

Executive summary

Shropshire Inequalities Plan

2022-2027





1. Introduction

- 1.1 Health inequalities are unfair, systematic and avoidable differences in health, and they are blighting the lives of thousands of Shropshire residents.
- 1.2 Inequalities in the social determinants of health translate into health inequalities. Therefore, action to reduce health inequalities requires action to improve outcomes across all the factors that influence our health. Only around 10% of our health is impacted by the healthcare we receive.
- 1.3 Shropshire's Health and Wellbeing Board (H&WBB) requested development of an Inequalities Plan that recognises the importance of both health inequalities and the wider inequalities that underpin their development. Amongst other things, the report also:
 - Sets out the factors that underpin inequalities and health inequalities and the context within which they develop and become entrenched
 - Illustrates the way in which individual factors can interplay with each other (intersectionality) – reinforcing and worsening health inequalities
 - Provides a brief overview of the evidence base for reducing inequalities
 - Provides a summary of local data illustrating the extent of health inequalities across Shropshire
 - Details a high-level summary of current work programmes being delivered across Shropshire to address inequalities, (i.e., the Inequalities Plan)
 - Provides a summary of the over-riding priorities and recommendations

Alongside this, attention is drawn to 'key areas of focus' which are considered particularly important to our work in Shropshire to reduce inequalities




2. Background and purpose of the Inequalities Plan

2.1 In responding to a request from NHSE for development of a health inequalities plan, it was agreed that for Shropshire a plan would be developed to include the following priority areas:

- ICS/NHS health inequality priorities
- Shropshire H&WBB priorities as expressed through the Joint Health and Wellbeing Strategy
- The 'wider determinants of health' as detailed in the Shropshire Plan
- Socially excluded groups (also referred to as 'Health Inclusion' Groups)

2.2 The intention of the plan is not to duplicate existing work programmes but to draw together current activity aimed at reducing health inequalities, seek to strengthen the plans and to enable monitoring of progress. The report is set out in two sections, as follows:

- **Section one:** Context. The factors that underpin health inequalities and the evidence for tackling them.
 - **Section two:** Shropshire's Inequalities Plan Tackling inequalities and poverty in all its forms, enabling children, young people, adults and families to achieve their full potential.
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Section 1:

Health inequalities context

The factors that underpin health inequalities and the evidence for tackling them

3. Definition of Health Inequalities and How They Are Measured

- 3.1 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.
- 3.2 The evolution of health inequalities is closely related to deprivation. The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It broadly defines deprivation on the basis of a wide range of factors, but it is recognised that deprivation is associated with poverty.
- 3.3 It is notable that IMD is less sensitive to the types of deprivation experienced in rural areas, and as such has limitations in defining vulnerability to poor health in areas such as Shropshire.
- 3.4 To provide indicators at a more granular level the Public Health Outcomes Framework (PHOF) was developed to enable measurement of progress in reducing health inequalities.

4. Causes of Health Inequalities

- 4.1 Population health is shaped by a complex interaction between many factors and health inequalities arise as a result of systematic variation in factors such as the following:
 - different experiences of the wider determinants of health, such as the environment, income or housing
 - differences in health behaviours or other risk factors, such as smoking, diet and physical activity levels

- differences in psychosocial factors, such as social networks and self-esteem
- unequal access to or experience of health services

4.2 Action on health inequalities requires improving the lives of those with the worst health fastest and breaking the link between people's background and their prospects for a healthy life. Further details relating to specific factors underpinning health inequalities are as follows:

The Wider Determinants of Health

4.3 The wider determinants of health are a diverse range of social economic and environmental factors such as education, employment, income, and housing.

Impact of Poverty

4.4 Poverty and health are inextricably linked whereby those experiencing poverty suffer poorer health outcomes across the life course. In short poverty damages health and poor health increases the risk of poverty.

Protected Characteristics

4.5 Individuals are more at risk of poor health or of experiencing health inequalities if they belong to one of any of the groups with 'protected characteristics' as defined in the 2010 Equality Act. People in these groups frequently experience inequalities and these may also be linked to poverty or deprivation as set out in the section below (intersectionality).

Lifestyles and Health Inequalities

4.6 Smoking, poor diet, physical inactivity and harmful alcohol use are leading risk factors for preventable ill health and premature mortality. All are socioeconomically patterned meaning that they are more prevalent among disadvantaged populations, and they contribute significantly to widening health inequalities. Smoking is uniquely harmful to health, causing damage not only to smokers but also to the people around them.

Health and Digital Literacy

4.7 Health literacy refers to the extent to which individuals can find, understand and use information and services to inform health-related decisions. Low health literacy is associated with a low level of knowledge and skill in managing health risks resulting in higher levels of morbidity. As much health-related information is now delivered digitally there is an equal need to improve digital literacy.

Stigma and Health Inequalities

- 4.8 Stigma is defined as the co-occurrence of labelling, stereotyping, and discrimination in a context in which power is exercised. Those from disadvantaged circumstances frequently experience stigma. Stigma has been identified as an independent factor driving health inequality ⁽¹⁾.

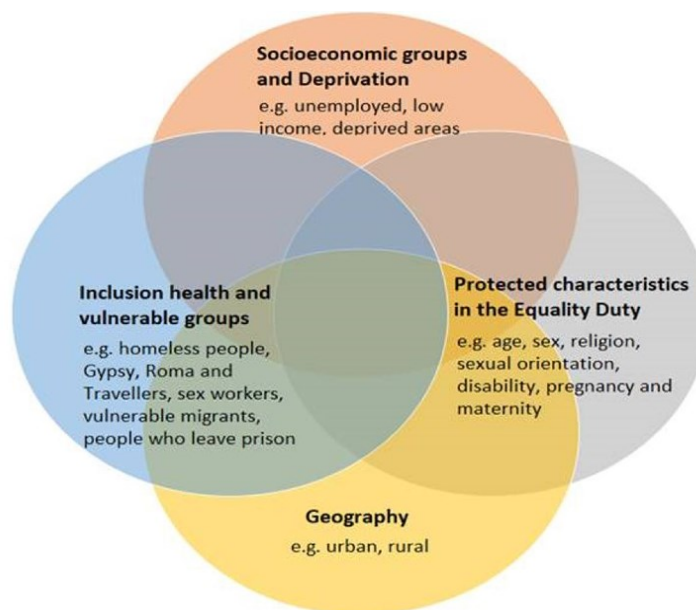
Impact of Rurality

- 4.9 Overall, health outcomes are better in rural areas than in urban areas, however indicators can mask small pockets of significant deprivation and poor health outcomes. Current methods for identifying deprivation and health inequalities in rural areas are not adequate and consequently such inequalities are not currently being identified or addressed ⁽²⁾.
- 4.10 Following the publication of the recent All-Party Parliamentary Group (APPG) report into rural health further work is required nationally to fully understand and address the factors underlying inequalities in rural areas, such as Shropshire ⁽³⁾.

Intersectionality and Health Inequality

- 4.11 It is recognised that the factors that underpin health inequalities do not operate in isolation of each other but that they interact reinforcing and amplifying their potency in damaging health. The overlapping dimensions of health inequalities are recognised and are illustrated in figure 1 below.

Figure 1. The Overlapping Dimensions of Health Inequalities ⁽⁴⁾





Impact of COVID

4.12 The impact of Covid-19 was uneven across different population groups both in the UK and across the world. As the virus disproportionately impacted on groups already facing the worst health outcomes the mortality rate from Covid-19 in the most deprived areas was more than double that of the least deprived.

5. The Evidence Base for Reducing Inequalities and Health Inequalities

5.1 Inequalities are not fixed, and evidence indicates that a comprehensive approach to tackling them can make a difference. The national Marmot reviews provide an overview of the action required to have a positive impact in terms of reducing health inequalities (5)(6). They specify the following policy areas for intervention:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

5.2 The Marmot reports provide strong evidence that health inequalities present across a social gradient and, as such proportionate universalism is recommended whereby actions are universal, but with a scale and intensity that is proportionate to the level of disadvantage.



SECTION 2:

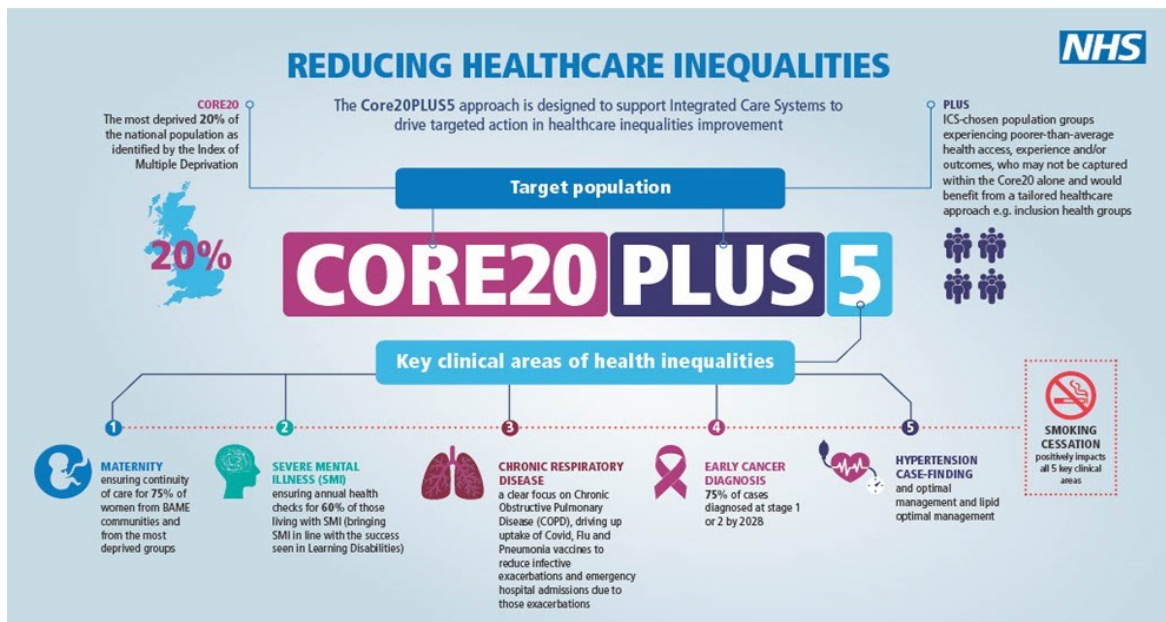
Shropshire's Inequality Plan

Tackling inequalities and poverty in all its forms, enabling children, young people, adults and families to achieve their full potential

6. Policy Context for Reducing Inequalities and Health Inequalities

- 6.1 It is widely recognised that reducing health inequalities would bring economic benefit to the whole country. The government has established a Cabinet level health promotion taskforce to move forward prevention policy and a health disparities White Paper is due later this year. The government's recent 'levelling up' strategy outlines the national ambition to spread opportunity more evenly across communities addressing the factors that predispose to inequalities.
- 6.2 In terms of NHS policy, the 2012 Health and Social Care Act introduced duties on a range of NHS bodies to have 'due regard' to reducing health inequalities in exercising their functions (7). The NHS long term plan (LTP) (8) signalled more comprehensive action across the NHS to both strengthen the prevention of ill health and to reduce health inequalities.
- 6.3 More recently Integrated Care Systems (9) have been introduced across the country with the specific purpose of bringing local partner organisations together to:
- improve outcomes in population health and healthcare
 - tackle inequalities in outcomes, experience and access
 - enhance productivity and value for money
 - help the NHS support broader social and economic development
- 6.4 In order to focus specific action on health inequalities NHSE/I has introduced the 'Core20PLUS5' framework to drive a reduction in health inequalities. The approach defines a target population cohort - the 'Core20' – with an optional PLUS – which for our ICS has been identified as 'rurality' These sit alongside '5' clinical areas requiring accelerated improvement, as shown in figure 2 below. (10)

Figure 2. The 'Core20PLUS5' Framework



6.5 In addition to the Core20PLUS5 approach each Primary Care Network (PCN) ⁽¹¹⁾ is required to draw up specific plans to tackle neighbourhood health inequalities and the Public Health team are supporting them in taking forward this commitment.

7. Inequalities and Health Inequalities Across Shropshire

7.1 The 2021 census indicates that Shropshire has a population of 323,600 people (12). Further breakdown of the population from this census is not yet available but in the 2011 census 2% of the population were from an ethnic minority group, 5% claimed to have bad or very bad health and 9.5% were aged 75 years or over (13).

7.2 The IMD score was last calculated in 2019. Shropshire has an average score of 17.2 and is ranked as the 174th most deprived out of a total of 317 lower tier local authorities in England. When looking at smaller geographical areas – Lower Super Output Areas (LSOAs) Shropshire has LSOA's within the most deprived nationally as follows (14):

LSOAs within the most deprived 10% in

- Harlescott ward (Shrewsbury)
- Ludlow East ward

LSOAs within the most deprived 20% in

- Monkmoor ward (Shrewsbury)
- Oswestry South ward

- Meole ward (Shrewsbury)
- Castlefields and Ditherington ward (Shrewsbury)
- Market Drayton East ward
- Sundorne ward (Shrewsbury)
- Oswestry West ward

7.3 Table 1 includes some high-level indicators relevant to the assessment of health inequalities and illustrates how Shropshire compares to England and then the range in measurements across Shropshire's electoral wards.

Table 1: Indicators of Inequality Across Shropshire

Measure	England	Shropshire	Range (Ward)	Range (Ward)
IMD Score	21.7	17.2	3.7 (Copthorne)	37.6 (Harlescott)
Life expectancy at birth, (Male)	79.7	80.5	75.3 (Sundorne)	85.8 (Copthorne)
Life expectancy at birth,(Female)	83.2	83.6	79.5 (Tern)	89.6 (Clun)
Deaths all causes, all ages, (SMR)	100	96.7	65.4 (Copthorne)	145 (Worfield)
Deaths all causes, under 75, SMR	100	89.7	55.2 (Clun)	149 (Sundorne)
Preventable deaths, under 75, SMR	100	85.7	48.2 (Corvedale)	160.6 (Sundorne)

7.4 It can be seen that life expectancy for males and females and deaths as measured through the Standardised Mortality Ratio (SMR) (i.e., death rates standardised for differences in the age and sex profile of the population) can be seen to be on average better in Shropshire than in England. However, it is also evident that there is wide variation by electoral ward, with lower life expectancy within Sundorne and Tern and higher life expectancy in Copthorne and Clun.

