



IRMP 21-25 Risk Review; Stakeholder Plans.

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Executive Summary.

The projected impact of our partners policies and ambitions.

Shropshire Council's primary challenge will be sustaining social services as the population ages. This will impact on Safe and Well providing opportunities to engage in assistive technology to support Prevention initiatives. Shropshire Council outsources or signposts to external partners, 85% of adult social care enquiries. The remaining 15% are dealt with by paid council services, this percentage has dropped from 32% in 2014/15. The Council is out-sourcing, and this may bring us opportunities to develop better data sharing.

Shropshire Council aims to manage the projected increases in the 65+ population by supporting independent living. This will ensure much higher numbers of vulnerable people will be living, often alone, across Shropshire. This will increase the number of people most at risk of fire.

County line drug gangs is a growing problem across the County and is especially prevalent in the market towns.

We will need to work closely with the Council to influence planning and regulation as diversification of agriculture in rural Shropshire will continue to increase the life risk.

Legislative changes following Grenfell Tower may also change and/or increase liaison for technical fire safety and Council Planning Teams. This will require additional resourcing of the Protection Team.

We will explore innovative prevention ideas through assistive technology in the home and work with Shropshire Council as they develop this support and intervention.

We will develop Safe and Well to reflect the changing risks within the county and both the Council's ability and infrastructure to service the demand.

Telford is ageing like the rest of the Shropshire, however a key challenge in Telford is deprivation.

The Council is politically active in its attempts to maintain an A&E in Telford. This is also reflected in an ongoing council priority to make the Telford population healthier.

The legacy of child sexual exploitation in the borough is still being lived with. Vulnerability from arson is also reflected in domestic violence and county lines drugs gangs. Prevention based target hardening in Telford will need to develop to meet this ever-increasing demand

The Council is innovative and leads on data sharing to reduce risk. Social Care data is enabling precision targeting of our prevention resources.

Telford is committed to maintaining its sovereignty by avoiding a merger with Shropshire Council. This may eventually lead to challenges in maintaining a single Safe and Well visit across both council areas.

SFRS will face significant challenge in accessing and utilising **Voluntary Community Sector (VCS)** to deliver or support initiatives. This may complicate Safe and Well and the social prescribing that often supports and addresses the resulting referrals. SFRS partnerships and collaboration should be minded that the VCS is seeking financial commitment from the public sector. Social value is an area SFRS has difficulty in assessing, it should be noted that the VCS is looking to develop national models that could support SFRS ambitions.

Both Council's use the VCS to deliver services, this relationship leaves a very limited capacity and opportunity for other organisations. **Age UK** highlight the financial pressures facing the VCS as a significant concern. This coupled with the associated challenges of an ageing population with complex health needs, especially in Telford, makes future capacity a concern. Age UK are also concerned over pensioners maintaining a driving capability due to a lack of public transport.

The Clinical Commissioning Group (CCG) is significantly challenged by finding a solution to the future A&E provision across the county. This is complicated by a lack of key staff and an ever-growing demand, again linked to ageing population. SFRS might be challenged on incidents where crews have transported casualties to hospital. Equally the provision of A&E is crucial to the final outcome for casualties. Stress on this system may increase serious fire injury numbers and the perceived success of SFRS interventions. The political debate around co-responding and how this links to the future purpose of the Fire Service may become a consideration in Future Fit and the future provision of health care in the County.

Findings; Stakeholders and Partners.

Shropshire Council

Shropshire's physical green and scenic environment helps to contribute to healthy lifestyles as well as itself being of economic value, in attracting businesses as well as in attracting people to visit here and to move here. However, there are logistical challenges in commissioning and providing services over such a large, rural geography. Examples include: the increasing cost of adult social care, exacerbated by the challenges of a markedly ageing population the resultant pressures not only on Council budgets but also on providers within the care sector, seeking to ensure that there are qualified and trained care staff to support our older people, notwithstanding numbers from EU countries who may choose to return to their country of origin. In 2019/20 Adult Social Care budget for Shropshire Council was £103.1million this is 48.2% of the entire Council budget, this has risen from 323.6% in 2015/16.¹

Shropshire Council is currently exploring opportunities to engage with local communities and partners in the collation of evidence and the development of local policy, and to influence central government to good effect in their development of national policy. This includes local infrastructure strategies such as the Local Transport Plan 4, the Car Parking Strategy and the Local Plan Partial Review, and regional and national strategies including the Major Roads network consultation, and West Midlands Combined Authority (WMCA) land estate transformation.

