



<u>Committee and Date</u>	<u>Item</u>
Council 16 July 2020	

REPORT OF THE PORTFOLIO HOLDER FOR ADULT SOCIAL CARE/PUBLIC HEALTH AND CLIMATE CHANGE

Portfolio Holder: Councillor Dean Carroll

Email:dean.carroll@shropshire.gov.uk

ADULT SOCIAL CARE

1.0 Introduction

1.1 Adult Social Care (“ASC”) and Public Health has had another challenging year starting with the “people” response to the floods, followed by the Coronavirus pandemic. As Portfolio Holder I continue to be impressed with the progressive culture in Adult Social Care and Public Health. Whilst Housing does not come under my portfolio, I would like to acknowledge the key role Housing has working alongside ASC colleagues. The resilience in these two service areas exemplifies the vital role the Local Authority has in supporting our many and diverse communities. What we have seen is an amazing person-centred approach that reaches out to local people when they need support. I would like to take this opportunity to thank all staff in Adult Social Care, Housing and Public Health who, this year, have gone over, above and beyond what is normally expected. My Portfolio Report provides Cabinet with an overview of the significant developments and achievements that have been delivered in 2019/20

2.0 Integrated Community Services (ICS)

- 2.1 During 2019 the ICS team has continued to work strategically and in partnership with Shropshire's health and social care services and on the frontline. As a team, and with partners, ICS has been pivotal in leading and maintaining the delivery of our shared vision. Shropshire has had 5 years of continual growth in the total numbers of older people being discharged from hospital to reablement services. In 2019/20 we have seen a 41% increase in Shropshire.
- 2.2 In 2019 ICS continued to exceed the targets in delayed transfers of care (DTOC), which consistently made Shropshire ASC the number one performer in the West Midlands region and by December 2019, our performance was 4th in England.

- 2.3 Pathway Zero was launched in September 2019. This is a joint partnership between Shropshire Council, Telford and Wrekin Council and Shropshire and Telford Hospital Trust (SaTH). Pathway Zero focuses on people with low level needs that fall below the criteria for Pathways 1, 2 & 3, but who may be at risk of re-admission to hospital.
- 2.4 For the patients discharged through Pathway Zero, their rate of hospital re-admission reduced from 25% to 3% in just 4 months. 97% of patients remained supported within the community and were not re-admitted. This innovative and person-centred work has been recognised by NHSE/I as an exemplar of good practice.

3.0 START

- 3.1 START (Short Term Assessment and Reablement Team*) is Shropshire Council's frontline reablement care provider. It offers a unique service within the Domiciliary Care Provider market. The service works with people in their own homes, utilising a person centred, strength and asset-based approach.
- 3.2 People supported through the START reablement programme have significantly improved outcomes and remain more independent in the community for longer. In the last year 60% of people using START no longer required an ongoing service. This resulted in significantly lower pressure on the ASC budget and proves the effectiveness of the reablement programme, which works from a strength and asset-based approach, harnesses community assets and encourages greater self-care for people and their families.

4.0 Community Social Work Team (Adults)

- 4.1 The Community Social Work Teams have continued to respond effectively to their daily referral activity. There has been some focussed work during the last 12 months in all our teams to reduce waiting times. This has resulted in a significant reduction in the number of individuals waiting to be contacted and where required, assessments are being undertaken with minimal delay. Our teams currently have the lowest waiting list numbers than they have had for several years. This is a clear impact of the digital transformation work, improved systems and use of 'live' data that was previously unavailable.
- 4.2 The Community Teams have contributed towards maintaining good performance in permanent residential and nursing care home placements. We continue to support individuals in their own homes and consider a care home placement only when all other options to safely support individuals in their own homes (or a community setting) have been explored. The total number of council funded placements has remained constant over the last 12 months.

- 4.3 We continue to develop our Let's Talk Local (LTL) hubs around the county to respond to the demand on our services and encourage people to have a conversation or their assessment with us at a LTL hub, which means we can see people more quickly and in a more convenient way.
- 4.4 In response to ASC's increasing care home placement costs, we have taken a number of key actions to mitigate risk, improve quality and manage spend, including:
 - A pilot project with care home providers with the aim of improving the rates the Council is charged for placements. This has resulted in us reviewing our standard weekly rates in line with local and national market data.
 - workshops were developed and set up to support our practitioner staff to improve their individual negotiation skills and to provide information to support them.
 - ASC was seeing noticeable changes and some alignment to the weekly fees that care homes were charging and the Council's improved standard rates.

5.0 Direct Payments

- 5.1 A new Direct Payment team has been set up to both support people with their Direct Payment (DP) and encourage greater take up.
- 5.2 Direct Payment Board is chaired jointly by an individual who receives a direct payment and the Assistant Director for Adult Social Care. Membership of the Board includes both staff and experts by experience.
- 5.3 The board facilitated two development workshops, 185 people attended the sessions that were delivered in partnership by staff, experts by experience and the national organisation Think Local Act Personal
- 5.5 A new Direct Payments Vision and policy has been created (Open & Honest / Flexible & Creative / Clear & Simple)

6.0 Continuing Health Care (CHC)

- 6.1 During the last 12 months, ASC and Shropshire CCG have worked collaboratively to develop and enhance the existing joint working and this has resulted in supporting both authorities to work more closely together in respect of joint agreements and process.
- 6.2 Collectively, we have developed monitoring and reporting systems which are supporting both services in ensuring that joint CHC assessment, recommendations and outcomes are delivered appropriately in relation to funding responsibilities.

