer support team for some time. She has a named carer advisor, 'Kim', who is very familiar with Rachael and her caring role. Kim ensures that Rachael is involved in support groups and activities in her area, giving Rachael opportunities for respite and a chance to build friendships with other 'carers'.

More recently, Rachael, who is in her 60s, has started to experience repeated bouts of ill health - on more than one occasion this has led to short-term hospitalisation. Kim has registered Rachael onto the "Carers Emergency Response Service" which is an early response service whereby in the event of an unforeseen emergency (for example when Rachael gets admitted to hospital), a carer support worker will support Gavin at home, for up to 72 hours. This has enabled Rachael to go to hospital to attend to her own medical needs, safe in the knowledge that Gavin will be cared for by an experienced worker – in his home.

Kim has encouraged Rachael to think about Gavin's future, given that it is likely that he will outlive his mother. With Kim's support Rachael has been looking at local services that provide supported living facilities and Rachael is now planning the transition for Gavin to lead a more independent life. This means that Rachael can support Gavin in the transition towards a life that is less dependent on the care provided by his mother.

Source: Local Care Provider

Case study: How community support for carers can support both the cared for and the carer

*"I had difficulty in getting [father] to the doctor, as he was in denial that there was anything wrong with him ... [father eventually] agreed to attend the memory clinic ... specialist doctor ... diagnosed Alzheimer's, offered medication, brain scan promised monitoring follow up appointments with the mental health nurse and suggested I get power of attorney. Good advice, but there it ended, no further support was offered at this point, or any suggestion of where support and guidance could be sought, and it was some months before I heard from that service again. I am an only child so the responsibility was all mine." (Nar. 4).*



Fortunately, this carer happened upon a display by the Alzheimer's Society and they made contact with them, which relieved a lot of stress and provided support. The stress relief manifested through a variety of factors, but being listened to and venting emotions appears crucial.

"Straight away, I felt understood and supported and could ask silly questions and felt less alone ... advice on practical things (useful aids, strategies and finances) ... 'Singing for the Brain' sessions ... sharing my experience with other carers ... opportunity to share experiences and concerns and relief of bottled up emotions which are hard to share with family members as guilt and helplessness gets in the way." (Nar. 4).

Source: Action Learning Programme based on story telling from patients, carers and staff, Shropshire 2016 NHSE

## Case study: consultation with young carers

Consultation was carried out with young carers, young adult carers and young people between November 2016 and January 2017. This was a joint piece of work between Shropshire Council and Telford and Wrekin Council.

The purpose was to inform this new 2016-2021 All Age Carers Strategy and Action Plan, which had previously been an Adult Carers Strategy only. It was important to gather the views of young carers and young adult carers and ensure their needs were being represented.

Key findings included:

- Young carers want to understand more about the medication the person they care for takes, and any side effects it may have.
- The need for consistent support and awareness for young carers in schools.
- Treating each young carer as a young person first and an individual in his or her own right. What support may be appropriate to one may not be for another.

"There is a lot we don't know about, and should."

The information gathered has formed action points within the Action Plan.



## 9 Action Plan

An Action Plan has been developed based on the five identified priorities. This is a 'live' document which is updated regularly. This can be viewed on the Shropshire Together website.

## 10 Acknowledgements

The Carers Strategy from Cambridgeshire County Council, Sheffield City Council, Solihull Metropolitan Borough Council and Cornwall Council have been used for reference and format purposes.



## 11 Sources of further information

A selection of sources of information for carers is provided below. It is recognised, however, that there are many other national and local organisations also.

### **Carers Trust**

Carers Trust is a major charity for, with and about carers  
<https://carers.org/>

### **Carers Trust 4All**

The provider of commissioned carer services for Shropshire Council  
<http://www.carerstrust4all.org.uk/shropshire.html>

### **Healthwatch Shropshire**

Healthwatch work to help people get the best out of their local health and social care services. With the aim of ensuring that patients and the public are at the heart of decisions about service delivery, improvement and change.