7.5 Healthy life expectancy (HLE) is another important indicator as it measures the average number of years a person would expect to live in good health based on contemporary mortality rates and the prevalence of self-reported good health, as reported through the Annual Population Survey.

7.6 Table 2 illustrates how HLE in Shropshire compares to the England average and also provides an overall measure of inequality in HLE across the county.

There is inequality across the county with, on average, men in the least deprived areas enjoying 5.5 years in better health and the women 3.5 years.

Table 2: Healthy Life Expectancy (in years) in Shropshire and Inequality in HLE

Indicator	Shropshire	England
HLE Males	62.8	63.1
Inequality in HLE Males	5.5	9.7
HLE Females	67.1	63.9
Inequality in HLE Females	3.5	7.9

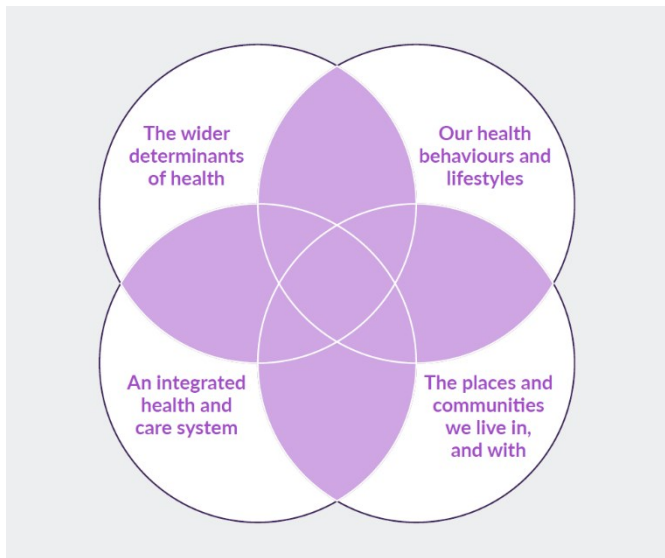
- 7.7 Shropshire’s Joint Strategic Needs Assessment (JSNA) process will provide further insight into the health of the population at a more granular level, as will the Director of Public Health’s annual report.

8. Development of the Inequalities Plan

Population Health Model

- 8.1 Across the ICS there has been a commitment to adopt a population health approach to improving health outcomes. In order to support this approach, the Population Health Model has been adopted. By using data to gain an understanding of population need and then to risk stratify populations, interventions can be targeted at those groups in greatest need of support.
- 8.2 Figure 3 illustrates the key components of the Population Health Model – whereby there are four interconnected pillars/areas for action that need to be addressed to secure health improvement and reduce health inequalities.

Figure 3: Population Health Model



8.3 This framework has been used to structure Shropshire’s Health Inequality plan as described below

9. Underpinning principles

9.1 It is important to note that the inequalities plan is drawing together existing work programmes being taken forward across the ICS footprint and as such the principles expressed here need to be considered in all service developments and interventions. In tackling the complex issues that underlie health inequalities the following principles should underpin action:

- Understanding problems from the perspective of those with ‘lived experience’ of the issue
- Adopting a ‘whole system approach’ built on complex systems theory
- Intelligence led identification of problems and evidence-based solutions
- Community centred action – co-producing solutions building on local assets working with individuals and community and voluntary sector partners
- Equitable targeting of resources
- Place-based collaboration and co-production



10. Structure and Content of the Inequalities Plan

- 10.1 The plan includes high level detail of the intended work programmes being taken forward, grouped under the Population Health Model domains, together with separate sections highlighting plans to meet the needs of 'social inclusion' groups and the PCNs plans addressing neighbourhood health inequalities.
- 10.2 The plan has been drawn together with the support of officers across the council and the wider NHS and include intended milestones, process and outcome measures.

11. Core Programmes of Work

- 11.1 The Inequalities Plan is included as appendix 1 to this summary but it is important to note that it is not inclusive of every activity with the potential to impact on health inequalities. Other examples include the following:

Development and Delivery of the Shropshire Plan and Revised Target Operating Model

The Shropshire Plan is the key strategic plan for the council with 4 key priorities:

- Healthy people
- Healthy economy
- Healthy environment
- Healthy organisation

- 11.2 In order to deliver the plan council officers are undertaking significant work to revise the way in which the council operates – developing a new Target Operating Model (TOM). The associated work programmes will enable the council to further develop and maintain a focus on inequalities over time.

Working with our Voluntary, Community and Enterprise Sector

- 11.3 Shropshire has a strong history of community led approaches to help build empowered communities. Through working in partnership with the VCES many programmes of work are underway to tackle health inequalities.



12. Identifying Gaps in Collective Action to Reduce Inequalities in Health

12.1 One of the key opportunities presented through developing this plan is the scope it presents for an assessment any key gaps in actions being taken and as such the following gaps have been identified.

Comprehensive Action to Reduce Smoking Rates

12.2 Smoking has been identified as the single largest driver of health inequalities in England. One study found that smoking accounted for a third of the difference in death rates between the lowest and highest socioeconomic groups. In addition, it has been identified that 50% of the deaths among people with Serious Mental Illness (SMI) are due to tobacco related illnesses. Tobacco control and smoking cessation services thus make a vital contribution in reducing health inequalities.

Meeting the Needs of the LBGTQ+ Community

12.3 The Health Inequalities Plan includes details of work underway to support the needs of older members of the LBGTQ+ community. However national statistics indicate that younger people (aged 16 to 24 years) were most likely to identify as LBGTQ+ in 2018 (4.4%)⁽¹⁵⁾.

12.4 Given the health impacts of identifying or being identified as LBQTQ+ are significant including verbal harassment and physical violence, it is important that some assessment is made of the need for more comprehensive action in this area


Reference to the Accessible Information Standard

12.5 The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.⁽¹⁶⁾ The Standard supports organisations in ensuring that service users can access and understand the information they are given.

13. Overriding Priorities

13.1 While action to address health inequalities needs to be comprehensive and incorporate all of the planned actions included in appendix 1, the following are key areas where action and impact should be closely monitored:

- The Cost of Living Crisis
- Development and implementation of plans to reduce smoking

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- Maintaining a focus on delivering 'health in all policies' across the council and wider ICS
 - Strengthening the 'Early Intervention/Prevention' offer for Children, Young People and Families
 - Strengthening prevention through the support of healthy lifestyles – including through making the environment in which people live more conducive to good health and considering the specific needs of those with disabilities
 - Delivery of the NHS plans to meet the five clinical areas of focus included in the 'Core20PLUS5' framework
 - Development and implementation of plans to tackle digital exclusion
 - Further consideration of opportunities to improve work-skills among the population and increasing opportunities for higher paid work within the local economy (linked to UKSPF)
 - Reducing dependency and the harms associated with drug and alcohol misuse, especially among young people
 - Further consideration of the steps that can be taken with academic and other partners to better quantify and meet the health needs of Shropshire's rural population; exposing the rural health inequalities that exist.

14. Key Areas of Focus

14.1 This section draws attention to key factors that are considered to be particularly relevant in further developing and implementing the Inequalities Plan in Shropshire. These factors include:

Wider Determinants of Health

14.2 It is clear that the 'wider determinants' (or social determinants) of health impact in diverse ways to influence health outcomes. These same factors affect educational, employment and other outcomes in similar detrimental ways – which go on to compound disadvantage and further undermine health living opportunities. This interrelationship is illustrated in Figure 4 below.

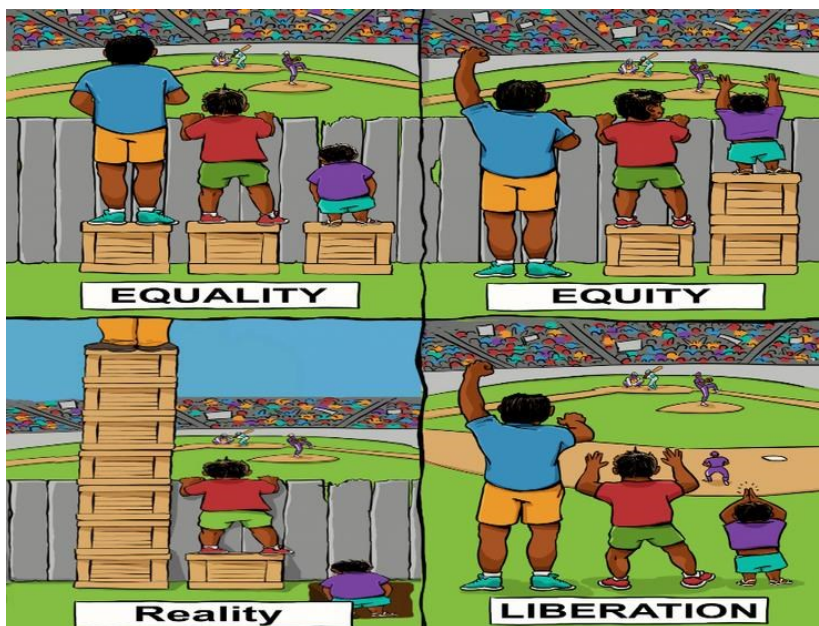
Figure 4: Wider Determinants of Health



Proportionate Universalism

14.3 There is strong evidence that health inequalities present across a social gradient, with those living in the most deprived areas having the worst health outcomes (and likewise worse education, employment and other outcomes). As such proportionate universalism is recommended in tackling inequalities whereby actions are taken with a scale and intensity that is proportionate to the level of disadvantage. Proportionate universalism results in the application of resources equitably across the population proportionate to need, as illustrated in Figure 5.

Figure 5. Proportionate Universalism: The Equitable Distribution of Resources Depending on Need



Rurality

- 14.4 The rural nature of Shropshire also impacts on inequalities and on health. Furthermore, current methods for identifying deprivation and inequalities in rural areas are not adequate making it difficult to address needs. Factors that impact in particular include transport, housing and the challenges associated with accessing services. Securing well-paid work is a challenge with a predominance of low paid tourism and hospitality related jobs that are frequently insecure. Consequently, there are high levels of in-work poverty.
- 14.5 Further to this it is well-documented that the budget required by rural households for a minimum acceptable standard of living is considerably higher than elsewhere in the UK. This higher cost of living is partly because of distance to services, poor access to lower priced shopping centres and the cost of heating homes which are often off-grid and less well insulated.

Cost of Living Crisis (CLC)

- 14.6 The CLC and a recent review links the 'dangerous consequences' of living in a cold home to a child's health and future life expectancy and will push more people into poverty. More people in poverty will lead to more people experiencing ill-health. A wide range of impacts are anticipated, including the following:
- Housing costs will increase for many people - with larger mortgage repayments and anticipated rent increases in social and privately rented properties
 - Fuel Poverty Energy prices rose 54% in April and are due to increase again in October. In 2020 16.5% of households in Shropshire were identified as being in fuel poverty (17), with rates highest and rising particularly in rural areas
 - Food Poverty 43% of households in receipt of Universal Credit are reported to be food insecure (18). Shropshire's foodbanks are seeing an increasing number of residents seeking support. In January 2021 it was estimated that 14% of Shropshire's population were experiencing food poverty (19).
 - Petrol/Diesel costs The increasing cost of travel is being felt most acutely in rural areas causing financial pressure for people needing to travel for work. Rural residents travel further than their urban counterparts.

Health in All Policies

- 14.7 It is recognised that adopting a Health in All Policies (HIAP) approach can support local authorities to embed action to improve health and reduce health inequalities across all of their functions and such an approach is being adopted in Shropshire.
- 14.8 Through adopting HIAP the factors that lead to variations in health can be identified and addressed. It can assist in enabling decisions on the distribution of resources to be made in the context of relative need, taking into account rurality as an independent but influential factor.



Joint Strategic Needs Assessment (JSNA)

14.9 The Joint Strategic Needs Assessments (JSNA) is a Statutory Duty placed on the Health and Wellbeing Board. Shropshire is currently developing 'Place-based JSNAs', focussed on smaller localities which will help build an understanding of the health and wellbeing needs of communities. By gaining local knowledge and insight and taking an asset-based approach that seeks to highlight the strengths, capacity and knowledge of all those involved, the JSNAs will be critical in informing future actions and priorities in this plan.

15. Recommendations

15.1 Building on the information set out above the following overarching recommendations are made:

- Development of a framework enabling progress in reducing-inequalities to be periodically reviewed, including monitoring and tracking progress against key measures through development of an action log.
- Continue to roll out and adopt a Health in all Policies Approach to our programmes and policies
- All staff and partners acknowledge their individual organisational and our collective shared responsibility, to focus plans and implementation of services to seek to address variation in health and wellbeing outcomes.

We want everyone to have a good quality of life no matter where they live or the circumstances they were born into.





16. Inequalities and Health Inequalities Across Shropshire

Format of the Plan

Shropshire's Inequalities Plan is set out in 6 tables as follows:

- Table one: The wider determinants of health
- Table two: Healthy lifestyles
- Table three: Healthy places
- Table four: Integrated health and care system
- Table five: Social Inclusion groups
- Table six: Primary Care Network Plans

For each priority within the tables the following 'high level' information is provided:

- A description of the priority/issue and how it impacts on inequalities
- The associated work programme through which-inequalities will be addressed
- The individual leading the work and the strategic group to which progress is reported
- Key actions and milestones associated with the work programme
- Key process measures associated with the work programme
- Key outcome measures associated with the work programme
- Targets related to the work programme or associated outcomes, where these apply

Please note:

Whilst all efforts have been made to ensure the contents of the plan below are correct at the time of submitting this report, it is possible (and to an extent to be expected) that some plans will - for a variety of different reasons - have been changed.

Any such changes will be reflected in future updates of this Inequalities Plan.