7.0 Carers

- 7.1 The impact of Covid-19 and the associated shielding and lockdown has been keenly felt by existing and new families and unpaid carers. We have made additional investment in the voluntary sector to ensure that there is adequate support for Shropshire's carers at such a difficult time. This included grant funding for both A4U, to support those caring for people living with autism, and for Taking Part, specifically to provide additional support for people caring for someone with a learning disability.
- 7.2 Our Carers' Lead has worked hard to ensure family carers contacting the council directly receive appropriate advice and support. This included:
- providing carers with 'carers' passes' during lockdown to reassure them that it was understood that they may need more time outside for shopping and collecting prescriptions.
 - During lockdown our Carers Lead has played a key role in connecting with the organisations in Shropshire that work with carers to understand what their new way of working is and ensure that this is well communicated and promoted.
 - We have seen an increasing interest and take-up in the use of digital technology by carers to connect with support and with each other.
 - The recent review into the services has resulted in the updating of the Shropshire All-Age Carer Strategy priorities and action plan. The intelligence gathered will directly inform the delivery and future commissioning of support service

8.0 Preparing for Adulthood Team

- 8.1 Our virtual team has the Preparing for Adulthood (PFA) worked with 200 young people under the age of 25
- 8.2 We have been working with a new consortium (PACC, Ignite and Energise) to explore the expansion and development of an 'All In' type of group for young adults. The team, together with Severndale Academy, organised a large 'Preparing for Adulthood' event in September 2019.
- 8.3 A recent Ofsted inspection and outcome report identified some outcomes as a result we are focussing development of pathways and the improvement of coordinated work between all the partners, including health.

9.0 Mental Health Team

- 9.1 In February 2020 we welcomed Jill Bates to the team. Jill has responsibilities for the Redwoods functional in-patients, and we have reconfigured existing staff structures and developed a shared approach to managing the inpatient and community needs of citizens.

10.0 Adult Safeguarding Team

- 10.1 This team continues to make decisions on a daily basis about whether contacts made to the Council about safeguarding should result in an enquiry being undertaken. Through a joint approach with First Point of Contact (FPOC), we have been able to reduce inappropriate referrals by approximately 28%.
- 10.2 80% of the people who lacked capacity in completed safeguarding enquiries were supported by an advocate.
- 10.3 Referrals are up by 30% compared to this time last year with an increase in cases deemed 'high' risk during the period of Covid 19.

11.0 Deprivation of Liberty Safeguards (DoLS)

- 11.1 The volume of requests is still a challenge to the service. Numbers have risen considerably over the year from 1447 in 2018/19 to 1857 in 2019/20. The onset of Public Health restrictions in March 2020 has had a subsequent effect on referrals reducing.
- 11.2 It is anticipated that the scheme to replace DoLS, known as the Liberty Protection Safeguards, will be delayed. The current implementation date is October 2020, but a ministerial announcement of delay is expected imminently.
- 11.3 Shropshire has led the way during the Covid -19 crisis in providing guidance on remote assessments which has been taken up by many councils in England as well as promoted by the Office of the Public Guardian and the Vice President of the Court of Protection.

12.0 Four Rivers Nursing Home

- 12.1 Four Rivers as the only nursing home run by Shropshire Council presents unique opportunities and challenges. Their last CQC report rated the home as good in all five of the assessment areas. Over the last year the use of IT has moved forward with conversations about opportunities for electronic case recording programmes being explored. The home now has internet access.
- 12.2 Future work for the team includes how to support visitors to be able to return to visit their loved ones safely for both the home and the visitor. Continued development into using IT for several tasks from food ordering, medication monitoring, recording and ordering and case records. To support the registered

manager her tasks and roles have been analysed, with consideration of the options from a business manager, more nursing or admin staff etc. It has been decided that a second deputy manager post is required which is now being set up.

13.0 Principal Social Worker (PSW) and Professional Development Unit (PDU)

- 13.1 The professional development team supports students, apprentices, Assessed Year in Employment (AYSE) post qualification, Approved Mental Health Practitioner (AMHP) training, AMHP required ongoing registration and Social Care Practitioner programme. During 2019/20 the team has supported 18 students and 7 apprenticeships onto the social work degree course at Chester University.
- 13.2 The PSW lead on The Mend the Gap Project which focused on improving support planning for Direct Payment (DP) recipients using grant funded money from the West Midlands Teaching Partnership. It includes a mixed group of participants that includes DP recipients, carers managing a DP for relatives, students, practitioners and the University of Wolverhampton. king in relation to support planning.

14.0 Occupational Therapy

- 14.1 New ways of working have been incorporated into the need to supply equipment and continue assessments over the pandemic period without visiting the home, and the aim is to continue this post Covid19. New ways of working include telephone assessments and the use of IT to gain a visual aspect of a home via Skype and WhatsApp platforms.
- 14.2 We have the aim of the handyperson service becoming trusted assessors to enable them to complete tasks such as fitting handrails without an assessment from an OT. This is both timely and effective for people requesting them and for teams.

15.0 Community Partnerships Team

- 15.1 The members of the team provided critical support during the floods and then into the council's Community Reassurance Team as it was created at the start of the pandemic. The team has strong experience of working with Shropshire's communities and the voluntary sector and were able to immediately put their skills to good use ensuring that our most vulnerable residents are supported.
- 15.2 We have been exploring how to expand the ASC community led strengths model and Let's Talk Local by building the knowledge and confidence of community groups to support residents looking for sources of advice and help

that will maintain wellbeing and independence. The social action that we have seen during the pandemic has been a source of inspiration and we will be talking to the newly formed local groups about their interest in continuing to support their community.

16.0 Making it Real

- 16.1 The Board has been ensuring the principles of personalisation, co-production and listening to 'experts by experience' is embedded in our development and transformation of ASC activity. It seems likely that virtual and digital ways of connecting and communicating will now increase for MiR and we have the opportunity to work together to make that a creative, successful, inclusive and impactful experience.
- 16.2 The chair of Marking it real board attends a monthly DMT.

