Shropshire Council

Date: Thursday, 23 March 2017

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Karen Nixon, Committee Officer
Tel: 01743 257720
Email: karen.nixon@shropshire.gov.uk

HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

6 HWB DELIVERY REPORT (Pages 1 - 18)

a) BCF Performance and Outline Plan – Report attached. Contact: Sam Tilley, Head of Planning and Partnerships, Shropshire CCG, Tel 01743 277500.

b) Healthy Lives Programme and Social Prescribing – Report attached. Contact: Jo Robins, Public Health Consultant, Tel 01743 253935.

c) Alcohol Strategy – Clear Self-assessment tool – report attached. Contact: Gavin Hogarth, Public Health, Tel 01743 253935.

d) Leadership Programme – a verbal report will be made. Contact: Andy Begley, Director of Adult Services, Tel 01743 258911.

This page is intentionally left blank

Social Prescribing – Joining up the Prevention Agenda in Shropshire

Rod Thomson, Director Public Health

The problem	What to do about it
• Ageing population • Budget cuts and health economy deficit reduction • Service users/ patients often poor experiences of care, particularly when crossing organisational boundaries • Access an issue for people • Disproportionate amount of health and care resource used by a relatively small number of people • Demand on Social Care and Health Services	• Use health and care data to understand • What people say they want/need – Call to action, Big conversation & continual engagement through elected members, Community Enablement, Services • New business models (incl. STP Neighbourhoods) • Targeted prevention – evidenced based solutions • Integration • Neighbourhood working/ Resilient Communities • People Power

ASC Pressures

- POPPI statistics show that Shropshire's older population will grow by 30% between 2014 and 2030
- Approximately 4% of this population is currently receiving funded support
- It is expected that a growth demographic pressure will result

Shropshire – POPPI projections	2014	2015	2020	2025	2030
Population of over 65s	71,000	72,600	81,000	89,500	100,500

Using Data – Shropshire hospital admission rates

Age Standardised admission rates per 100,000 population (top 10 admissions by ICD10 code) by place plan areas

