



Committee and Date:

Council

12 December 2024

Item

Public



Annual Report of the Portfolio Holder for Adult Social Care and Public Health

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1. Synopsis

- 1.1 The Portfolio Holder Report provides Council with an overview of the developments and achievements that have been delivered in 2024 for adult social care and public health. This has continued to be a challenging period with ongoing demand pressures across the sector but also a period where Transformation Programmes of work are helping us to remain focused on delivering the Shropshire Plan priorities, and manage the increase in demand and complexity of need for our services.

2. Executive Summary

- 2.1 This report updates on the work across adult social care, public health and communities and includes the work being undertaken to deliver the Shropshire plan priorities, detailing areas of transformation and focus.
- 2.2 For adult social care pressures continue to increase with high demand for support, increasing complexity such as dementia and nursing provision required. This with the rising costs associated with delivering services has seen increased budget pressures despite being on target for our savings programme aligned to the transformation programmes. Social care and public health are working collectively to address and mitigate the impacts by focussing on early intervention and prevention activities to keep people well and supported in their own homes.

- 2.3 For public health, the report provides an overview of the context and delivery of improving Public Health outcomes in Shropshire. It summarises the key health and wellbeing priorities for Shropshire, and the exercising of the statutory and mandated Public Health responsibilities and functions.

3. Recommendations

- 3.1 To receive the report and raise any issues as appropriate on the performance and activities of the Adult Social Care and Public Health Portfolio.

Report

4. Risk Assessment and Opportunities Appraisal

- 4.1 ASC has statutory duties under the Care Act 2014 to meet needs and manage the care market; meeting need in the most cost effective and way. The teams continue to assess needs and work with commissioners to do this creatively whilst maintaining good quality care that meets individual needs.
- 4.2 Public Health has a range of Mandated and Statutory Services and Duties it is expected to deliver within available resources alongside areas of identified local health and wellbeing need; this report demonstrates Public Health Shropshire's compliance with these functions.
- 4.3 Risk table

4.4

<i>Risk</i>	<i>Mitigation</i>
Delivering services within resources available	Clear transformation programme in place
Increasing complexity of care	Supporting the market and offering a wide choice of good quality services.
Ability to recruit and retain suitably qualified and experienced staff to deliver specialist roles	Workforce Strategy and Recruitment plans in place to support.

5. Financial Implications

- 5.1 Shropshire Council is currently managing an unprecedented financial position as budgeted for within the Medium Term Financial Strategy approved by Council on 29 February 2024 and detailed in our monitoring position presented to Cabinet on a monthly basis. This demonstrates that significant management action is required over the remainder of the financial year to ensure the Council's financial survival. While all Cabinet Reports provide the financial implications of decisions being taken, this may change as officers review the overall financial situation and make decisions aligned to financial survivability. Where non-essential spend is identified within the Council, this will be reduced. This may involve;

- scaling down initiatives,
 - changing the scope,
 - delaying implementation, or
 - extending delivery timescales
- 5.2 The Council has recently published its quarter 2 report; this details the current budget position. In addition, adult social care delivered its saving targets in 2023/24 and is currently on target to meet its savings for 2024/26.
- 5.3 To facilitate the delivery of Public Health outcomes, each upper tier local authority area has been given a grant since 2013. This grant is ring-fenced and the terms of the grant include delivery of several mandated functions, which are specific to the public health agenda, including Public Health Nursing, Sexual Health, NHS Health-checks and Drugs and Alcohol treatment and recovery services. Any remaining budget is to be used at the discretion of the local authority area to reflect local need and target areas with the biggest impact. In addition, the remaining grant is used to fund public health staff delivering statutory and mandated public health functions and the substitution of several key services within Shropshire Council that are deemed to be delivering priority public health Outcomes. During 2023/24 and 2024/25 the full Public Health grant will be spent. Furthermore, the directorate held £4.215m (at 1 April 2023) as ring fenced Public Health reserve from activity paused during COVID and outbreak/contractual pressures. During 2023/24 £1.127m of this reserve was used in planned activities. The directorate has clear plans for the use of the balance of this reserve over the subsequent two years to meet public health local and national priorities, alongside supporting the Councils Transformation programmes and activities where the focus is on achieving improved health outcomes taking a prevention and demand management approach.
- 5.4 The directorate also brought in specific grant funding of £1.683m to enhance its public health activities in 2023/24, having secured approximately £5m in external funds to support activities between 2022/23 to 2024/25. For example, in drugs and alcohol spend, the Council has received an additional £0.8M in 2022/23 and £1.3m in 2023/24 for this area compared to its normal core spend of £2.7m (therefore nearly 50% additional funding for this area in 2023/24).
- 5.5 While spend on Public Health has increased over the past decade, there has been a 27% real-terms per person cut in the value of the grant between the initial allocations for 2015/16 and 2024/25 due to inflation and population growth.

6. Climate Change Appraisal

- 6.1 Climate action and carbon reduction are integral to all aspects of the Shropshire Plan:
- 6.2 Healthy People – Extreme weather associated with the climate crisis will adversely affect vulnerable residents and service users disproportionately. This is likely to drive significant future growth in the demand for social care services as well as generating significant impacts on the physical and mental health and wellbeing of staff. Healthy

- 6.3 Economy – The recent energy crisis illustrates potential impacts on the Shropshire economy from the climate crisis. However, there are also significant opportunities for growth and skilled employment in new technologies, renewable energy and the rural economy.
- 6.4 Healthy Environment – The climate crisis has very serious implications for biodiversity and food production. However, as a large rural area, Shropshire is also in an excellent position to take positive action to help mitigate these effects.
- 6.5 Healthy Organisation – Extreme weather associated with the climate crisis may significantly disrupt the delivery of Council services through damage to physical infrastructure such as roads and power infrastructure, and through impacts on staff health and wellbeing. Demand for services and service delivery costs such as highway maintenance are likely to increase significantly.
- 6.6 Adult services recognise its role in reducing carbon emissions and it forms strategy and commissioning approaches to ensure Provider services across the county deliver services with consideration to its impact upon the climate.
- 6.7 Public health recognises the importance role it needs to play in promoting both activities to reduce carbon emissions, through its strategic influencing, service delivery and commissioning activities, and through its work to build resilience and response via the emergency planning functions. These activities form a core part of the public health function and are embedded within service delivery and improvement plans.

7. ADULT SOCIAL CARE

Transformation

- 7.1 We have a robust improvement plan for 24/25 for ASC which has key projects and workstreams e.g., Care at Home, Technology led care, Learning Disability & Autism (LD&A) programme. We are working with the market on the Care at Home transformation and consideration of changes to the framework for rates for those supporting in rural areas.
- 7.2 The Technology Enabled Care programme goes from strength to strength. The £1.2m Care Tech funding is supporting 80 people with Genie devices and 30 people with Carebuilder over the next 2 years. The Virtual Care Delivery programme (VCD) has now supported 140 people during year 1 of the delivery. A reminder that we are one of only four 4 LA's awarded £1.2m technology funding.
- 7.3 A new team of Technology Enabled Care (TEC) specialists has been formed, and 3 posts have now been filled, with a TEC Coordinator post also in place to support. It is hoped the team will act as advocates and increase the referrals into the programme and understanding, adoption of TEC and awareness across the 3 Community Teams in ASC.

- 7.4 One of our services, Shared Lives, which supports people with a Learning Disability to live with a family or shared Lives carer in the community, will be moving into the Council from 2025. Shared Lives matches someone who needs care with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs. Shared Lives is an alternative to other traditional and often expensive types of care such as residential care and is a service we would like to grow for the future.
- 7.5 Shared Lives will be managed alongside other in-house services we run including Four Rivers Care Homes and our Enable supported employment service.