Table 1: Wider Determinants of Health

Population Health Domain: Wider Determinants

Marmot: (i) Create fair employment (ii) Ensure healthy living standard

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>1.1 Embed Health in all polices- a mechanism for screening for – and where necessary assessing the potential health impacts of developments/plans</p>	<p>Implementation of equality, inclusion and health screening tool (EIHIA)</p>	<p>Sue Lloyd, Consultant in Public Health, reporting to H&WBB</p>	<p>PH wider determinants team undertake ‘face to face’ training (March 2022)</p> <p>Council officers undertake ‘face to face’ training (March 2022)</p> <p>‘Leap into learning’ training rolled out across the council (March 2023)</p> <p>Delivery of Health Impact Assessment Transport (May 2022)</p>	<p>100% of team trained</p> <p>12 officers trained</p> <p>10% of council officers trained)</p> <p>Health Impact Assessment complete</p>	<p>Number of EIHAs completed prior to committee stage</p> <p>Skills and knowledge on delivery of Health Impact Assessment embedded in organisation</p>	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>1.2 Housing – Influences health inequalities through the effects of housing costs, housing quality, fuel poverty and the role of housing in community life</p>	<p>Sufficient affordable and supported accommodation to meet identified need through production of a housing need and demand position statement which maps current provision and evidences current and future need for all tenures of housing, including specialist and supported accommodation</p>	<p>Jane Trethewey Laura Fisher reporting to Housing Executive Board</p>	<p>Undertake authority-wide housing needs survey (October 2022)</p> <p>Produce specialist accommodation and independent living strategy (March 2023)</p> <p>Produce affordable and intermediate housing options strategy (March 2023)</p> <p>Review and revise allocations policy (April 2023)</p> <p>Produce revised Housing Supplementary Planning Document (SPD) (March 2023)</p>	<p>Report produced</p> <p>Strategy published</p> <p>Strategy published</p> <p>New policy introduced</p> <p>SPD published</p>	<p>Numbers of additional affordable housing</p> <p>Numbers of additional specialist / supported accommodation</p>	<p>Minimum of 250 additional dwellings per year</p>

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<i>Homelessness see table. 5</i>						
1.3 Reducing fuel poverty and improving housing standards	<p>Ensure all relevant domestic private rented property meets the Minimum Energy Efficiency Standard (MEES)</p> <p>Develop a sustainable affordable warmth strategy</p> <p>Delivery the private housing assistance policy.</p>	Jane Trethewey / Laura Fisher reporting to Housing Executive Board	<p>Undertake escalated enforcement approach. (September 2022 to March 2023)</p> <p>Strategy which sets out initiatives to tackle fuel poverty, whilst providing a road map for homes becoming net zero carbon. (February 2023)</p>	<p>Number of homes with Housing Health Safety Rating System (HHSRS) category 1 and 2 hazards</p> <p>Publish strategy</p> <p>Total number of Disabled Facilities Grants (DFGs) and major equipment grants provided</p> <p>Number of Disabled Facilities Grants (DFGs) provided</p>	Reduce number of households living in fuel poverty. In 2020 16.5% of households (almost 23,000) were estimated to be in fuel poverty	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>1.4 Economy and skills – people lacking skills and job opportunities leads to unemployment, poverty and ill-health</p> <p>There is a need to create improved employment prospects through local economic policy and enabling infrastructure, education, skills, lifelong learning and labour market programmes. These need to be targeted to maximise opportunities to reduce health inequalities, improve health across the County and to seize opportunities to create economic growth. ¹</p>	Improving overall employment rate/average earnings	Tracy Darke and Matt Potts, reporting back into the newly created Shropshire Economic Partnership Board	Adoption of Economic Growth Strategy with wellbeing & health embedded as a core value. The document is currently open for public consultation. Expected adoption and formal launch (December 2022)	Annual survey of hours and earnings	<p>Median gross workplace earnings for full-time workers</p> <p>Annual Population Survey including NVQ level data</p> <p>Census data will also include specific qualification data</p>	<p>Shropshire 9% less than the national average (2021)</p> <p>Gap between national and Shropshire full time earnings closed by at least 50% by the end of the Economic Growth Strategy lifecycle (2027) *</p> <p>*Metric is subject to change and sign off of the Economic Growth Strategy following public consultation</p>

¹ Shropshire Council (2022) Invest Shropshire

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.4 continued.,	Targeting skills development programmes	Tracy Darke and Matt Potts, reporting back into the newly created Shropshire Economic Partnership Board	<p>Recruitment of senior skills and workforce development officer post. (Starting: September 2022).</p> <p>Targeting ESF programmes to support NEETs, the unemployed and those needing upskilling in work. Provide careers advice and guidance. Support transition arrangements into education, employment or training (TBC)</p> <p>UKSPF programme currently in development and will incorporate programmes under the banner of People and Skills, ultimately replacing ESF funded programmes. Submission of Investment Plan to Government (August 2022). Programme delivery (Expected: Autumn 2022)</p>	<p>Development of skills plan and associated engagement with FE, HE and private providers, and businesses</p> <p>Regular monitoring of ESF contracts. Maintaining the connections with providers offering programmes. Link internally with other groups/areas within the Council with an aim to reduce NEET figures</p> <p>UKSPF – Details TBC subject to sign off of Investment Plan by Government</p>	16-17-year-olds NEET figures	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.4 continued.,	Supporting employment among those with Learning Disabilities (LD)/Mental Health (MH)/Long-Term Health Conditions (LTCs)	LD – Natalie Hawkins MH – Ruth Davies Enable manager – Roshni Shrosbree	Currently bidding for additional LD and MH funding. (Ongoing)	ASCOF 1E – Proportion of adults with learning disabilities in paid employment. 1F: Proportion of adults in contact with secondary mental health services in paid employment.	Gap in the employment rate between those with a learning disability and the overall employment rate	
1.5 Workforce – COVID led to unemployment/lower paid/less stable employment. We will work to make Shropshire workplaces fair, happy and healthy places for people to work in and promote wellbeing for all (See 1.4 also)	‘Thrive at Work’ West Midlands award. Shropshire Council has received foundation accreditation and now working towards bronze level	Carol Fox Reporting to: Workforce and Information Management Team Resources Management Team Health, Safety and Welfare Group	Foundation accreditation received (November 2021) Undertaking Bronze level at present (December 2022) Silver level achieved (March 2023)	Submission for bronze award December 2022	Shropshire Council will have an equitable wellbeing offer for all staff	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>1.6 Education including SEND – lower educational achievement is associated with poorer health and health inequalities. Inequalities in childhood are closely associated with measurably poorer health outcomes in adults and comparatively higher numbers of Adverse Childhood Experiences</p>	<p>Addressing sizable gaps in attainment between disadvantaged pupils and others</p>	<p>Steve Compton and school advisors Reporting to DMT</p>	<p>Where there are sizeable gaps in attainment follow up during School Improvement Assistance (SIA) visits (including interrogation of other factors) (Ongoing)</p> <p>All schools publish pupil premium and recovery premium plans Recovery Premium Funding plans are reviewed by the SIA (Ongoing)</p>	<p>School readiness: % of children with free school meal status achieving a good level of development at the end of Reception</p> <p>School readiness: % of children with free school meal status achieving the expected level in the phonics screening check in Year 1</p>	<p>Children with free school meal status achieving a good level of development at the end of Reception</p> <p>Children with free school meal status achieving the expected level in the phonics screening check in Year 1</p>	
<p>1.7 Early years</p>	<p>Improving outcomes for 24U children</p> <p>Improve uptake of 24U places (already above national but still leaves 20+% of our most vulnerable children not in a setting)</p>	<p>Alison Rae Reporting to EIS</p>	<p>Deliver Early Talk training to all 0-3 settings focussing on the settings with 24U children first. (From September 2022)</p> <p>Improve letter to parents to have more impact End of term (July 2022.)</p>	<p>% reduction in grey and black outcomes with Ages and Stages Questionnaire (ASQ) for 2-year-olds.</p> <p>% Uptake of 24U places increases</p>	<p>Improved outcomes for 24U children</p>	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.8 Post 16	Partnership work to provide appropriate post 16 offer	Steve Compton/Matt Potts reporting to Early Help Partnership Board	Link with post 16 providers to ensure that all support options for young people/adults is available (Ongoing)	% reduction in NEETS	16-17-year-olds Not in Education, Employment or Training (NEET) or whose activity is not known Participation data for 16-17-year-olds	
1.9 Virtual School (responsible for education of children who are looked after)	Look at the SDQ (Strength and Difficulties questionnaire process) and how SDQs are used effectively at Personal Education Plans (PEP)s to identify and act on needs The SDQ is built into the PEP platform and there is a process in the meeting where the social/emotional needs of each Looked-After Child is discussed and planned for	Jo Kelly reporting to Children and Young Peoples' Board	To meet with Children Looked After (CLA) Service Manager and nurses. Agree way forwards e.g. PEP platform (Early September 2022) The scales on the PEP indicate improving outcomes for social and emotional well-being and relationships/behaviour. PEP Audit to include social and emotional wellbeing scales that are in the new PEP (launches 5 th September) (Audit: November 2022)	2 scales in new PEP (social and emotional wellbeing and relationships and wellbeing) will measure improvements. Plan to run report that can show where the children are at by the end of the autumn term and again at end of summer term	Average Attainment 8 score (Average Attainment 8 score for all pupils in state-funded schools, based on local authority of pupil residence) Average Attainment 8 score of children in care (Key stage 4 average Attainment 8 score of CLA continuously for at least twelve months at the end of March (excluding children in respite care). Attainment & progress outcomes for CLA are in line with or better than the national averages	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>SEND</p> <p>1.10 Speech and language focus Too many children in reception year do not achieve at least the expected levels across all goals in 'communication and language' and 'literacy' areas of learning</p>	Reduce the waiting list for Speech and Language therapy services	Stephanie Jones reporting to SEND Board/ Children and Young Peoples Board	<p>All Early Years/Primary School settings to receive training on Speech, language and communication (September 2022)</p> <p>% of children achieving expected level of 'communication, language and literacy' to be reviewed in 2023 and annually until 2025</p>	<p>% of education and early years setting trained to deliver speech, language and communication intervention collected locally</p> <p>% of children on waiting lists for speech and language therapy collected locally</p>	More children will achieve expected level of 'communication, language and literacy' (This may be impacted by Covid-19)	<p>% of children achieving expected level across all goals in the 'communication and language' and 'literacy' areas of learning at the end of reception year will increase by 25% by 2025. (Baseline set using 2019 data)</p> <p>No clear target set to date</p>

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>1.11 Transport - impacts on health – systems need to be safe and accessible for all, enable active travel and use of public transport and minimise harmful impacts on population groups and the environment</p>	<p>Local Transport Plan 4 (LTP4)</p>	<p>Infrastructure Department, Place Directorate</p> <p>Steve Smith and Victoria Merrill. reporting to Place DMT on outcomes / recommendations from the Project Steering Group (cross-organisational representation)</p>	<p>Cabinet approval of draft portfolio of documents. Dates to be updated pending issue of new DfT guidance on LTPs expected (Spring 2023)</p> <p>Annual review of interventions and targets (Annual)</p>	<p>KPIs to be agreed through LTP4 to include decarbonisation/ improving quality of life</p>	<p>KPIs to be agreed through LTP4 to include decarbonisation/ improving quality of life</p>	<p>No targets set to date.</p>


Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>1.11 continued.,</p> <p>The LTP4 considers and prioritises the mobility needs of people, places, and activities in promoting and maintaining healthy, equitable and sustainable communities. Local cycling and walking infrastructure plan (LCWIP) to encourage and enable sustainable physical activity in daily life for all population groups</p>	<p>Local cycling and walking infrastructure plan (LCWIP)</p>	<p>Rose Dovey reporting to Cabinet and Full Council</p>	<p>LCWIP finalised (March 2023)</p>	<p>Increased proportion of county with access to good quality cycleways and walking in areas of deprivation and low physical activity.</p>	<p>Shropshire as a zero-carbon county</p> <p>Healthier living for Shropshire residents.</p> <p>Reduced congestion and car dependency</p> <p><small>The LCWIP has the following cross-halpin objectives with the emerging Local Transport Plan (LTP4):</small></p> 	<p>No targets set to date</p>

Table 2: Healthy Lifestyles

Population Health Domain: Healthy Lifestyle Behaviours

*Marmot: (iii) CYP and adults – maximise capability and control
(iv.a) strengthen ill-health prevention (lifestyles)*

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>2.1 Smoking – is the single largest driver of health inequalities in England. In addition, 50% of the deaths among people with Serious Mental Illness (SMI) are due to tobacco related illnesses</p> <p>The NHS is introducing new Tobacco Dependency Treatment services and public health need to reconsider what community support can be provided to smokers to enable them to quit</p>	<p>The NHS will lead the implementation of new or revised smoke-free pathways, as follows:</p> <ul style="list-style-type: none"> • Maternity services • Acute Inpatient services • Mental Health Inpatient services 	<p>Lead - Emma Pyrah Reporting to: NHS Tobacco Dependency Treatment Steering Group</p>	<p>Maternity service commences and all national requirements including data recording and reporting fully met (August 2022)</p> <p>Acute service commences and all national requirements including data recording and reporting fully met (TBC 2022)</p> <p>Mental health services workforce education and socialising the model completed (Autumn 2022)</p>	<p>Data collection and monitoring systems need to be developed based on national guidance. In the first instance the data will be reported at provider level and will include:</p> <ul style="list-style-type: none"> • Number of acute inpatients with completed smoking • Number of MH inpatients with completed smoking • Number of maternity bookings with completed smoking <p>Smoking status at 28 days will also be captured for the above categories</p>	<p>TBC in the context of national KPIs for the TDT programme</p>	