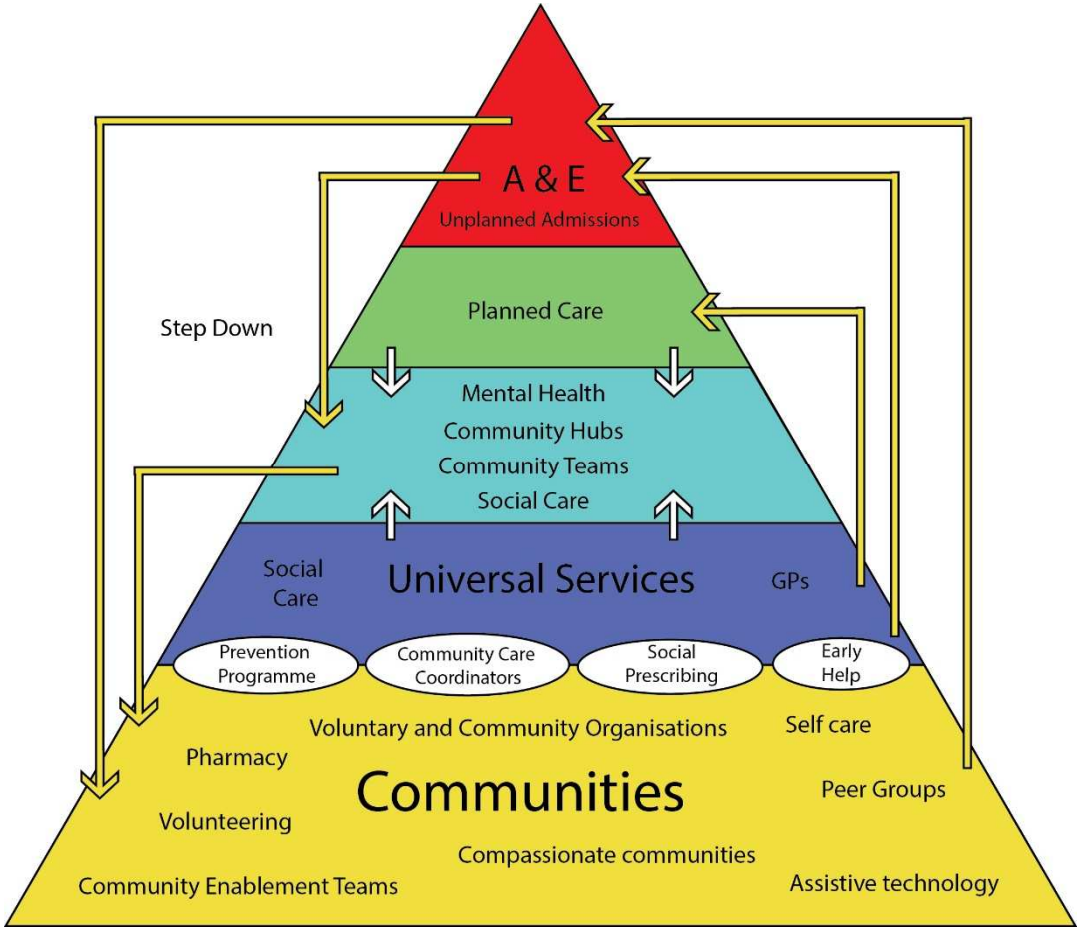
Shropshire Age Standardised Rates per 100,000 population - all ages by top 10 ICD10 codes	I21 Acute myocardial infarction	I63 Cerebral infarction	J18 Pneumonia, organism unspecified	J22 Unspecified acute lower respiratory infection	J44 Other chronic obstructive pulmonary disease	N39 Other disorders of urinary system	R07 Pain in throat and chest	R10 Abdominal and pelvic pain	R55 Syncope and collapse	S72 Fracture of femur	Total Top 10 ICD10 Codes		IMD 2015 (based on rank	Rurality (based on rank) 2011
Albrighton	265	252	778	414	76	788	846	1120	182	191	4080		3	2
Bishop's Castle	159	149	533	233	81	473	336	431	106	271	2176		1	1
Bridgnorth	176	149	977	376	165	714	478	435	165	279	2962		3	2
Broseley	267	247	1465	275	425	849	598	630	129	191	3725		2	3
Church Stretton	191	167	692	249	210	613	486	513	187	278	2954		3	1
Cleobury Mortimer	96	113	587	302	83	424	181	392	34	257	1856		2	1
Craven Arms	330	213	870	490	170	956	487	845	190	268	3832		1	1
Ellesmere	175	103	847	229	197	506	615	460	114	211	2724		2	2
Highley	262	225	1040	262	297	707	389	539	146	208	2982		1	3
Ludlow	103	85	328	205	164	458	342	415	66	129	1889		1	3
Market Drayton	170	175	940	477	269	743	635	571	158	133	3212		2	2
Much Wenlock	118	130	473	230	62	336	161	213	98	178	1472		3	2
North Oswestry	103	55	509	274	110	485	205	252	136	111	1664		2	2
Oswestry Town	157	105	715	408	103	488	526	436	196	213	2668		1	3
South & East Oswestry	142	182	771	400	118	725	484	538	215	244	2873		2	1
Pontesbury and Minsterley	200	127	1015	362	202	902	749	715	154	254	3672		3	3
Shifnal	137	167	1097	393	190	493	691	683	77	158	3083		3	2
North East Shrewsbury	203	209	1109	755	403	1181	896	776	246	243	4440		1	3
Shrewsbury Rural	178	136	947	384	222	884	758	736	291	235	3725		2	1
South Shrewsbury	177	167	897	440	257	736	674	698	227	163	3512		3	3
West and Central Shrewsbury	143	211	979	508	168	813	730	672	206	228	3674		3	3
Wem	210	280	761	419	157	1035	913	943	301	293	4294		2	1
Whitchurch	173	181	823	494	196	731	506	599	191	248	3217		1	3
Shropshire	172	164	821	399	196	719	590	601	181	214	3173			