17.0 Day Opportunities

- 17.1 In recent months our centres supporting people with community-based daytime activities and opportunities have had to radically alter the way that they deliver these. It has not been possible to support people within our buildings or use our transport, and a very different approach has been adopted.
- 17.2 Finding these new ways of supporting people has given us a tremendous opportunity to build and grow a different way of working together, which is much wider than 'buildings-based'.
- 17.3 This will be designed within the principles of the Community Partnership Team – essentially person-centred and strengths-based, and will encompass -
 - Our Communities
 - Our Spaces
 - Our Digital Spaces
 - Our Homes
- 17.4 We are working with community partners on the Good Things to Do at Home project – inspired by the Happy Boxes that the teams immediately started to deliver to the people they would usually be supporting at the centres – and will learn from the project to create an exciting, creative, interactive and ambitious new stream of activity at the heart of our work.

18.0 Enable (Supported Employment Service)

- 18.1 Enable helps a wide variety of disadvantaged people in Shropshire find paid work, as well as providing long term post-employment support to ensure

sustainability. The year-end has been over-shadowed by Covid-19 and this has impacted hugely on employment opportunities for our clients.

- 18.2 Some staff have been re-deployed from internal programmes to support the Council's response to Covid whilst other staff have concentrated on supporting our customers through an extremely difficult time and continuing to look for job opportunities.
- 18.3 Enable staff are looking at working to support the Council's recovery strategy for Shropshire, and especially at how to meet the challenges of greatly increased unemployment that may occur later in the year. Staff are looking at an increased emphasis on working digitally with employers as this is likely to be a main way of finding employment opportunities for our customers in the future.

19.0 Market Engagement and Commissioning

- 19.1 ASC has been in consultation with Shropshire Partners in Care (SPIC) and providers regarding the overarching fee uplift for 2020/21 since February 2020. In order to utilise our limited resources to the greatest effect and support a sustainable market, the decision was made to uplift the lowest paid end of the market, resulting in 2% uplift to any residential or nursing home placements that fall below the determined average weekly rate, with no uplift awarded to providers already receiving the determined average rate, or above, the average rate. This uplifted rate is lower in terms of percentage than some neighbouring authorities however Shropshire Council base rates are in general higher and lowest rates were automatically uplifted.
- 19.2 The lowest domiciliary care rates have been automatically uplifted from £14.95 to £16.50 whilst highest rates have remained the same. This is in order to support sustainability at the lowest paid end of the market.
- 19.3 Within Supported Living services an average rate was also calculated for both non-complex and complex care, and a 2% uplift was awarded to providers received below the average hourly rate identified. A 2% uplift has also been awarded to all external day service providers and Shared Lives carers.
- 19.4 In November 2019 we recommissioned our Shared Lives services following the end of a contract we have a new provider delivering the service and they plan to focus on not only on the placements they currently offer, but also on developing a home from hospital service and recruiting more carers who can support those with extremely complex needs, to be able to offer this as an alternative to high cost residential care.

20.0 Supported Living

- 20.1 We historically have an excellent track record of keeping people out of residential and nursing care and providing care and support by offering

Supported Living as an alternative. We currently have 190 individuals in 96 different properties. We still need more access to suitable housing schemes for individual with complex needs, as some are still having to be placed out of county in high cost placements. We are working with developers and our colleagues in planning and policy to look at investment in new housing schemes that can meet the needs of these individuals

- 20.2 We have submitted a plan for capital investment to build suitable accommodation that can then be leased to Registered Providers and provide in-county Supported Living housing to individuals with extremely complex needs; bringing them back to Shropshire from high cost out of county placements.
- 20.3 We have supported our Supported Living providers through the challenges presented by Covid-19 as Supported Living residents have not been able to go out into the community and attend their usual daytime activities
- 20.4 At the start of the COVID 19 pandemic, in recognition of the challenges that care providers would be likely to face, Shropshire Council wrote to all providers to offer assurance, support and flexibility in how care could be delivered.

21.0 Support for Providers

- 21.1 Our providers have incurred significant additional costs in relation to the purchasing of PPE, agency staff, funding for staff who were unable to work and other financial challenges. The council took a decision to pay providers who we contract with a one-off payment, representative of an additional 10% of their contract value (at 31.3.20) for 12 weeks.

- 21.2 Other support to providers has been given as follows:

- Domiciliary Care Providers are able to flex hours delivered by 25% without recourse to the council to facilitate them working adaptively to support people with changing needs. We agreed this until the end of May 2020,
- Direct Payments - On April 1st 2020 the new standard Personal Assistant rate increased from £8.62 to £9.30 an hour. There is increased flexibility around how the DP recipient uses this PA support at this time
- Advice and support around PPE price gouging in partnership with trading standards
- Working with SPiC to maintain a verified list of PPE suppliers
- Access to Shropshire Councils Emergency PPE supply chain
- The set-up of a care market support team who contact providers on a regular basis to offer support and guidance
- Referring businesses to corporate grant opportunities

21.3 We have worked closely with the organisations within the VCS consortia who deliver well-being and independence services and advice, advocacy and welfare benefit support to some of Shropshire's most vulnerable residents. These organisations have had to swiftly organise their teams to be able to work from home, support their volunteers – many of whom were advised to self-isolate, and redesign the way they delivered their services. The resilience and flexibility shown by Shropshire's voluntary and community organisations during the pandemic is hugely appreciated and we hope this time will lead to stronger partnerships between the council and the VCS.