Integrated Community services

- 7.6 Hospital discharges figures will vary in line with demand. Our aim is to plan discharge at the earliest point and ensure all opportunities are explored for people to be supported home and improve outcomes. The average time to support a discharge from medically fit to confirmed discharge is reducing. In 23/24 Shropshire Council delivered an average of 357 complex hospital discharges per month. So far in 24/25 we have achieved an average of 392 complex discharges per month.
- 7.7 Shropshire Council is working with partners to deliver the fastest discharge times for residents with the average for 24/25 being 2.71 days between declared medically fit to discharge.
- 7.8 Shropshire Council has been working in partnership with the whole health and social care system to support SaTH with sustained improvements in complex discharge. Shropshire is currently performing better than the system average of 3 days and we are proud of this achievement.
- 7.9 Shropshire Council has been involved with partners to deliver a fully integrated Care Transfer Hub achieving the national objective. The hub went live in October and the aim is to support timely complex discharges, with the a 'Home first' approach. Using the Home First approach we reduced the number admissions to 24-hour care after hospital.
- 7.10 We are now seeing reduced spend in 24-hour care post hospital and support more people through reablement in their own home.
- 7.11 We continue to work with people who have been discharged to a care home, and following a strengths-based review an average of 52% return home after a period of recovery and reablement:

START

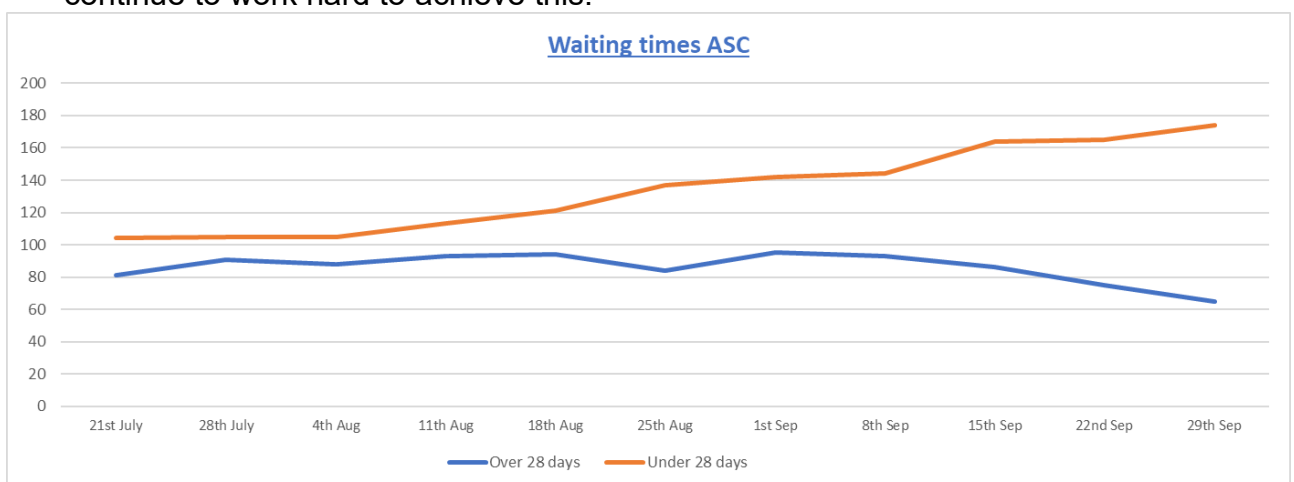
- 7.12 START (Short Term Assessment and Reablement Team*) is Shropshire Council's frontline reablement care provider. It offers a unique service within the Domiciliary Care Provider market. The service works with people in their own homes, utilising a person centred, approach to enable and support independence.

7.13 People supported through the START reablement programme have significantly improved outcomes and remain more independent in the community for longer. The service has grown significantly over the past few years with improvement in recruitment and retention rates. On average START are providing 65% of Reablement packages in Shropshire with a reduced length of stay of around two weeks. This has resulted in significantly lower pressure on the ASC demand pressure and proves the effectiveness of the reablement programme with approx. 65% needing no further care. The service is developing expertise to support more complex needs making it more widely available to people in Shropshire.

7.14 Shropshire Council has good performance and is achieving better outcomes for people who are discharged from hospital. 83.6% of people who use our short-term services and did not have care and support before admission, leave the service independent without the need for ongoing funded support. Data shows that 88.3% of Shropshire residents receiving support after hospital are still at home 91 days after discharge. These metrics are over and above the national average.

Community Social Work Team (Adults)

7.15 Our focus over the last 12 months has been to look at our demand and capacity across the teams and working with people earlier to reduce and delay the need for ongoing services. In September last year we had over 500 people on wait lists across the teams, an innovation week in October kick started some targeted work on bringing these numbers down, working with people earlier to improve advice and information and reducing the length of time people had been waiting. In September 23 over 40% had waited over 6 months before being allocated to a social worker, we now have no one who has waited over 6 months, and 72% of people currently waiting have waited less than 28 days. Our target is that we assess everyone within 28 days, the teams continue to work hard to achieve this.



7.16 The teams are committed to strength-based practice and identifying opportunities to work with the voluntary sector and increase the use of technology so that people can be supported to remain independent for longer.

7.17 Locality teams are embedded in neighbourhood focussed intervention, joining up with public health, children’s services and primary care services to provide an integrated approach to delivering services closer to people’s home, in local communities, working across health, care and the voluntary and community sector. Local hubs

provide face to face assistance and support people to help themselves through digital and other community offers. Hubs are all age providing a single access point ‘a front door’ to universal services for families.

- 7.18 There are currently 5 hubs across Shropshire delivering services to the community, the next phase of the project is to develop hub spokes in the other areas of the county.

Community & Family Hub Benefits

<p>Customer</p> <p>Non- financial benefits</p>	<ul style="list-style-type: none"> • Community & Family Hubs enables easier access to help and support for residents in Shropshire • Adults, Young People and Children have an improved customer experience by accessing support at a lower tier of support, therefore not reaching crisis point. • Increased support in the community available for residents of Shropshire to access • Improved health outcomes for babies, children, young people and adults • Customer only telling their story once and accessing the correct support, at the correct time.
<p>Organisational</p> <p>Non- financial benefits</p>	<ul style="list-style-type: none"> • Reduces the demand on children and adults social care, by providing earlier support to those that need it • Reduces pressure to the wider system –NHS services and other community services • Increased efficiency – improved connectivity of services, increased staffing efficiencies and reduction in duplication of work • Improves intelligence – a better understanding of family, understanding and community needs • Improve reputation • Increase staff satisfaction and grow talent • Enables and delivers strategy

- 7.19 We are currently starting to analyse our demand and capacity across the service ready to map out a new operating model, in communities our focus needs to be on early intervention and prevention so we reduce the demand coming into the teams. This is aligned to the front door transformation happening corporately alongside One Shropshire model and digital transformation. We know our older adults demand is going to continue to rise so we plan to build on work already started with primary care, admiral nurses and older adult mental health services in our communities to help reach people sooner before they reach crisis and need social care input.

Direct Payments

- 7.20 We currently have 479 people in receipt of direct payments, uptake across mental health have increased by 4% recently, we have seen a few people ending direct payments and we are working with them to understand why. We continue to offer a direct payment as a first option, but we know our excellent Individual Service Fund (ISF) offer in Shropshire means it is often a preferred option, also enabling flexibility without the management or employee responsibility.

Carers

- 7.21 The carers register is increasing month by month and currently stands at 1965 carers. We use this to support and keep in touch with people, to signpost, and provide information and updates. The team became an All-Age Carers team when the young carers team and resources transferred in April 2024. There is increased support for young carers and we have seen an increase in referrals.
- 7.22 The team are looking at providing basic training for carers so they can move and handle the cared for person safely and provide basic first aid in times of crisis. Carers Rights Day takes place on 21 November and will include various events to raise awareness generally and for carers in respect of their rights.