Using Data – Shropshire public health outcomes framework

Quality and Outcomes Framework by place plan areas

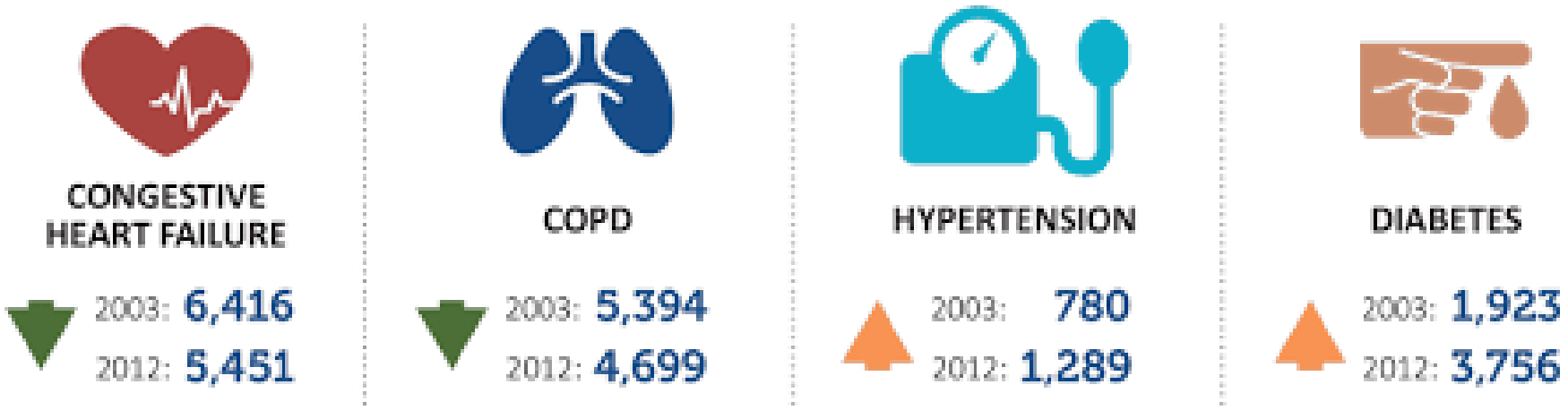
	Hypertension (2014-15)	Stroke (2014-15)	CHD (2014-15)	Obesity (2014-15)	Depression (2014-15)	Osteoporosis (2014-15)	Diabetes (2014-15)	Atrial Fibrillation (2014-15)	Heart Failure (2014-15)	Peripheral Arterial Disease (2014-15)	Asthma (2014-15)	Chronic Kidney Disease (2014-15)	Dementia (2014-15)	Learning Disabilities (2014-15)	COPD (2014-15)		Population <5 years % (2013)	Population 65+ years % (2013)	IMD 2015 (based on rank	Rurality (based on rank) 2011
Albrighton	19.1%	2.8%	5.2%	9.2%	3.5%	0.1%	7.5%	3.7%	1.4%	1.3%	8.0%	7.1%	1.4%	0.3%	2.5%		3.8%	27.8%	3	2
Bishop's Castle 2	17.9%	2.6%	4.0%	8.0%	6.5%	0.3%	5.8%	2.3%	0.6%	1.0%	6.2%	6.0%	0.8%	0.8%	1.5%		3.5%	26.3%	1	1
Bridgnorth 2	15.3%	2.5%	4.0%	8.0%	4.1%	0.2%	6.4%	2.3%	1.1%	1.1%	6.3%	5.7%	1.3%	0.4%	1.8%		3.8%	25.4%	3	2
Broseley	14.8%	2.2%	3.9%	10.2%	6.6%	0.1%	6.2%	2.0%	1.0%	0.9%	6.9%	5.7%	0.6%	0.4%	2.1%		4.9%	22.0%	2	3
Church Stretton 2	25.8%	3.2%	4.6%	9.4%	6.6%	0.2%	6.1%	3.1%	0.8%	1.5%	6.3%	9.4%	1.5%	0.2%	1.4%		3.0%	30.3%	3	1
Cleobury Mortimer 3	15.2%	2.6%	3.9%	8.3%	9.3%	0.2%	7.3%	2.0%	0.7%	0.8%	6.8%	3.3%	1.0%	0.1%	1.6%		3.6%	26.8%	2	1