### **Shropshire Choices**

Web-based information provided by Shropshire Council, to help people make the right choice to remain independent and stay well. Offers information and advice about adult social care, housing and health.  
<https://www.shropshirechoices.org.uk/home/>

### **Shropshire Council**

This web link provides links to information and services relevant to carers.  
<https://www.shropshire.gov.uk/health-and-social-care/>

### **Shropshire Local Offer**

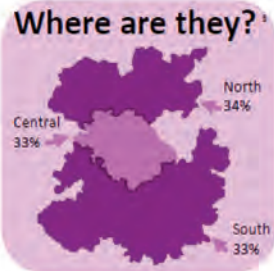
Local Offer brings health, education and social care services together to improve outcomes in special educational needs and disability.  
<https://www.shropshire.gov.uk/local-offer/>

Preparing for Adulthood Factsheet: The Links Between The Children and Families Act 2014 and The Care Act

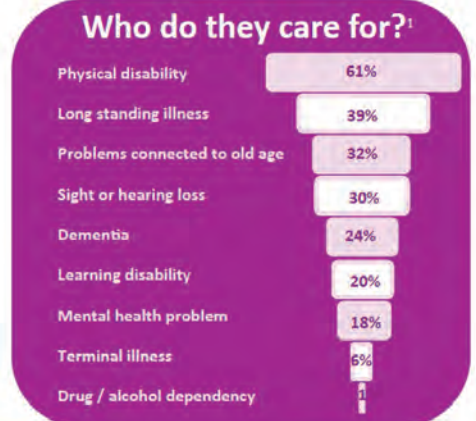
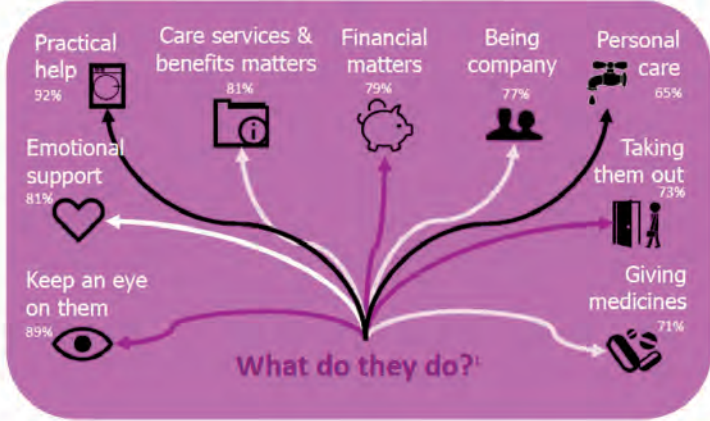
2014 [http://www.preparingforadulthood.org.uk/media/421323/care\\_act\\_revised\\_march\\_2016\\_online.pdf](http://www.preparingforadulthood.org.uk/media/421323/care_act_revised_march_2016_online.pdf)

# Appendix 1

**33,360** Shropshire people view themselves as a family carer<sup>2</sup>  
 (That's **1** in every **7** adults)



**66%** say they don't have enough control of their life<sup>1</sup>



**What carers say about...**

**Daily life<sup>1</sup>**

"When illness suddenly upsets your life you have no preparation and no prior knowledge and are thrust into a world where you feel lost"

"My husband and I are both in our 80's and worry for our future ability to carry on caring"

"Married for 53 years you have to do all you can for loved one while you can do it with help of your family"

**Carer support<sup>1</sup>**

"I am fortunate I go to a carers monthly meeting, and feel wonderful support, also the importance of contact with other people"

"Social Services have also created time for carers with trips, art classes, etc. which give me some 'me time' which I have enjoyed"

"I am also a person who needs help. However, I have never had any help offered as a carer and disabled person"

**Money<sup>1</sup>**

"Everywhere you go for help it comes at a cost which we cannot afford"

"Unable to claim carers allowance, unless my earnings dropped by £20 a month or I give up work altogether to look after my mother on a full time basis"

"Did not want to go back to full time work but due to financial problems... I have no choice and this makes life very difficult for both of us"

**Information<sup>1</sup>**

"Although organisations do present information you are not always able to take it all in at once and do not know what your needs will be"

"When you ring up and leave messages on an answer phone you never get a reply...It is frustrating surely there must be more than one person to speak to"

"Finding the right agency is an obstacle course...all carers information should be dealt with by one department"

**What carers want:**

- Easy to find information
- Own needs assessed
- On-going support
- Time out
- Financial help
- Certainty over future

Sources : 2014-15 Survey of Adult Carers<sup>1</sup>; 2011 Census<sup>2</sup>; 2014 Shropshire Council ASC<sup>3</sup>

## Appendix 2

### ADASS West Midlands - Commitment to carers

West Midlands authorities:

1. will endeavour to adopt the Care Act and Whole Family approach when carrying out their assessment and care planning functions.
2. Will endeavour to ensure that their practices and procedures are developed in line with the principles set out in Making it Real for Carers and the associated checklist.
3. Will endeavour to ensure that the impact on a carer's wellbeing is considered equally with that of the person they care for when carrying out its functions.
4. ensure that all providers of advice and information have good access to up to date and accessible information to promote consistency in advice giving.
5. are committed to involving carers in the production and implementation of their plans and strategies.
6. are committed to supporting a range of preventative services to support carers and those for whom they care.
7. are committed to improving carers' access to training, knowledge and skills.
8. will ensure that Independent Advocates, when required, are available equally to carers and the adults they care for.
9. will follow Care Act recommendations to support carers where there are any safeguarding concerns in respect of the carer or of the person they care for.
10. all teams and agencies commissioned to carry out carer's assessments will work from the same assessment template, however they are carrying out the assessment, to ensure a consistent approach and enable quality assurance.
11. are committed to the principle of ensuring that, if assessments of the carer and cared for person are carried out by different agencies, these are brought together to inform the care planning process.
12. are committed to developing flexible and proportionate support planning and personal budget monitoring processes for carers
13. are committed to developing and implementing a local memorandum of understanding based on No Wrong Doors to raise awareness of, identify and support young carers.
14. will adopt and implement the national protocol on cross border assessments.
15. will work with all Health partners across the region to promote and encourage implementation of the NHS England commitment to carers.
16. ADASS West Midlands is committed to ensuring the continuation of the Carers Leads Network to enable and enhance co-operation and collaborative working to support carers across the region.



## All-Age Carers Strategy for Shropshire 2017 - 2021





## Health and Wellbeing Board

Meeting Date: 5<sup>th</sup> March 2020

### HWBB Joint Commissioning Report – Director of Public Health Annual Report

**Responsible Officer:** Rachel Robinson, Director of Public Health, Shropshire Council

**Email:** rachel.robinson@shropshire.gov.uk

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#### 1. Summary

- 1.1 This report provides a summary of the content of the Director of Public Health Annual Report. Directors of Public Health have a statutory duty to write an annual report on the health of their population and the Local Authority a requirement to publish it.
- 1.2 The Director of Public Health Annual Report is an evidence-based vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services, authorities and communities on health gaps and priorities that need to be addressed.
- 1.3 This year's report includes: an overview of patterns and variation of health and wellbeing of the Shropshire population, a reflection of progress during 2019, an outline of key preventative priorities and interventions to improve health and wellbeing during 2020 and importantly the shared responsibility partners, communities and individuals play in improving outcomes.

#### 2. Recommendations

- 2.1 That Board members read this report, and support the recommendations which require a concerted joint effort if they are to be achieved to help improve the health and wellbeing Shropshire people.

### REPORT

#### 3. Main report

- 3.1 The report for 2020 has a refreshed focused look, which contains infographics to highlight key health messages and information, evidence around what works and finishing with a pledge from the local authority and a call to action from stakeholders.



- 3.2 The Communications Team have been supporting a design to appeal to both the public and partners. The overall theme of the report is the County motto 'Floreat Salopia' – May Shropshire flourish – and is used throughout. Demonstrating while Shropshire is a County to be proud of with overall good health and wellbeing outcomes, there are areas we can make significant improvements.

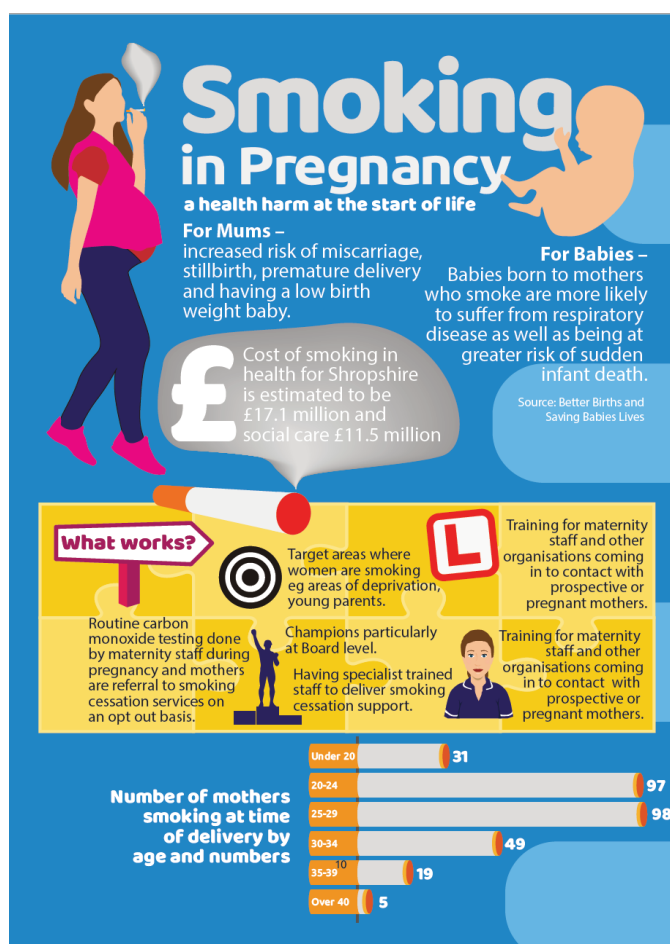
3.3 The Annual report contains three chapters;