The increasing challenge of an ageing independent population will continue to dominate the resources and budget of Shropshire Council. The use of assistive technology and other innovation will be key to the council working smarter. The sparsity of Shropshire makes service delivery more expensive and logistically challenging when compared to more urban areas.

The safe and well programme will need to reflect these changing requirements of Shropshire Council. This presents opportunities to develop our prevention activities and utilise innovation such as assistive technology. An influx of data sharing agreements should also be hastened as the Council will need our support, assistance and energy.

Shropshire Council signposts 85% of all adult social care enquiries to external support mechanisms. This leaves 15% being dealt with by paid services this compares to 32% in 2014/15.

¹ Shropshire Council; The case for funding to support social care and infrastructure 2020

Telford and Wrekin

Telford & Wrekin Council describes itself as a “Co-operative Council” working together with residents, partners and local organisations to collectively deliver the best for Telford and Wrekin with combined resources.

The Council aims to:

- bring more public services together so that people get what they need at the right place and the right time
- involve local people and our staff more in planning and running services
- support our communities better and encourage people to do more to help their own communities.²

The Senior Management Team is now responsible for delivering a four-year plan that, includes these commitments:

- continuing to fight the closure of Telford’s 24/7 A&E and Consultant-led Women and Children’s Centre
- continuing to keep Council Tax amongst the lowest in the Midlands
- continuing to invest £80m per year in protecting the most vulnerable adults and children in our community including those who are victims and survivors of sexual exploitation and domestic abuse
- investing £50m in roads and footpaths and infrastructure across Telford and Wrekin and continue to invest in creating new jobs for residents
- continuing to fight any proposed merger with Shropshire Council or other authorities as we believe that the Borough is best served by its own council that puts residents first

The Council targets investment in the neighbourhoods which face the greatest social, economic and health challenges. The Council has a net revenue budget of circa £121m for 2019/20. Over the four-year span of this Plan, the Council is forecasting to be required to make £25m in savings as a result of reduced government grant, meet increasing costs and demands in key services. This is in addition to £123m savings that will have been delivered by the end of 2019/20 since 2010. The Council employs some 2,636 people – a reduction of 1,577 since April 2010.

Telford Summary.

Telford is ageing like the rest of the County however the real challenge in Telford is deprivation.

The Council is politically active in its attempts to maintain an A&E in Telford. This is also reflected in an ongoing challenge to make the Telford population healthier.

The legacy of child sexual exploitation in the borough is still being lived with.

² Telford & Wrekin 2019-23 Our programme to protect, care and invest to create a better borough

The Council is innovative and leads on data sharing to reduce risk.

Telford like Shropshire is committed to maintaining its sovereignty with neither council keen on a merger. This may eventually lead to challenges in maintaining a single Safe and Well visit across both council areas

Environment Agency

The EA has identified significant challenges ahead;

River Severn Partnership. Bringing together the public estate across the Severn Catchment to better understand how manage the whole River for people and environment. Looking holistically at resilience to flood, drought, and climate change to ensure we are utilising our resources collectively.

Tackling the impacts of high risk and illegal waste. Improving compliance for sites we regulate and minimising, disrupting and reducing the impacts of illegal waste activity.

Working as multi-agency partners to share expertise, resource and information.

