Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: Wednesday, 23 February 2022

Committee:
Health and Wellbeing Board

Date: **Thursday, 3 March 2022**
Time: **9.30 am**
Venue: **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting. The Agenda is attached
Members of the public will be able to access the live stream of the meeting by clicking on this link:

https://www.shropshire.gov.uk/HealthandWellbeingBoard3Mar2022

There will be some access to the meeting room for members of the press and public but this will be very limited in order to comply with health and safety regulations. If you wish to attend the meeting, please e-mail democracy@shropshire.gov.uk to check that a seat will be available for you.

Tim Collard
Interim Assistant Director – Legal and Democratic Services

Members of Health and Wellbeing Board

VOTING
Shropshire Council Members
Simon P Jones – PFH Adult Social Care and Public Health
Kirstie Hurst-Knight – PFH Children & Education
Cecelia Motley – PFH Communities, Place, Tourism & Transport

Rachel Robinson - Director of Public Health
Tanya Miles – Director of Adult Services, Housing & Public Health
Karen Bradshaw - Director of Children's Services

Shropshire, Telford and Wrekin CCG
Mark Brandreth – Accountable Officer / Executive Lead Shropshire, Telford and Wrekin Integrated Care System
Claire Parker – Director of Partnerships
Dr John Pepper – Chair

Lynn Cawley – Shropshire Healthwatch
Jackie Jeffrey – VCSA

NON-VOTING (Co-opted)
Patricia Davies, Chief Executive, Shropshire Community Health Trust

Megan Nurse – Non-Executive Director Midlands Partnership NHS Foundation Trust

Angie Wallace – Shrewsbury & Telford Hospital Trust

David Crosby – Chief Officer, Shropshire Partners in Care

Stacey Keegan – Interim CEO, Robert Jones & Agnes Hunt Orthopedic Hospital NHS Foundation Trust

Laura Fisher – Housing Services Manager

Your Committee Officer is Michelle Dulson
Tel: 01743 257719 Email: michelle.dulson@shropshire.gov.uk

AGENDA

(All timings approximate)

1 Apologies for Absence and Substitutions (9:30)

2 Disclosable Interests (9:35)

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

3 Minutes of the previous meeting (9:37) (Pages 1 - 14)

To confirm as a correct record the minutes of the meeting held on 11 November 2021 (attached).
Contact: Michelle Dulson Tel 01743 257719

4 Public Question Time (9:45)

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 9.30am on Tuesday 1 March 2022.

5 System Update (Pages 15 - 30)

Telford & Wrekin (STW) ICS Involvement Strategy (10:00)

Report attached
Contact: Kate Manning, Senior Engagement and Communications Manager, Shropshire, Telford & Wrekin ICS

Shropshire Integrated Place Partnership (ShIPP) update (10:10)

Report to follow
Contact: Penny Bason, Head of Joint Partnerships, Shropshire Council and Shropshire, Telford & Wrekin CCG Shropshire, Telford & Wrekin CCG

Joint Commissioning Board/Better Care Fund (BCF) (10:20)
Report attached
Contact: Laura Tyler, Assistant Director, Joint Commissioning, Shropshire Council and STW CCG

6 **Shropshire 2022-2027 Joint Health and Wellbeing Strategy (10:30)** (Pages 31 - 50)

Report attached
Contact: Val Cross, Health and Wellbeing Officer, Shropshire Council

7 **Musculoskeletal Transformation Programme (10:40)** (Pages 51 - 58)

Report attached
Contact: Kerry Robinson, RJAH Orthopaedic Hospital

8 **Uptake data for childhood routine vaccinations (10:50)** (Pages 59 - 70)

Report attached
Contact: Rachel Robinson, Director of Public Health, Shropshire Council and Stephanie Jones, Healthy Child Programme Coordinator/ Public Health Development Officer

9 **COVID-19 verbal update (11:00)**

Contact: Rachel Robinson, Director of Public Health, Shropshire Council

10 **Chairman's Updates (11:05)**

Shropshire Council

Committee and Date

Health and Wellbeing Board

3 March 2022

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 11 NOVEMBER 2021
9.30 AM – 12.15 PM

Responsible Officer: Michelle Dulson
Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present
Simon Jones – PFH Adult Social Care and Public Health
Kirstie Hurst-Knight – PFH Children and Education
Cecilia Motley – PFH Communities, Culture, Leisure & Tourism and Transport
Rachel Robinson - Director of Public Health
Tanya Miles – Director of Adult Services, Housing & Public Health
Mark Brandreth - Accountable Officer, Shropshire, Telford and Wrekin CCG
Claire Parker – Director of Partnerships, Shropshire, Telford & Wrekin CCG
Dr John Pepper – Chair, Shropshire, Telford & Wrekin CCG
Lynn Cawley – Shropshire Healthwatch Jackie Jeffrey – VCSA
Jackie Jeffrey – VSCA
Patricia Davies – Chief Executive, Shropshire Community Health Trust
Ben Hollands – Midlands Partnership NHS Foundation Trust
Sara Ellis - RJAH
Laura Fisher – Housing Services Manager

150 **Election of Chairman**

RESOLVED:

That Councillor Simon Jones be elected as Chair of the Health and Wellbeing Board.

151 **Apologies for Absence and Substitutions**

The following apologies were noted:

David Crosby – Chief Officer, Shropshire Partners in Care
Angie Wallace - SATH

152 **Disclosable Pecuniary Interests**

Jackie Jeffrey declared that the VSCA received funding from the Better Care Fund.

153 **Minutes of the previous meetings held on 8 July and 9 September 2021**

9 September 2021 - Paragraph 140 - Integrated Care Systems Update

It was confirmed that the third paragraph on page 3 should read as follows:

'The Director of Public Health was keen to link the Shrewsbury Health and Wellbeing Hub into the JSNAs and taken to the Health and Social Care Overview and Scrutiny committee. It was confirmed that an equality impact assessment was being done which would go through the Project Board and would be linked into the JSNA. The Director of Public Health requested a full integrated impact assessment be undertaken'.

RESOLVED:

That the Minutes of the meetings held on 8 July and 9 September 2021 be approved and signed by the Chairman as a correct record, subject to the above amendment.

154 **Public Question Time**

No public questions were received.

155 **System Update**

Integrated Care System (ICS) update

The Programme Director for Shropshire, Telford & Wrekin Integrated Care System introduced and amplified the ICS update and presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- The Integrated Care System Development
- Urgent Care and Ambulance Pressures
- Covid-19 Vaccination Programme
- Hospital Transformation Programme
- Community Diagnostic Hubs
- Elective Waiting Times
- SaTH CQC Inspection

The Programme Director updated the Board, she recapped the reasons for ICS's being set up and explained that the Bill was still going through Parliament. She explained what the new structure would look like from April next year with a view that the structure would be much more fit for purpose. From 1 April 2022 there would be an Integrated Care Board

(ICB) and an Integrated Care Partnership (ICP) and that those two bodies together would make up the Integrated Care System (ICS). The ICB would probably look different to the current ICS Board, in that it would be smaller but would have the same chair, there would be non-executive Directors on that Board who would be new to the system so could not currently be in a non-executive role on any of the current organisations. There would also be some new Executive Directors, indeed there were four mandated executive roles in the legislation, and they were the Chief Executive, a Director of Nursing, a Medical Director and a Chief Finance Officer. In addition to this, there would also be partner members who would be the two Local Authorities, a representative section of provider organisations and GP members. Decisions would be made across those three sections. In order to retain the history and knowledge within the organisations they were asking the chairs of the current provider organisations to chair some of the subcommittees of the ICB so that they also became involved in the workings of the Board.

The ICP was a much less mandated grouping of people and would be chaired by the two Local Authority Leaders and would probably meet two to three times a year and it would have representatives from the ICB, representatives from the Local Authorities, representatives from Healthwatch and whoever else it was wished to have on that Board, for example, Police, Fire Service etc. The primary function of the ICP was to set the Integrated Care Strategy for the system. Sitting elsewhere in the system would be the two place-based arrangements which would link closely to the Health and Wellbeing Board and were largely focussed on the population of those particular places on and around arranging provision of health care and care for the people in those populations. There would also be a provider collaborative which was where the providers could get together and decide what might be the best way of providing care beyond the boundaries of organisations themselves and linking up care, so it was more streamlined for patients. Still in development within the system was the neighbourhood arrangements which were centred around the 8 Primary Care Networks and that was about focussing multi-disciplinary arrangements around individuals, families and making sure that care could be concentrated in the right places, for the right people.