Preparing for adulthood

- 7.23 A priority for the Preparing for Adulthood team is to identify opportunities for reducing the age of involvement and to do this working collaboratively with other services. A 'rising 16s' forum has been established across Adults, Children's and commissioning to ensure timely planning and assessment of young people's needs.
- 7.24 Over the past 12 months we have improved data relating to the demand expected for Adult Social Care over the next 5 years with the aim to plan and delivering a joined-up approach through the transitional journey and improving outcomes. We will have a better understanding of children due to transition prior to turning aged 18 and their needs so we can understand the interventions required. This information supports demand and financial modeling with shaping the market to meet the needs of our young people.
- 7.25 Some impact and outcomes we have seen in the area include EHCP planning for adulthood, an increase in supported internships for employment, offering drop-in sessions at local colleges for individuals, parents and carers.

Learning Disability

- 7.26 Individuals who have a Learning Disability and Autism are transferring to the newly established team from October 2024, this will ensure a specific focus on needs and outcomes by a dedicated Learning Disability team. There has been analysis of the data and we will develop systems to measure outcomes from this new model.
- 7.27 We are working with partners, Individuals, carers and ADASS to codevelop our model; and approach. We perform well in both Learning Disability ASCOF measures: employment and settled accommodation and will be working to improve community-based support. By aligning this work with the Preparing for Adulthood team we can optimise pathways for those requiring ongoing support from adult services and in addition create capacity to support people earlier in their transition.
- 7.28 Supported Living reviews have seen an increased use of TEC, reduction in some hours and optimising Individuals Independence.

Mental Health

- 7.29 The Mental Health team have a zero waiting list and for the remainder of the year will review the operating model to identify opportunities with the new learning disability team and the community teams, ensuring effective pathways for individuals with complex needs.
- 7.30 Our mental health team have engaged in a focused piece of work over the past 12 months in relation to section 117 of the Mental Health Act ('aftercare' following the discharge from hospital). The outcome of the s117 assessments and reviews are clearly identifying the complexity of people's needs and therefore influencing the funding support outcome. This increased performance in the outcome of assessments and reviews is to ensure Individuals receive the right support to prevent readmission to hospital and a deterioration in their mental health. We work in

collaboration with partners to ensure we have a robust joined up approach to section 117 aftercare needs.

Approved Mental Health Professional: AMHP

- 7.31 The AMHP team have been identifying ways to work preventatively and in a least restrictive way across the system. Work has been undertaken to introduce and embed 's13 consideration'. Within the Mental Health Act (s13) the Mental Health Professional 'must consider the patients case'. This ensures that people do not experience unnecessary mental health act assessments if alternative and more effective ways can meet needs. In having a strong person centered focus the numbers of inappropriate referrals should reduce and the assessments leading to specific outcomes should indicate an increasing appropriateness of referral and the Mental Health wider system improves its 'pre s13 consideration' work to support people in the least restrictive way.

Emergency Social Work

- 7.32 The team has been reviewed over the past 12 months to look at the future operating model, performance and responsiveness. The workforce model and structure has been a key component in this work. There are further advantages the permanent structure will bring to build relationships with partners and improve pathways across the wider council services.

Adult Safeguarding team

- 7.33 During the past year our Safeguarding team have been able to implement a new way of working that has seen an improvement in the support provided to residents as well as addressing any matter waiting. Since the implementation of the model (January) the team has not had any matters waiting with residents receiving contact on the same day the safeguarding concerned is raised.
- 7.34 Our Safeguarding team and the Principal Social Worker for Adult Social Care have been working with the Shropshire Safeguarding Community Partnership to update the multi-agency guidance on how to respond to self-neglect in Shropshire. This follows a number of Safeguarding Adults Reviews which highlighted areas for improvement across the system. The updated guidance contains additional or updated paragraphs on mental capacity, trauma, identifying self-neglect, calling multi-disciplinary meetings, engagement, legal interventions, relationships, professional curiosity, the impact on the worker, substance misuse, and risk assessment and planning. Throughout the document there is a change of language from 'people being difficult to engage' to 'people who services struggle to find a way to engage with'; the emphasis being on services to find a way to engage. There is a strong focus on the importance of the relationship and the need for respectful persistence. There is also a recognition that self-neglect and/or hoarding are strongly linked to trauma. Alongside the guidance are a number of tools for practitioners to assist them when working with someone who is neglecting themselves. Both the guidance and the tools can be found here: [Responding to Self-Neglect in Shropshire – Shropshire Safeguarding Community Partnership](#)
- 7.35 The guidance is currently being launched with training taking place for staff across the system (the last training date is in November). It is too soon to see the impact

but we believe that the guidance will give staff the tools which they need to work in this complex area.

Deprivation of Liberty Safeguards (DoLS)

- 7.36 The volume of request remains a challenge as Shropshire receives on average 202 request a month. Compared with the National average Shropshire has seen 5 % more referrals per 100,000 population a trend that has continued from previous years.
- 7.37 During the past year the team managed to address waiting requests from 2021 and 2022 with further work planned to replicate this work for 2023 requests. The team continues to work closely with Hospital colleagues with a new process developed and implemented around hospital DoLS referrals.

Occupational Therapy Service (OT)

- 7.38 The OT service transferred to Adult Social Care (ASC) on the 29th of July 2024. As part of the transfer process the ASC senior management team held engagement sessions where staff were able to highlight current issues and difficulties as well as explore potential quick wins and explore alternative ways of working.
- 7.39 Since the transfer the team's focus has been placed on decreasing the waiting list. The teams have reduced the waiting list by 12 % compared with August 2024 despite high demand for the service.
- 7.40 The creation of a Principal OT post is currently being explored; a post that will be advertised and recruited to. Following the completion of an ADASS review work continues to further develop the service to address demand.

Four Rivers Nursing Home

- 7.41 Four Rivers is the only nursing home run by Shropshire Council. Their last CQC (Care Quality Commission) inspection in April 2019 rated the home as good in all five of the assessment areas and a recent CQC desk top review in 2023 did not identify any concerns. Four Rivers are now utilising an electronic care planning system, and this has improved monitoring and recording processes in the home.
- 7.42 There has been continued development with using IT for several tasks from food ordering, medication monitoring, recording and ordering and case records. There are now two deputy managers to support Four Rivers, following analysis of tasks, roles and business need. Apprenticeships are being introduced to encourage the recruitment and retention of staff. The home also has difficulties recruiting nurses so we are exploring how we can demonstrate a clear career path of development.

Contract Management and Quality Assurance

- 7.43 Our two in-house CQC registered services are both rated 'Good' and 83% of the services we commission in regulated locations have an overall rating of Good or Outstanding (7.3%) - highest for outstanding in the West Midlands (the region's average 79.0%).

- 7.44 The Contracts Team is undergoing a transformation project to improve quality assurance processes and contract management oversight. A Quality Assurance Framework is being drafted alongside work to develop a Social Care Risk Assessment Dashboard drawing in support from Business Insights and Intelligence.
- 7.45 Recruitment is underway to help support the transformation of the Team, which includes additional capacity within adults monitoring (1 full time monitoring role), and 3 roles to support Children's contracts (1 full time contract officer and 2 full time monitoring roles).
- 7.46 In line with our People directorate market quality assurance plan we are refreshing and developing new commissioning strategies in 2024; e.g. for mental health and Autism; our new strategy and planning manager started in post to oversee this work in July.
- 7.47 We have monthly Market Quality assurance meetings where we maintain an overview of the market quality issues, themes and areas for development. Additionally, information sharing meetings are held quarterly with Shropshire Council, Telford & Wrekin Council, ICB, CQC and Healthwatch in attendance.