	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
	<p>Public Health will lead on developing community-based smoking cessation support for:</p> <p>(i) Patients discharged following receipt of Tobacco Dependency Treatment</p> <p>(ii) Community based smokers</p>	Berni Lee reporting to Healthy Lives Steering Group	<p>Liaise with NHS colleagues and LPC/ community pharmacies to provide national 'advanced smoking cessation service' for those discharged (December 2022)</p> <p>Complete data modelling to inform capacity planning, service delivery options and costs for 'in-house' service (December 2022)</p>	<p>Number of pharmacies offering the service</p> <p>Number of smoking quitters supported through pharmacies</p> <p>Service model agreed and commissioning commenced</p>	<p>Smoking Prevalence 18+</p> <p>Smoking Prevalence in adults in routine and manual occupations</p> <p>Smoking at time of delivery (SATOD)</p> <p>Smoking Attributable Mortality</p> <p>Smoking Attributable Hospital Admissions</p> <p>Number (%) smokers successfully quit at 4 and 12 weeks</p>	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>2.2 Healthy Weight/ Obesity impairs health increasing the risk of several diseases. Socio-economic factors play a key role in driving obesity with adults and more so children in the most deprived areas having higher obesity prevalence than the least deprived areas</p>	Development of Healthy Weight Strategy (HWS)	Berni Lee reporting to Healthy Lives Steering Group	<p>Complete analysis of public/stakeholder survey to inform draft strategy (December 2022)</p> <p>HWS drafted (March 2023)</p> <p>Consultation on draft HWS completed (June 2023)</p> <p>Final HWS presented to HWBB (September 2023)</p>	<p>Draft HWS produced</p> <p>Number of groups consulted</p> <p>Number of responses received</p>	<p>Obesity in early pregnancy</p> <p>Breastfeeding prevalence at 6-8 weeks</p> <p>Reception: Prevalence of overweight (including obesity)</p> <p>Year 6: Prevalence of overweight (including obesity)</p> <p>Percentage of adults (aged 18+) classified as overweight or obese</p>	
	Establish work programme to promote healthy weight environment	Berni Lee reporting to Healthy Lives Steering Group	Agree priority areas for action (February 2023)	TBC (depends on priorities agreed)		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
2.2 continued.,	Roll-out of NHS provided Digital Weight Management Programme (DWMP) for those with type 2 diabetes or hypertension with a BMI of 30+ (adjusted for ethnicity)	Tracey Jones, reporting to Population Health Board	<p>Practices actively encouraged to sign up to Weight Management DES (June 2022)</p> <p>Practices actively encouraged to sign up to make referrals to DWMP (Ongoing)</p> <p>Staff encouraged to self-refer to DWMP (Ongoing)</p>	<p>Number (%) practices signed up to WM DES</p> <p>Number patients offered/take up of DWMP</p> <p>Number of staff self-referring to DWMP</p>		
	<p>Provision of Tier 2 adult Weight Management (T2WM) Services</p> <p>Supporting weight management among children and young people</p>	Berni Lee reporting to Healthy Lives Steering Group	<p>Extend contract for commissioned Adult T2WM service (June 2022)</p> <p>Complete service promotion with key stakeholders to maximise direct and self-referral for eligible adults (June 2022)</p> <p>Agree specification for 'in-house' weight management service (or alternative) (December 2022)</p> <p>Agree resource and specification for weight management support among C&YP (December 2022)</p>	<p>Contract extended</p> <p>Number of referrals to service by source Number (%) of referrals completing T2WMP</p> <p>TBC (depends on specification)</p> <p>TBC (depends on specification)</p>		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
2.3 Physical activity	<p>Together We Move social movement established</p> <p>Approach to building physical activity into disease management programmes developed</p>	Penny Bason reporting to Healthy Lives Steering Group	<p>Stakeholder event (5th July 2022)</p> <p>Digital / data hub developed – to share practice / learning and encourage inspiration (October 2022)</p> <p>Communities of learning established (September – December 2022)</p> <p>Framework for action developed (January – March 2023)</p> <p>Resource for front line professionals developed (September 2022)</p>	<p>Number of attendees</p> <p>Number of champions registered</p> <p>Number of learning events held, and reports produced/distributed</p> <p>Number of organisations signed up</p> <p>Resource produced and distributed</p>	<p>Percentage of less active children and young people</p> <p>Percentage of physically inactive adults</p>	<p>Reduction in less active C&YP (27.8% December 2021)</p> <p>Reduction in physically inactive adults (26.6% April 2022)</p>

Table 3: Healthy Places

Population Health Domain: Healthy Places and Communities

Marmot: (v) Create healthy and sustainable places and communities

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>3.1 Air Pollution - impacts on respiratory and cardiovascular health – particularly affecting those living in more deprived communities and who are at higher risk (e.g., through ill health, long term health conditions)</p>	<p>Implementation of Air Quality Management Area (AQMA) plans in Shrewsbury and Bridgnorth to reduce NO₂ concentrations</p> <p>Provide required / relevant air quality data and input into relevant areas of policy to target further pollutant reductions.</p> <p><u>Planning / New Development</u> Review new development planning permission applications to consider impact on local air quality</p>	<p>Kieron Smith reporting to Air Quality Steering Group</p>	<p>Review Air Quality Action Plan (AQAP) for AQMA's to target reductions in NO₂ concentrations and select targeted interventions where necessary. (February 2023)</p> <p>Continue proactive monitoring for air pollution across the county. Report to Defra annually</p> <p>Environmental Protection will provide consultation / request air quality measures on applications with relevant air quality considerations (ongoing)</p>	<p>Council approval of Revised AQAP</p> <p>Maintain network of Diffusion Tube monitors and 2 real-time Earthsense Zephyr Monitors</p> <p>Number of planning applications assessed for potential impacts</p>	<p>Meet UK guidance values in next 5 years– to be decided on action plan review</p> <p>Maintain air quality measurements within the UK guideline values (excluding AQMAs)</p> <p>% Responded to within relevant consultee timescale (7/14/21 days)</p>	<p>TBC</p> <p>To work toward meeting WHO interim air quality target values</p>

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
3.1 continued.,	Commitment from LTP to reduce business mileage and reduce pollutants from fleet vehicles	Will Nabih reporting to ICS Climate Group	<p>Organisations to enable the option of agile (hybrid) working where there is no negative impact on service delivery (ongoing)</p> <p>ICS to develop a system Green Travel Plan, ensuring a hierarchy of travel starting with active travel. (Plan has been approved by ICB Board)</p> <p>Ensure that, for new (fleet) purchases and (fleet) lease arrangements, the system (and organisations) solely purchases and leases cars that are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs) (Ongoing)</p> <p>Electric Vehicle (EV) charging infrastructure at base sites</p>	<p>Organisations have hybrid working policies and procedures Document published (April 2023)</p> <p>The NHS will cut business mileages and fleet air pollutant emissions by 20% (by 2023/24)</p>		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>3.2 Planning decisions impact on health equity for example through creating healthy environments through accessible quality green infrastructure that supports cohesive communities</p>	<p>The Local Plan: Healthy places including:</p> <p>Implementation of new Health and Wellbeing policy (SP6)</p>	<p>Eddie West Joy Tetsill Andy Wigley reporting to Cabinet / Full Council</p>	<p>Adoption of The Local Plan (March 2023)</p> <p>Staff awareness training on SP6 requirements 100% of staff trained (March 2023)</p> <p>Community Infrastructure Levy/section 106 investment in healthy places (ongoing)</p>	<p>100% of staff trained by early 2023</p> <p>Provision of quality green space & infrastructure</p>	<p>Number of planning consents which reference SP6 in planning conditions</p> <p>The quantum of quality/usable open/green space in new developments</p>	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>3.3 Licensing decisions impact on health through:</p> <ul style="list-style-type: none"> controlling alcohol supply and gambling activities protecting children and other vulnerable people from being harmed or exploited by the illegal supply of alcohol and illegal gambling activities supporting effective management of the evening and night-time economy to reduce crime and improve safety 	<p>Licensing Act Policy Statement 5-yearly review</p> <p>Gambling Act Policy Statement 3-yearly review</p>	<p>Frances Darling</p> <p>Strategic Licencing Committee</p> <p>Full Council</p>	<p>Licensing Act Policy Statement Revised Policy April 2024 Preparation of draft revised Policy (April to June 2023) Consultation period (July to September 2023) Policy approved by full Council (December 2023)</p> <p>Gambling Act Policy Statement Revised Policy January 2025 Preparation of draft revised Policy (January to June 2024) Consultation period (July to September 2024) Policy approved by full Council (December 2024)</p>	<p>Licensing Act Prevention of crime and disorder</p> <p>Public safety</p> <p>Prevention of public nuisance</p> <p>Protection of children from harm</p> <p>Gambling Act Prevent gambling from being:</p> <ul style="list-style-type: none"> Source of crime or disorder Associated with crime or disorder Used to support crime <p>Gambling is conducted in a fair and open way</p>	<p>Police data to track crime and disorder trends over time</p> <p>PHOF – PHE (Child and Maternal Health, school age children supplementary indicators)</p> <p>Admissions for alcohol specific conditions (under 18s)</p>	<p>Downward trends</p>

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>3.4 Culture, Leisure - and creative sectors make a significant contribution to physical, mental and community health and well-being through providing people and families access to affordable activities and experiences. They can contribute to tackling health inequalities through delivering educational opportunity, promoting community cohesion and generating economic growth</p>	<p>Accessible and inclusive volunteering opportunities at Shropshire Museums to develop communication, confidence, technical and employability skills and combats social isolation</p>	<p>Becky Benson</p>	<p>New opportunities made available to social prescribing networks. SEND employability skills programme (from April 2022)</p>	<p>5 Partners Volunteers 5 social prescribing referrals 5 SEND programme participants 50 older volunteering participants</p>		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
3.4 continued.,	Shropshire libraries Bookstart Supporting Home Learning Environment to help develop Early Years Speech Language & Communication skills universally as well as targeted programmes such as Bookstart Early Years and SEND Offer as well as the Storytime resources	Annabel Gittins reporting to Libraries and Reading Agency Evaluations Group	Distributing all 470 1-2yrs packs And 1240 3-4 yrs. packs to most disadvantaged families (1 April 2022 to 31 March 2023)	Managing transition to new Bookstart Early Years Offer	Numbers of families receiving books since lockdown	
	Summer Reading Challenge (SRC) & HAF Programme. Pleasure & attainment reading for those most disadvantaged children (majority FSM)	Annabel Gittins reporting to Libraries and Reading Agency Evaluations Group	Progress chart for each setting to measure uptake and progression through the challenge (School summer holidays 2022)	Progress chart for each setting to measure uptake and progression through the challenge	More children reaching their reading target through the summer. Improving the return to school and attitude to learning	To reach 80% of all children attending HAF activities

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>3.5 Food Insecurity has a physical and mental wellbeing impact on everyone experiencing it. Food insecurity in childhood can have life-long implications impacting on educational achievement and general development and wellbeing</p>	<p>Implementation of the Shaping Places-for Healthier Lives Food Insecurity Work Programme in SW Shropshire</p>	<p>Emily Fay reporting to Healthy Lives Steering Group</p>	<p>Development of learning and feedback structure which brings partners and people with lived experience together from across the system (December 2022)</p> <p>Identify pilot economic solution(s) to reduce food insecurity including help for people to maximise their incomes agreed (April 2023)</p> <p>Plan for frontline staff training to improve navigation of the system for people with multiple areas of need agreed (April 2023)</p> <p>Agree pilot social solutions which reduce food insecurity including trialling communications to reframe food insecurity and reduce stigma (June 2023)</p> <p>Develop communications plan for health professionals around food insecurity and health inequalities (June 2023)</p> <p>Plan to develop co-produced community led solutions which reduce food insecurity agreed (June 2023)</p>	<p>Learning and feedback plan produced</p> <p>Pilot economic solution(s) agreed</p> <p>Programme for staff training agreed</p> <p>Plan to reframe food insecurity agreed</p> <p>Communications plan for health professionals developed</p> <p>Plan for community led projects agreed</p>	<p>TBC with support from external evaluation provided by PPL/Cordis Bright</p>	

Table 4: Integrated Health and Care System

Population Health Domain: Integrated Health and Care System

Marmot: (vi) Give every child the best start in life

(iv.b) strengthen ill-health prevention (transformation/disease programmes)

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.1 Restore NHS services inclusively (to include 20% most deprived LSOAs (Core 20) and ethnic minorities). Evidence suggests these are the groups for whom health inequalities have widened most during the pandemic</p>	<p>ICB strategic health inequalities plan advocates addressing health inequalities as a core principle of all programmes of work. In following this approach there will be multiple leads for programmes of work across NHS priorities</p> <p>As a consequence of the pandemic there have been growing waiting lists for outpatient procedures</p>	<p>Julie Garside ICB Director of Performance and Planning Reporting to ICB Board</p> <p>TBC (vacant) ICB Director of Elective Care</p>	<p>Requirement produce board reports of waiting data differentiated by deprivation quintile and ethnicity incorporated into NHS Trust contracts. and to be adopted by the ICB (March 2022)</p> <p>Analysis of current referrals into outpatient services using methodology developed for vaccination programme (end of Q1) Map demand/access inequality +analyse outpatient procedure codes for areas of focus (September 2022)</p>	<p>NHS Trust and ICB reports show access by most deprived quintile and ethnicity</p> <p>EQIAS for all provider elective recovery plans</p>	<p>Service access rates by most deprived quintile/ethnicity</p> <p>No of planned care procedures in targeted populations</p>	<p>Level up access across STW in areas of selected focus</p>

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.1 continued.,</p> <p>Council Directors to determine action required to assure equitable access to council provided and commissioned services</p>	<p>Consider development of data management strategy to include measures enabling assessment of access rates</p>	<p>Helen Watkinson Reporting to New group and linked to data quality governance</p>	<p>Develop programme of intervention for selected clinical areas (October 2022)</p> <p>Implement targeted approach (April 2023)</p> <p>Decision on development of data management strategy (November 2022)</p>	<p>TBC dependent on decision</p>	<p>TBC</p>	
<p>1.2 Rurality</p> <p>Deprivation indicators can mask small pockets of significant deprivation and poor health outcomes in rural areas. Drivers of inequalities include social exclusion and isolation, access to and awareness of services. This is not captured in the 'Core20'</p>	<p>Secure support from NHSE/I, OHID and other national expert bodies to determine most appropriate method of assessing inequitable access to services for rural populations and inequitable outcomes</p>	<p>Tracey Jones/Berni Lee Reporting to Population Health Board</p>	<p>Progress discussions with NHSE/I, OHID, Institute of Health Equity UCL and Lincoln International Institute for Rural Healthcare (October 2022)</p> <p>Agree approach to be adopted (or piloted) across the ICS (December 2022)</p>		<p>TBC</p>	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.3 Mitigate digital exclusion resulting from barriers such as poor access, connectivity, confidence, or skills. With increased use of digital services there is a danger of increased inequality.</p>	<p>Digital Exclusion Programme, as part of Digital Target Operating Model</p> <p>Contractual requirements to ensure providers are collecting and monitoring the impact of digital access in relation to service provided and evidence of alternatives for those who cannot access via digital means including evidence of safeguarding considerations.</p> <p>To work collaboratively with partners to increase digital inclusion</p>	<p>Nigel Newman reporting to Digital TOM Board</p> <p>System Data and contractual leads reporting to Digital System Strategy Group</p> <p>System Digital lead Rebecca Gallimore. Director of Digital Transformation, Reporting to Digital System Strategy Group</p>	<p>Full details of digital exclusion workstream specified (October 2022)</p> <p>Interdependencies with other council work programmes identified (December 2022)</p> <p>Inclusion of requirements re information standards and data collection within the NHS contracts. April 22. Included in schedule 2N</p> <p>Identification of digital inclusion and reduction of digital health inequalities as a key principle in draft system Digital Strategy (By June 2022)</p> <p>Finalise Digital Strategy and data transformation plan (Sept 22) Implement Digital Strategy including upskilling workforce (By December 2022 onwards)</p>	<p>TBA</p> <p>Reports to ICB boards and committees relating to assurance requirements of mitigating against digital exclusion by provider leads.</p> <p>Inclusion in sustainability and transformation developments EQIA of digital means of service access/ delivery and appropriate mitigation plans</p>	<p>TBA</p> <p>Increased uptake of digital means of access to healthcare</p> <p>Assurance of appropriate alternatives and levels of access to these</p>	<p>Equitable access to services and support for all population groups</p>