22.0 Finance

- 22.1 Adult Services controllable variance in 2019/20 was an overspend of £0.885m. The majority of the overspend was incurred within Social Care Operations and Public Health services, offset by underspends on staffing (due to vacancy management across the directorate), joint training, day services and preventative service contracts, combined with increased income within Trading Standards, Licensing and Registrars.
- 22.2 Social Care Operations was overspent by £0.613m. Through good demand management we have not seen a material increase in service user numbers, through there are more service users with complicated needs aged 18-24. Coupled with growing average weekly costs of care across all service users, this has led to significantly increased costs of provision.

23.0 Conclusion

- 23.1 Adult Social Care has had a remarkable year and has continued to achieve great outcomes for Shropshire residents despite the extra challenges this year has brought. The service has worked hard to develop excellent relationships with partners in health, voluntary and private sectors, resulting in a strong social care identity with a respected ethos of collaboration, innovation, exploration and above all, tenacity. The change achieved during Covid-19 has led to us moving from silos to working together and building trust and connections with people and partners.
- 23.2 The impact of Covid-19 is unknown at this stage but it is clear that ASC will continue to play a key active role in the council's response to the ongoing recovery and restoration phase.
- 23.3 ASC in Shropshire, like all social care across the country, is facing unprecedented challenges. Although £15.209m demographic growth has been added to its budget for 2020/21, £7.097m of new savings are required to be made across the directorate. This includes £6.010m from ACS (including Housing) and £1.087m from Public Health. There will be significant challenges

delivering these savings this year, particularly due to the impact of Covid-19, which is delaying the ability to redesign services on an ongoing basis.

PUBLIC HEALTH

24.0 Introduction

- 24.1 This section of the report provides an overview of the context and delivery of Public Health outcomes in Shropshire for the period April 2019 to June 2020. It summarises Public Health's key health and wellbeing priorities and the work over the past 14 months.

Public Health is “The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society”. Importantly, Public Health is about preventing illness and promoting health to reduce the need for hospital or long-term care. It is about good health and wellbeing in our communities.

- 24.2 For Public Health, the past 14th months have been arguably the most challenging in Shropshire, certainly since the transition of public health back into the local authority in 2013. In April 2019, Public Health began a programme of work to deliver a radical ambition to redesign and co-produce a new model of Public Health within Shropshire that embeds, upscales and see's improvements in Public Health outcomes across the County and by the end June 2020, Public Health continues to play a leading role in responding to the COVID-19 pandemic.
- 24.3 Included within this section of the report, is also an update on the provision of Shropshire's mandated Public Health services, and the Councils approach to the assurance of delivery of Public Health outcomes. The report also includes a description of the approach to tackle wider determinants of health and ensuring that wellbeing is embedded in Shropshire Council services to achieve improved public health outcomes at scale and the protection of the public's health in responding to the current pandemic.
- 24.4 Delivery of public health outcomes in Shropshire must be through; integration, partnerships, workforce and good relationships; an evidence-based approach, prevention; community/place-based approach; wider determinants of health and commissioning of mandated services. Details are given below.

25.0 Healthy Lives Programme

- 25.1 Healthy Lives is the name of the prevention programme of the Health and Wellbeing Board. The Programme takes a population-based approach to keeping people well in their local communities, building on existing assets. The provision of clinical care has been shown to have less impact on people's health than their lifestyle behaviours and the conditions in which they live.

- 25.2 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.
- 25.3 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 and clear governance processes are in place. Figure 1 illustrates some of the main partners.

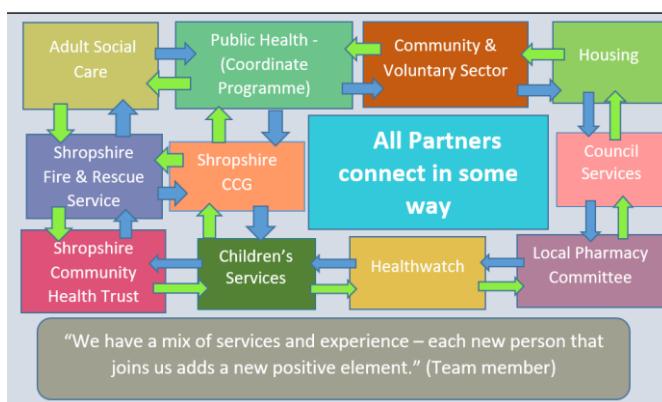


Fig. 1 Examples of Healthy Lives Partners for illustrative purposes

- 25.4 The other wider population health programmes have made considerable progress in the past 14 months with the following achievements:-

25.5 Physical activity, musculoskeletal health and falls prevention

- Evidence based programme 'Elevate' is funded through the IBCF and delivered by a local provider by local experienced instructors in Postural Stability Instruction (PSI). The sessions, delivered across the county, 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. The programme has been very successful with a total of 651 referrals, with more (375) self-referring. 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.
- On behalf of Public Health, Shropshire RCC has delivered Functional Fitness MOT events. Participants are unsteady rather than a high falls risk. Classes have been delivered across the county. Over 18 months, 17 events

across the county. 298 clients overall, 31% were men with an average age of 78.4 years.

25.6 Cardio-Vascular Disease (CVD) risk prevention

Use of AliveCor Kardia Atrial Fibrillation (AF) testing devices in the community

- AF devices are a simple tool which can detect (not diagnose) a person's stroke risk. 11 pharmacies and 3 GP practices in Shropshire are using these and 185 interactions have taken place. Data (which is combined across Shropshire and Telford & Wrekin) has detected 57 possible risks of AF. The devices have also been used opportunistically at three public events, with small numbers of abnormalities detected. Further opportunities are being investigated to roll out the devices wider in community Local Authority and other settings.

25.7 Food Poverty

- £10,000 of surplus grant funding was identified and agreed to be transferred to the Shropshire Food Poverty Alliance through the Healthy Lives Steering Group. This will be used as a means for the Alliance to implement their Action Plan. A Memorandum of Understanding (MOU) has been agreed and signed and reporting on progress comes back to the Steering Group.