Market Engagement and Commissioning

- 7.48 Our Joint Commissioning Delivery Group (JCDG) ensures that strategic objectives align with national and local agendas driving our commissioning intentions. This gives us clear governance and oversight over all our commissioning practice and intentions and supports us to effectively deliver against our market position statement.
- 7.49 We have restructured the commissioning team in line with the PWC review which assessed the arrangements for Commissioning against a functional model, whereby key capabilities were assessed, and RAG rated. This highlighted the need for development across all strategic commissioning activities including for children and adults' services, contract management.
- 7.50 The purpose of the All-age Commissioning structure is to align the Social Care commissioning and contracts teams where needed and provide sufficient resources to meet future demand. The new structure is now in place, with staff undertaking induction activities and shaping their workplans for the new Start Well, Live Well and Age Well portfolios.
- 7.51 Advocacy services have been recommissioned recently and some changes in providers are being mobilised and managed as a result. Voiceability will be delivering all statutory advocacy services for adult social care from the 1st November 2024 (including Care Act advocacy, IMCA, VRPR and paid RPR in addition to existing IMHA service).
- 7.52 The Advice advocacy and welfare benefits service will continue to be delivered by the Citizens Advice Shropshire (CAS) consortium including Age UK, Taking Part and A4U, following the recommissioning process.

Business Support

- 7.53 Children’s Finance Functions have transitioned to the People Payments Team leading to a release of business capacity that has been redirected back into operations. Improved recording practice on the finance functions has also enhanced the accuracy and transparency of our financial transactions and reports.
- 7.54 The transfer of finance functions to the payments team has brought two benefits: it has improved the data quality by minimizing errors and inconsistencies in our financial records, and it has enhanced the collaboration and communication between operational and business teams, leading to better service delivery to our providers and more focus on the core social work tasks.
- 7.55 After transitioning children’s finance functions to an All-Age Business Support Service, our focus now shifts to restructuring the Business Support Service across the directorate. This restructure is part of our strategic plan to modernise, enhance efficiency, and ensure financial sustainability within the council. Our 45-day consultation period is underway and is scheduled to end early November 2024.
- 7.56 We are currently in the planning stages to implement a Provider Portal which is a secure web interface designed to facilitate the exchange of information and documents between the local authority and its social care providers. The initial rollout will enable providers to access their contract documents, purchase orders, remittance advice, and details of clients and packages. The expected implementation date is March 2025.
- 7.57 After successfully integrating the Bed Hub Team into Brokerage, our focus has been on leveraging technology to drive further improvements. We have accomplished this by transitioning approximately 80 providers onto the E-Brokerage Portal. The training sessions were well-received, with providers welcoming the change and providing positive feedback about the excellent support from the team. Maintaining a positive attitude and strong relationships with our providers has been invaluable.

CQC

- 7.58 Shropshire council received its CQC visit early this year and we are waiting the final report which is due.

8. PUBLIC HEALTH

Public Health and Good Health and Wellbeing is a shared responsibility

- 8.1 This section of the report provides an overview of the context and delivery of public health outcomes in Shropshire. It summarises Public Health’s key health and wellbeing priorities and the work undertaken during 2024.
- 8.2 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”. Public Health addresses the health of the population. Importantly, Public Health focuses on 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

and tackling inequalities in health and care outcomes. The Faculty of Public Health defines nine key areas of Public Health practice:

1. Surveillance and assessment of the population's health and wellbeing.
2. Assessing the evidence of effectiveness of health and healthcare interventions.
3. Policy and strategy development and implementation.
4. Strategic leadership and collaborative working for health.
5. Health improvement
6. Public Health Intelligence.
7. Health and Social Service quality.
8. Health protection
9. Academic Public Health.

- 8.3 In local authorities, public health's functions focus mainly on areas 1 to 8 with support from partners and joint working to deliver these functions. These are prioritised according to the needs and resources within each local area. Many factors can have either a positive or a negative effect on a person's health. These include our age, family history, friends, our lifestyle choices, income, housing conditions, access to services and education; little as 10% of our health and wellbeing is linked to access to healthcare. Therefore, to improve health outcomes, action is required not just at the individual level but also in communities and through the work and living environment.

Public Health Outcomes/Priorities

- 8.4 A comprehensive list of Public Health Outcomes is available on Public Health England's Fingertips website (<https://fingertips.phe.org.uk/>). This is monitored on a routine basis with key indicators being included in [The Shropshire Plan](#), [Director of Public Health Annual Report](#), [Shropshire Telford and Wrekin Integrated Care Strategy and Joint Forward Plan](#) and [Health and Wellbeing Strategy](#). In addition, a directorate dashboard exists which contains the high-level outcomes as listed below alongside more detailed service KPIs to ensure robust management of performance by the service. to ensure robust management of performance by the service.
- 8.5 Overall, health and wellbeing in Shropshire is above the national average. Healthy life expectancy for females in Shropshire remains significantly better than England for females in Shropshire (67.1 years; England 63.9years) and is statistically similar to England for males (Shropshire 62.8 years and England 63.1 years). However, there are several outcomes where, overall, Shropshire continues to underperform as a County. Furthermore, significant inequalities remain across the County. This requires local, targeted response and delivery based on best practice. The table below illustrates this trend.



8.6 Considering all the information above, national and local policy drivers, Public Health focuses on several outcomes in its work outlined in this report; a continued focus on smoking including smoking in pregnancy, alcohol and drugs, mental health including excess mortality from serious mental illness and diabetes. Additional focus will be on work to monitor road traffic accidents (RTAs), cancer screening coverage and children and young people's health including school readiness and child mortality. Targeted work will also be undertaken to understand inequalities in local areas and action required to tackle those outcomes.

8.7 Details of the public health offer in Shropshire are given below, grouped into the following themes:

- Public Health Intelligence
- Partnerships & Communities
- Healthy Population
- Inclusion Health
- Inequalities
- Healthcare Public Health

8.8 Health protection will be covered under the Annual Report of the Portfolio Holder for Planning and Regulatory Service.

PUBLIC HEALTH INTELLIGENCE

8.9 There are two Statutory duties in relation to Public Health Intelligence: to produce an annual report and to prepare the Joint Strategic Needs Assessment (JSNA) in addition to the requirements to support the evidence base for commissioning, population health management (NHS) and monitoring of outcomes.

JSNA

8.10 Local authorities and health have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies, through the health and wellbeing board. The JSNA

seeks to identify current and future health and wellbeing needs in the local population and identify strategic priorities to inform commissioning of services based on those needs. In practice, in Shropshire, these duties are led by Public Health to deliver on behalf of the Health and Wellbeing Board and are available [here](#).

8.11 Since 2019, Shropshire introduced a comprehensive programme to meet these duties and supported evidence-based commissioning and work to tackle inequalities. It is managed as three separate workstreams:

- Placed-based JSNA: Supporting the development of the integration and transformation work as part of the Shropshire Plan. A Place Based Profile is developed followed by an action plan, which is put together and supported by local stakeholders and takes account of local inequalities including rural factors. The aim is to have all 18 Place Plan JSNAs completed by end of 2024.
- Web-based JSNA: Shropshire's suite of web-based needs assessments presents key data for Shropshire's population, its communities, and the wider determinants of health, following a life-course approach, new datasets and dashboards continue to be developed.
- Thematic JSNAs: the statutory [Pharmaceutical Needs Assessment \(PNA\) 2022/23](#), which describes the current pharmaceutical services in the county, systematically identifies gaps, unmet need, and in consultation with stakeholders made recommendations on future development. A refresh of the PNA will commence at the end of 2024, with the aim to publish by October 2025. Currently, the team are leading a comprehensive [Children and Young's People's Needs Assessment](#), which includes children and young people with special education needs and recently published chapters on Population and Context and Early Years (aged 0-4), with chapters in progress on children and young people aged 5-16 and maternity. The [Drug and Alcohol Needs Assessment](#) has also been published.

[Annual Report](#)

8.12 Directors of Public Health have a statutory requirement to write an independent annual report on the health of their population. It describes the health of the population, is evidence based and is a way of informing local people about the health of their community. It also provides necessary information for decision makers in local health services, authorities and communities on health gaps and priorities that need to be addressed. The reports also include an update of progress against recommendations from previous reports and areas for priority actions. Three reports have been published since 2019 which can be found [here](#).