3.3.1 Chapter 1 describes Patterns of Health & Wellbeing across Shropshire. This includes data showing how Shropshire compares better and worse than England for health outcomes and describes the wider determinants of health which impact on health and wellbeing which include; housing, employment, air quality and educational opportunities.

3.3.2 Chapter 2 highlights areas of focus for 2020 and beyond which includes specific pages for:

- Smoking in pregnancy;
- Social prescribing;
- Mental health;
- Health in All;
- Physical activity and weight management.

Each broadly follows the format of: why an intervention is needed; what works; local rates; what is happening to address the issue; and importantly the message of a shared responsibility approach what we all can do - friends/family, the individual, health care organisations/staff and the community. The style for smoking in pregnancy can be seen below;



3.2.3 Chapter 3 describes some of the work Public Health and partners are undertaking to address health concerns including the key services and mix of initiatives. This includes: Diabetes; Housing; School Readiness; Falls Prevention (Elevate); Atrial Fibrillation; Alcohol; Road Traffic Accidents; Shropshire Libraries; Healthy Conversations; Adverse Childhood Experiences and Immunisations (MMR).

3.2.4 The report also highlights the economic reasons to invest in prevention and what we can all do as individuals to improve our wellbeing.

3.3 The report has been printed, and will be distributed in hard copy to partners across the health and care system including: Health & Wellbeing Board members; Heads of Service; Chairs of Boards; GP

Practices; Pharmacies; Primary Care Networks; Voluntary and Community Sector Association; Elected Member Portfolio Holders; Public Health England and NHS England. Other organisations will include: Libraries; Town Councils; neighbouring Councils; Local MP's and elected members. The report will also be made available at conferences, stands and regional meetings as needed.

#### **4.0 Risk Assessment and Opportunities Appraisal**

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified in this report.

#### **5.0 Financial Implications**

There are financial implications moving forward the priorities identified in this Annual Report, but these have been accounted for within the Public Health budget.

#### **6.0 Additional Information**

#### **7.0 Conclusions**

7.1 This Annual Report provides a concise, contextual and public facing summary of work that has taken place in Public Health in Shropshire, and presents Public Health and Wellbeing as a joint responsibility for everyone.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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Cllr. Dean Carroll
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Portfolio Holder for Adult Services, Climate Change, Health and Housing
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<b>Local Member</b>
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<b>Appendices</b>
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Shropshire Clinical Commissioning Group



## Health and Wellbeing Board

Meeting Date: 5 March 2020

**HWBB Report** – Health & Wellbeing Board 'Place Based Working and Priority Setting: The wider determinants of health.

**Responsible Officer:** Sue Lloyd, Consultant in Public Health, Wider Determinants of Health

**Email:** susan.lloyd@shropshire.gov.uk

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### 1.0 Summary

1.1 This report is one of a number of reports to Board on the development of the Health and Wellbeing Strategy. This report considers the potential approach to wider determinants in the Health and Wellbeing Strategy.

### 2.0 Recommendations

Based on the evidence and the Health and Wellbeing Board (HWBB) workshop outcomes, the Health and Wellbeing Board endorsed key priorities of:

- Adverse Childhood Experiences
- Workforce
- Healthy Weight and Physical Activity

The board also recognised the ongoing work across the County and health system which supports the wider needs identified in the JSNA process including; Smoking in Pregnancy, Social Prescribing, Domestic Abuse, Dementia, Alcohol, Mental Health - wellbeing support and suicide prevention.

The prioritisation process highlighted that the wider determinants of health impact on the wellbeing of residents including Road Traffic Accidents (RTA), food poverty, transport, the economy and air quality.

It is therefore proposed that the HWBB endorse the integration of a chapter within the Health and Wellbeing Strategy (HWS) that specifically addresses wider determinants and work linked to the HWS priorities, by taking a health in all approach. This would include the impact of integrating health into work on air quality, housing, planning (land use), green infrastructure, culture, active travel, and climate change.