25.8 Making Every Contact Count – Healthy Conversations

- This bespoke training programme on behaviour change has been delivered to Physiotherapists, Let's Talk Local practitioners, Social Care practitioners, Library staff and staff from the Voluntary and Community Sector. The training has been well received and continues.

25.9 Carers

- There is an ongoing strategy and action plan in place with 5 priorities. This work now has been transferred over to Adult Social Care who have recently completed a comprehensive review of the strategy. Learning from this is now being taken forward.

25.10 Health and Wellbeing Board

- Two Health and Wellbeing Workshops were held in October and December 2019 and were well attended. Based on the evidence and workshop outcomes, the Health and Wellbeing Board held on the 16th January 2020 endorsed the key identified key priorities of;
 - ❖ Adverse Childhood Experiences
 - ❖ Workforce
 - ❖ Healthy Weight and Physical Activity

- As well as recognising 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. Work is now happening to take this priority work forward.

25.11 Social Prescribing

- During 2019 the programme has seen a continuation of the social prescribing programme, learning from the demonstrator site in the Oswestry/Ellesmere locality systematically applied as the programme has scaled up, ongoing working with the voluntary and community sector and the publication of the paper includes the full and final report from Westminster University who were commissioned to carry out an independent evaluation of the Social Prescribing Service in Shropshire. The report showed the service design adhered to national best practice identified by the Social Prescribing Network and NHS England. A reduction of 40% of GP appointments was found at 3 month follow up. The patient reported outcome data showed improvements in Measure Yourself Concerns and Wellbeing (MYCaW) concerns. Changes translated into improvement in weight, Body Mass Index, cholesterol, blood pressure, levels of smoking and physical activity
- Next steps include work to roll out Social prescribing to the whole of the South East Shropshire and South West Shropshire Primary Care Network areas and continue to work in the central and north areas already established.
- Social prescribing is being linked Shropshire's Councils Community Reassurance response to Covid-19 to offer support to residents in every area of Shropshire. The consultations will take place by telephone rather than face to face whilst social distancing is being advised. As well as the usual reasons for referral, social prescribing will offer particular support to people who are feeling the effects of shielding or social distancing and struggling with isolation, practical issues or anxiety regarding Covid-19.
- Development of a children/young people's proposal for social prescribing has also begun during May 2020

26.0 Children and Young People Team

26.1 Health Visiting and School Nursing now 0-25 Public Health Nursing Service: 25 Local Authorities are responsible for commissioning Public Health Nursing Services (PHNS) for 0-19-year olds and up to 25 where additional needs are identified. The service incorporates Family Nurse Partnership (FNP), Health Visiting and School Nursing.

26.2 Family Nurse Partnership: offers an intensive visiting programme to first time young parents aged 19 and under. The current contract has capacity for 100 families, and this has been extended to 110, with additional funding from

Strengthening Families until the end of August 2020. The visiting programme commences in early pregnancy and continues until the child reaches their second birthday. In order to ensure that the most vulnerable young people receive the programme the FNP supervisor triages all referrals. There has been a significant rise in the complexity of parents within the caseload seen over the last 12-18 months, this includes an increase in the vulnerabilities including child protection, exploitation, and mental health concerns. Despite this the programme continues to demonstrate some good outcomes.

- 26.3 The 0-5 offer within the service consists of 5 mandated contacts. These include an antenatal contact between 28 weeks and term, new birth visit between 10-14 days, 6-8 weeks, 12 months and 2 years. The 12 months and 2 year review despite being a 100% offer are not as well taken up by parents and work continues to raise awareness and encourage/support take up.
- 26.4 An All About Me @2 pathway is in place to utilise and share the information gained through the 2-year review with Early Years settings to further support and to inform the 2 and a half year Early Years Foundation Stage (EYFS) progress check. This has improved the communication between early years settings and the PHNS. Health promotion activities continue within the service.
- 26.5 The service has also participated in the Institute for Health Visiting speech and language train the trainers. This training includes joint delivery with speech and language therapists to enable professionals within the 0-5 element of the PHN service to better identify and offer early intervention for speech and language delay/concerns. It is hoped that this training, which also compliments training being delivered to early years practitioners, will improve the speech, language and communication skills and ultimately the school readiness of pre-school children in Shropshire
- 26.6 The number of women continuing to breastfeed at 6-8 weeks has dropped over the last 3 years and work is underway within the PHN and maternity services to look at how this can be better supported and to understand the reasons behind this drop. Shropshire Community Health Trust have developed a pledge for breastfeeding which will be shared with partners over the coming months
- 26.7 National Child Measurement Programme (NCMP) continues to be delivered and proactive follow up by the 5-19 practitioners within the service is undertaken where a child is identified as being overweight or obese.
- 26.8 The PHN service is planning on piloting health needs assessments in schools for reception, year 6 and age 13. The pilot is planned for later this year and it is anticipated that this will help inform schools of the needs of their children and young people and shape the support that is required.
- 26.9 **TaMHS (targeted mental health support)**
Encompasses training, support and raising awareness in early intervention and prevention to support and co-ordinate activity across a wide range of agencies,

including schools, colleges, social work etc. to develop expertise of frontline staff in identifying, supporting and referring appropriately, children and young people who experience emotional and mental health issues. A number of professionals working with children and young people have been trained in Mental Health First Aid and this training continues to be offered.

26.10 Emotional & Mental Health

As a follow on from the Anna Freud Mental Health Services & Schools Link Programme (The Link Programme) run in 2018 and the Cascade Framework review, we are committed to supporting the implementation and development of these networks across Shropshire and would encourage Mental Health Leads to attend.