[Evidence Based Decision Making](#)

8.13 In addition, the directorate leads the population health management agenda for STW ICS as part of its core offer to the STW ICS. Recognising good decision making is based on a good strong evidence base and understanding of the population needs, the team have a focus on improving integration across health and social care and making better use of health and social care intelligence and evidence to drive and underpin decision making. This will include the use of predictive analytics to allow services to be targeted to need and help to reduce inequalities in Shropshire.

PARTNERSHIPS & COMMUNITIES

Health & Wellbeing Board (including Healthy Lives Steering Group)

- 8.14 The Shropshire Health and Wellbeing Board acts to ensure that key leaders from the health and care system work together to improve the health and wellbeing of Shropshire residents. The Board is now co-chaired by the Portfolio Holder and the accountable officer for the IC. The revised format which is aligned to scrutiny to maximise our outcomes, is working well, allowing for important conversations and endorsements by the Board. Board members collaborate to understand their local community's needs, agree priorities and work together to plan how best to deliver services. The board meets five times a year and works to deliver the Joint Health and Wellbeing Strategy 2022 - 2027.
- 8.15 The Strategy vision aligns with the Shropshire Plan and is for Shropshire people to be healthy and fulfilled. The aims are:
- To improve the population's health and wellbeing
 - To reduce health inequalities that can cause unfair and avoidable differences in people's health
 - To help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life
 - To ensure that prevention is at the heart of improving health and wellbeing, and to reduce ill health and the associated demand on health and care services.
- 8.16 Work is underway to better align the Healthy Lives Steering Group, which focusses on prevention, bringing together partners from across the system to share workstreams and develop relationships to be built to coordinate delivery, to the work of ShIPP (below). Healthy Lives Steering Group work has included focused on cost of living, youth vaping, social prescribing, oral health, food banks and healthier weight interventions.

Shropshire Integrated Place Partnership (ShIPP)

- 8.17 Established in March 2022, ShIPP is our Shropshire Place partnership with shared collaborative leadership and responsibility, enabled by the Health and Wellbeing Board and the ICS governance and decision-making processes. In 2024, this partnership has become a committee of the Integrated Care Board (ICB). A new Terms of Reference provides clarity for the relationship of this committee with the ICB and the HWBB. Key points from the new ToR include:
- Integrated Place Partnership Committee (ShIPP) has evolved from the Shropshire Integrated Place Partnership that was created in 2022.
 - ShIPP is a formal committee of the Shropshire, Telford & Wrekin Integrated Care Board and as such it is accountable to the ICB.
 - ShIPP aligns strategy with the ICB and the Shropshire Health and Wellbeing Board.
 - Where appropriate ShIPP will also interface and work with the:
 - Joint Health Overview and Scrutiny Committee (and other Shropshire Council Committees as and when appropriate),
 - Shropshire Health & Wellbeing Board; and
 - Shropshire Safeguarding Children and Adult Boards.

- ShIPP is authorised by the ICB Board to:
 - Oversee the delivery of key priorities of thematic partnership boards.
 - Work with the ICB and Health and Wellbeing Board to agree key priorities for community centred health and care in Shropshire.
 - Create task and finish groups or working groups to develop and deliver action plans to deliver the agreed priorities for community centred health and care in Shropshire.
 - Assure that locally designed and delivered services deliver the agreed outcomes.
 - Assure programme activities are delivered within agreed timescales.
 - Assure requirements for additional activities are highlighted.
 - Ensure risks are discussed and mitigations sought.

8.18 Clinical/care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities aligned to delivery of outcomes in the HWBB and ICP Strategies. It is expected that through the programmes of ShIPP routine involvement and coproduction with local people and our workforce is prioritised so that our residents and staff can feed ideas and information to inform and influence system strategy and priority development.

8.19 Key successes for ShIPP include driving and delivery of the Prevention Framework, the Personalised Care (Person Centred) approach for Shropshire which includes Social Prescribing & Health Coaching, Creative Health & Community Led approaches for health improvement, community led approaches for improving outcomes for SEND, action on falls prevention and embedding trauma informed approaches. Other activities and outcomes are documented through this report. The Strategic Plan for 2024/25 includes delivering an all-age Local Care Programme across communities in Shropshire and improving access to health, care and wellbeing services and community support.

[Prevention Framework & One Shropshire](#)

8.20 To support our population to lead healthier lives public health have led the development of a prevention framework, approved at the January 2024 HWBB. This is an ambitious approach to prevention at scale across the life course, it builds on the effective work already established across the County and the Integrated Care System, recognising that all key partners, communities, and individuals have a role in improving the quality of lives and health of our population. The framework has been developed through working with system partners. It highlights the needs of our communities (our case for change), our vision and our plans to embed prevention activity across all our services as a system; through a holistic community offer that supports people to take charge of their own health and wellbeing. It is recognised that the Framework is, and will be a, living document. Key Deliverable include working closely with our NHS partners and the Voluntary and Community Sector to develop community and family hubs, to integrate services, where we can, and to support prevention across all levels. The work also requires working across our Public Health Teams, including Social Prescribing, Outreach and Healthy Population, as well as working closely with Early Help, Social Care, and our Place colleagues.

Community Health and Wellbeing Hubs

8.21 Our work on the Place Plan Joint Strategic Needs Assessments, demonstrates the variation in outcomes across local areas and variation in assets within each area, levels of need and service provision. It is important to therefore take a place-based approach to delivery of services to tackle inequalities and focus on prevention and early intervention. Through the work programme focused on Integration and the approach to integration, we have been able to articulate our person-centred approach for Neighbourhood working, that includes the development of community and family hubs rooted within local communities. We have established 5 all age hubs in Oswestry, Market Drayton, Shrewsbury, Ludlow and Bridgnorth, and a Health and Wellbeing Centre in Highley, and we will continue to work on expanding the offers so that people can access support at a local venue where they can get help to navigate the health, care and community system. Some examples of this expansion include the delivery of all age autism hubs and expansion of Health Visitor ‘Open Access’ sessions. Our Community Hubs are also enhanced by the work to develop integrated practitioner teams, with consultation panels operational to discuss the needs of children and young people and families where support from a multi-disciplinary perspective would be helpful. These align and are part of Shropshire Councils customer journey.

Women’s Health Hubs

8.22 The recently published [2024/25 Operational Planning Guidance](#) asks ICBs to “establish and develop at least one women’s health hub in every ICB by the end of December 2024 in line with the core specification, improving access, experience and quality of care” and sets the expectation that at least 75% of ICBs have a hub in place by July 2024 that meets minimum operational requirements including:

- menstrual problems assessment and treatment, including but not limited to care for heavy, painful or irregular menstrual bleeding, and care for conditions such as endometriosis and polycystic ovary syndrome contraceptive counselling and provision of the full range of contraceptive methods including LARC fitting for both contraceptive and gynaecological purposes (for example, LARC for heavy menstrual bleeding and menopause), and LARC removal, and emergency hormonal contraception.
- preconception care
- breast pain assessment and care
- pessary fitting and removal.
- cervical screening
- screening and treatment for sexually transmitted infections (STIs), and HIV screening
- menopause assessment and treatment.

8.23 Shropshire Public Health has been working closely with the ICB to deliver hubs within our system. The work encompasses specific needs of women and young women, with a focus on inequalities and rural inequalities. This includes sustainable, community-based Women’s Health Hubs, ensuring equitable access to clinical and non-clinical support by building on family & community hubs within Shropshire’s 5 PCN areas and other clinical offers informed by the JSNAs, population health and clinical data. The first hub offer was up and running at the Highley Health and Wellbeing Centre in July 2024.