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.3 continued	To actively promote and consider impact on digital inclusion in sustainability and transformation projects	<p>Nigel Newman reporting to Digital TOM Board</p> <p>System Data and contractual leads reporting to Digital System Strategy Group</p> <p>Shropshire Telford and Wrekin ICS Digital Lead + LA Digital leads</p>	<p>Establishment of LA + NHS digital inclusion group April 22</p> <p>Development of Digital Inclusion programme, including VCSE projects include device loan schemes and building digital literacy with digitally excluded groups at Place level; (By September 2022)</p> <p>Implementation of digital inclusion programmes (By December 2022)</p>	Inclusion in sustainability and transformation programmes evidence of digital skill mapping and training for staff as appropriate.	Individual digital inclusion projects will have identifying measures of project success in terms of original outcomes i.e. increased self-reported confidence in use of digital technologies	



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.4 Datasets are complete – disadvantaged groups need to be identified thus collection of ethnicity, other protected characteristics, and details of ‘health inclusion’ groups need to be recorded consistently across services.</p>	<p>Systems are asked to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services, and specialised commissioning.</p> <p>Systems should also implement mandatory ethnicity data reporting, to enable demographic data to be linked with other datasets and support an integrated approach to performance monitoring for improvement.</p>	<p>Individual provider organisation Data Leads + Executive Leads for inequalities in provider organisations</p> <p>Craig Kynaston System Head of Business Intelligence reporting to Population Health Board</p>	<p>Requirement in NHS Contract Schedule 2N to identify baseline and develop a programme of improvement for data collection (April 2022)</p> <p>Agreement of primary care to data sharing from practices into Aristotle tools (July 2022)</p> <p>Agreement of system data sharing approach across system (December 2022)</p> <p>Production of Digital and Data Strategy. (April 2023)</p> <p>Adoption by system of the Aristotle health inequalities platform and tools (Beginning April 2023)</p>	<p>Production of data improvement plans</p> <p>ICB monitoring of data collection via provider</p> <p>Contract review meetings</p>	<p>Improved percentage of recorded identified protected characteristics</p> <p>Improved access to linked datasets to analyse Health Inequalities</p> <p>Inclusion of Health inequalities analysis in service /system transformational programmes</p>	<p>Achievement of agreed data improvement plans per provider</p>



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4.4 continued.,			<p>In line with the ICS Intelligence Function Guidance – Implement cross-system information governance arrangements, particularly between primary and secondary care and local government partners, that enable the safe and timely flow of information across the ICS and support the Integrated Care Board (ICB) to deliver its functions (March 2023)</p> <p>Adopt the What Good Looks Like framework principles including development of an ICS-wide intelligence platform with a fully linked, longitudinal dataset to enable population segmentation, risk stratification and population health management (April 2023)</p>		Governance processes will allow data linkage for health and social care in a legal and compliant manner at system level	



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<p>4.4 continued.,</p> <p>Council Directors to determine action required to assure data sets are complete (protected characteristics) for council provided and commissioned services</p>	<p>Consider development of data management strategy to include measures to ensure appropriate collection of protected characteristics data</p>	<p>Helen Watkinson Reporting to New group and linked to data quality governance</p>	<p>Decision on development of data management strategy (November 2022)</p>	<p>TBC dependent on decision</p>	<p>TBC</p>	
<p>4.5 Strengthen leadership and accountability- this underpins delivery of the other key priorities Tackling inequality is not a separate programme and should be embedded in all decision-making, strategies, and delivery plans</p>	<p>Identification of executive level lead to ensure health inequalities embedded in its organisations business as usual and transformation programmes</p> <p>Development of system Health inequalities Plan as part of operational planning processes ensuring alignment to work of both Local Authorities and Population health Management Approach</p>	<p>Individual provider NHS organisations reporting to ICB</p> <p>ICB SRO Health Inequalities + provider leads</p>	<p>Named organisational leads identified (April 2022)</p> <p>Draft system plan (March 2022)</p> <p>Operational Plan submission and approval (April 2022)</p> <p>ICB Strategic Plan +accompanying high level plan approval (July 2022)</p>	<p>Implementation of actions within the high-level implementation plan accompanying the strategic plan</p>	<p>Reports to ICB to demonstrate how inequalities have been considered as part of decision making, strategies and delivery plans</p> <p>Delivery of health inequality commitments in operational plan</p>	

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<p>4.6 Population Health Management (<i>ie not one of the specified 5 priorities</i> but a local one involves the use of intelligence led methodology to inform health and care planning and the development of person-centred segmentation and risk stratification to identify at-risk groups, those with the greatest health inequalities or the most complex need</p>	<p>Population Health Enabling Workstream</p> <p>Establishing the 'engine room' for Population Health Management (PHM)</p>	<p>System Lead for PHM SRO TBC</p> <p>Reporting to Population Health Board/ Shropshire Health and Wellbeing Board (HWBB)</p>	<p>System lead for PHM identified. (October 2022)</p> <p>Review capacity requirements within the 'engine room' (October 2022)</p> <p>Requirements for 'engine room' agreed through Chief Executives Group and ICB Board (June 2022)</p> <p>Training being delivered (ongoing)</p> <p>Develop competency framework to support ongoing training/development (by November 2022)</p> <p>Requirements clarified and next steps defined (December 2022)</p> <p>Work programme refreshed (January 2023)</p>	<p>Engine room staff upskilled through training</p> <p>Competency framework in place to support ongoing training/development</p>	<p>Functioning and skilled 'engine room' for PHM</p>	



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<p>4.7 Personalisation/ Personalised Care Personalised care represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision making that enables people to have a voice, to be heard and be connected to each other and their communities. Social Care have been using Personalised approaches for some time – this work about embedding culture change throughout Health and Care</p>	<p>Increase the number of Children and Young People (CYP) who have asthma personal care and support plans (delivered by GP, Community Nurse and Hospital)</p>	<p>Nicola Siekierski reporting to ShIPP Shropshire HWBB ICS CYP Board</p>	<p>Recruitment of Band 6 Asthma Nurse in GP Practices to identify CYP with an asthma diagnosis who require an Asthma Management Review, the service will prioritise areas of high deprivation to offer out appointments. (May 2022)</p> <p>Asthma App -offered as a personalised tool to enable CYP to self-manage their Asthma symptoms (June 2022)</p> <p>Co-Production of CYP Creative Health activities to support CYP with a diagnosis of Asthma. Expressions of Interest are currently being offered out across the creative communities to access grant funding for activities such as yoga, swimming, or singing which help manage the symptoms of breathlessness (March 2022)</p>	<p>Asthma nurse in post</p> <p>Numbers of CYP accessing the app.</p> <p>Uptake of Creative Health Activities by CYP Evaluation of health and wellbeing outcomes for CYP with Mental Health issues who have accessed Creative Health offers</p>	<p>CYP with asthma will manage their condition more effectively which will increase personal wellbeing and help reduce incidence of health interventions needed through mismanagement of condition</p> <p>Reduction in hospital admissions for asthma in CYP</p>	

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4.7 continued.,	Clinical staff in all PCNs complete the Personalised Care Institute 30 min e-learning refresher training for Shared Decision Making (SDM) conversations	Emma Pyrah reporting to Primary Care Commissioning Committee (PCCC)	<p>Commissioned providers (May 2022)</p> <p>All PCN clinical staff trained (September 2022)</p> <p>As part of a broader social prescribing service, a PCN and commissioner must jointly work with stakeholders including local authority commissioners, VCSE partners and local clinical leaders, to design, agree and commenced delivery of a targeted programme to proactively offer and improve access to social prescribing to an identified cohort with unmet needs. This plan must take into account views of the people with lived experience (October 2022)</p>			



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4.7 continued.,			<p>A PCN must review cohort definition and extend the offer of proactive social prescribing based on an assessment of population needs and PCN capacity (March 2023)</p> <p>PCNs must audit a sample of the Patients current experiences of shared decision making through use of a validated tool and must document their consideration and implementation of any improvements to SDM conversations made as a result (March 2023)</p>			

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Accelerate Prevention Programmes that proactively engage those at greatest risk of poor health outcomes (incorporating core20+50):						
<p>4.8 COVID and flu vaccination</p> <p>The COVID-19 pandemic has highlighted existing health inequalities for ethnic minority groups and those living in more socioeconomically deprived areas in the UK. With higher levels of severe outcomes in these groups, equitable vaccination coverage should be prioritised²</p> <p>Barriers to vaccine uptake include perception of risk, low confidence in the vaccine, distrust, access barriers, inconvenience, socio-demographic context and lack of endorsement, lack of vaccine offer or lack of communication from trusted providers and community leaders³</p>	A separate vaccination group has been set up within the ICS to look at uptake and delivery in vulnerable/at risk groups	Steve Ellis /Rachel Robinson reporting to Health and Wellbeing Board	<p>Identify priority groups – rolling programme (Ongoing)</p> <p>Identify appropriate vaccination sites/delivery – rolling programme (Ongoing)</p> <p>Vaccination outreach plan in place – rolling programme (Ongoing)</p> <p>Vaccine delivery Covid-19 Influenza</p>	<p>Covid-19 vaccine outreach plan in place</p> <p>Number of areas of low uptake identified</p> <p>Proportion of areas of low uptake allocated a pop-up during campaign period</p> <p>Number of vaccination sites delivering to vulnerable/at risk groups</p>	<p>Place-based vaccine coverage: COVID-19 Flu</p> <p>IMD deciles % uptake age 12+, 18+, age 50+ *</p> <p>Uptake % by ethnicity</p> <p>Uptake % among individuals identified in at-risk groups (e.g. LD, SMI etc)</p>	<p>95% cover Covid-19 vaccination</p> <p>Regionally comparable cover in ages12+, 18+, age 50+ IMD 1,2 & 3 deciles for each vaccination campaign period</p> <p>Regionally comparable cover of individuals on GP Learning Disability Register deciles for each vaccination campaign period</p>

² [Inequalities in coverage of COVID-19 vaccination: A population register based cross-sectional study in Wales, UK - PMC \(nih.gov\)](#)

³ [Factors influencing COVID-19 vaccine uptake among minority ethnic groups \(publishing.service.gov.uk\)](#)



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<p>4.9 Annual health checks for people with a learning disability (LD) People with a LD have poorer physical and mental health than other people and die younger. Many of these deaths are avoidable and not inevitable</p> <p>Annual Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and establish trust and continuity care</p>	<p>Work to increase the inclusion of all those with LD who should be on a GP LD register</p> <p>Improve the proportion of those on the register who receive a high-quality annual health check</p>	<p>Janet Gittins, LD Delivery Group reporting to LD&A Board</p>	<p>Monthly monitoring of registers list size and completed LDAHCs (Ongoing).</p> <p>Support provided to GP practices through service commissioned from MPFT to cleanse registers and complete LDAHCs. (Ongoing)</p> <p>Quality audit review pilot undertaken winter 2021. Audits to commence in (July 2022)</p>	<p>Increase in number (%) of people on a practice LD register</p> <p>Increase in number (%) on LD register who receive an annual health check which includes a Health Action Plan. Increase in number (%) on register who have received vaccinations (flu, covid)</p> <p>Reduction in health check DNAs</p> <p>Increase in those aged 14-21 on the LD register and accessing a LDAHC</p> <p>Improvement in quality of LDAHCs completed</p>	<p>TBC</p>	<p>Deliver annual HCs for 75% of those aged over 14 years on the practice LD register</p>



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<p>4.9 Annual health checks for those with SMI. People with severe mental illness (SMI) have a life expectancy that is 15–20 years lower than the general population. This is partly due to physical health needs being overlooked. Smoking is the largest avoidable cause of premature death and individuals with SMI also have double the risk of obesity and diabetes, and three times the risk of hypertension</p>	<p>MPFT-commissioned to support development of an integrated physical health care pathway, including a dedicated clinical team, supporting GP practices</p>	<p>Claire Parker/Gail Owen reporting to Mental Health Transformation Board</p> <p>Claire Parrish MPFT & Gail Owen reporting to SMI PH Check Operational Group</p>	<p>Integrated pathway developed (March 2023)</p> <p>GP registers cleansed to ensure accurate population (December 2022)</p> <p>Additional posts for SMI and physical health recruited to (December 2022)</p> <p>Poster developed by Designs in Mind, going to print. Leaflet design on going (October 2022)</p> <p>Approach to co-production agreed (September 2022)</p> <p>Working on piloting an app to support outreach and help with compliance for the 6 categories (September 2022)</p> <p>Affinion devices received by MPFT, plans for training underway (October 2022)</p> <p>Looking at working with Charitable organisations around health and wellbeing activities for SMI, LD and A (December 2022)</p> <p>Resolution of inoperability issues/ data transfer between RIO and EMIS (September 2022). Pilot scheme has been successful.</p>	<p>Number of physical health checks completed (as % of those on GP SMI register)</p> <p>Number of physical health checks completed by MPFT</p> <p>Action plan is in place to drive forward progress</p> <p>Monthly reporting has been requested by NHSE, (Commencing September 2022)</p> <p>Increase in SMI PH checks % completed</p>	<p>Excess under 75 mortality in adults with severe mental illness</p> <p>Excess mortality in adults with severe mental illness</p>	<p>60% of patients on GP SMI registers receive physical health check PA</p>



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<p>4.10 Continuity of carer. (CoC) Women from the poorest backgrounds and mothers from Black, Asian, and Minority Ethnic (BAME)* groups are at higher risk of poor birth outcomes. Women who receive continuity of carer (the same midwife (or team) caring for them during pregnancy, birth and postnatally) are 16% less likely to lose their baby and 24% less likely to experience pre-term birth. Continuity of carer will be targeted towards women from BAME groups and those living in deprived areas, for whom midwifery-led continuity of carer is linked to significant improvements in outcomes (Reference for BAME terminology https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/)</p>	<p>There are several initiatives to support this area including Digital Inclusion and Maternity HUB development as part of a broader strategy, plus further enhancements on patient plans</p>	<p>Nick McDonnell reporting to LMNS Board/ ICB Board</p>	<p>Following the first Ockenden review and NHS England Chief Nursing Officers CoC risk approach, SaTH have developed and will submit a revised CoC delivery plan for the 15th of June. This model will have Trust Board and LMNS Board approval and will look to identify how and when the trust will meet Local, Regional and National requirements. Further plans and milestones will be agreed following feedback on this (TBC)</p>	<p>Number (%) of women booked onto CoC pathway Number (%) of women in receipt of CoC Number (%) of BAME women in receipt of CoC Number (%) of women in lowest 20% quintile in receipt of CoC</p>	<p>Preterm births: % of deliveries Neonatal and stillbirth rate</p>	<p>Continuity of carer for 75% of women from BAME communities</p>