West Mercia Police (Safer West Mercia)

The Police and Crime Commission for West Mercia has set a challenge; “to take our strong foundation of a good police force and create an even safer West Mercia.”³

This vision focuses on 4 key areas;

- Putting victims and survivors first
- Building a more secure West Mercia
- Reforming West Mercia
- Reassuring West Mercia’s communities

SFRS has worked closely with WMP through the Blue Light Collaboration Board and continues to explore collaborative opportunities. In 2019 Scenes of Crime Officers were given key access to all SFRS stations to assist with forensic investigations. A simple example of joint working.

SFRS continue to review opportunities around estate, this is on-going with the development of the new Telford Fire Station project.

Collaboration in investigations and prevention is driven through initiatives such as MATES, SOCJAG and local partnership boards. All these forums are key to successfully reducing crime and the associated risks to SFRS from arson etc. The blight of “County Lines” drug networks is clear to see and is exhibited in the increasing number of high risks visits the Fire Crime Officer carries out. This is also the case with domestic abuse and other areas of high vulnerability that Police and Fire resource to protect.

³ Safer West Mercia Plan 2016-2021

Clinical Commissioning Group

Shropshire CCG is responsible for commissioning (or buying) and monitoring health care services as described in the 2006 National Health Service Act and as amended by the 2012 Health and Social Care Act.

These services include:

- Health services that meet the reasonable needs of all patients registered with CCG member practices, as well as people living in the Shropshire CCG area who are not registered with any GP practice
- Emergency care
- Paying for prescriptions issued by member practices

To meet those needs, the CCG commissions a wide range of services, including:

- GP and primary care services
- Acute or hospital services
- Community services
- Prescribing
- Mental health services
- Ambulance services
- Continuing healthcare
- Nursing home care

CCG Summary of Challenges

Higher than expected intervention in musculoskeletal conditions (MSK)

NHS RightCare provides a suite of intelligence and tools to assist CCG's plan and improve services. Elective musculoskeletal (MSK) activity continues to be identified by Shropshire CCG based on the NHS RightCare analysis as a significant outlier compared to other similar CCGs.

Frailty

An elderly population is more likely to have complex health and care needs compared to the adult population. Emergency admissions are increasing year-on-year and a significant proportion of this is for patients aged over 65. NHS England has identified that designing and commissioning an 'end to end' frailty pathway will improve patient outcomes, support people to live independently for longer, reduce dependency on services and also reduce the cost of crisis interventions within emergency settings for frail patients. Ensuring services are appropriate for a frail patient is particularly relevant for Shropshire given the ageing population. This is also supported by NHS RightCare data.

Workforce

The recruitment and retention of key groups of health professionals continues to be a challenge.

Shropshire faces the issue of many local GPs nearing retirement age, and the difficulties of attracting new staff to the area.

The CCG continues to work with partners across the health economy to find ways to address local workforce issues as well as working with Health Education England, NHS England and NHS Improvement.

The Shrewsbury and Telford Hospital NHS Trust (SaTH) faces its own issues around recruitment and continues to see significant pressure in Accident and Emergency (A&E).

The CCG is attempting to improve A&E performance and is committed to the NHS Future Fit programme. This CCG challenge is hugely political with the final provision of A&E across the County still uncertain.

West Midland Ambulance Service

WMAS respond to around 4,000 '999' calls each day. To manage that level of demand, WMAS employs approximately 6,000 staff and operate from 15 new fleet preparation hubs across the region. In addition, the Trust took over provision of the NHS 111 service in the West Midlands (except Staffordshire) in November 2019. The 111 service answers in excess of 20,000 calls every week.⁴

Just over 50% of patients end up going to an emergency department with the rest either being treated at the scene, given advice over the phone or taken to another service such as a GP or minor injuries unit.

WMAS have achieved that by investing heavily in staff skills. WMAS are the first Trust in the country to have a paramedic on every vehicle. The additional skills they bring enable them to carry out many more treatments at the scene and en-route to hospital if it is required, which improves patient care.

WMAS also provide non-emergency patient transport services across some parts of the region for those patients who require non-emergency transport to and from hospital and who are unable to travel unaided because of their medical condition or clinical need. WMAS staff complete approximately 1,000,000 non-emergency patient journeys each year.