Healthy Lives Social Prescribing Service

- 8.24 In Shropshire, our Healthy Lives Team delivers Health checks and Social Prescribing, funded by Primary Care Networks and Shropshire Council. Social prescribing uses a person centred, preventative approach by intervening early, before problems start to escalate, or to support people alongside other services. In Shropshire, people referred have the space to talk one to one with a trained Social Prescribing Advisor and come up with a plan of action together, to help resolve health and wellbeing concerns and help put the person back in charge of their life. The service is available from age 10, and in 2022/23 there were 3343 referrals to Social Prescribing, in 2023/24 there were 3856 referrals, and April – September 2024, there have been 1854 referrals. This is a service that is maintaining a high level of support for people and gathers excellent satisfaction reports from people who have been supported. It is likely that the numbers referred will start to drop this year, as investment from the PCNs has decreased due to competing priorities for funding leading to reductions in the number of full-time equivalent roles.
- 8.25 The Children and Young People’s Social Prescribing offer, which has been instrumental in supporting all CYP aged 10 and over (including those with Special Educational Need and Disability), to improve mental and emotional wellbeing, will only be funded by the Primary Care Networks in the South of the County from February 2025. Work is currently underway to determine how a CYP Social Prescribing offer can be supported financially across the system.

Community Outreach Wellbeing Team

- 8.26 This team focusses on 4 key areas, prevention, health promotion, health protection, and place based Joint Strategic Needs Assessment (JSNA). The team have supported the development of the Place Based JSNAs (Joint Strategic Needs Assessment), including a key element of the Place Based JSNA is to develop action plans to address key issues in local communities, this work is now dovetailing with the development of the community and family hubs, to ensure that the action plans come together. The team has also started delivering mini-health checks in local communities, including the farming community and with other marginalised groups. The mini health check includes point of care testing (cholesterol and blood sugar tests), heart age and cardiovascular disease score. As part of this work, the Team is working with other local health and community organisations across Shropshire to deliver preventative blood pressure checks in local communities. This includes working with teams of Blood Pressure (BP) Champion volunteers who are connecting with people in local areas to offer free blood pressure checks. By providing BP and mini health checks, at locations and workplaces that are convenient to local people, such as Livestock Markets, food banks, coffee mornings and veterans’ groups, the programme hopes to prevent complications associated with high blood pressure in the population. The team works closely across our Animal Health and Mental Health teams, to deliver improved health and mental health outcomes. Additionally, the team works with the Environment Agency and our Emergency Planning team to support during flooding events and other emergency situations to support communities.

Enabling contracts and grants

- 8.27 Public Health manages or supports the development of a number of contracts and grants to help deliver the partnership work, largely through our Voluntary and Community Sector (VCSE). The Social Prescribing work is underpinned by a contract that draws together community development funding (social prescribing), Local Maternity & Neonatal System funding, Public Health Peer support funding, and Adult Services Community Connector funding, into one contract that seeks to develop vibrant communities. Additionally, prevention funding in the Better Care Fund provides a wealth of activity supporting independence, advice and guidance activity across our communities. As additional national or regional grant funding becomes available, we are able to align this work, in partnership with the VCSE.

HEALTHY POPULATION

- 8.28 The public health team leads a number of health improvement functions and public health mandated services:

Best Start for Life Programme

- 8.29 In line with the national vision to promote every child to have the Best Start for Life, with evidence identifying the first 1001 days of a child's life as critically important to outcomes in later life. Since 2023, a comprehensive Best Start for life programme has been formed which focuses on laying the best foundations for cognitive, emotional, and physical development. This work continues and to date to date includes a systematic review of the evidence, work to publish the best start in life offers to parents, carers and practitioners to increase awareness of the support available, a referral pathway from midwifery to Shropshire Council customer services to enable information to be sent out regarding support available to all new parents, development of a new universal parent course delivered perinatally to first time parents, continued roll out of oral health awareness, developments to the early years speech language and communication offers through new interventions such as the Talkboost programme, coproduction of the programme with parents and carers, and enhancements to data collection and reporting so we can track outcomes.

Healthy Child Programme

- 8.30 Public Health is responsible for ensuring the provision of the Healthy Child Programme through the commissioning of the Public Health Nursing Service (PHNS), delivered by Shropshire Community Health NHS Trust. PHNS includes health visiting, school nursing and family nurse partnership. The Healthy Child Programme mandated contacts have continued to be delivered through the Public Health Nursing service (PHNS), and there has been a significant increase in uptake in all contacts over the last 12 months. The service is continuing to develop its offer to families and the following are examples of work undertaken during the reporting period: a school readiness leaflet has been produced, a focus on Healthy Start- to encourage the uptake of healthy start vitamin and food vouchers has been prioritised, along with work to promote Measles, mumps and rubella vaccination uptake for families, public and professionals. There has also been a focus this year on safer sleeping due to concerns locally and nationally over sudden infant deaths. In addition, the service

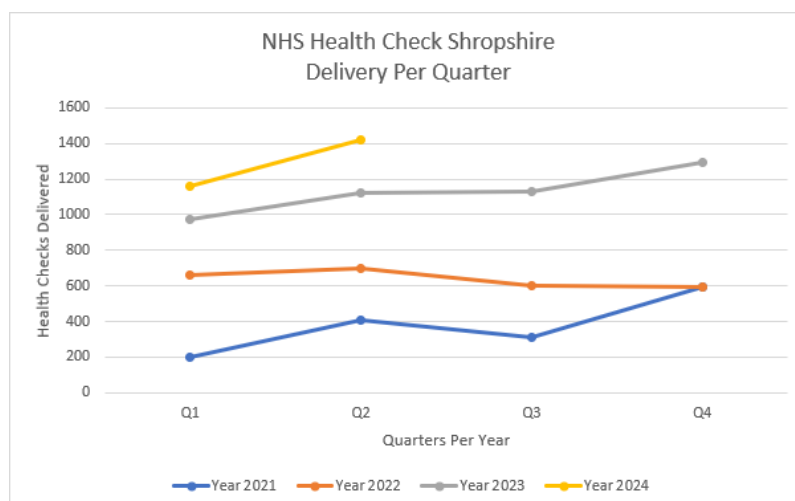
supported a call to action to safeguard our youngest residents aged 0–4-year-olds and this led to piloting a successful drop-in clinic at Sunflower house. This has now been extended across the county aligned with the Community and Family Hubs. The team are continuing to provide clinics for families temporarily relocated at Nescliffe under the Entitled Persons programme through fortnightly clinics. The resilience of the PHNS to respond continues through the extension of its workforce development plan which included the service focusing on the training of new workforce through a grow your own model. Key measures are monitored at regular contracting meetings and routinely reported to the Health and Wellbeing Board and ICS Quality Committee.

Healthier Weight Strategy

- 8.31 Supporting our population to achieve a healthier weight and reducing rates of overweight and obesity is a H&WBB (Health and Well Being Board) and ICS priority for Shropshire. Public Health have led the development of a Healthier Weight Strategy for Shropshire, which was endorsed by the H&WBB at its November 2023 meeting and supported by cabinet. Work to support the strategy is underway across all themes and a progress report will be provided to the HWBB in November 2024 and actions will continue to be monitored. Progress has been made across all 3 themes including increasing the uptake of healthy start vouchers, increasing physical activity opportunities through Good Boost and Active Travel for schools, hospital waiting well programmes, increasing Ask, Assist, Act approach to supporting healthy eating and setting up a systemwide task and finish group to identify training for frontline practitioners to build confidence in raising the issue.

NHS Health-checks

- 8.32 Public Health have the responsibility for commissioning the mandated NHS Health Check programme which offers an opportunity to identify many of the hidden health risks helping prevent heart attacks, stroke, diabetes, kidney disease and vascular dementia. In Shropshire the service is delivered through general practice, supported by the Healthy Lives delivery team. Covid-19 had a profound and continued impact on the total number of people receiving their health check. Pre-Pandemic 2,000 checks were being delivered each quarter. Since 2022-23 we have seen a have seen a continued rise in the number of checks achieved. Work continues with general practice and Primary Care Networks (PCN's) to support areas yet unable to return to pre pandemic levels, and efforts are continuing to focus on those most at risk in our communities.