More detail was requested with regard to neighbourhood arrangements and what was meant by neighbourhood. In response, the Programme Director explained that there was flexibility to design what they wanted it to be but were centred around populations of around 30-50,000 people and around the Primary Care Networks which were already in place across the system. She confirmed that their purpose was to ensure good primary care provision, bringing multi-disciplinary teams together e.g., social workers, GPs, other providers of community services to particularly focus on individuals and families who have particularly complex needs.

As Shropshire was a very large county with a very large rural population, especially in Shropshire, concerns were raised over difficulties accessing care in some of the rural areas due to having to travel a long way, if they were elderly, they may not have transport, public transport wasn't always available and have to rely on other people to drive them. It was requested that some form of outreach be built in to deliver services more effectively to the rural areas instead of rural areas always having to go to a central point. The Programme Director explained that they were currently trying to set the infrastructure in a way that could respond to those needs and that both place-based Boards as they evolved would need to take that on board as a particular issue for this area and work with the neighbourhoods to ensure they could provide better solutions for people. She confirmed that the ethos was to provide care in people's own homes as much as possible.

The Director of Adult Services wished to highlight that the covid services for Shropshire, Telford and Wrekin were among the top performing regions in delivering the covid vaccination to children aged 12-15 and she wished to congratulate the team. She requested the Director of Public Health to update the Board in terms of the booster programme. The Director of Public Health commented on the importance of the flu and covid vaccination programmes this winter and would refer later in the meeting to the winter wellness campaign that was being launched to encourage people to ways of keeping well over winter. The vaccination programme across the county had been phenomenal but people still needed to come forward for their booster vaccinations. She then drew attention to the mobile covid bus particularly in the South of the County.

RESOLVED:

That the contents of the update be noted.

Joint Commissioning Board

The report of the Assistant Director of Joint Commissioning was received (copy attached to the signed Minutes) which provided an update from the Joint Commissioning Board and sought approval for the Better Care Fund (BCF) submission for 2021/22 which was due to be submitted on the 16 November 2021.

The Head of Joint Partnerships gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- BCF Introduction
- Key changes within policy guidance
- BCF national conditions 2021/22
- Updated Shropshire H&WB Governance
- Approaches to Integration

- BCF Key Themes
- Discharge Alliance
- Disabled Facilities Grant
- Metrics

The Assistant Director went into more detail about the additional metrics being measured this year which included a focus on length of stay 14 days and length of stay 21 days. She explained that the data packs had been set nationally based on a local authority area and which was based on an average 18-months data pack. However, the concern with doing that is that the 18 months also included the covid period where it had skewed the data somewhat across the system. Hence they looked at the average data set over the 18 months, but also then looked what that average was, as well against Quarters 3 and 4. They knew as a system that Quarters 3 and 4 were always quite a difficult time of year, so targets had been set based upon those Quarters 3 and 4, so it looked like they were not putting any stretched targets in. However, as a system they felt they would be very much stretched targets due to the pressures on the acute services and the issues across workforce and recruitment. These targets had been very much set against a background of increasing pressure and it was felt that they were going to be quite stretched.

The Assistant Director reported that the discharge alliance group would monitor these targets. She explained that when they went to some of the regional meetings the feeling was that as long as we had a real understanding and justification as a system about: why we were setting those targets, were really clear about how those challenges were trying to be met and what would be done in the future, they were happy with what was being proposed so far.

The Assistant Director informed the Board that a new target of percentage of patients discharged back to their normal place of residence, which again, was an average annual target. This target had been kept the same as there were real pressures in getting people home particularly with recruitment in the domiciliary market in particular, so there had been an increase of people going into care homes. This would also be a stretched target along with unplanned hospitalisation for chronic care sensitive conditions where the target was based on what the trajectory would be for the annual target.

The Assistant Director reported that the submission had been sent through to the regions to sense check and get some initial feedback prior to the submission date of 16 November 2021. She confirmed that all of the BCF strands and plans would be reviewed going forward to make sure they were fit for purpose. The Head of Joint Partnerships summed up where they were in terms of response from the region. They had had some comments back and some suggested amendments around further linking the narrative document with the expenditure tab, particularly

around enablers e.g., domiciliary care and how people were going to be moved through the system more quickly. That was one area that need to be bolstered within the narrative document matching back to the financial template. The other area around the metrics, although it explained why they were setting the metrics where they are, was a request to have additional ideas about where we are at now, what the challenges were, and how those improvements were going to be made. This was why within the recommendations, the HWBB were being asked to delegate sign off by the Director of Adult Services outside of the meeting so those adjustments could be made. No adjustments to the finances had been suggested by the regions so overall the feedback was positive.

In terms of hospital discharge, the Director of Adult Services explained that this system performed really well in terms of discharging patients in a timely manner, and she requested that the Assistant Director gave a run-down of the additional capacity and investment that the Shropshire system had put in place to support the system as it went into winter. She confirmed that the HWBB would receive a report on the Shropshire Winter Plan at its January meeting.

In response, the Assistant Director explained that as a system, they had been looking at where additional capacity was needed and where the biggest impact would be. She reported that they had successfully managed to get some additional funding to really bolster first, the Reablement Team to ensure people could be discharged from hospital quickly, and also an element of support for domiciliary care, as there had been a few issues with the throughput which thankfully, was starting to improve. The Assistant Director then went on to explain some of the other work being undertaken to try and support the system, including a recruitment and retention campaign. There was a huge amount of work behind the scenes to support the system.

RESOLVED:

1. To note the contents of the report;
2. To note and approve Shropshire's BCF planning template submission set out in appendices A and B; and
3. To approve delegated authority for final sign off of plan, if regional feedback suggests amendments.

156 **Health Inequalities and Wider Determinants of Health**

Health Inequalities plan update

The Consultant in Public Health introduced her report (copy attached to the signed Minutes) and gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- Development of Shropshire Health Inequalities Plan
- Background
- Population Health Board and ICS Priorities.
- NHS Priorities with impact on Health Inequalities.
- Shropshire Priorities and Principles
- Next steps

The Consultant in Public Health explained that Shropshire's Health Inequalities Plan was intended to draw together in a single document a range of plans and priority work programmes that were already under way. The provisional intention was to document at a high level, a summary of information in relation to those existing plans and pull them into the Shropshire Health Inequalities plan. In looking at relevant data and information, gaps in activity may be identified, in which case there may be a need to start additional or enhanced work programmes. The plan would include priorities for tackling health inequalities that were relevant to the Integrated Care System, that were Health and Wellbeing Priorities or those relating to the wider Council. Each of the work programmes to be included in the plan would be aligned under one of the four domains within the population health model.

In terms of the key programmes that were identified for more detailed performance management in terms of delivery, they would be mindful of the evidence both in terms of the factors which predispose individuals and population groups to health inequalities as well as the evidence provided through the national Marmot reviews. These reviews set out the key areas where the evidence suggests attention should be focussed in order to reduce health inequalities whilst recognising the importance of promoting a healthy standard of living including the role of central government.

The Consultant in Public Health drew attention to the various priorities that were to be included. She explained that the Population Health Board was a group sitting under the Integrated Care System Board and which oversaw the development of the system-wide approach to health inequalities, which included NHS England's health inequality priorities for integrated care systems. There was an overarching framework for the system, system-wide prevention and equalities programmes and sitting alongside were the priorities local to Shropshire.

The Consultant in Public Health then gave more detail around the NHS preventions and transformation programmes that would be delivered to Shropshire residents and that could have a significant impact on the population if they accessed the services as intended. Looking at the principles which would underpin the approach to health inequalities, these included the need to adopt a whole-system approach to the issue, recognising the complexities that sit behind problems and the vital importance of understanding problems from the perspective of those with

lived experience. She confirmed a successful bid to the LGA/Health Foundation in securing monies that would include an opportunity for a local learning programme in relation to adopting a whole-system approach. The need for co-production has also been discussed as an additional principle.

In response to the issue of access to services in rural areas, she referred to section 3.8 of the report which made reference to the opportunity that would be expected around introducing a specific focus on rurality as a factor to explore in tackling health inequalities. Members welcomed the focus on rurality and felt it would be helpful to contact rural Parish Councils who had a good knowledge of their local communities and the problems and health determinants within them. In response to a query about where education sat, the Consultant in Public Health confirmed that this would absolutely be included in the plan.