## 3.0

## REPORT

- 3.1 The aims of the HWBB workshops held in October and January were:
- To discuss and agree the role of the Health & Wellbeing Board in place-based care/working, drawing in the 10 areas of the STP, Long Term Plan and cross-pollinating good practice happening across both
  - Use intelligence from the JSNA to agree ongoing priorities
  - Embed agreed priorities from the workshop in the refreshed Health & Wellbeing Strategy
- 3.2 The wider determinants of health were one of four topics for discussion at the Health and Wellbeing Strategy workshop. Other related topics were:
- A life course approach - Starting Well, Living Well, Ageing Well
  - The needs of our vulnerable communities
  - Using a Place Based approach
- 3.3 Based on the evidence and the HWBB workshop outcomes, the Health and Wellbeing Board endorsed key three priorities for action: Adverse Childhood Experiences, Workforce and Healthy Weight and Physical Activity while linking to other ongoing areas of action supported across the wider system.
- 3.4 In addition, addressing the key priority of *Healthy Weight and Physical Activity* participants agreed that the wider determinants of health, specifically, regulation – fast food outlets and managing the environment productively, increasing access to green spaces, and increasing access to healthy food were all enablers. Participants also identified that air quality as an important work stream linked to health.
- 3.5 This paper contributes to discussion of the role of the Board in place-based care/working and priorities to be embedded in the refreshed Health & Wellbeing Strategy and is one of several papers that support the content of the emerging health and wellbeing strategy. This paper specifically addresses the wider determinants of health themes which had emerged; that is the *wider determinants of health* - use of green spaces, planning policy and housing. It suggests a chapter in the Health and Wellbeing Strategy be included to highlight the importance of this approach and how it will be addressed across the system.
- 3.6 For example, in parallel to the development of the Health and Wellbeing Strategy for Shropshire, Shropshire Council planning team is currently developing the Local Development Plan (LDP), Core Strategy and key supporting policies. This is one example of a development that would benefit from robust data and evidence which underpins inclusion in the Health and Wellbeing Strategy. The current focus of the Core Strategy is Rural Rebalancing. Discussions are on-going on the definition of Rural Rebalancing, however it is agreed that there are strong links between the issues of youth retention and ageing population and transport services, services and social isolation. It is recognised that there is a clear link with planning as a wider determinant of health and well-being and Public Health are working closely with planning.
- 3.7 It is planned to address the following wider determinants topic areas within the section:
- housing, planning (land use),
  - green infrastructure,
  - active travel
  - culture
  - and climate change.

## 4.0 Conclusions

- 4.1 Following on from the workshops Health and Wellbeing Strategy priorities were agreed using data, evidence and prioritisation tools.
- 4.2 Wider determinants were identified as enablers of the Health and Wellbeing Strategy.
- 4.3 It is proposed to use wider determinants of health as the theme of one chapter of the Health and Wellbeing Strategy
- 4.4 It is proposed that Health and Wellbeing Strategy including the wider determinants chapter will support inter-departmental and inter organisational integration of health in all polices, highlighted in the Director of Public Health Annual Report 2020.
- 4.3 Working groups formed from Board members and/or their representatives, will be arranged to carry out this work, and progress will be reported at the next HWBB meeting.

## 5.0 Risk Assessment and Opportunities Appraisal

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

Equality and equity elements were included in the prioritisation process and the development of the HWBB strategy will include an opportunity for broader stakeholder engagement to build on the ideas generated through the HWBB workshops

## 6.0 Financial Implications

There are no direct financial implications that need to be considered with this update, however the development of a new HWBB strategy will aim to support strategic planning and commissioning for the system.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<p><u>Health &amp; Wellbeing Board workshop – update on the first workshop</u></p>
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<p><a href="https://shropshire.gov.uk/committee-services/documents/s23477/HWBB%20workshop%20update%20November%202019.pdf">https://shropshire.gov.uk/committee-services/documents/s23477/HWBB%20workshop%20update%20November%202019.pdf</a></p>
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<p><u>Health &amp; Wellbeing Board workshop – second report</u></p>
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<p><a href="https://shropshire.gov.uk/committee-services/documents/s23856/5%20-%20workshop%20report%20January%202020%20Final.pdf">https://shropshire.gov.uk/committee-services/documents/s23856/5%20-%20workshop%20report%20January%202020%20Final.pdf</a></p>
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<b>Cabinet Member (Portfolio Holder)</b>
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<p>Cllr. Dean Carroll</p>
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