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<p>4.11 Chronic Respiratory Disease: Respiratory disease is the third biggest killer in the UK and cases of Chronic Obstructive Pulmonary Disorder (COPD) and deaths from lung cancer or pneumonia are higher among those living and working in more deprived areas. Vaccination is particularly beneficial to those with chronic respiratory disease preventing acute illness and hospitalisations</p> <p>For COPD drive uptake of vaccines to reduce exacerbations/ emergency hospital admissions</p>	<p>For COPD drive uptake of vaccines to reduce exacerbations/ emergency hospital admissions</p>	<p>Steve Ellis Programme & Service Director and Deputy Senior Responsible Officer Covid-19 Vaccination Service reporting to Health Protection Board</p>	<p>Continue offer of evergreen Covid vaccination offer - targeted comms via Primary Care (Part of summer plan - (August 2022)</p> <p>If part of JCVI recommendation for Autumn Booster, agree targeted comms around the benefits of vaccination for those with chronic respiratory disease. (Autumn plan by December 2022)</p>	<p>Vaccination rate among those with COPD/chronic respiratory disease</p> <p>Flu vaccination coverage – at risk individuals</p>	<p>Under 75 mortality rates from respiratory disease considered preventable</p>	<p>Autumn COVID Booster - 90%</p> <p>Flu Vaccination - 85%</p>



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<p>4.12 Early Cancer Diagnosis: Cancer that is diagnosed at an early stage, when it is small and hasn't spread, is more likely to be treated successfully. Late diagnosis is more common among deprived communities and among ethnic minority groups. The national ambition is that by 2028 75% of cancer cases will be diagnosed at an early stage (stage 1 or 2)</p>	<p>Meet early diagnosis objectives specified in local cancer strategy</p>	<p>Andrew Dalton, STW screening lead reporting to System Cancer Strategy Board</p>	<p>Restore compliance with the Faster Diagnosis Standard (FDS) across cancer pathways (December 2022)</p> <p>Community Diagnostic Hub (CDH) service operational (December 2022)</p>	<p>Cancer sites meeting/not meeting FDS</p> <p>CDH open</p>	<p>% of cancers diagnosed at stage 1 or 2</p> <p>Under 75 mortality rate from cancer</p> <p>Under 75 mortality rate from cancer considered preventable</p>	<p>75% of cases diagnosed at stage 1 or 2 by 2028</p>
			<p>Improvement to all cancer pathways to ensure compliance with the 7 Rapid Diagnostic Centre (RDC) principles (April 2024)</p>	<p>Cancer sites meeting/not meeting RDC principles</p>		

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4.12 continued.,	Meet objectives to restore and expand cancer screening services as specified in local cancer strategy	Andrew Dalton, STW screening lead reporting to System Cancer Strategy Board	Reduce Breast Cancer screening round length to achieve target interval (re-screen within 36 months of previous screen) (December 2024)	Breast screening uptake Breast screening round interval Bowel and cervical screening uptake	Number (%) of screen detected cancers	
	Cancer personal care and support plans Specifically addressing Health inequalities in screening and presentation as part of wave one core connectors programme	Tracey Jones reporting to Population Health Board	Co-ordinator post to develop Community Cancer Champions in Shropshire through third sector delivery partner Development of system implementation plan (May 2022) Recruitment of co-ordinator (June 2022)	Number of salaried / volunteer Connector roles and other programme roles Scale of activity undertaken by Connectors e.g., measures of engagement	Increase screening uptake in communities where this is low Raise awareness of symptoms that should prompt presentation to health care providers	

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4.12 continued.,			<p>Development of KPIs (June 2022)</p> <p>Implementation of approach Q2 onwards</p> <p>Evaluation report as part of national wave one bid (March 2023)</p>	<p>Scale of impact of Connectors e.g.:</p> <p>attendance and input at Place/ICS governance groups</p> <p>attendance, and input with Service Providers re service design and access</p> <p>attendance, and input with Core5 networks at Place/System level</p>		
<p>4.13 Hypertension Case-Finding: High blood pressure is a key risk factor for the development of cardiovascular disease (CVD). High blood pressure is frequently undetected and sometimes undertreated particularly among more deprived communities, some ethnic minority groups and those with some disabilities</p>	Development of CVD prevention plan (to include hypertension (high blood pressure) case finding.	Emma Pyrah reporting to Population Health Board	<p>CVD prevention plan agreed (December 2022)</p> <p>Comprehensive hypertension case finding plans and hypertension treatment plans implemented (December 2022)</p>	<p>Number (%) of registered patients on hypertension register</p> <p>Number (%) of patients on hypertension register being treated to target</p> <p>% of patients aged 45+ years with BP on record in last 5 years</p>	Under 75 mortality rate from cardiovascular diseases considered preventable	<p>80% of expected number with hypertension identified</p> <p>80% of those with hypertension optimally treated</p>

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<p>4.14 Diabetes - Significant inequalities exist in the risk of developing type 2 diabetes (linked to obesity and ethnicity), together with inequalities in access to health services and in health outcomes. The NHS Diabetes Prevention Programme supports those at high risk of type 2 diabetes to reduce their risk</p>	Diabetes Transformation Programme	Fiona Smith reporting to Diabetes Programme Board	<p>Diabetes Programme Board established (September 2022)</p> <p>Training matrix and competency framework designed for each practice/PCN and training delivered to practice staff (June 2023)</p> <p>Revise pathways to prevention programme ensuring appropriate targeting of those at risk (December 2022)</p> <p>Increased capacity in X-pert programme (T2 diabetics) (April 2023)</p> <p>Increased capacity in Daphne programme (T1 diabetics) (April 2023)</p> <p>Revise pathways structured education programmes ensuring appropriate</p>	<p>Increase in recorded prevalence of diabetes (improved detection)</p> <p>Increase in % of patients with T1 and T2 diabetes receiving all 8 care processes and achieving all 3 treatment targets</p> <p>Improved quality and increase in referrals</p> <p>Increase in referrals from people from ethnic minority backgrounds</p>	<p>Reduced numbers of amputations, cardiovascular events and stroke.</p> <p>Reduction in additional risk of mortality for those with diabetes compared to general population</p> <p>In longer term a reduction in prevalence of Type 2 Diabetes</p>	



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4.14 continued.,			<p>targeting of those at risk (December 2022)</p> <p>Education course established for the housebound (April 2023)</p> <p>Education course established for those with a Learning Disability (April 2023)</p>	<p>Increase in beneficiaries of X-pert including increased numbers from people from ethnic minority backgrounds</p> <p>Increase in beneficiaries of Daphne including increased numbers from people from ethnic minority backgrounds</p> <p>Increase in treatment targets reached (BP, Cholesterol, HbA1c)</p> <p>Increase in number of housebound in receipt of education</p> <p>Increase in number with LD in receipt of education</p>		



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<p>4.15 Children & Young People (CYP) COVID has had a huge impact on many families, and particular focus will be CYP mental health and wellbeing. In addition, plans to create a Trauma Informed workforce will be implemented</p>	<p>Creative Health opportunities for CYP, including SEND</p> <p>Personalised care – physical health checks for CYP with SEND</p> <p>Personalised Care and Support Plans (PCSP) for Children and Young People who are accessing a Social Prescribing Link Worker</p>	<p>Nicola Siekierski reporting to Shropshire Integrated Place Partnership (SHIPP)</p>	<p>Take up of Creative Health opportunities to fill at least 75% of places being funded by this project. (June 2023)</p> <p>Evaluations to be completed by all successful providers of Creative Health activities, to include attendance, CYP feedback on the activity, lessons learned, patient reported outcomes using measures of health and wellbeing and the start and completion of the activities. Evaluations completed (June 2023)</p> <p>Feedback on this document to be collected and reported back to the CYP Social Prescribing Group as it is rolled out. Feedback on CYP PCSP end of each quarter. (Initially June 2022)</p>	<p>Numbers taking up the offer - Fill at least 75% of places</p> <p>Improvement in CYP's health and wellbeing score post non-clinical Creative Health intervention</p>		



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<p>4.16 Trauma Informed Workforce Trauma affects not only those who are directly exposed to it, but also to those around them (Van Der Kolk: 2014). Along with acute physical and emotional effects, children that have Adverse Childhood Experiences (ACEs) can show: reduced cognitive and social development, reduced school engagement, early adoption of health-harming behaviours, increased risk of health conditions and juvenile offending.⁴ ¾ juvenile offenders have been exposed to traumatic victimisation and 11-50% have PTSD, Ko et al. 2008.</p> <p>Creation of a Trauma Informed Workforce across the whole system, using a tiered core training offer which is consistent, understood and will be used in practice forms part of this work</p>	<p>Roll out of Resilience Screening and workshops to all workforces to create awareness</p> <p>Identification of training package, and roll-out</p>	<p>Val Cross reporting to Health & Wellbeing Board</p>	<p>Workshops and screenings scheduled, feedback gathered and completed (November 2022)</p> <p>Identify training packages and levels required (by December 2022)</p> <p>Start to roll out in pilot area of Oswestry (December 2022)</p>	<p>Number of professionals accessing training, collation of feedback to inform work going forward</p> <p>Through Steering Group</p> <p>Training in area completed July 2023, and implementation in services and practice. Sustainable model to be used</p>	<p>Number of organisations who attended workshop</p> <p>Number of organisations accessing training packages and implementing in practice</p>	

⁴ [Health and financial costs of adverse childhood experiences in 28 European countries: a systematic review and meta-analysis \(thelancet.com\)](https://www.thelancet.com)



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<p>4.17 Healthy Start Offer- Need to increase the uptake of the Healthy start offer for those eligible in Shropshire</p>	<p>Increase uptake of the Healthy Start Offer for eligible families through improved comms/health promotion across Shropshire</p>	<p>Steph Jones/Anne-Marie Speke Reporting to Children & Young people's Board</p>	<p>Health Promotional material to be finalised by (March 2023)</p>	<p>Healthy Start uptake statistics reported on nationally. % of entitled beneficiaries over eligible beneficiaries</p>	<p>% of uptake by those eligible for healthy start offer to increase by 5% by 2024</p> <p>To achieve or exceed the national baseline % of uptake of Healthy Start</p>	
<p>4.18 Oral Health- Improve outcomes and reduce % of dental decay in Children and Young People in Shropshire</p>	<p>Targeted supervised toothbrushing programme for 3-5 y/o led by Shropshire Community Dental Service, targeted in areas of high deprivation, which will be inclusive of CYP with SEND</p>	<p>Steph Jones/Anne-Marie Speke Reporting to Children and Young Peoples Board</p>	<p>A targeted programme aims to reduce the levels of tooth decay in Shropshire through supervised toothbrushing</p>	<p>Proportion of schools and early years setting staff rating supervised toothbrushing training as either good or excellent</p> <p>Number (or %) of early years settings and schools offered a Supervised Toothbrushing Scheme</p> <p>Number (or %) of settings taking part</p> <p>Number of early years and school staff involved in STS trained</p> <p>The % of schools briefed on the NDEP</p>	<p>% of early years settings or school setting staff rating supervised toothbrushing training as good or excellent</p> <p>Programme- Evaluated annually. Aim to have evaluated 2021-2022 impact by September 2023</p>	



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.19 Best Start in Life: Improving access to Early Help for families and CYP across Shropshire</p>	<p>Workstream has formed to work to improve Early help access across the whole system/partnership. Various opportunities to develop projects across the wider system through test and learn sites, that are based on a set of criteria relating to reducing health inequalities, that are needs led, and outcomes driven</p>	<p>Jo Robins/Fran Doyle/Penny Bason/Mel France Reporting to Early Help/Prevention Board</p>	<p>Joint work to develop new ways of working between early help teams, prevention, and NHS workforces</p> <p>Test out an integrated service delivery model in an area of need which adopts a multi-disciplinary across NHS and Local Govt. (April 2023)</p> <p>Develop a project board of senior leaders to support integration (September 2022)</p> <p>Formation of project group of reps from public health, Early Help, Children’s Social Care, Education) (June 2022)</p> <p>Expansion of CYP Social Prescribing taking referrals from schools, GP practices and service providers (By January 2023)</p>	<p>Mapping of existing practice, and identification of evidence and best practice models from across the country and via the Early Intervention Foundation, OHID. Series of workshops to include service managers</p> <p>Creation of a multi-disciplinary team to test out joint working</p> <p>Develop vision and costings of resources for scale up</p> <p>Embed the approach into other service areas for Early Help, and create multiple offers for families and young people to participate in</p>		



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.19 continued.,			<p>Expansion of a wider ‘creative health offer’ for CYP and families which is embedded into service provision, based on the learning from the current test and learn site (December 2023)</p> <p>Development of a test and learn triage approach that is easily and readily accessible and responsive, for families, CYP and local organisations which incorporates CYP Social Prescribing. (February 2023)</p> <p>Recruit two Social Workers, to support schools in two targeted areas where need is high and where interventions for YP are available (February 2023)</p> <p>Develop a joint approach through the newly recruited Family Support Workers, to build a team based on early intervention which support the Best Start and builds on a joint approach with the public health nursing service. (March 2023)</p>	<p>Identify opportunities where posts can in reach to the community and where common agendas such as breastfeeding support offer can be promoted and delivered to provide parents with greater levels of support</p> <p>Create a team approach to working with schools, engage with lead schools to agree an approach and ensure ongoing dialogue continues to shape the offer. Ensure schools are brought into the approach</p>		



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.19 continued.,			<p>Development of a co-ordinated offer for schools which reflects service areas in the council, is based on need and targeted appropriately to schools using previous resources such as WISH, nutrition, PHSE, mental health and wider health issues. (April 2023)</p> <p>Development of a co-ordinated training offer for schools, based on need using best practice models and evidence of what works, targeted appropriately to needs. (February 2023)</p> <p>Needs assessment for children which includes population health data, acknowledges service data and uses predictive modelling for future service design/development. (March 2023)</p>	<p>Identify the various training resources and offers that currently go into schools and create one offer</p> <p>Collate together various sources of data into one document which clearly outlines needs of various groups and considers a range of conditions (health, care and wellbeing)</p>		