RESOLVED:

To note the contents of the report and presentation.

Food Insecurity findings report

Ms Sophie Padgett, Shropshire Food Poverty Alliance Co-ordinator introduced her report (copy attached to the signed Minutes) and gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- Children's food insecurity in Shropshire;
- What their 2020/21 research told them;
- Key areas of work identified; and
- Evidence from other sources.

The Head of Service, Joint Partnerships updated the Board in relation to the funding received by Shropshire on the back of Marcus Rashford 's campaign around holiday hunger in particular. She explained that funding for holiday hunger began in March 2020 and had been used for free school meal vouchers, in particular, but also for work with other intersectional organisations to be able to provide funding because it was recognised that between about 7,500 children received school vouchers and this was expanded to those who were on the fringe of entitlement so that schools had a bit of leeway to give vouchers to people they recognised needed it even if they did not apply for them or did not make the threshold for free school meal vouchers.

They also worked with partners to ensure that people who came through different routes highlighting their need that they would be able to access funding another way e.g., fuel poverty grants etc. The funding had been received in tranches, for the third tranche (Household Support Grant) they

were working collaboratively with the voluntary sector to see how the money should be spent in this area and again were focussing on doing this in a number of different ways.

The Chair of the VCSA was pleased to see the shift in attitude away from the stigma and lack of empathy about how people got to that stage. It was felt that this would help people access support in a dignified way. She requested that the HWBB review this again to ensure a continual shift towards dignity and to challenge and eradicate stigma around poverty in Shropshire.

Ms Padgett responded to a number of queries from members of the Board.

RESOLVED:

To note the recommendations contained in the report.

Energy Redress Project

Mr Simon Ross from the Marches Energy Agency gave a presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- Update on the Healthy Homed Shropshire project.
- How cold is too cold? Guidelines for a healthy home.
- Those with health conditions now April 2021 – all Shropshire.
- ICS: design framework.
- Next steps: Energy diaries.
- Next steps: Developing health relationships.
- Next steps: Capital funding.

The Director of Partnerships agreed to have a conversation with Mr Ross outside of the meeting in order to link up the relevant people.

The Housing Services Manager highlighted the excellent work being done through the private sector housing team and she confirmed that additional funding had been secured around helping people with their energy bills.

RESOLVED:

To note the contents of the presentation.

Trauma Informed Approach and Resilience workshop update

The report of the Health and Wellbeing Officer was received (copy attached to the signed Minutes) which provided a summary of two trauma

informed workshops which were held for Shropshire Health and Wellbeing Board (HWBB) and Shropshire Integrated Place Partnership (ShIPP) members.

The Health and Wellbeing Officer reported that there had been a good response and that a lot of discussion/enthusiasm had been generated. The workshop consisted of a screening of a powerful film called 'Resilience; the biology of stress and science of hope', followed by facilitated discussions, as detailed in the report.

The Health and Wellbeing Officer highlighted the work taking place in the UK and explained the ambition for Shropshire and drew attention to the recommendation seeking a commitment from all system partners to resource implementation of a trauma informed approach in Shropshire.

Following a brief discussion, it was **RESOLVED** in principle to explore the following:

- A commitment to resource from HWBB and ShIPP member organisations, in order to implement a trauma informed approach in Shropshire.
- A commitment to specific resource to develop a trauma informed workforce through-out Shropshire.
- Discussion on key areas of development for focus over the next 3 years, including development of/sourcing appropriate training packages, and a continued call for action to screen the film.
- This report goes to the Joint Commissioning Group for resource alignment.

157 **West Midlands Ambulance Service Annual Report**

Mr Vivek Khashu, the Strategy and Engagement Director, West Midlands Ambulance Service (WMAS) introduced and amplified the WMAS Annual Report (copy attached to the signed Minutes). He gave a presentation which looked back at the previous year but where relevant he drew out where things had changed and moved on.

The presentation covered the following areas:

- Refresh of 5-year Strategy including the vision, strategic objectives and values. The previous vision had been reaffirmed and an additional value, environmental sustainability, had been added.
- ICS priorities – the WMAS worked with six ICS across its region.
- Service lines – demonstrated all the constituent parts of the organisation.
- National CQC ratings and single oversight framework segmentation. There were now at segmentation level 2.
- Surge management of covid-19 related calls.

- Actions taken to manage the initial surge of Covid-19.
- BAME risk assessments.
- Summary of achievements through the challenges of covid-19.
- Flu and Covid-19 vaccinations - 91% of staff have been vaccinated.
- Call answering. EOC performance >2 minute 999 call answer delays. Performance much better than peers.
- Remain the only Ambulance Service to achieve all E&U targets (response time standards). However that would not be the case next year as the response times had deteriorated over the course of the year.
- Conveyance rates - had progressed relatively well.
- Hear and treat for Category 3 or 4 whereby a clinician speaks to the caller to ascertain their needs - much closer to 20% now and as a result take fewer patients to hospital.
- Lost hours at hospital (>15 minutes pre-handover) – by October this had increased to 28,000 hours which was unprecedented.
- Patient transport (PTS) – All KPIs achieved.
- Achievement of Quality Account Priorities 2020-21.
- Compliments and complaints. There had been an increase of 1% and 9% respectively.
- Integrated Emergency and Urgent care (integration of the services 111 and 999) achievements in 2020/21.
- Integrated Urgent Care future model of delivery.
- Health and wellbeing arrangements for staff.
- Sickness 2020/21 - just below 5%.
- Staff turnover - relatively stable, young workforce.
- Awards and recognition.
- Representation - how constituted as a Board and workforce.
- Global digital exemplar site investment.
- Digital developments e.g., roll out of ipads to all frontline staff.
- Electric vehicles/fleet - no more than 5 years old, first to have electric vehicles.
- Ockenden report – actions identified.
- Looking forward to 2021/22.

The Chairman noted his disappointment that the report did not contain more detail on performance at a local level, the performance of the service specifically across Shropshire and the outcomes for Shropshire patients. As noted in the report Shropshire and Telford and Wrekin CCG were one of the 20 commissioners for the service however data was not presented even at this level. In addition, as noted in the report, the service is located in the heart of England, covering an area of over 5,000 square miles, of which 80% is rural landscape, it would therefore be expected that there would be variation across these areas, particularly rural areas such as Shropshire and transparency around the performance across the County is essential. He therefore requested that further data highlighting performance and outcomes for the service across Shropshire, compared to peers and variation across the County in performance be

brought back to this board and to be presented to the Health Overview and Scrutiny Committee, for Scrutiny.

RESOLVED:
That further data highlighting performance and outcomes for the service across Shropshire, compared to peers and variation across the County in performance be brought back to this board and to be presented to the Health Overview and Scrutiny Committee, for Scrutiny.

158 **Vision for Dementia**

Ms Francis Sutherland, Shropshire, Telford & Wrekin CCG, introduced and amplified the report of the Dementia vision and new model of care (copy attached to the signed Minutes) which provided details of the new revised Dementia model that had been co–produced and co-designed with people living with Dementia and their carers, in order to improve services.

Ms Sutherland and Mr George Rook, the Chairman of the Steering Group gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- Dementia Vision Statement
- Key Elements of the model
- General Practices are the keystone in this model and will be Dementia Friendly
- Assessment to be completed within 4 weeks of a referral
- Wish to rename the assessment service, to remove the implication that dementia is just about memory.
- Dementia Navigator
- Admiral Nurses
- Peer support group
- Annual Dementia Reviews in general practice.
- Information and data sharing across the system.
- Crisis Team - to keep people at home.
- Provide better support in Care Homes.
- Respite for unpaid carers and social care.
- Carer support for every person providing unpaid care.

In conclusion, Ms Sutherland stated that for this to work the whole system had to work together and understand what their vision was and how it was going to be implemented and sought commitment from the HWBB to their vision and new model of care for dementia and the carers of people with dementia.

Mr Rook commented that when implemented this model would be the best provision in the UK.

RESOLVED:

To note the contents of the report and to receive six monthly updates from the Implementation Steering Group.

159 **Joint Strategic Needs Assessment (JSNA) update**

RESOLVED:

That this item be deferred to a future meeting of the Health and Wellbeing Board.

160 **COVID-19 verbal update**

The Director of Public Health for Shropshire provided an update on Covid 19 within the county and made the following observations:

- Case numbers remained high in Shropshire.
- In the previous week there had been 1232 cases.
- The current rate stood at 378.6 per 100,000 which was above the figures for both the West Midlands and for England.
- The over 60's rate had started to rise.
- There were 6 deaths in the latest week.