Craven Arms 3	17.7%	3.3%	5.0%	16.1%	11.5%	0.5%	6.9%	2.4%	1.3%	1.1%	8.0%	7.5%	0.9%	0.5%	2.7%		4.2%	24.9%	1	1
Ellesmere2	18.5%	2.5%	4.2%	9.2%	6.7%	0.3%	6.6%	2.7%	0.9%	1.1%	5.9%	6.9%	1.2%	0.4%	2.4%		4.2%	23.8%	2	2
Highley 2	19.2%	2.3%	3.7%	11.3%	13.8%	0.1%	7.6%	2.1%	0.7%	1.5%	3.8%	7.5%	0.9%	0.4%	2.9%		4.8%	24.6%	1	3
Ludlow3	19.7%	2.8%	4.3%	7.2%	11.6%	0.2%	6.0%	2.7%	0.9%	1.2%	7.1%	8.0%	1.5%	0.4%	1.6%		4.4%	28.2%	1	3
Market Drayton	14.9%	2.2%	3.3%	7.6%	6.6%	0.0%	6.4%	2.3%	0.9%	1.0%	5.7%	5.9%	0.9%	0.3%	1.8%		5.6%	21.1%	2	2
Much Wenlock	17.3%	2.1%	4.1%	7.2%	7.1%	0.2%	6.0%	2.4%	0.8%	0.9%	6.0%	6.0%	0.9%	0.4%	1.1%		3.9%	27.6%	3	2
Oswestry	15.0%	2.3%	3.6%	9.4%	8.8%	0.2%	6.2%	2.1%	0.9%	0.9%	6.2%	4.6%	1.1%	1.0%	1.9%		5.0%	21.2%	2	2
Pontesbury and Minsterley 2	15.5%	2.4%	4.1%	6.5%	13.8%	0.2%	6.1%	1.8%	0.5%	1.0%	9.0%	5.7%	1.2%	0.7%	2.2%		5.0%	24.3%	3	3
Shifnal	14.3%	1.9%	3.8%	8.7%	6.7%	0.3%	6.2%	1.8%	0.8%	0.9%	6.3%	5.4%	0.6%	0.3%	1.5%		4.8%	23.1%	3	2
Shrewsbury	14.6%	2.2%	3.4%	8.4%	8.9%	0.2%	5.8%	2.0%	0.6%	1.0%	7.2%	5.8%	1.0%	0.6%	1.6%		5.3%	20.4%	2	3
Wem	15.9%	2.6%	4.0%	7.6%	7.5%	0.1%	7.0%	2.3%	0.6%	1.3%	6.6%	5.2%	0.9%	0.3%	1.6%		4.5%	22.8%	2	1
Whitchurch	15.5%	2.5%	3.8%	13.9%	7.4%	0.2%	6.8%	2.1%	1.1%	1.0%	7.0%	6.3%	1.3%	0.4%	2.3%		4.6%	22.5%	1	3
Shropshire	15.9%	2.4%	3.8%	8.7%	8.1%	0.2%	6.2%	2.2%	0.8%	1.0%	6.7%	5.9%	1.1%	0.5%	1.8%		4.8%	22.9%		