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.19 continued.,			<p>Analytical and business planning support to the Stepping Stones project through the development of a modelling tool that predicts numbers future numbers of LAC. (June 2022)</p> <p>Expansion of the existing Stepping Stones project to scale up service delivery. (February 2023)</p> <p>(See also Table 5 – Looked After Children category)</p>	<p>Produce a model tool that helps to predict demand at various points. Use the model to influence service models</p> <p>Develop a business case for the Stepping Stones project</p>		
4.20 Children/Families in Need	Test out a multi-disciplinary team model working between the public health nursing service, Early Help, and Children’s social care teams	Jo Robins/Mel France Reporting to Early Help/Prevention Board	<p>Establish a practitioner group that meets regularly to identify common goals/challenges and identify ways of overcoming them. (June 2022)</p> <p>Ensure the integrated practitioner group received trauma informed training programme and parental conflict training. (January 2023)</p>	<p>Actions for change identified via practitioners that demonstrate challenges but changes</p> <p>Range of organisations committing to the practitioner group</p> <p>Range of practitioners participating in the group</p> <p>Use of learning to repeat the process in other areas of need across Shropshire</p>	<p>Reduction in the number of duplicated visits from different organisations for each family</p> <p>Increase in early identification of families and children at risk</p>	



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.20 continued.,</p>	<p>Supported by developments such as social prescribing, peer support for ante-natal care, peri-natal period, trauma informed and strengths-based training, parental conflict training</p> <p>Development of a community-based prevention offer in the Oswestry location that supports CYP/Families</p>	<p>Val Cross/Penny Bason/Steph Jones Reporting Early Help/Prevention Board</p> <p>Jo Robins/Mel France Reporting to Early Intervention/Prevention Board</p>	<p>Establish a peer support programme for parents that offers support during the ante natal period. (April 2023) Cross reference to trauma informed training programme and parental conflict training</p> <p>Establish a community collaborative that is led by the VCSE and supported by the LA to consider gaps, challenges and re-build a local preventative offer for CYP and families. (June 2022)</p> <p>Develop/Support the collaborative so that it becomes self-sustaining and involves multiple partners across the VCSE, working with Town Council By (July 2023)</p>	<p>A peer support programme is established in the Oswestry area that is delivered by the VCSE</p>	<p>Reduction in post-natal depression</p> <p>Identification of early risks associated with vulnerable families with actions to improve</p> <p>Improvement in uptake of access to local services</p> <p>Reduction in social isolation of pre and post birth parents</p> <p>Increase in uptake of parenting courses</p> <p>Number and range of organisations who attended workshop</p> <p>Number and range of organisations offering support for CYP and families</p>	



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.20 continued.,</p>					<p>Additional capacity created to support families and CYP experiencing multiple issues</p> <p>Projects developed and implemented that support reduction in domestic violence, improve maternal mental health,</p> <p>Reduce child exclusions, improves CYP mental health, improve access to food and access to local services</p> <p>Partner engagement and commitment across NHS, Fire and Rescue, Police, to support the development</p>	
<p>4.21 Complex need – focuses on those who experience multiple disadvantage. This may be linked to substance misuse,</p>	<p>Improved life expectancy for those with Serious Mental Illness (SMI)</p>	<p>Gordon Kochane Reporting to Health and Wellbeing Board</p>	<p>Post of Population Health Fellow to support the development of a Complex Needs Assessment & Strategy Date: In post (October 2022)</p>	<p>Needs Assessment complete by 30.09.22</p> <p>Strategy complete: 30.09.22</p>	<p>Improved life expectancy of those with Serious Mental Illness (SMI)</p>	<p>TBD</p>



<p>4.21 continued.,</p> <p>domestic abuse, social problems, housing/homelessness, debt or other issues</p>					<p>Better joined up working and understanding of how to support those with complex need</p>	
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Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.22 Mental Health (Mental Health Transformation Plan) Mental illness can be a key risk factor for health inequality. Once mental disorder has arisen, it is associated with a range of further inequalities. These include increased health risk behaviour, reduced educational and employment outcomes, increased physical illness, and significantly reduced life expectancy, as well as discrimination The community mental health transformation aims to move away from siloed, hard-to-reach services towards joined-up care and whole population approaches</p>	<p>1) Health Equity Assessments have been completed for each PCN area and are the basis for which we target our VCSE engagement in the Programme. They included:</p> <ul style="list-style-type: none"> - A summary of national evidence relating to inequalities amongst SMI - Current patient profile and how this compares to national trends - A detailed look at the prevalence of wider determinant and behavioural issues that drive demand <p>Taking this data, we have decided to pilot initial grant scheme and additional commissioned services at North Shropshire PCN and PCNs in Telford and Wrekin (our test sites)</p> <p>Under-represented Groups (Grant Scheme) <u>North Shropshire</u> Men over-40.</p> <p><u>Telford and Wrekin</u> 18-25-year olds. BAME communities.</p>	<p>Cathy Riley – SRO for Mental Health STW ICS</p>	<p>VCSE Services including Grant scheme live (December 2022).</p>	<p>To be confirmed: Number of adults and older adults have had at least one contact from NHS-commissioned VCS services disaggregated by, Age: 17-25, 25-65, 65+ years, gender, and ethnicity as a minimum</p> <p>Number of adults and older adults have had at least 2+ contacts from NHS-commissioned VCS services disaggregated by, Age: 17-25, 25-65, 65+ years, gender, and ethnicity as a minimum</p> <p>Number of adults and older adults receiving 2+ contacts in a dedicated 'personality disorder' pathway or service provision (including primary care, VCS, and MH services)</p>	<p>To be confirmed</p>	<p>To improve access for groups that have been identified in population health data as under-represented</p>



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.22 continued.,</p>	<p>Wider-Determinants (Additional Services)</p> <ol style="list-style-type: none"> 1. Housing 2. Financial Wellbeing 3. Lifestyle Services <p>Landau are commissioned to deliver the grant scheme.</p>			<p>Number of adults and older adults receiving 2+ contacts in a dedicated community rehabilitation pathway or service provision (including primary care, VCS, and MH services)</p>		
<p>4.22 continued.,</p> <p>Increase the number of patients offered a MECC conversation in line with training targets / Increase the number of staff trained to deliver MECC conversations across the Care Group - MPFT has reenergised its approach to MECC and has trained nearly 600 frontline staff to deliver brief interventions in the last 12 months. 2022-23 will see MPFT continue to grow these numbers</p>	<p>Increase the number of staff trained to deliver MECC conversations across the Care Group</p>	<p>Cathy Riley – SRO for Mental Health STW ICS</p>	<p>MECC training delivered (Ongoing)</p>	<p>Number of staff MECC trained</p>	<p>Increase the number of patients offered a MECC conversation (not currently measured/monitored)</p>	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.23 Suicide Prevention A targeted approach to upskill the workforce on suicide risk and awareness of how to intervene has been taken with the launch of a Suicide Prevention training programme in Shropshire. skilling up the workforce to create awareness of suicide risk and the range of resources available to mitigate risk</p>	<p>Promote the range of training offers and resources for prevention of suicide and self-harm across the system including commitment that all workforce within the system should have at least a basic awareness of suicide risk and local support available</p>	<p>Gordon Kochane Reporting to STW Suicide Prevention Network Shropshire Action Group T&W Action Group</p>	<p>Agree Learning & Development workforce strategy for suicide/self-harm training to be included within PDPs⁵. Work started. (Date: TBC)</p>	<p>Evaluation forms, and plans for follow up surveys for how people have used their learning in their roles</p> <p>Potential commissioning/ funding a training review for suicide to see if it has had desired impact and reach</p>	<p>Reduction in intentional self-harm attendances at A&E</p> <p>%/Numbers of workforce trained and from which programme</p>	<p>To achieve our zero-suicide ambition PHOF indicator: Emergency Hospital Admissions for Intentional Self-Harm</p>

⁵ [Self-harm and suicide prevention | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/self-harm-and-suicide-prevention)

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.23 continued.,			<p>Commitment for all staff within health and social care in Shropshire to have completed the Zero Suicide Alliance free online training as part of mandatory training. Launch event delayed. (Date: TBC)</p> <p>Workforce most likely to need to deliver an intervention to a person presenting with suicide ideation of who is self-harming to have accessed the Suicide First Aid (SFA) Intervention training and/or Self Harm intervention training SFA 3 x sessions offered (June, Oct & Dec. 2022) Self-Harm (May 2022)</p> <p>Frontline health, social care and third sector workforce who support higher risk of suicide cohorts to have either completed the Suicide Awareness training. 4 x sessions offered (May July Sept. Nov. 2022)</p>	<p>Use of Suicide Real Time Surveillance to monitor trends/themes and patterns of possible/probable suicide for targeted response</p>	<p>% of “priority” agencies who have accessed training</p> <p>Number of “hits” on ICS webpage for suicide resources</p>	



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>4.24 Social Prescribing (as an element of Personalised Care) Social prescribing in Shropshire is an integrated programme between Primary Care, Public Health and the Voluntary, Community and Enterprise sector (VCSE) that supports those in most need</p> <p>A Children and Young People’s (CYP) Social Prescribing pilot in the SW is operational</p>	<p>Children and Young People’s (CYP) Social Prescribing being part of the Early help offer. This focusses particularly on CYP mental and emotional wellbeing</p>	<p>Fran Doyle/Penny Bason reporting to Early Help Partnership Board</p> <p>Health and Wellbeing Board</p> <p>Shropshire Integrated Place Partnership</p>	<p>Business case submitted (March 2023)</p> <p>Evaluation of Children and Young People (CYP) pilot (December 2022)</p>	<p>Integration to Early Help as an offer for CYP and their families countywide</p>	<p>Improvements in Health and Wellbeing scores post SP intervention</p>	<p>TBD</p>
<p>4.25 Integrated Impact Assessment (IIA)– embed assessment of: Social Inclusion Equality Health Inequalities Quality Climate Change Economic Impact of all developments</p>	<p>Integrated Impact Assessment to be adopted across the ICS for project work - for all change programmes</p>	<p>Edna Boamong Reporting to Population Health Board</p>	<p>Draft Screener tool developed to include HEAT tool as part of initial screener (June 2022)</p> <p>Online screener tool fully developed within system PMO platform. (August 2022)</p>	<p>IIA criteria in place for the use of the tool March 2023</p> <p>IIA in developed</p> <p>IIA in use</p>		<p>TBD</p>



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.25 continued.,			Development of methodology document. Development of Baseline template and full IIA templates. (August 2022) Adoption and implementation programme. (September 2022) Audit of tool application in practice. (March 2023)			

Table 5: Social Inclusion Groups

Social Inclusion Groups

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
<p>5.1 Domestic Abuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status. Domestic abuse includes coercive, controlling, abusive and violent behaviour and can also occur between family members</p> <p>Temporary accommodation is not in the interest of the health and wellbeing of the household</p>	<p>Reduce homelessness due to domestic abuse</p> <p>(Identified in Shropshire Safeguarding Community Partnership Strategic Plan and Priorities 2020–2023)</p>	<p>Laura Fisher Shropshire Council</p> <p>Local Partnership Board and SSCP Domestic Abuse Group</p>	<p>Needs assessment completed (November 2022)</p> <p>Strategy completed (January 2023)</p>	<p>Needs assessment and strategies completed</p>	<p>Reduce homelessness due to domestic abuse</p> <p>SSCP business plan data</p>	



Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
<p>5.2 Exploitation (including transitional safeguarding) affects people of all ages regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status but in particular, children and young people and adults with additional care and support needs</p>	<p>Review the effectiveness of the Child Exploitation Pathway</p> <p>(Identified in Shropshire Safeguarding Community Partnership Strategic Plan and Priorities 2020 – 2023)</p>	<p>Jeanette Hill Shropshire Council SSCP Exploitation Group</p>	<p>A pilot weekly Adult Exploitation Pathway: Active Case Review Meeting/triage is currently underway, which is attended by the multi-agency partnership including: Adult Services Children’s Services West Mercia Police Health We Are With You (Ongoing)</p>	<p>More young people will have a transition plan in place where concerns of exploitation are identified. More adults with care and support needs with risk factors around exploitation will have an appropriate plan of support in place</p>	<p>Needs will be identified and more young people at point of transition/adults will have plans of support in place to reduce escalation of risk/need</p> <p>Improved partnership information sharing</p>	
<p>5.3 Homeless Housing also in wider determinants</p>	<p>Preventing homelessness:</p> <p>Develop homeless and rough sleeping prevention strategy</p>	<p>Laura Fisher reporting to Housing Executive Board</p>	<p>Strategy which seeks to prevent homelessness and rough sleeping and ensure that those households who do become homeless are provided with an excellent service. (March 2023)</p>	<p>Strategy published</p>	<p>Percentage of successful homeless preventions</p> <p>Percentage of successful homeless reliefs</p> <p>Number of households owed main duty</p> <p>Number of rough sleepers at any one time</p>	



Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
<p>5.4 Learning Disability Ensuring the right care, support and accommodation is available at the right time to ensure individuals are able to achieve their aspirations and reach their potential</p>	<p>Variety of accommodation options available to house adult individuals and enable their greater independence</p> <p>LD and A 3-year road map</p>	<p>Vacant post to be filled Steve Ladd (Shropshire Council)</p> <p>Val Walsh (CCG) Reporting to LD&A Board Learning Disability Partnership Board</p>	<p>Property platform to provide data - determine accommodation to be commissioned and where (October 2022)</p> <p>Partnership working to implement/progress: housing developers, RSL's, planning and policy departments (January 2024)</p>	<p>Property Platform data</p>	<p>ASCOF- number of adult individuals with a learning disability living in their own home</p>	
<p>5.5 Autism Autistic people experience greater health inequalities including cardiovascular disease, epilepsy and poor mental health. NHS England » National Autism team update</p>	<p>Expansion of ASD Forensic Service Telford/Shropshire</p> <p>Creation of ASD mental health liaison Telford/Shropshire role</p>	<p>Val Walsh (CCG) Reporting to LD&A Board Autism Partnership Board</p>	<p>Increased recruitment to extend service to Shropshire (Complete)</p> <p>Recruit ASD MH liaison Clinician (Complete)</p>	<p>Numbers discharged</p> <p>Numbers discharged in a timely manner</p>	<p>Supporting Autistic People with Forensic risks to be discharged from hospital</p> <p>Supporting Autistic People who also have mental health problems to be discharged in a timely manner</p>	



Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
<p>5.6 Gypsy and traveller families Gypsies, Travellers and Roma are among the most disadvantaged people in the country and have poor outcomes in key areas such as health and education. Parliament UK: 2017</p>		<p>John Taylor Reporting to Head of Property and Development, Shropshire Council</p>	<p>Development of an 8-plot transit site in Shrewsbury (April 2022)</p> <p>Employ a Gypsy & Traveller Support Officer (Complete)</p> <p>Review SC Gypsy/Traveller caravan sites plot application process (June 2022)</p> <p>Anticipated site will be developed within the next 12 months (August 2023)</p>	<p>Report has approval from Cabinet to proceed with planning application.</p> <p>Appointed Officer April 2022</p> <p>Reviewed June 2022</p>	<p>Meet the identified need for a transit site as per the GTAA recommendations</p>	<p>Support the Welfare, Education, housing requirements</p>
<p>5.7 Asylum seekers/ refugees</p>	<p>Government resettlement schemes -Syrian, Afghan and Ukrainian programmes</p>	<p>Laura Fisher Shropshire Council Reporting to DMT</p>	<p>Syrian: Resettle additional 5 families as per commitment to government 2022/23</p> <p>Afghan: Resettle 5 families as per commitment to government 2022/23</p>	<p>Number of individuals/families resettled. Syrian and Afghan families: target of 5 families each.</p> <p>Ukrainian: No target. Dependent on how many people opt to be hosts</p>	<p>Syrian, Afghan and Ukrainian individuals/families resettled in safe accommodation which will impact positively on their health and wellbeing</p>	



Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.7 continued.,		Ukrainian Visitors Steering Group	Ukrainian: Date: March 2022 DBS initiated Property inspected Welfare check completed Emergency payment made Monthly gift of £350 made Asylum Dispersal Awaiting update from government re: future numbers / duties	Numbers registered with GP. Data collected by Housing as part of monitoring for government / Home Office		
5.8 Unpaid Carers Affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status	Carers not identified early in their caring journey resulting in delayed support that may prevent crisis and provide a better quality of life for the carer	Margarete Davies Reporting to Shropshire Family Carers Partnership Board	Training provided to health and social care staff to help identify carers. (From September 2022)	Number of training sessions offered to GP Practice staff By: 2023 This will help carers access appointments for themselves and the people they are caring for. It will improve carer registration on GP practice systems (Carer flag) so that carers can be offered vaccinations and any other health related benefit for carers	Number of GP Practice staff attending Number of GP Practice asking if someone is an unpaid carer as a routine question Improved carer registrations on GP practice systems (carer flag) so that carers can be offered vaccinations and any other health support	

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.9 Physical disabilities	Community equipment service aligned to Disabled Facility Grant offer, to complete adaptations to increase support and independence	Laura Fisher Reporting to Housing Services Management	New Disabled Facilities Grant (DFG) guidance published on March 2022 widening the scope, area of its coverage to include equipment when tied to the adaptation (Ongoing)	Reduce the time waiting for DFG and equipment Local DFG process to reflect change in new DFG guidance and information	Increase number of people of all ages with disabilities or complex needs who can live in the community with improved independence	
	Recommissioning of Community equipment service	Deb Webster/Laura Fisher Reporting to Joint commissioning delivery group	Working across the ICS, T&W and Shropshire to provide a seamless allocation of equipment across all ages and disabilities. (Ongoing)	One access route (TBC) to health and social care equipment not identified through funding pathway. Seamless allocation of equipment to all age groups. Closer working across identified areas to maximise development of equipment provision across all fields.	Easy access to range of equipment and information for all ages and disabilities. Development of pathways to streamline prescription and ordering and improve waiting times. Equipment supplier tenders to be opened Summer 2023 Equipment supplier commissioned by Autumn 2023.	



Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
<p>5.10 LGBTQ+ People who identify as LGBTQ+ experience disproportionately worse health outcomes and have poorer experiences when accessing health services. Kings Fund:2021</p> <p>Staff awareness and understanding of LGBT communities to help improve experience for LGBT people using our services. (adapted from National LGBT action plan priorities)</p>	<p>Safer Ageing, No Discrimination) SAND takes a targeted approach to increasing LGBT+ inclusion, challenging discrimination, promoting accessibility and equality of opportunity for LGBT+ people ageing in Shropshire, Telford and Wrekin.</p> <p>The Covenant – Safe Ageing No Discrimination (lgbtsand.com)</p>	<p>Tamsin Waterhouse Reporting to LGBTQ+ covenant planning working group</p> <p>(ICS have a support group for LGBTQ+ staff)</p>	<p>Shropshire Council signed up and committed to the pledge March 2022 LGBTQ+ covenant planning group first meeting May 2022, with monthly meetings thereafter</p> <p>Currently Adult Social Care in main, so not cross council yet.</p> <p>Action plan will be developed and reviewed. (October 2022)</p>	<p>Commitment made through the pledge to: providing the best possible quality services for older and old LGBT+ people</p> <p>Commit to learning what life can be – and has been – like for different LGBT+ people.</p> <p>Commit to vocally and visually supporting groups working with and for older and old LGBT+ people</p> <p>Commit to creating meaningful opportunities for LGBT+ people and groups to ‘influence’ what you do</p> <p>Commit to assess and evidence change, including work carried out to engage LGBT+ people (within the group/organisation and outside it)</p>	<p>This is a new group, and Action Plan will help to monitor progress</p>	

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.10 continued.,	Shropshire agreed to be a test site for some research being conducted by the University of Birmingham into Social Work practice when working with LGBTQ+ adults	Tamsin Waterhouse	University to visit and discuss. (November 2022)	Provision of information on what is being doing well, and where we need to improve		
5.11 Services personnel and their families (including veterans)	GP Friendly accreditation scheme	Sean McCarthy Health and Wellbeing Board Shropshire Armed Forces Covenant Strategic Board	Engagement with CCG and PCN's to raise awareness of the accreditation (Ongoing)	Number of GP surgeries contacted	Number of GP Practices signing up to the GP friendly accreditation scheme.	10 GP practices during 2022
5.12 Drug and Alcohol Misuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status	Review publish & implement the Drug and Alcohol Strategy 2020-2023. (Identified in Shropshire Safeguarding Community Partnership (SSCP) Strategic Plan and Priorities 2020–2023)	Paula Mawson / Ian Houghton SSCP Drug and Alcohol Misuse Group Shropshire Council Combating Drugs Partnership – ICS Group with TWC & PCC as SRO	National Guidance Milestones: SRO & geography agreed for new Combating Drugs Partnership (CDP) (August 2022) CDP Terms of Reference (TOR) & governance agreed (September 2022) Completion of Needs Assessment (by November 2022)	Production of the CDP ToR Governance routes agreed for the CDP and place partnership Data analysis and engagement with people with lived experience and professionals to inform the needs assessment	Public Health Outcomes Framework -Successful completion of alcohol and drug treatment -Reduced deaths from drug and alcohol misuse -Admission episodes for alcohol related conditions	To be agreed as part of the performance framework development by December 22

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.12 continued.,	<p>Deliver the local requirements of the National Drugs Strategy, From Harm to Hope, strategic priorities to:</p> <ul style="list-style-type: none"> • Break supply chains, • Deliver a world class treatment & recovery system • Achieve a shift in the demand for drugs 		<p>Local Strategy & Delivery Plan agreed (December 2022)</p> <p>Local Performance Framework agreed (December 2022)</p> <p>Ongoing reporting of progress. (From April 23)</p>	<p>Local Strategy & Business Plan updated in light of new guidance</p> <p>Approval of the local strategy refresh with HWBB</p> <p>Local performance framework developed in light of the recommendations in the needs assessment and national guidance</p>	<p>Local performance framework will be developed to measure performance against the national outcomes framework from April 23</p>	
5.13 Looked After Children Shropshire Council has statutory responsibilities to children and young people who are 'looked after' (cared for) by the Council and who have previously been looked after up to the age of 25	<p>Within Social Care the Stepping Stones Programme is designed to enable more children to live safely at home, or to live in a foster home rather than residential care (See also Table 4 – Best Start in Life category)</p>	<p>Donessa Gray/Pippa Murphy</p> <p>Social Care/Early Help</p>	<p>Develop a business case and evaluation framework (May 2022)</p> <p>Upscale Business case agreed July 2022 (TOMS)</p> <p>Recruitment to additional posts (January 2023)</p> <p>Parent and baby assessment centre opening (October 2022)</p>	<p>Documents written by health colleagues – March 2022</p> <p>Review and progress May 2022</p> <p>Business case written by project Manager</p> <p>Ongoing project review and monitoring against targets set out in business case (financial and social outcomes)</p>	<p>Reduce the number of children suffering significant harm and enable them to remain safely in the care of their family</p> <p>Reduce number of children needing to remain in residential provision out of area and increase number who can safely return home</p>	<p>Reduce numbers by 15 by March 2024</p> <p>15 by March 2024</p>



Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
<p>5.14 Ethnic minority Groups</p>	<p>Provide outreach support to local Bulgarian and other Eastern European communities in Shropshire.</p> <p>Working at the core of the Communities Driving Change to understand issues relating to health and wellbeing, that are felt to be most important to communities themselves, and to identify gaps in service, engage and support community led action to address these issues</p>	<p>Hannah Thomas/Penny Bason ShIPP</p>	<p>Weekly drop-in sessions offering Welfare Support in Oswestry: support has included food provision, home essentials and internet access, registration of local services such as doctors/dentists/jobs, housing and financial difficulties. (April 2022) Extra session on Sunday (May 2022)</p> <p>Supporting Schools: Already in some primary schools in Oswestry supporting families with translation, cultural understanding (Ongoing)</p> <p>Drop in for Bulgarian/Eastern European students in Oswestry - barriers in school. Will then work with families. (April 2022)</p> <p>To develop an offer to deliver Blood Pressure and AF checks within the community which will support a wider piece of work around case finding (Ongoing)</p>	<p>Data collected on numbers accessing and reasons why</p>	<p>Eastern European individuals and families are enabled to live their lives well, and are able to access welfare support, translation and education understanding.</p> <p>Help to ensure that access to local services are planned and delivered in a way which best meet the needs of the local community</p>	<p>Estimate: 5 families or individuals per week</p> <p>1 school per month</p> <p>Translation</p>

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
<p>5.15 Prisoners and their families</p>	<p>Human Library Pilot Human Library project with the Stoke Heath Prison to deliver mini Human Library event with 6 prisoners with equality responsibilities, as a first Human Library event in the world.</p>	<p>Mirka Duxberry Reports to: Head of Library Service</p>	<p>April/May 2022 + more events throughout 2022 to be decided</p> <p>Pilot completed – 6/6/2022 - <u>First Prison to Host a Human Library - The Human Library Organization</u></p> <p>Two further events planned for Oct/Nov 2022 and March 2023</p>	<p>Direct impact evaluations (group/individuals)</p>	<p>Engagement around equality and diversity discussions, challenging unconscious biases</p>	<p>Prisoners Prison officers Prison culture</p>

Table 6: Primary Care Network Health Inequality Plans

Tackling neighbourhood health inequalities

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
<p>6.1 Primary Care Networks (PCN) inequalities plan</p> <p>PCN's must: Appoint a lead for tackling health inequalities within the PCN.</p> <p>A PCN must identify a population within the PCN experiencing inequality in health provision and/or outcomes and develop a plan to tackle the unmet needs of that population</p>	<p>North Shropshire: Foodbank population are offered screen on iPad using a ReQoL-20 survey in person, with a PCN mental health practitioner or a Foodbank volunteer. If users identify as requiring further support, they will be triaged by the PCN mental health practitioners</p> <p>SE Shropshire Blood pressure, cholesterol and atrial fibrillation monitoring, focussed on Highley. Community events with Public Health, GP fellow and Clinical Pharmacists present to undertake screening</p>	<p>Emma Pyrah Reports to: TBC</p>	<p>Offer of short Mental health questionnaire to Foodbank population, to identify if mental health support needed. Operating in Whitchurch Foodbank (Ongoing). Likely to start in Oswestry (Autumn 2022) and Market Drayton to follow (Date: TBC)</p> <p>Opportunistic blood pressure, cholesterol and atrial fibrillation monitoring <i>Intervention in place.</i> Referral to a healthy lives advisor for lifestyle advice and direction. Refer back to GP for more complex issues and medication. (1 event: May 2022, agreeing next steps: Ongoing)</p>	<p>Intervention with support that will be local, and in the familiar setting of their GP practice or Foodbank</p> <p>Trusted community preventative intervention</p>	<p>Improve access to local GP and mental health services for food bank users</p> <p>Reduced mental health emergencies and better mental health outcomes for this population</p> <p>Improve trust and familiarity with health services</p> <p>Reduced blood pressure readings and healthier lives with reduced in inequalities and better access to healthcare in communities</p>	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
6.1 continued.,	<p>SW Shropshire Opportunistic BP check. Short, user-friendly MPFT recommended wellbeing screen offered in Foodbanks by PCN pharmacy technician and/or mental health practitioner Both underpinned with a protocol around how to direct individuals to further services should a potential issue be identified</p>		<p>Opportunistic BP check and Re-QoI-20 survey (wellbeing screen) offered in Foodbanks by PCN pharmacy technician and/or mental health practitioner, with protocols should an issue arise</p> <p>Operating in Craven Arms and Church Stretton Food Banks (Ongoing)</p> <p>Engagement with all food banks in the SW (December 2022)</p>	<p>Intervention with support that will be local, and in the familiar setting of their GP practice or Foodbank</p>	<p>Higher rate of detection of raised blood pressure and surrogate outcomes for improved outcomes in the longer run</p> <p>Development of a BP case-finding service with our local pharmacy partners and GP practices</p> <p>To help with development of a robust resilience screening tool</p> <p>Follow up of any individuals identified with a physical and/or mental health need to see if it resulted in an improved outcome/ engagement and any gaps</p>	



Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
	<p>Shrewsbury Increasing physical activity in more deprived populations</p>		<p>Provision of free health and wellbeing coaches and access to variety of group activities via Shrewsbury Town in the Community (STITC). Self-referral via email or telephone (Ongoing)</p> <p>Recruitment of care co-ordinator to support health inequalities work, with an emphasis on patient engagement (In place)</p>	<p>Individuals assisted to identify their physical and Mental health goals and how to achieve them</p>	<p>Improved physical activity levels in the population</p> <p>Ideal outcomes would be decreased levels of obesity, hypertension and cardiovascular disease but these may take some time to become apparent</p>	

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