RESOLVED:

To note the contents of the Covid-19 update.

161 **Chairman's Updates**

The Chairman updated the Board in relation to the following items:

- Defibrillators - Correspondence from SALC asking for HWBB support work happening around provision of defibrillators in communities.

- Pharmacy ownership notifications - correspondence from NHS England Primary Care Support England has been received. The correspondence and report for full reasoning will be on the Council website on the Health and Wellbeing Board meetings page; and

- The Drug and Alcohol Strategy consultation - Members were encouraged to respond to the consultation, and an update would be provided at the January Board meeting.

Signed …… (Chairman)

Date:

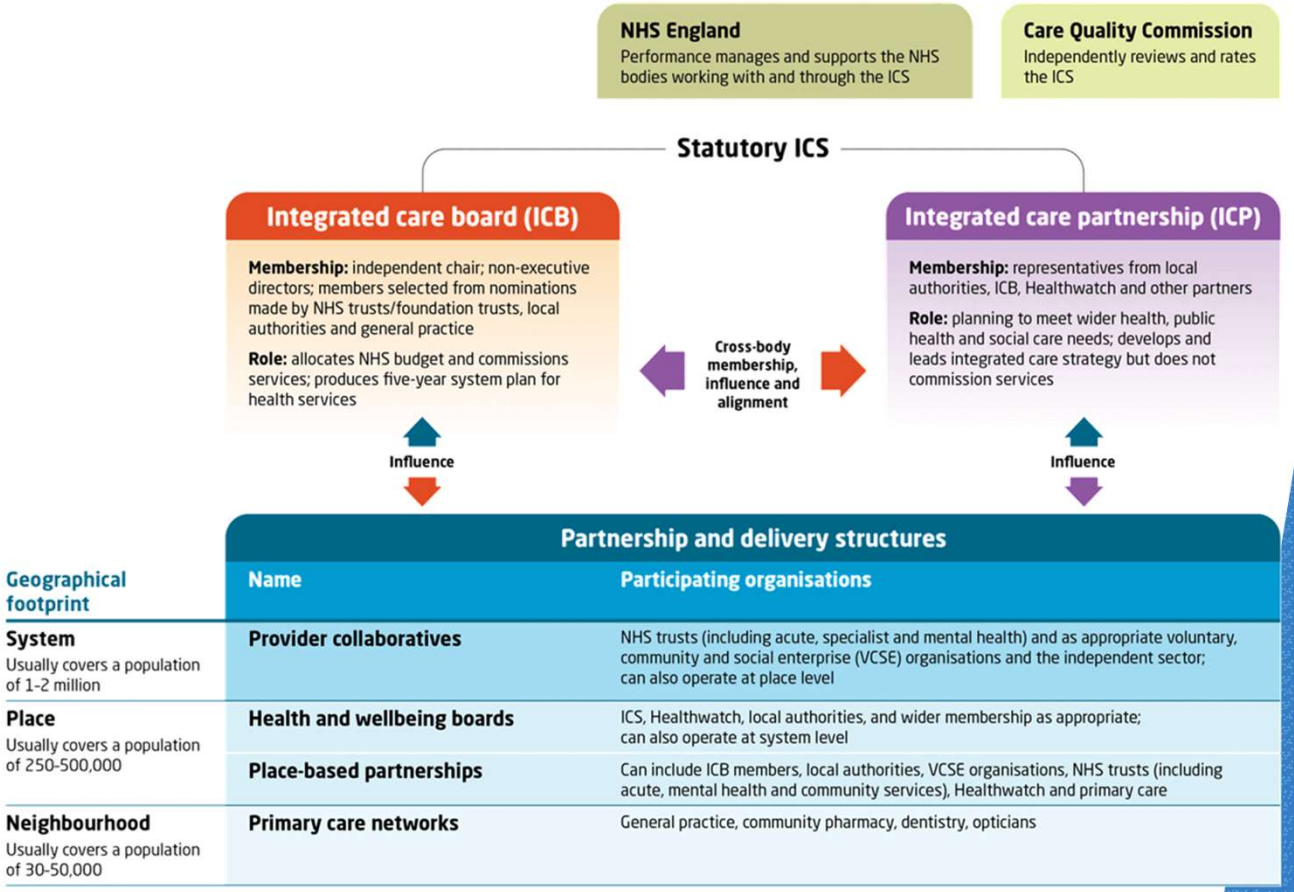
This page is intentionally left blank

Shropshire, Telford & Wrekin
Integrated Care System

Developing our approach to working with people and communities

ICS/ICB/ICPs – what do they all mean?

- Shropshire, Telford and Wrekin Integrated Care System (ICS) is made up of health and care commissioners and providers.
- Shropshire, Telford & Wrekin ICS has been created to encourage health and care organisations to work more closely together to improve outcomes and care for local people, reduce pressures on services, and make best use of our financial resources.
- The ICS will be made up of two key bodies:
  - a NHS integrated care board (ICB) - the statutory body which will take on the planning functions and budgets currently held by clinical commissioning group (CCG).
  - an integrated care partnership (ICP) - the statutory committee of the ICS. bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care.



Background and context

- The legislation under which ICSs will be established as statutory bodies, including their legal duties on public involvement, is currently passing through Parliament.
- Integrated Care Boards (ICBs) are required to develop a strategy for engaging with people and communities by May 27th 2022.
- ICBs need to set out the principles and arrangements for how they will work with people and communities.
- Integrated care partnerships (ICPs) and place-based partnerships should have representation from local people and communities in priority-setting and decision-making forums.
- ICBs are expected to gather intelligence about the experience and needs of people who use care and support and use these insights to inform decision-making and quality improvement.

The journey so far

- As an ICS, we have already made significant steps in developing our approach to involving people and communities
- The pandemic strengthened the way we work together with partners and communities. It harnessed and strengthened relationships driven by a shared purpose with a focus on health inequalities.
- Memorandum of Understanding (MOU) with Voluntary, Community and Social Enterprise (VCSE) sector. Together we have committed to empower patients to engage in improving their overall quality of life and to ensure that no decisions will be made without fully involving them. In the process of establishing a VCSE Alliance.
- Making Involvement Business as Usual Workshop - we brought together people and partners from across the system to share the learning from examples of good involvement and explored how we can ensure that involving people in our work becomes part of everyday practice.
- This has led to a set of draft principles which will underpin our approach to involvement.

Our draft principles for working with people and communities

1. The voices of people and communities are central to everything we do at every level of the ICS.
2. Staff across the ICS understand the legal duties, benefits, and ways of involving people.
3. Relationships with people and communities are based on equality and mutual respect.
4. Understand our community's needs, experience and aspirations for health and care, using existing and new insight and engagement.
5. Engage people from the start, to shape the involvement, and feed back how their engagement has influenced activities and decisions.
6. Provide different ways people can get involved to accommodate a range of needs and empower people to engage.
7. Work with organisations that support and represent our communities, as well as individuals who have lived experience of using services, building relationships and connections with seldom heard groups.
8. Provide clear and accessible information about our vision, priorities, plans, and progress and the ways people can get involved to build understanding and trust.
9. Learn from what works, build on the engagement assets and intelligence of all ICS partners, and provide our staff with the tools they need to support good involvement.
10. Co-produce and redesign services and tackle system priorities in partnership with and through engaging people and communities.