WMAS face the challenge of maintaining such a service during a global pandemic which has had a surprising impact on A and E and other elements of health care. The future of Covid-19 in the UK will continue to have a future influence on WMAS.

Age UK

The key challenges and changes facing Age UK in Shropshire are;

⁴ wmas.nhs.uk/about-wmas/

The **demographic increase** in the numbers of older people. This is no surprise but what often gets overlooked is the huge increase in the 80+ population in Telford over the next decade - 174%. Shropshire is not much better, but Telford's new town factor makes for significant pressure. Age UK believe that, generically, it is this cohort of older people that tend to be frailer, in poorer health and in need of support. Age UK highlight a lack of strategy in Telford to tackle this.

Increasing complexity of needs. This partly relates to the above but not solely. Age UK are experiencing significant increase in the numbers of people they are supporting with mental health, substance misuse and long-term complex needs. This is a cohort of people who often live chaotic lives and may have problems/issues with their living situations, hoarding, fire risk, poor maintenance etc. There is an increase in the numbers of older people with long term drug and alcohol issues. Voluntary organisations, across the piece, are reporting increases in those with mental health needs coming to them.

Fuel poverty. An ongoing issue in Shropshire where there are high incidences of fuel poverty. Age UK believe a complexly confusing government policy makes it tricky and unattractive for older people to improve their housing to make it more energy efficient. With the drive away from fossil fuels Age UK don't yet know what that will mean for older people.

Increased pensioner poverty. Age UK have a growing belief that the next generation of older people coming through will not be as well off as the baby boomers. This is likely to have an impact on people's health, wellbeing and ability to maintain their homes safely.

Transport. Age UK are concerned about a lack of transport. Transport is a constant issue leading to some older people continuing to drive longer than they might want to.

Lack of funding –Age UK are concerned about future funding challenges for more or less everything – as a result Age UK predict an overall reduction in the voluntary sectors ability to support people.

Voluntary and Community Sector

There are approximately 2,156 registered Voluntary and Community Sector (VCS) organisations in Shropshire, Telford & Wrekin and a further estimated 1,823 small, unregistered community groups and organisations. The sector is a significant part of the local economy, employing approximately 3% of the workforce. Strengths of the sector include⁵:

- Responsiveness

⁵ Produced for Shropshire Voluntary and Community Sector Assembly by the Feedback & Insight Team, Shropshire Council, August 2019

- Independence
- Trusted, user led approach
- Person centric
- Value– making small investments go a long way

Between 21% and 30% of the VCS in Shropshire, Telford & Wrekin provide health and well-being services. These services play an important role in keeping people active, healthy and reducing demand on acute health services and support. As a sector the VCS builds social networks and connections, reduces isolation and improved wellbeing. Approximately 90,687 people in Shropshire, Telford & Wrekin formally volunteer at least once a month. The VCS recruits and supports these volunteers, enabling them to learn new skills and make a real difference within their communities. Not only are volunteers able to support others but they also gain from volunteering such as meeting new people, feeling part of the community and, for some, enabling movement into paid employment. The overall value of volunteering within Shropshire, Telford & Wrekin is estimated at over £208 million each year. However, the Voluntary and Community Sector has lost much of the support that previously enabled it to grow. The size of the sector is shrinking, by approximately 4% a year. VCS income has reduced significantly. Government and public sector cuts have had an impact, but in addition there have been reductions in giving by large national funding bodies. A small proportion of very large VCS organisations (including national VCS bodies) receive the majority of income whilst small, locally based VCS organisations have been hardest hit.

Not only have grants and contracts reduced in number and value, fewer members of the public are now donating to charity⁶. Socio-economic changes are delivering multi-layered pressures on the VCS which, over time, will do long lasting damage to the fabric of our society and local communities. More people in need of support will be left without help. The VCS are supporting those not eligible for public sector support and those who won't engage with statutory services. If local VCS services and activities are lost there will be nowhere else to turn, and social isolation will increase.