26.11 Our Children & Young Peoples Mental Health Service BeeU, Early Help, the Public Health Nursing Service, SEN & Education Psychology Service as well as other partners are committed to supporting these termly meetings with a view to offer support and guidance to ensure:

- Sharing of both good practice and challenges in supporting children, young people and their families.
- A clear understanding of how to access appropriate and timely local support for children & young people.
- The development & implementation of a mental health policy for your setting.
- Support for mental health leads in their aim to embed a whole school approach the supporting the emotional & mental health of staff and children & young people.
- On-going knowledge and skills-based CPD.

26.12 Public Health will continue to offer strategic support to ensure that the work, developments and profile of each of the groups is fed across the system to ensure that any local and national opportunities for the networks are made available.

26.13 The Link Programme

The Link Programme is a major national initiative which is being rolled out over four years and started in September 2019. All Clinical Commissioning Groups are expected to take part and every school and college in England will be invited to participate. The programme has a simple aim: to bring together education and mental health professionals so that more children and young people get the help and support they need, when they need it. It centres around two full-day workshops which bring together education and mental health professionals from across the CCG.

26.14 The programme is funded by the Department for Education and is delivered by the Anna Freud Centre and our training partners. Shropshire are running the

second round of the programme March 2020 and are inviting all schools who were not involved in the September & November 2018 workshops to get involved.

26.15 Mental Health Support Teams Trailblazer

Shropshire Local Authority along with Telford & Wrekin, both CCGs and Midlands Partnership Foundation Trust are in the process of implementing new Mental Health Support Teams (MHSTs) in schools and colleges as set out in the 'Transforming children and young people's mental health provision' Green Paper. Over the next five years, the NHS will fund new MHSTs working in schools, colleges and other education settings, building on the support already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2022-2023.

26.16 Shropshire, along with Telford & Wrekin have been successful in securing our place on the trailblazer and are now in the process of bringing together education settings and children's services who will receive support from a MHST and help shape its implementation.

26.17 The bid itself was based on Shropshire's most significant areas of need and where indicators of poor mental health were prevalent (adverse childhood experiences, Domestic Violence, DV, substance misuse etc) – broadly this encompassed schools in Shrewsbury and Oswestry. This is the second wave of the scheme and it dictates how we operate therefore the bid was more about showing the evidence around what's already in place and the evidence of need.

26.18 The bid was limited to one team to cover approximately 8,000 pupils, however this trailblazer will link closely with the work being driven through the Mental Health Lead Networks and the second phase of The Link Programme which is being run by the Anna Freud Centre and the department of education.

26.19 PSHE, RSE and working with schools

From September 2020, all schools have a responsibility to deliver relationship (primary), relationship sex education (secondary) and health education. Shropshire schools are able to access and receive support, advice and training from the Public Health Curriculum Advisor. The programme delivers evidence based, young people informed curriculum and whole school approaches, which address and contribute to cross cutting strategic priorities for health, education and safeguarding.

26.20 Shropshire continues to be recognised at a national and regional level. This year featuring in LGA publication on RSE for LGBT inclusive work and producing guidance for schools and colleges on Transgender. A particular focus has been dissemination of the Drug and Alcohol guidance for schools, linked to the Timpson report on exclusions. Student/Pupil voice has

underpinned the quality assurance work and funding secured has enabled 2019 PSHE Review for eight secondary schools, delivered by voluntary sector partners Shropshire Youth Association. A senior leadership conference with lead Ofsted inspector for PSHE has been secured to disseminate findings. Training and support continues to be provided to schools via PSHE lead network and initial and newly qualified teachers. Primary schools in particular have required and requested support working with parents

- 26.21 Shropshire has continued to support and contribute to regional and national developments via W.M. Public Heath England, Sex Education Forum advisory group and PSHE Association; thereby ensuring local best practice is developed.

27.0 Drug and Alcohol

27.1 Retender of Drug and Alcohol services

The retender of the community drug and alcohol service was competitive and in April 2019 the contract was awarded to We Are With You (formerly Addaction). The service hit the ground running as the organisation had been the sub-contractor previously, providing clinical and young people's services. Upskilling staff in psychosocial interventions and new work processes, as well as the introduction of a new referral process was achieved in the first six months.

- 27.2. As part of the new contract other service changes include a greater focus on group work, dedicated outreach support to the homeless community and two new initiatives, Breaking Free Online and Intuitive Recovery. The first, a clinically approved intervention for use in a one to one session, individually (self-help), or as part of a group and secondly Intuitive Recovery, which is an accredited education programme that empowers and supports people to understand their addiction with practical solutions to support their recovery. In partnership with SATH, the service also offer Hep C treatment in Crown House, Shrewsbury and Castle View Oswestry, as part of the global initiative to eradicate Hep C by 2030.
- 27.3 It is acknowledged there is still more to be done and performance in successful completions in treatment has still some way to go. However, there are positive signs in respect of quality measures with waiting times down to a matter of days and well within the national three week wait, and the numbers of people still engaged at 12 weeks increasing.
- 27.4 Up until the 31 Dec 2019 the service had:
- Received 850 referrals (almost double of the same period the year before)
 - Registered 227 people registered on Breaking Free Online

- Active caseload of 1068 with marked increases in the number of people presenting as alcohol only.
- 32% of alcohol only and 5% of opiate only clients successfully completed,

27.5 We Are with You Young People's Substance Misuse Service

The young people's substance misuse service form part of the community drug and alcohol contract. As this service was already provided by We Are With You as part of the sub-contract arrangement, the service is already embedded into the wider young people's service. Offering one to one support, targeted programmes for groups through the STAR programme and a helpline for parents and carers.