Proposed next steps

- Public engagement (ongoing)
  - With people and communities through partners and VCSE
  - Purpose: To understand what is important to people, how they want to be involved and what we can do to enable them to get involved
- Strategy development workshop (2 March)
  - With VCSE, Healthwatch, programme managers and leads from the Local Authority and NHS, service commissioners, public health leads, engagement and involvement specialists
  - Purpose: Set the scene and interactive sessions to develop the detail of the strategy and our shared approach to involvement
- Draft the strategy – final draft due 27th May

SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: Thursday 3rd, March 2022

Paper title: Better Care Fund (BCF) Update

Responsible Officer: Laura Tyler/Penny Bason

Email: Laura.Tyler@shropshire.gov.uk penny.bason@shropshire.gov.uk

---

1. Summary

This report provides an update from the Joint Commissioning Board and highlights a number of developments and system challenges that have developed over the last number of months. These include:

- Government approval of Shropshire's 21/22 BCF Plan and Metrics submitted in November 2021, update on metrics and plans to update the section 75 agreement in accordance with the new metrics in the financial year
- System pressure and the collaborative response to support hospital discharge and system flow
- An update from the Joint Commissioning Delivery Group including joint commissioning projects and the Market Position Statement (to be delivered by September)
- Progress on prevention and early help work to support Children and Young People (CYP) in Shropshire, including CYP Social Prescribing
- Our Good New Story - Adult Social Prescribing

2. Recommendations

2.1 The HWBB to note updates on joint commissioning approach;
2.2 Note Section 75 update approach;
2.3 The HWBB note progress of Children and Young People (CYP) Early Help and Prevention work
2.4 The HWBB note the good progress of Social Prescribing

3. Report

BCF Plan and Metrics

3.1 In January, the BCF plan and metrics received final approval from the Department of Health and Social Care. The Shropshire BCF plan focusses on supporting people to live healthy, fulfilled, independent and longer lives; and requires services to work ever more closely together towards common aims. There is renewed emphasis in 2021/22 on system flow and hospital discharge; Shropshire's priorities are Prevention and Inequalities, Admission Avoidance and System Flow. The national conditions for the BCF in 2021 to 2022 are:

- a jointly agreed plan between local health and social care commissioners, signed off by the HWB
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
- invest in NHS-commissioned out-of-hospital services
- a plan for improving outcomes for people being discharged from hospital

3.2 The framework retains two existing metrics from previous years:

- effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)

- older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

New measures include:

- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- improving the proportion of people discharged home using data on discharge to their usual place of residence
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator)

The following metric are proposed based on the data sets received for the Shropshire:

Shropshire metrics (Q = Quarter)	**Average 18 months data pack**	**Ave. by Q3**	**Ave. by Q4**	**Agreed target Q3**	**Agreed target Q4**	**Update on targets**
Length of Stay 14 days	9.6	9.75	10.9	9.3	9.6	9.7 to 11.21
Length of Stay 21 days	4.4	4.5	5.2	4.4	4.9	4.5 to 11.21
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Average annual target 90.3			90.3 maintain as annual target		Awaiting annual figure
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below)	20/21 actual 544		21/22 proposed target 543.2		Awaiting annual figure
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/reablement services.		20/21 Actual 85.3%		82% ASCOF set target		83.6%
Residential Admissions rate per 100,000 population		19/20 553	20/21 403	2021/22 590		Q3 399 vs target of 450

3.3 At a regional BCF update it is envisaged that planning for 2022/23 will start much earlier this year and it will align to the new 'Integration white paper' released on the 9th February 2022 which will aim to bring NHS and local government closer together to improve care for all and value for money.

3.4 In recognition that the CCG is on track to gain approval to become an Integrated Care System (ICS) from the 1 July this year, a new section 75 template will be issued nationally and it is our aim to update the Section 75 Agreement in line with the new metrics and the new organisation in Quarter 2 of the new financial year.

System Pressure and Response

3.5 Winter 21/22 has seen significant challenges in the health and care system, and there has been significant focus on supporting system flow for discharges from hospital. This has included system escalation calls 7 days a week via Bronze, Silver and Gold meetings daily to ensure flow and alleviate any pressures where possible.

3.6 Due to workforce pressures across health and care, exacerbated by Covid, responding to these challenges has been difficult for the system; this has been noted particularly across the Domiciliary Care sector. Additionally, due to the increasing number of Covid outbreaks across the Care Homes, in combination with the mandatory vaccination requirement (which resulted in a number of people leaving the sector), providing care has never been more difficult.

3.7 In order to manage this, additional funding for capacity has been invested into beds in and out of county; additional Domiciliary Care capacity has been facilitated by, increasing hours of existing

workforce, welcome payment incentives to encourage new recruits and sustain current staff, recruitment and retention campaign, carers payments; staff have also been moved to liaise with the care sector to update front line workers on live capacity that day.

3.8 Work has progressed with the voluntary and community sector to support admission avoidance and discharge:

Red Cross – Home from Hospital, Commissioned by the CCG	**Home from Hospital Service** – providing support for residents following discharge for up to 6 weeks. This service covers the entire county (excluding the SW which Age UK have a contract for). More recently the capacity of this team has extended into support surrounding **admission avoidance** – the type of support is comparable to what they do usually upon discharge.
Red Cross – Independent Living Coordinators (ILP), Shropshire Council Commissioned	**Independent Living Coordinators** – we have 3 ILP's (with a remit for Central / North / South). They work closely with ASC (ICS specifically) and Patient Flow Coordinators (employed by SaTH) in order to assist with a swift and supported discharges home (usually for people being discharged on pathway 0 or 1). For the longest time there has just been 1 ILC on-hand in the Central area, so it's great that we've been able to extend this provision countywide. The support offered by the ILP's is very short-term including: transport home; getting a resident settled back in at home i.e. heating on / food in the fridge; fitting low level equipment; perhaps liaising with family members where needed and may include a referral to the Home from Hospital service if it's felt that there is value for more on-going support.
Age UK Winter Support Service, Shropshire Council commissioned, referrals that come into the service. The WSS will end in April.	This service takes referrals from Independent Living Coordinators, Primary Care and other referrers. The service can offer - assessment and ongoing support to people identified as needing help, including: • Transport returning home from hospital • Settling people in at home following discharge from hospital • Fitting of low-level equipment e.g. key safes and pendant alarms • Collecting and delivering medications • Shopping and delivery • Wellbeing home visits • Companionship for isolated or lonely people • Hot food

3.9 Additional work includes, Social Work capacity has been placed at the front door of A&E, and additional training and support being developed to ensure people are referred into social prescribing as appropriate; Step up and step down provision continues with the inhouse START teams; and further work to scope 7 day working is currently underway across the system.

3.10 The challenges in the system and lessons learned through Covid have highlighted that working as a system can make real improvement in delivery and system flow. Work is progressing on how this can be streamlined specifically how the system works across 7 days and potential impact and change required to do this successfully.

Joint Delivery Group Update

3.11 There are a number of pieces of work currently being developed by the Joint Delivery Group, these include: Independent Living Service, re-commissioning of Healthwatch, re-commissioning of a learning disability residential home and the development of a Market Position Statement/Market Sustainability Strategy by September (which will need to include housing/accommodation).

3.12 The Independent Living Service will be recommissioned on a short-term basis in order to review this service along with the integrated equipment service to align pathways for residents. The availability of an Independent Living Centre service will support our priorities in helping to increase the availability and use of aids and adaptations through promotion and signposting, as well as its core activity of undertaking occupational therapy assessments, or 'consultations', for adaptations and equipment. This is an area of development for the council.

3.13 The Joint Delivery Group has approved and recommended the business case for the re-commissioning of a local learning disability care home contract; the business case highlights that Shropshire Council will retain ownership as a residential home for individuals with complex needs in Shropshire, and enter into a lease arrangement with the successful provider to deliver the care and support into the home.

3.14 Work is underway to scope out potential delivery models in order to recommission Healthwatch which is a statutory service. The work is in early stages and stakeholder discussions will be taking place in the coming months. Nationally a specification provides a blueprint for this work, but locally stakeholders provide great insight into how the role of Healthwatch supports service development and the people of Shropshire.

3.15 Finally, the Joint Delivery Group is leading the development of our Market Position Statement (MPS). A MPS is good practice for local authorities to evidence how its fulfilling its duties within the Care Act to manage the care market. As part of requirements to do a fair cost of care for care homes and domiciliary care by Sept 2022. There is also a requirement to produce a MPS/Market sustainability plan also to be complete by Sept 2022 and signed off by the DHSC. As part of the joint approach Shropshire is working with Shropshire, Telford and Wrekin CCG and LA to pull out an overarching ICS MPS.

Children and Young People (CYP) prevention and Early Help (including Social Prescribing)

3.16 Senior leaders across the NHS Community Trust, Shropshire Council Early Help, Children's Social Care and Public Health services met to agree and reinforce the need for dedicated work on prevention and early help to support children and young people.

3.17 Following this, a dedicated team is developing an overarching strategic draft framework which takes an all-age approach for Early Help and Prevention.

3.18 To support this development, two workshops delivered in December 2021 and January 2022 with a further 3 planned, have identified opportunities for joint working and a commitment to working differently. Initial projects are being implemented around the following:

- Best Start and Early Years
- Supporting schools
- Triage Model and Social Prescribing
- Supporting the Stepping Stones project

3.19 Staff attending the workshops clearly articulated their desire to work differently and to work collaboratively. Critical to the approach was working more closely with local schools and preschool, providing a stronger community offer and creating stronger connections across service areas.