Workplace CVD Health Checks

- 8.33 A successful bid was submitted to DHSC to participate in a pilot to deliver Workplace CVD Health Checks. The aim of the pilot is to spot the early signs of heart disease and provide information to people on how to reduce their risk of having a heart attack, stroke or developing diabetes and encourage employers to support people to stay well in work. The pilot is also testing the feasibility of delivering health checks in workplaces going forward. The aim in Shropshire is to deliver 850 mini health checks and 500 full health checks by end of March 2025. These are being done through a range of employers and individuals who are less likely to take up or do not meet the eligibility criteria for an NHS health check.

Smoking cessation

- 8.34 Smoking is the leading cause of preventable illness and death, and reducing smoking rates in Shropshire remains a priority for the public health team. An enhanced Healthy Lives Stop Smoking Service was launched in September 2024 following receipt of national funding dedicated to investment in local stop smoking services. This forms part of the government ambition to create a smokefree generation and increase the number of current smokers setting a quit date and successfully quitting smoking.
- 8.35 The funding has been made available to local areas for the next 5 years with a national goal of an additional 193,908 quitters during this period, and local area targets based on local prevalence and the proportion this contributes to the national goal. The target for Shropshire is to achieve 9,247 quitters during this time.
- 8.36 The Healthy Lives Stop Smoking Service supports tobacco smokers aged 12 years and over living or working in Shropshire or registered with a Shropshire GP, who would like to stop smoking. Evidence-based behavioural stop smoking support and guidance is provided by a dedicated team of Healthy Lives Stop Smoking Advisors and the service currently includes access to nicotine replacement therapy (NRT). A plan for targeting high risk cohorts is in the process of being established and partnership working with Telford & Wrekin Council to enable a system approach to some groups (such as those accessing targeted lung health screening) is also being considered.
- 8.37 The Healthy Lives Stop Smoking Service is supported by the Healthy Shropshire Stopping Smoking webpage ([Stopping smoking | Shropshire Council](#)) which includes information, guidance and resources to promote and encourage cessation. This also includes a link to the online booking form to access support. New printed and electronic smoking cessation material promoting the local offer has been designed and is being distributed widely.
- 8.38 Public Health are partners with the ICS Tobacco Dependency Treatment pathway which is focused on stop smoking provision in acute settings, mental health in-patients and pregnant women working with midwifery. The enhanced service will support partners and family members of pregnant women who smoke and would like support to quit. The Shropshire Public Health team deliver the mental health in-patient offer for community step down via our Healthy Lives team (or via the national community smoking cessation pharmacy scheme if preferred).

Youth Vaping

- 8.39 A Task and Finish group has been established to improve local understanding and intelligence of underage (youth) vaping in Shropshire and to develop clear comms for professionals, practitioners, parents and carers and young people. A new Youth Vaping schools lesson programme has been designed in partnership between the Task & Finish group and the Public Health Nursing team that promotes conversation in the classroom, and for students to consider their own attitudes and beliefs about vaping and vaping harms.
- 8.40 The Director of Public Health, jointly with the Director of Children’s Services and the Chief Medical Officer of the ICB published a position statement on vaping and young people which summarises the current evidence and understanding of risk associated with young people and vaping. It promotes a message that vaping is not for children and the safest, healthiest option is not to vape or smoke. The statement is available via <https://www.shropshire.gov.uk/media/26061/shropshire-position-statement-on-underage-vaping.pdf>
- 8.41 A dedicated youth vaping information webpage has also been created via the Healthy Shropshire Stopping Smoking page ([Youth vaping | Shropshire Council](#)). This includes latest information and useful links including the facts about vaping and health, the law, safety, exploitation as well as a toolkit with a range of resources to support conversations about youth vaping.

INCLUSION HEALTH

Public Mental Health and Mental Health Prevention

- 8.42 Mental health is a key area of improvement focus for Shropshire. The vision of the Shropshire Public Mental Health offer is for every resident in Shropshire to have the best mental health they can at every stage of their life to thrive, not just survive. To support this vision, the Healthy Shropshire Mental health webpage continues to be updated providing quick links and information for a range of support. This includes a new online resource for 2024 which promotes recommended first point of contacts for concerns on emotional wellbeing, mental health or related need (such as money worries, employment, carer responsibilities, health and social care concerns or if impacted by abuse).
This resource is available at: <https://next.shropshire.gov.uk/media/wh4jii4u/mental-health-resource-pack.pdf>.
- 8.43 Shropshire Council has invested one off funding and grants in the online TogetherAll mental wellbeing platform which provides 24/7 free, confidential access to peer support and resources to express feelings, managed round the clock by trained professionals. The Shropshire Bereavement Co-ordinated offer was launched in 2020 to address concerns from the pandemic on the impact of unexpected death and disruption to usual grieving processes due to lockdowns. During this time, it has been identified there have been many of our residents who have complex bereavement, grief and loss needs which have not previously been addressed and who were not sure where to access support.

8.44 Public Health continue to provide specialist advice, advocacy and use of data insights to support system pathway and service transformation. This includes being a key partner in the planning for recommissioning children and young people emotional wellbeing services and reviewing priorities and actions through a multi-agency partnership to enhance and sustain the trauma informed programme of work and establish Shropshire as a trauma informed system that recognises compounded risk and promotes blame free, empathetic and stigma free language and environments. Public Health also continues to support programmes such as Future in Mind and Mental Health in Schools Teams and developing our programme in support of local delivery of the Prevention Concordat for Better Mental Health.

Suicide Prevention

8.45 The Shropshire Suicide Prevention Action Group continues to progress delivery of the Suicide Prevention Strategy through the multi-agency partnership action plan. An overview of Suicide Prevention activities since the launch of the new Strategy was presented to Health and Wellbeing Board in September 2024.

8.46 A number of actions were undertaken during 2024 as a response to the reported increase in the local suicide rate which have included an audit of coroner inquests with verdict of death by suicide to inform priority actions and enhancement of real time suspected suicide surveillance to include additional partners from other services to provide further insights of services the individual was in contact prior to death to consider earlier targeted interventions to mitigate future risk.

8.47 New workstreams have been established as subgroups of the Action Group, inviting stakeholders who already work with higher risk of suicide cohorts or have greater awareness of challenges and barriers to support to explore and define priority opportunities to reduce and respond to suicide risk. These priorities will be fed into the Action Plan as part of the targeted commitment.

8.48 Provision of a suicide bereavement service and promotion of tiered suicide awareness and intervention training remain priorities. A new GP and Primary Care Suicide Prevention Toolkit has been created by the Shropshire, Telford & Wrekin Suicide Prevention Network including the named GP Safeguarding Leads. This is to be launched in 2024 and intended to support GPs consider suicide risk, utilise engaging language with example conversations to discuss suicide, safety planning approaches, involving wider networks of the individual in conversations and recognising risk in other professionals.

Tackling Drugs and Alcohol

8.49 Public Health are responsible for coordinating activity to reduce drug and alcohol related harm and provide drug and alcohol treatment and recovery services for their population. There are around 1540 adults in treatment, just over 39% of those in structured treatment are for alcohol use and a further 34% for opiates and crack cocaine, the rest of the treatment population is for non-opiate use. Despite this, there are many people in the county who are not receiving treatment for their drug or alcohol use (around 60% of opiate and crack users and 73% of alcohol users). To increase access to treatment, Shropshire Recovery Partnership provide support from

their main treatment hub in Shrewsbury with bases in Oswestry and Ludlow, as well as regular clinics in Bridgnorth, Whitchurch, Wem, Church Stretton and Market Drayton to name a few.