Focus on keeping people well in their communities



Health Risk and Preventable Chronic Conditions

- Cost to wellbeing and mental health
- Cost to the system



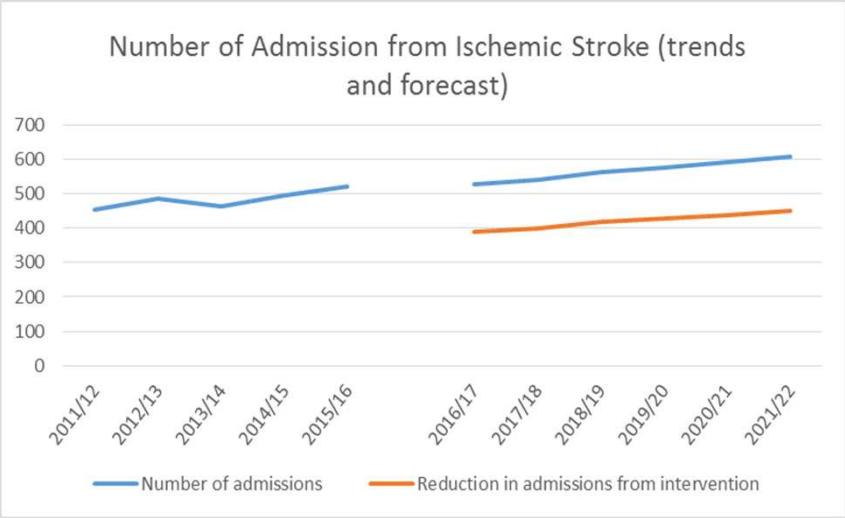
Drawing together prevention programmes

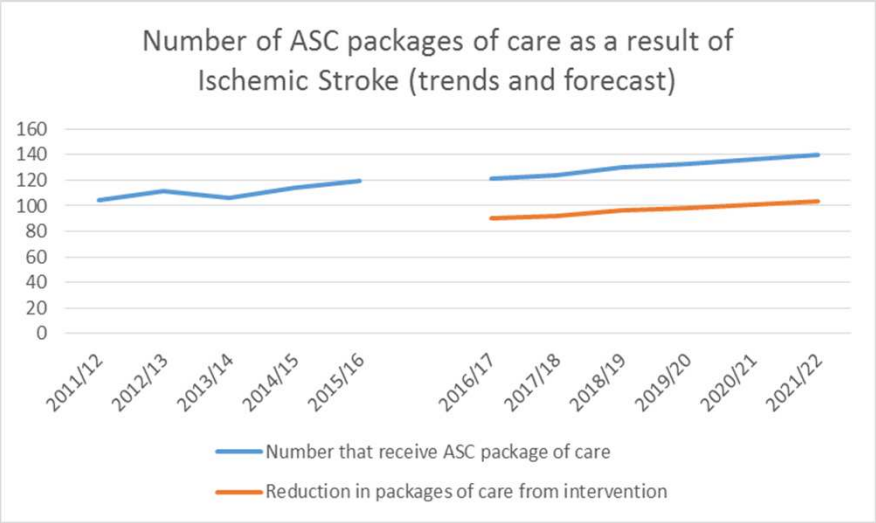
- Working together through an Asset Based Community Development approach
- Through this method, we are working closely with our communities and our health and care colleagues
- The Resilient Communities programme is core to bringing the community and services together
- Developing Operating models for service delivery and Healthy Lives, including Social Prescribing

Examples:
Targeting Atrial Fibrillation

The following chart shows the trend in numbers of admissions to hospital from stroke in people aged 65+ years and the forecast if this trend was to continue without an intervention (the blue line). The orange line shows the forecast trend if the intervention was in place.

The following chart shows trends in the number of ASC funded packages of care based on them accounting for 23% of admissions to hospital. The blue lines are the trends and forecast trends without the intervention and the orange the forecast with the intervention.





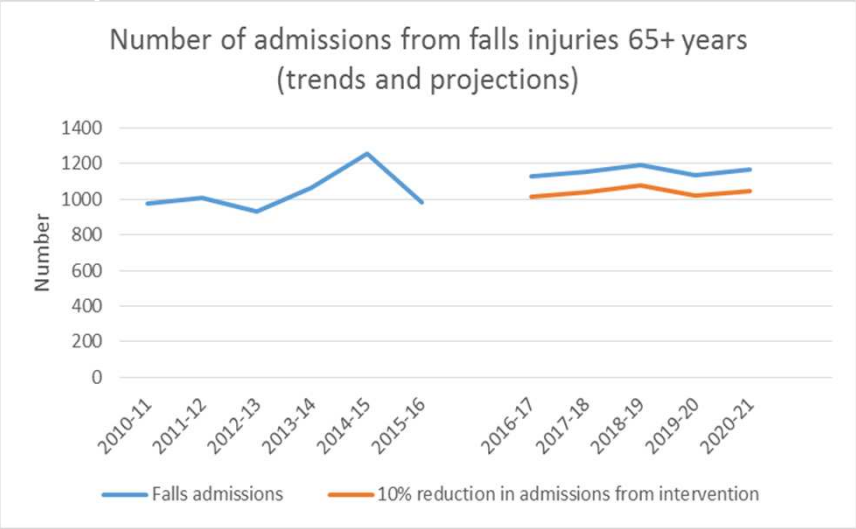
Cost projections - AF

Table 1	Health Costs				
	Number of admissions without intervention	Number of admissions with intervention	Cost without intervention	Cost with intervention	Saving
2016-17	527	390	£1,863,118	£1,380,571	£482,548
2017-18	540	400	£1,910,218	£1,415,471	£494,746
2018-19	565	418	£1,996,871	£1,479,682	£517,190
2019-20	576	427	£2,038,401	£1,510,455	£527,946
2020-21	591	438	£2,089,400	£1,548,245	£541,155
2021-22	609	451	£2,153,825	£1,595,985	£557,841

Table 1 highlights the costs with and without and the intervention to the health sector and the saving and **Table 2** highlights this for Adult Social Care.