- 27.6 Partnership working is integral to the team and they support the wider children services system with child exploitation, targeted youth support and safeguarding. Late last year, with children's services, they co-delivered the prevention and education workshop 'Time to Listen' to over 500 parents on the subject of child exploitation. The service also provides training and support to staff in the use of the SMARTER substance misuse screening tool. Unlike the national picture, which has seen a 5% decrease in the number of young people presenting to services, Shropshire has experienced a 9% increase, we believe this is due to the wide promotion and use of the tool across the system.

28.0 Sexual Health

- 28.1 In April 2016, following a formal procurement process, Shropshire's contract for Integrated Sexual Health Services was awarded to South Staffordshire and Shropshire NHS Foundation Trust, for a period of 3 years, with an option to extend for a further 2 years. The contract provides the statutory sexual health services of comprehensive, open-access, contraception and sexually transmitted infections (STIs) testing and treatment services.
- 28.2 In April 2019, a business case was written and set out the intention to procure mandatory sexual health services as part of a re-designed sexual health system for the residents of Shropshire. Prevention is the key priority and the procurement included services for prevention, condom distribution (CDS), clinical outreach services, psychosexual counselling, digital technology (allowing easier access to self-testing), and treatment services for sexually transmitted infections (STI's). The main focus of the service is to achieve sustainable and long term positive sexual health outcomes for the population of Shropshire. A procurement exercise then commenced.
- 28.3 Despite awarding the digital services and psychosexual counselling service due to the current COVID-19 pandemic we have been unable to conclude the procurement process and are therefore in negotiations with the current provider to continue services until end of March 2021.

- 28.4 HIV diagnosis in Shropshire remains low in comparison to both the West Midlands region and rest of England, however, the late diagnosis rate is higher in Shropshire than both the West Midlands and England rate. PH continues to work with the provider, PHE and NHSE, to develop unique and sensitive approaches to HIV prevention services, to encourage those at risk to access HIV testing who are reluctant to access mainstream services. PH commissions a free and confidential HIV home sampling service for those at higher risk and has developed with PHE, Countywide prevention campaign material, widely advertising access to the free online HIV home sampling service which is integral to the annual National HIV testing campaign.
- 28.5 Public Health continues to develop Sexual Health services in community pharmacies to ensure easier access for its community. Many community pharmacies now offer Sexually Transmitted Infection (STI) test kits, chlamydia screening and treatment, and emergency contraception services.

29.0 Health Checks Team

- 29.1 Shropshire Council Public Health is working to bring together services, support and information to help people make positive lifestyle choices which will improve their health and prevent illness. The Health Checks Team delivers a range of services including NHS Health Checks, Preventive Health workplace health checks, Health TV, Smoking in Pregnancy support and Social Prescribing.

29.2 NHS Health Checks

The NHS Health Check is a national screening programme for adults in England aged between 40-74 years who are not currently being managed for a cardiovascular related disease. Its purpose is to reduce the risk of cardiovascular disease, helping identify and reduce the risk of heart attacks, stroke, diabetes, kidney disease, including some cancers and dementia.

- 29.3 Shropshire Council is responsible for ensuring there is provision in place for its eligible population to be invited and have access to the service in an appropriate and timely manner. The commissioned Shropshire service continues to be delivered via all 40 Shropshire general practices, with support from the Health Check team within Shropshire Council Public Health. During 2018-19 over one fifth of the total eligible population (21,568) were invited, with 10,207 accepting and receiving their check. The percentage of uptake was 47.3%, higher than both regional and national levels. Locally within year 2,341 patients attending their check recorded high cholesterol and 1,381 patients were recorded as obese, 738 were considered pre-diabetic and eligible for entry to the National Diabetes Prevention Programme. The Health Check continues to support both the clinical management of risk, and influence positive lifestyle change, both of which impact upon the demand for social care. During 2019-20 similar trends

in uptake and invite had been observed, these have been impacted due to the current pandemic.

29.4 Help2Change

From the 1st of September, Help2Slim and Help2Quit services were decommissioned for performance and efficiency reasons. Following the decommissioning of a number of services last year the he Director of Public Health has worked closely with Shropshire CCG to agree a response and alternative services for GPs and patients. Evidence around best practice for smoking and weight management services will be reviewed over the next 6-12 months, paused due to COVID-19 in February 2019.

29.5 Smoking in Pregnancy (SIP)

Following discussions with partners, it was agreed that smoking in pregnancy services would be retained, and funding was secured, in Shropshire while a review was undertaken to establish and agree a best practice model across Shropshire and Telford and Wrekin. Three meetings have taken place with partners across Telford, Shropshire, the local maternity system (LMS) and Public Health England. These meetings have reviewed current performance in local SIP services, best practice nationally and locally and brought these together into an options paper for a new service moving forward. The new model of care focuses on a whole family and healthy mum approach, embed in the hospital with training for a wider range of staff on an ongoing basis. It considers the skill mix of staff and incentives.

30.0 Intelligence Support Evidence Base – JSNA and Annual Report

30.1 In March 2020 the Director of Public Health Annual Report 2019/20 was published. 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.

30.2 Health Protection

Directors of Public Health (DPH), and since 1 April 2013 Local Authorities (LA), have been responsible for improving the health of their population. DPHs have an assurance role in health protection issues including outbreaks however, depending on the scale and specific outbreak, provide local leadership, expertise and advice and possibility management. An outbreak is defined as two or more linked cases of the same illness in the same setting or situation.