- 8.50 To increase capacity in drug and alcohol treatment services additional government investment has been allocated to improve access and the quality of the provision following the publication of [Harm to Hope](#). With this additional investment comes increased scrutiny on activity with all areas requested to develop local ambition targets to increase the number of people in treatment, with a focus on the unmet need of people with illegal opiate dependency. This has resulted in an expansion of recovery practitioners, including more outreach work to extend the service offer.
- 8.51 Additional investment also established the RESET service during 2022. The multi-disciplinary team work together with the local Rough Sleeping Team supporting people using substances, who experience multiple disadvantage, into treatment and settled accommodation. With a clinical van to support people's needs, RESET offers a flexible and dynamic service, meeting people where they are at, including those at risk of rough sleeping with the highest needs.

INEQUALITIES

Health in All Policies

- 8.52 Public Health continues to work with colleagues across the Council to embed health in all policies. We do this through a screening tool, Equality, Social Inclusion and Health Impact Assessment (ESHIA). This tool continues to be used by teams to screen their own policies/strategies. There was a recent update to the HEAT tool (Health, Equity Assessment Tool) by OHID (Office for Health Improvements and Disparities) in August 2024. The updated principles from the HEAT will be incorporated into future ESHIA's. Public Health have worked extensively with Place directorate colleagues in specific areas including Economic Development, UK Shared Prosperity Fund and the development of the Local Transport Plan (LTP). Public Health continue to support planning in the development of Healthy Place through including health impact assessments in the planning process. This approach is embedded in the Local Development Plan.
- 8.53 Within the Shropshire Inequalities Plan, health inequalities are defined as avoidable, unfair, and systematic differences in health between different population groups. At a high-level, health inequalities are measured by differences in life expectancy and healthy life expectancy between different population groups. Mortality rates and healthy life expectancy reflect a social gradient where people living in more deprived areas live shorter lives. Action to reduce health inequalities requires action to improve outcomes across all the factors that influence our health, including wider determinants of health such as education, employment, income, and housing. Only around 10% of our health is impacted by the healthcare we receive. The development of the Shropshire Inequalities Plan has been led by Public Health to address avoidable differences in outcomes for our population to reduce the inequalities that exist.
- 8.54 A report on the Shropshire Inequalities Plan was presented to the Health & Wellbeing Board (HWBB) in September 2024. The report outlined key areas of work completed to progress and reduce inequalities within Shropshire. Delivery of the inequalities plan

involved close working with ICS colleagues and inequalities leads, as the plan is also aligned to the Shropshire, Telford and Wrekin ICS Inequalities Implementation Plan.

- 8.55 The report demonstrated progress against 77% of the expected actions, with work being carried out to support further identified local needs during the next financial year.

Shaping Places Programme

- 8.56 Shaping Places for Healthier Lives was a 3 year, externally funded programme of work by the Local Government Association, in partnership with the Health Foundation, seeking to promote access to affordable and nutritious food, to help Shropshire residents live a healthy life.

- 8.57 Shropshire was one of five Council areas in England to be awarded funding. Funding has concluded this year and a final report submitted showing the following outcomes:

- More people coming forward for support
- Reduced levels of financial issues
- Improved access to healthy, affordable food
- Improved diets
- Improved health and well being
- Reduced inequalities

- 8.58 During the final year, a model was developed called: Ask, Assist, Act. This model follows a simple 3 step approach:

1. Start the conversation
2. Share or find reliable information
3. Signpost or refer for further support







- 8.59 This active approach is being explored within Shropshire Council's Prevention Framework and the One Shropshire approach, as well as initiating a culture change across the early intervention and prevention system and will be incorporated into the delivery model of the Community and Family Hubs across Shropshire.

Cost of Living Crisis

- 8.60 The work of Shropshire's Cost of Living Social Taskforce continued this year, supported by Public Health, bringing together a wide range of organisations from across the public, community, and voluntary sector, as well as business representatives to create a joint local response to the cost-of living crisis.

- 8.61 The Household Support Fund (HSF) is currently in it's 6th iteration and HSF 5 reached completion this year.

HSF 5 funding supported the following people:

<p>7357 households with children</p> <p>478 pensioners</p> <p>585 with a disabled person</p> <p>3055 other households</p> 	<p>5568 households helped with targeted support</p> 	<p>8021 children received Free School Meal vouchers in the school holidays</p> 
<p>745 households helped with energy & water costs</p> 	<p>4925 households received help with wider essentials</p> <p>878 households received wider cost of living advice</p> 	<p>136 households supported by community partners</p> 

8.62 HSF 6 will continue to support those most vulnerable in our communities.

HEALTHCARE PUBLIC HEALTH

Specialist Public Health Advice to Integrated Care Board

8.63 Public Health services have a mandated requirement to provide specialist public health advice to Integrated Care Boards, to support them with the planning procuring and monitoring of health services. This requirement is achieved through the core public health offer. This offer covers specialist public health advice regarding intelligence and insight, evidence reviews of best practice, service and pathways evaluation and redesign and strategy development amongst others. During 2023/24 this work has continued including Public Health advocacy at system strategy and transformation boards (including: Integrated Care Partnership, Local Maternity & Neonatal System, Cancer Strategy Board, Inequalities & Prevention Board, Mental Health Boards, CVD Prevention etc) and providing support, guidance and input for reviewing applications as part of the NHS Shropshire, Telford & Wrekin Individual Funding Request panels for consideration of exceptional clinical circumstances.

CVD (cardiovascular disease) Prevention

- 8.64 High blood pressure affects almost one in three adults in the UK, and many are unaware that they have it as there are often no symptoms. Shropshire, Telford & Wrekin's Hypertension Case-finding Pilot is a collaborative pilot that has been extended beyond the initial 12-month period funded through Health Innovation West Midlands. It targets underserved communities, and priority groups, increasing the detection of hypertension within 20% most deprived areas, ethnic minority groups and those living in rural areas. In addition, it utilises the [Inclusion Health Framework](#) to react to and support additional vulnerable groups including rough sleepers and those that are homeless, helping narrow the diagnosis gap with the general population. This positively influences the proportion of people being appropriately treated for high blood pressure, reducing heart attacks and strokes, and developing a network of CVD champions to raise community awareness of CVD.

Child Mortality

- 8.65 A report to the September 2023 ICB showed an overall increase in numbers of deaths across all perinatal, neonatal and child mortality in 2021/22 and 2022/23; public health is working with ICS colleagues to monitor 2023/34 closely. A Child Mortality workstream has been set up and quarterly workshops are being undertaken to undertake a deep dive into the five key themes that have been identified to try to reduce the risk of child deaths using overarching principles for exploration and action. The five key themes are: - neonates, deteriorating child, mental health, road traffic accidents and asthma. A similar process is now also in process to review adult mortality rates across the ICS and ongoing data reviews will lead to the development of actions plans.

Oral Health

- 8.66 Shropshire Telford and Wrekin oral health network meet quarterly to discuss oral health improvement generally as well as the performance of the commissioned oral health improvement programmes, to ensure that programme delivery is as effective as possible. Public Health supports this network which is led by the NHS dental team including a Dental Consultant in Public Health based with NHS England. There are issues with levels of hospital admissions for extractions. The team support action to improve uptake of dental health survey and ongoing monitoring of all and improvement plans as required.

9 Additional information

- 9.1 Q1 data for 2024-25 on the delivery of Public Health and outcomes is available through The Shropshire Plan dashboard, Healthy People section at the following link: [Microsoft Power BI](#).

10. Conclusion

- 10.1 This annual report has presented the work undertaken by Adult Social Care and Public Health to meet the statutory and mandated functions of the local authority for these services. It demonstrates the range of work undertaken to provide care and support for our vulnerable residents and communities and outlines the model of delivery for Public Health across Shropshire.

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

Local Member: All

Consultation with Local Member – Please consider the Local Member Protocol (see page E60 onwards of part 5 of the Constitution) and determine whether it is necessary to consult with the local member over the proposal set out in this report. This may not always be applicable (eg where the proposal affects all of Shropshire) but it should always be a consideration and in some cases a necessity so as to comply with the spirit of the Protocol.

Appendices:

None