Table 2	Social Care Costs				
	Number of care packages without intervention	Number of care packages with intervention	Cost without intervention	Cost with intervention	Saving
2016-17	121	90	£1,056,872	£783,142	£273,730
2017-18	124	92	£1,083,589	£802,940	£280,650
2018-19	130	96	£1,132,744	£839,364	£293,381
2019-20	133	98	£1,156,302	£856,820	£299,482
2020-21	136	101	£1,185,232	£878,257	£306,975
2021-22	140	104	£1,221,778	£905,338	£316,441

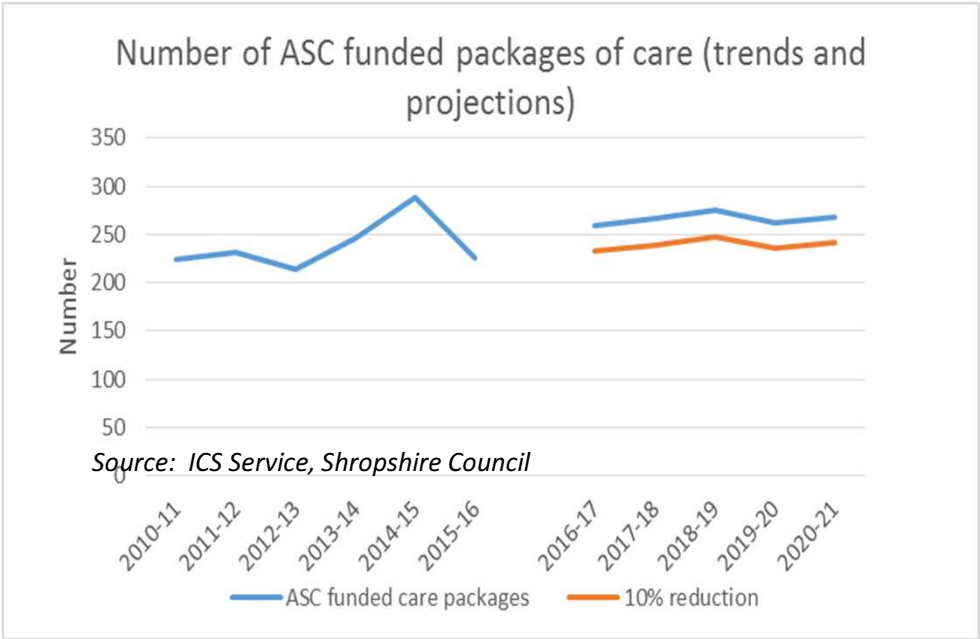
Examples: Targeting Falls



Source: Hospital Episode Statistics, Public Health Outcomes Framework and Midlands and Lancashire CSU, 2010-11 to 2015-16

N.B. the figures presented in the chart assume 10% across all years. In reality the figure is likely to be lower initially and gradually increase in impact due to changes being realised earlier in the system.

The falls prevention work includes interventions across the health and care system to reduce the number of people suffering from injurious falls. This includes awareness campaigns, establishing postural stability exercise programme, systematic referral pathways, falls service redesign, fracture liaison service, identification of people with osteoporosis and support for people at high risk of falls or who have suffered a fall to reduce their risk of subsequent falls.



Source: ICS Service, Shropshire Council

Cost projections – falls

The following tables highlight the cost savings for health and social care. This is based on a 10% reduction across all years. Table 1 highlights the costs with and without and the intervention to the health sector and the saving and table 2 highlights this for Adult Social Care.