These changes come at a time of increasing social needs, welfare reform has had an impact on people on the lowest incomes. More people are presenting to the voluntary and community sector with more complex and multi-faceted needs. Anecdotal evidence is that more VCS organisations are operating waiting lists for services as they struggle to find the resources to meet rising demands.

Although the VCS is well placed to respond to these challenges, with its strong culture of collaboration and ability to flex and change, it cannot meet the challenges alone. Support is needed at a local level from the public sector and other partners to recognize the valuable contribution and specialists of the VCS. Effective partnership working with true collaboration and a systems approach across sectors will be essential. It is also important to recognise the social value of VCS activities and

⁶ Community Life Survey 2017-18 (2018) Department for Digital, Culture, Media and Sport <https://www.gov.uk/government/statistics/community-life-survey-2017-18>

services - a small amount of investment could go a very long way towards ensuring a more optimistic future for the sector.

Future Challenges

Whilst austerity and increasing levels of demand have impacted on both public and private sectors, organisations have sought to address their own challenges. Some of the approaches taken have included directing more people to seek support from voluntary and community sector groups and organisations (for example social prescribing, referrals by community and care coordinators, community refers from Let's Talk Local etc.).

Voluntary and community sector contracts have reduced in value or been lost, and public sector grants have almost entirely disappeared. At the same time national funders have reduced their contributions and fewer people are giving to charity. Volunteering is also under threat as the profile of volunteers highlights an ageing volunteer workforce (fewer people now retire early and the retirement age has increased).

There has been little recognition of the challenges faced by the voluntary and community sector (VCS) or the need for investment to ensure the VCS across Shropshire, Telford & Wrekin is able to withstand the changes it faces.

Attention must be given now to ensure the VCS can be sustained, once lost the skills and expertise contained within the sector will not easily be revived. The following recommendations are made for consideration by local partnerships and strategic leaders:

1. Partnerships within Shropshire, Telford & Wrekin have traditionally been strong but there are inconsistencies of approach and not all partnership working has sought to effectively engage with the VCS. All too often token representation is sought. Partnerships must take the time to really understand the contribution that the VCS can make, and the impact and costs of those contributions. VCS representatives are not all paid and are often giving up their own time to attend meetings and events. Engagement must be meaningful and demonstrate results.
2. Collaborative design of new services or models of delivery should involve VCS services to ensure a system wide approach. Referrals to the VCS may be welcomed but should be based on an understanding of demand, available resources and impact. The VCS can also provide expertise and may be able to attract volunteer or external funding resources to compliment statutory provision.
3. VCS groups and organisations are often established to meet a specific need or address a problem. Their focus can mean VCS employees are specialists in their field with considerable experience. All too often there is a failure to recognise or draw on these professional skills. They are also early barometers of need and first responders. Fully embedded in their communities able to engage with those hardest to reach.

4. Public sector investment in the VCS may have reduced but in-kind support has also been lost and local leaders are asked to review this. Offering the use of public sector resources such as transport, buildings, staff could bring considerable benefits to the local community.

5. Changes in the way resources have been allocated have had a negative impact on the VCS and this has been recognised at a national level. Funding should be reformed. Grants and contracts must be used as most appropriate and be proportionate to the service/activity being delivered. Commissioners are encouraged to understand national research findings and recommended best practice and adopt open and transparent investment opportunities.

6. The social value generated by the VCS is significant but not always fully considered or assessed. As national advice and models aimed at generating social value improve it is recommended these are adopted locally.

7. The volunteer workforce and patterns of charitable giving are changing. We must not take social action and VCS support for granted. Investment in the sector, including resources to recruit and support volunteers is necessary to sustain healthy and vibrant

Summary VCS.

SFRS will face significant challenge in accessing and utilising VCS to deliver or support initiatives. This may complicate Safe and Well and the social prescribing that often supports and addresses the resulting referrals. SFRS partnerships and collaboration should be minded that the VCS is seeking financial commitment from the public sector. Social value is an area SFRS has difficulty in assessing, it should be noted that the VCS is looking to develop national models that could support SFRS ambitions.