31.0 COVID-19

- 31.1 COVID-19 is a novel coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development. For this reason, the UK government is planning for the longer term and the importance of protecting health underpins the opening up the UK economy. Up to 16 June 2020 there were 296,857 cases in the UK leading to 41,736 COVID-19 related deaths. Shropshire has had 854 cases confirmed to date and over 200 deaths.
- 31.2 Since the start of the novel coronavirus (COVID-19) pandemic, Public Health, Shropshire Council and its partners have worked to contain and delay the spread within the County. This has meant moving Public Health into a business continuity mode since February 2020, this currently is expected to continue through June 2020, until the team moves, with additional resource, into the “new normal” which includes a significantly strengthened heath protection function to meet increased responsibilities.
- 31.3 From June 2020 the government will be launching the national Test and Trace service, which will form a central part of the Covid-19 recovery strategy. As we move our focus to the next phase of management of the COVID-19 epidemic, a locally led system to prevent and reduce transmission of the virus is critical. This plan will build on the strong relationships with key partners and the approach already in place for tackling situations and outbreaks locally during the pandemic including work across our 120 care homes
- 31.4 Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through Covid-19 Health Protection Boards. They will be supported by System-wide partners and work in collaboration with Local Resilience Forum and a public-facing Board led by Council Members to communicate openly with the public.

32.0 Conclusion

This last year has been an exceptionally challenging year for the Public Health Team starting with a major restructure, responding to the floods then ending with the biggest public health crisis in living memory; all of this has been achieved within limited capacity. The response from the team has been outstanding across the whole year. The team have shown dedication to the health of people of Shropshire, flexibility and passion in these most challenging of times; continuing to deliver priority services throughout. Moving forward 2020 is set to continue to be demanding on the team and require significant public health resource as they respond to local outbreaks and planning for a potential second wave of COVID-19, building additional capacity to do this and ensure other public health priorities beyond health protection are delivered.

33. Climate Change

- 33.1 Shropshire Council was already working to reduce its' carbon footprint and direct impact on the climate prior to the declaration of a climate emergency in May 2019. An internal officer working group was established in April 2019 and the Climate Change Task Force was established under the leadership of Adrian Cooper in November 2019. A Climate Strategy Framework, which established the objective of achieving net-zero carbon performance for Shropshire Council and set out the scale of the challenge, key objectives and principles and a route map for our response was approved by Council in December 2019.
- 33.2 The current focus is on the development of a Climate Emergency Strategy and Action Plan which will summarise the best available information about the Council's current direct and indirect carbon emissions and identify the scale of reductions and residual offsetting which will be required to reach our objective of net-zero performance by 2030. Finally, the Action Plan element of the document will identify a range of specific projects to help deliver progress.
- 33.3 About 80% of the council's current direct carbon footprint is generated by the operation of its buildings and officers are continuing to work across council services to develop and implement design guidance for new Council buildings, and to improve the performance of existing ones. Since September 2019, all of the electricity consumed by Shropshire Council has been supplied purely from renewable sources.
- 33.4 In 2019, Government data showed that Shropshire was ranked fifth nationally for installed renewable energy capacity. Shropshire Council's own assets contribute to this and, since the first installation in 2012, solar PV installed on Shropshire Council assets has generated enough to power 2,000 homes for a year.
- 33.5 Through grant funding, solar PV has been installed at Greenacres Farm and Shrewsbury Market Hall and we have installed energy efficiency measures including LED lighting at Theatre Severn, Shropshire Archives, Bridgnorth Library as well as an air-source-heat-pump at Severn Valley Country Park. Further details of these schemes are available on the Council's web pages.
- 33.6 For a number of years we have been working to reduce the carbon impact of transport across the county including the recent successful trials with electric buses. We have drawn up several expressions of interest for funding from the Department of Transport and were recently successful in our initial bid for funding to improve part of the current public transport offer. We are also hoping to electrify the Shrewsbury bus fleet and to improve rural transport solutions to reduce the need for longer journeys. In addition to this, we are currently drafting a new Park & Ride Strategy for Shrewsbury which will prove a 'Next Generation Transport System' and compliment active travel within the town. As well as all of these initiatives, we are also exploring opportunities to electrify our own vehicle fleet. The Council has already converted over 3,300 street lights to LED lighting, but over the next three years, we will be investing around £6.83 million

to convert the remaining 16,253 street lights reducing energy consumption by 56% saving 794.5 tonnes of CO₂ emissions per year.

- 33.7 The Council's waste management contract continues to perform strongly in carbon terms. High levels of recycling performance and energy recovery mean that very little waste is now landfilled and this has generated a net carbon saving overall. Despite Covid-19 our corporate Warp-it (waste action re-use programme) membership has grown to 237 staff, with over 17 tonnes CO_{2e} saved – which is the equivalent of planting 17 trees – nearly 8 tonnes waste has been avoided, and we are still on target for £50k financial savings by the end of this year.
- 33.8 Given the undoubted climate benefits we have seen globally during the lockdown caused by COVID-19, we are carefully examining opportunities for the Council to 'build back better' and permanently sustain higher levels of home working to help us to achieve our ambition of being carbon net zero by 2030 at the latest. Efforts to mitigate the Council's own carbon footprint and adapt its services to the challenge of the climate crisis will allow the Council to 'lead by example', using its direct and indirect influence to foster positive changes by other public and private sector organisations, communities and individual residents in Shropshire.
- 33.9 In February 2020, the Council held a climate action workshop which was attended by over 100 people drawn from a wide range of sectors including business and agriculture as well as community groups.
- 33.10 The event has also led to the establishment of an informal stakeholder working group which is now playing a pivotal role in shaping our future plans. Officers are also working jointly with this group and Telford & Wrekin Borough Council to develop a 'Climate Action Partnership' of stakeholders to foster the development of a Shropshire-wide climate action strategy.
- 33.11 Shropshire Council has recently joined a group of council leaders from other rural areas to launch a new network to promote the voice of the countryside in the climate change debate. Working in partnership with other rural local authorities will help us highlight and raise the profile of the unique challenges we face in comparison to urban areas.