Table 1	Health Costs				
	Number of admissions without intervention	Number of admissions with intervention	Cost without intervention	Cost with intervention	Saving
2016-17	1126	1014	£3,950,943	£3,555,849	£395,094
2017-18	1156	1041	£4,055,950	£3,650,355	£405,595
2018-19	1195	1075	£4,191,592	£3,772,433	£419,159
2019-20	1137	1023	£3,989,157	£3,590,242	£398,916
2020-21	1165	1049	£4,087,662	£3,678,896	£408,766

Table 2	Social Care Costs				
	Number of care packages without intervention	Number of care packages with intervention	Cost without intervention	Cost with intervention	Saving
2016-17	259	233	£2,259,099	£2,033,190	£225,910
2017-18	266	239	£2,319,141	£2,087,227	£231,914
2018-19	275	247	£2,396,699	£2,157,029	£239,670
2019-20	262	235	£2,280,950	£2,052,855	£228,095
2020-21	268	241	£2,337,273	£2,103,546	£233,727

Social Prescribing – why ?

- Offers patients something more than a medical intervention – developing wellness
- Reduces pressure on stretched services –GP's and hospital services – demonstrated in other areas
- Patients benefit from 'taking control' and finding ways to keep well
- Lots of social activity and support in the community
- Builds on what we have in place – Community & Care Co-ordinators, Compassionate Communities and supports the voluntary sector

Findings from Exemplar Programmes

Place	Commissioned or led?	Evaluation/ Results?
Halton – Wellbeing Enterprises	Commissioned by Halton CCG	• Financial savings to the public sector of .55p for each £ invested. • Calculated return on investment, ratio for every £ spent produces a value of £8.90
Bromley by Bow	Commissioned by Tower Hamlets CCG	Well established social prescribing model, operates a central building within an area of deprivation with a focus on vulnerable groups of adults, young people, long term unemployed, and older people who often present with health conditions that prevent a barrier to work.
Rotherham	Led by Rotherham CCG	• Reduction in patient admissions • Reduction in A and E attendance • When patients over age 80 excluded results are better • The figures show the cost to re-coup will be achieved in 2.5 years
Newcastle upon Tyne West	Led by Newcastle CCG	Initially funded through the Health Social Enterprise Investment Fund, Big Lottery and the use of social impact bonds. Newcastle West CCG committed to paying back if Ways to Wellness can demonstrate improvement on agreed outcome measures including reduced hospital visits and improvements around wellbeing
Gloucester	Led by Gloucester CCG	• Improvements in wellbeing with positive outcomes for patients • Reductions in emergency admissions • Reductions in emergency attendance • Reduction in the cost of emergency admissions

Learning from evidence – what does Social Prescribing look like for Shropshire?

1. A systematic approach – developing a vision
2. Gained sign-up from different parts of the system
3. Built on what we have
   - Community & Care Co-ordinators (CCG)
   - Compassionate Communities (hospice)
   - Active Third Sector (varied and broad)
   - Community Development Teams
   - Let's Talk Local (re-modelled social care)
   - Local NHS providers – prevention programmes
4. Engaged with partners – Primary Care & NHS Providers
5. Data, governance and evaluation
6. Have a big vision but being prepared to test things out
7. Pilot!!

Expected Results

Outcomes

- Reduced demand on social and clinical
- Improved population health & wellbeing
- Improved integration and better joint working
- Alternatives to clinical treatments- Social Care and GP populations connected with health promoting assets and support programmes in their neighbourhood
- People connected to the right level of support
- People helped to take control of their own health
- Improvement in pre-intervention concerns identified by client

Measures

- Well-being – through My CAW and PAMs
  - Confidence of patient to manage conditions
  - Measure improvement in wellbeing through self reported concerns
- Attendances at GP practice
- Attendances at A&E
- Social care interventions
- Added social value, e.g. volunteering
- Activity data (reason for referral, age, gender etc)

Fire Service Safe and Well Check List

- Carer? – loneliness?
- Lifestyle? – smoking? obesity?
- Warm home? Respiratory problems?
- Falls risks?

Community Referral

Community Support

- Carers Trust4All
- Help2Slim / Help2Quit
- Housing Support
- Walking groups, peer support groups, exercise, yoga, healthy eating, befriending services
- Employment/ Benefits

This page is intentionally left blank