3.20 The draft vision is as follows:

- Eyes and ears on all children, leaving no child or family behind
- Ensuring children, and families are at the centre of everything that we do
- Ensure our Early Help offer covering the locality based hubs includes early years, early intervention, wellbeing and resilience with schools at the centre
- Develop a more comprehensive community based prevention offer for CYP and families which incorporates effective early intervention, and prevention (primary, secondary, tertiary)

3.21 The work will take account of evidence base on what works, the data highlighting greatest areas of need and learning from local programmes such as Children and Young People Social Prescribing, triage models, the Holiday Activity and Food programme and others.

3.22 As an example, the CYP Social Prescribing programme is delivering a bespoke programme for CYP operating in the south west of the county, through a Social Prescribing Link Worker (SPLW) who takes referrals from schools, GP's, Early Help and other partners, where there are concerns about young people. The SPLW offers one to one support, over a few sessions. Shropshire Council also funded additional activity for young people in this rural area, which has resulted in a Provider Collaborative. In 7 months of the project 51 referrals have been made to the link worker; over 60 children (additional children) have taken part in activities (a range of boxing, multi-activity and art/ music sessions), to improve confidence, resilience and

happiness. Learning from the referrals into this programme and feedback from young people themselves gives us valuable insight into how to develop services going forward. The Board may wish to receive a full report of CYP Social Prescribing, which details progress and outcomes, in the future.

Good new story: adult Social Prescribing programme

3.23 Social Prescribing in Shropshire is demonstrating fantastic outcomes for people. Shropshire's Social Prescribing Service is offered across all 4 Shropshire PCNs. People referred to the service benefit from one to one support from a Healthy Lives Advisor and onward referrals are made when appropriate to community activity and support. Work is underway to make improvements to the service to bring more people through the service. The advisors are developing how they work in a multi-disciplinary way within the PCN to support people, working with care coordinators, mental health support offers, pharmacy and others. The service has also recently expanded to offer Health Coaching in the South East and South West PCNs. The service will work in tandem with a recently commissioned weight management service, and an in-house group weight management offer. **Appendix A** demonstrates good and improving referral rates across all PCNs, and fantastic outcomes for those who have been through the service.

3.24 As mentioned above, the service has also expanded in the South West of Shropshire to open a Children and Young People's service. The largest referral reason is emotional and mental wellbeing, followed by lack of confidence and isolated and/or lonely. This service has benefitted from developing positive relationships with schools and community provider organisations. To coincide with the link worker position, community providers have been grant funded to provide additional activity and are working hard to offer more than just new experiences for people; their approach provides mentoring and wellbeing to ensure both better outcomes for CYP, and also contributes to community involvement and development. Schools, activity providers and the Social Prescribing Advisor are articulating really positive outcomes for CYP. Schools are reporting that children involved are more engaged in school and seem happier; one activity provider reports that CYP have improved emotional regulation and happiness. More outcome data will be available as we use the co-produced Personal Care and Support plan to demonstrate outcomes.

4. Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

4.1 The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities.

4.2 The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients

4.3 This grant funding to support system flow, admissions avoidance and transfers of care schemes, holds significant financial risk should the grant funding stop.

4.4 All schemes are being reviewed in 2022 with consideration on future strategy and developments to support the new metrics.

5. Financial implications

5.1 Financial allocations and requirements are set out below.

Better Care Fund Allocations

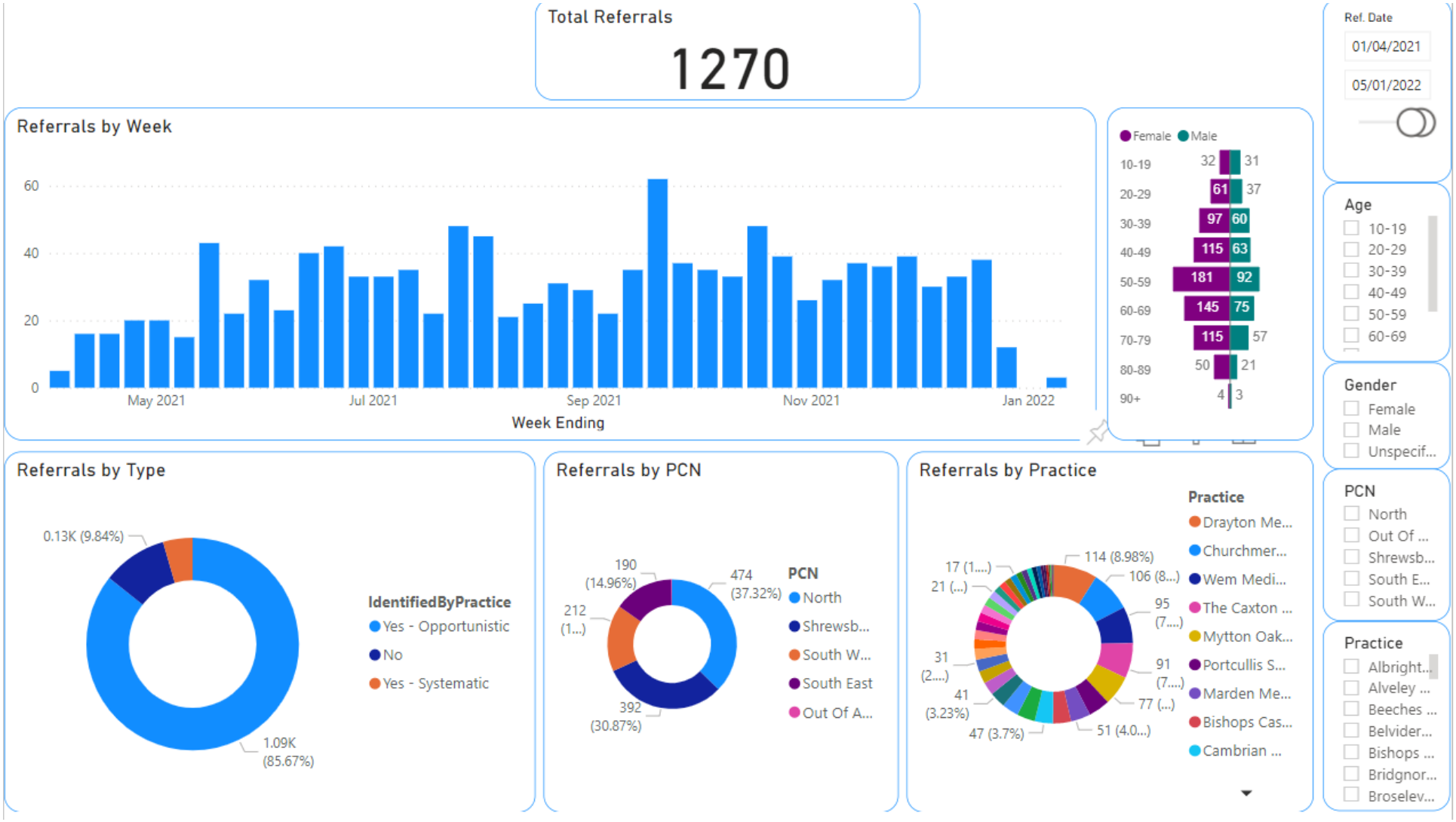
	2021/22 Planned Allocations	2020/21 Planned Allocations
Pooled Fund		
Shropshire CCG Minimum Contribution	7,872,538	7,475,229
Shropshire CCG Additional Contribution		304,073
Total	**7,872,538**	**7,779,302**
Non-Pooled Fund		
Shropshire CCG Minimum Contribution	15,443,430	14,303,923
Improved Better Care Fund Grant	11,514,602	11,514,602
Disabled Facilities Grant	3,641,433	3,641,433
Additional Shropshire Council Contribution	1,955,475	1,831,023
Total	**32,554,940**	**31,290,981**
Additional CCG Contribution – Covid-19	2,600,000	6,000,000
Total Better Care Fund	**43,027,478**	**45,070,283**

6. Climate Change Appraisal

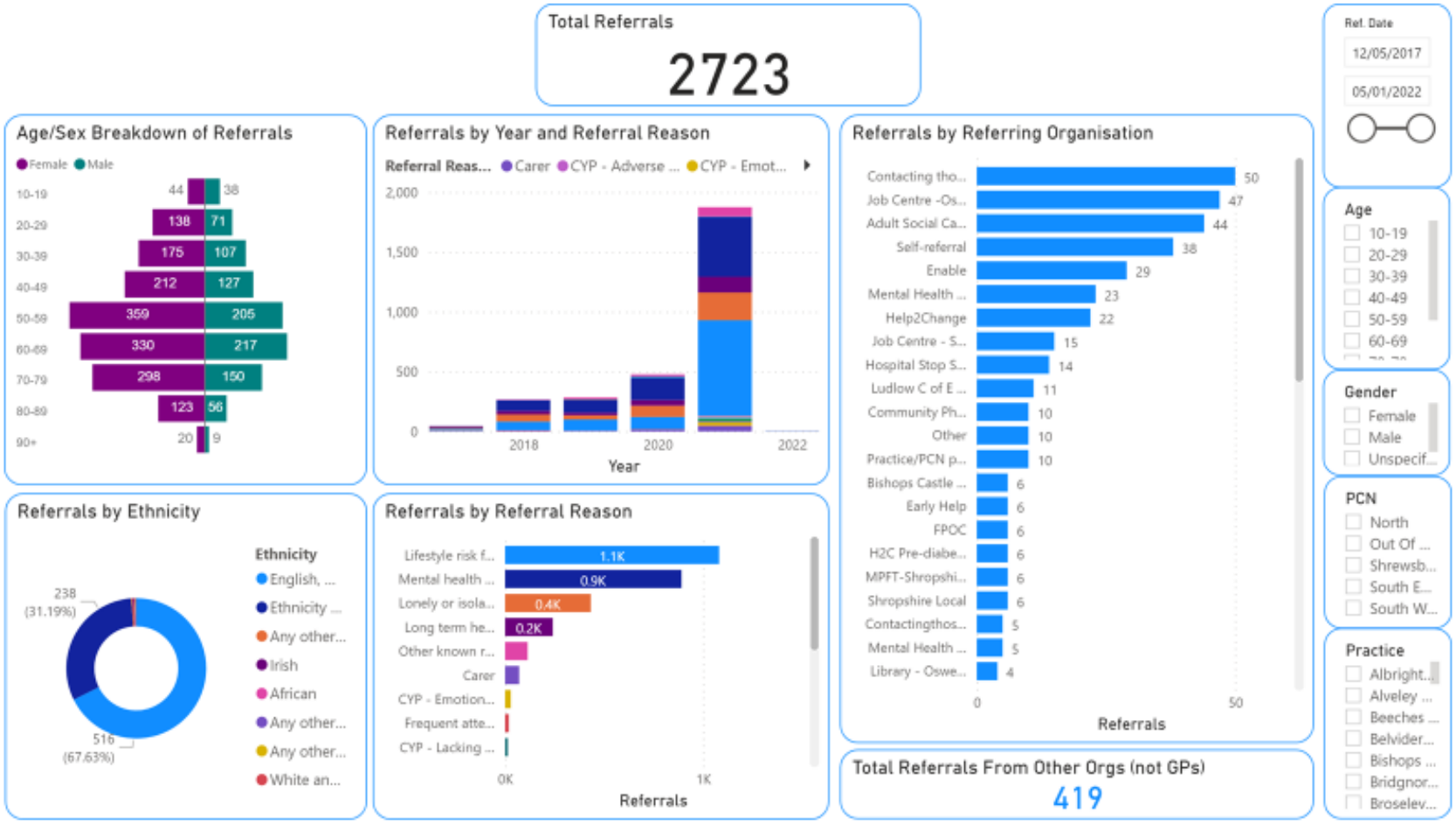
All projects and commissioned services need to evaluate climate impact on all service delivery if applicable.

List of Background Papers N/A
Cabinet Member (Portfolio Holder): Cllr. Simon Jones, Portfolio Holder for Adult Social Care and Public Health Tanya Miles: Executive Director Adult Social Care / Housing and Public Health
Appendices: **Appendix A: Social Prescribing referral and outcome data**

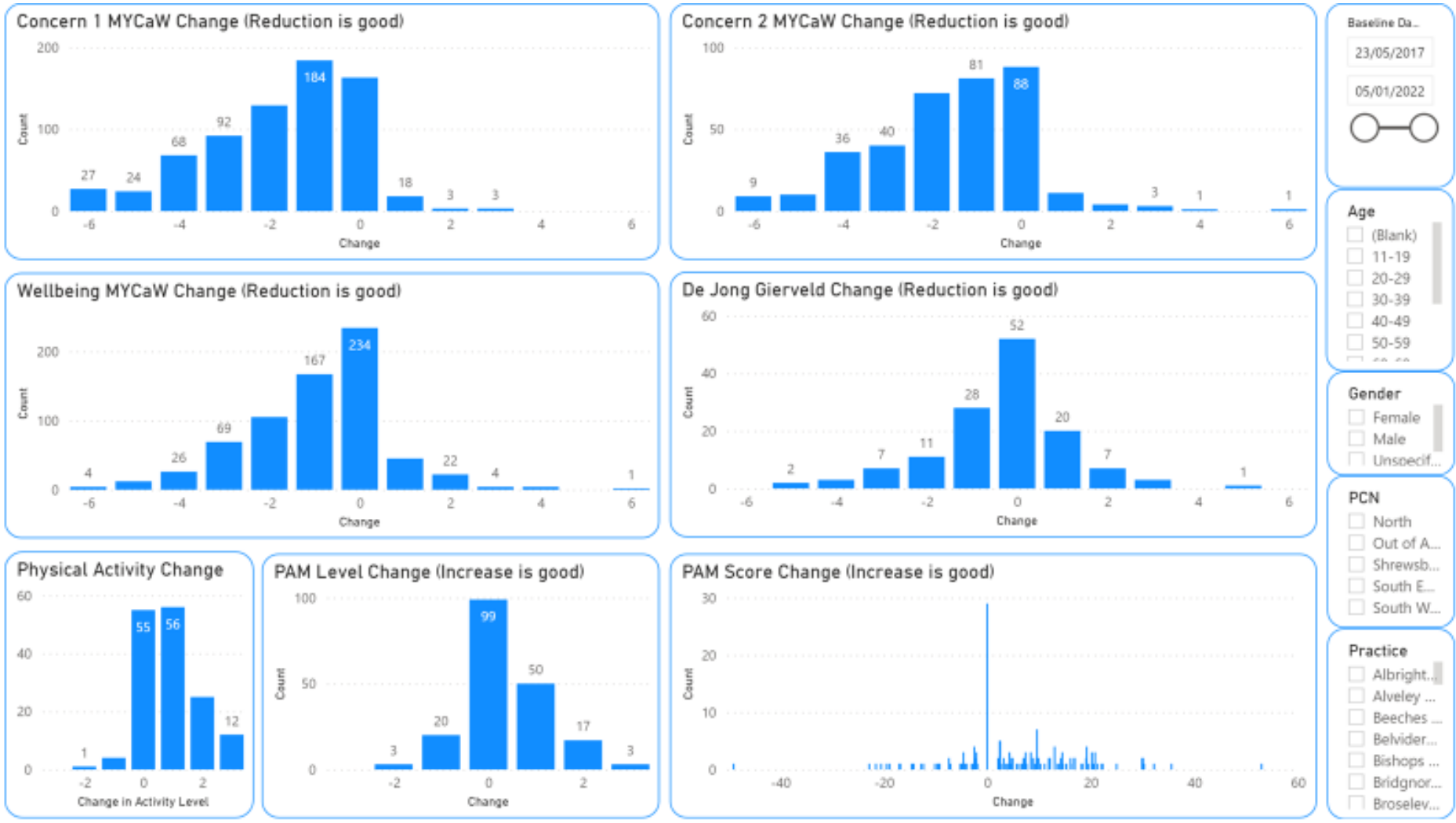
Appendix A – Social Prescribing Referral and Outcome Monitoring Data
Total Referrals – April 2021 – 5th January 2022



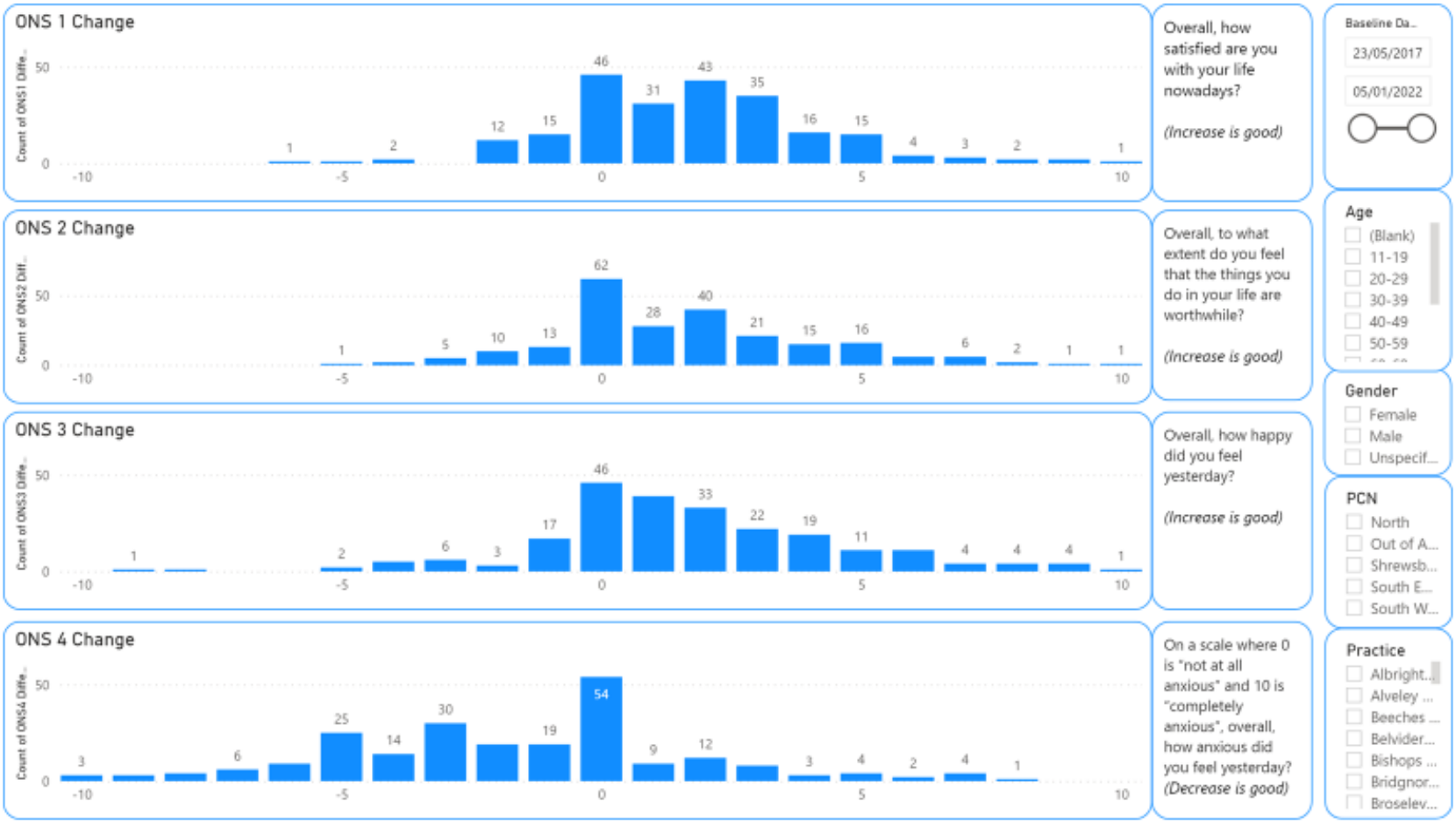
All referrals from 2017, with referral reason



Outcomes, demonstrating significant improvement in wellbeing



More recent inclusion of ONS measure demonstrates significant improvement in wellbeing



SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: 3rd March 2022

Paper title: Shropshire 2022-2027 Joint Health and Wellbeing Strategy

Responsible Officer: Val Cross

Email: val.cross@shropshire.gov.uk

---

1. Summary

1.1 Health and Wellbeing Boards (HWBB) have a statutory duty to develop a Joint Health and Wellbeing Strategy (JHWBS) for the local population. The draft strategy for the period 2022-2027, was developed through careful analysis of local and national data and reports, and insight from Board members via a series of workshops. The strategy sets the planned priorities for the next 5 years, explains why these have been chosen and describes what will be done to address these. The draft JHWBS was agreed at the HWBB meeting in July 2021.

1.2 The draft strategy went for public and stakeholder consultation using an on-line survey, and engagement through attendance at Partnership Board, committee meetings and groups. The report showing findings from this process is on the Council website.

1.3 172 people responded to the surveys. 85% as a member of the public, and 15% as a stakeholder, professional or 'other'. Additionally, 10 x Partnership Boards and focus groups provided feedback, which amounted to around 350 people being asked for their views.

1.4 The public and stakeholder survey, and engagement feedback showed clearly that the priorities are acceptable, and the right ones to move forward with. The survey was hosted on the Council website and identified a need to be clear that the strategy is a whole system responsibility, and not just Local Authority.

1.5 We are very grateful to Shropshire people, stakeholders and others who took time to complete the survey either online or on paper, and those who took time to speak to us and provide their views on the strategy.

1.6 Areas which have been identified as needing greater specific reference throughout the strategy are detailed in the table in the report section below and will form amends and additions to the final version which is in appendix 1. The findings will also need to be linked to current Strategies and Action Plans including: Economic, Shropshire, Telford & Wrekin 5-Year Mental Health Strategy, ICS priorities and the developing Shropshire Healthy Weight Strategy.

2. Recommendations

That the Board agrees the final 2022-2027 Joint Health and Wellbeing Strategy and take joint ownership for progression and implementation.

3. Report

3.1 Health and Wellbeing Boards (HWBB) have a statutory duty to develop a Joint Health and Wellbeing Strategy (JHWBS) for the local population. The draft strategy for the period 2022-2027, was developed through careful analysis of local and national data and reports, and insight from Board members. The strategy sets the planned priorities for the next 5 years, explains why these have been chosen and describes what will be done to address these. The draft JHWBS was agreed at the HWBB meeting in July 2021.

3.2 The draft strategy went for public and stakeholder consultation via an on-line survey, and engagement through attendance at Partnership Board, Committee meetings and groups. The report showing findings from this process is on the Council website. The public and stakeholder survey, and engagement feedback showed clearly that the priorities are acceptable, and the right ones to move forward with. We are very grateful to the public and stakeholders who gave their time and contributed to these findings.

3.3 Areas which have been identified as needing greater specific reference throughout the strategy are in brief:

<u>Strategic priorities</u>

- Reducing inequalities: Disabilities, housing, digital by default concern and impact of financial pressures.
- Improving Population Health: *Older people, health access/services, people's understanding of good health.*
- Working with and building strong and vibrant communities: *Variation in community strength; engagement with all groups; rural community inequity, public transport access equity*
- Joined up working: *Essential, accountable*.

<u>Key priorities</u>

- Healthy Weight & Physical Activity: Food and exercise costs
- Mental Health: Access and waiting times, stigma, normalizing, effect of living with someone with poor mental health
- Workforce: Low wages, fair pay, lack of opportunity, pressure/stress, and young worker loss.
- Children and Young People (CYP): More reference to SEND and physical disabilities

<u>Key areas cited as missing</u>

- Substance misuse, safe active travel and safe roads and greater reference to loneliness, and suicide prevention.

<u>In terms of equality</u>

- Recognition of the needs of LGBTQ+ groups, families of prisoners people with autism and people with learning and physical disabilities were highlighted as were racial equality and awareness and workplace discrimination.

<u>'Enablers'</u>

- amended to read 'What will help enable us to achieve our priorities'

<u>Strategy vision</u>

- modified from 'For Shropshire people to be the healthiest and most fulfilled in England' to '***For Shropshire people to be healthy and fulfilled***'. Although not strongly liked or disliked, comments said it was too competitive and unrealistic.

These are all further detailed in Fig.1 and will form amends and additions to the final version (appendix 1.) Key amendments/additions are in red text. The findings also link to current Strategies and Action Plans including: Economic, Shropshire, Telford & Wrekin 5-Year Mental Health Strategy, ICS priorities and the developing Shropshire Healthy Weight Strategy.

Figure 1: At a glance - Key changes/additions that should be considered in the strategy

Strategic priorities

- **Reducing inequalities*:* Disabilities** – recognizing needs of people with learning and physical disabilities. E.g., Fair access to employment; physical activity facilities. **Housing** - high cost and rental, stress of homelessness and temporary accommodation. **Digital** by default having potential to make inequalities worse. **Financial**: wages and income. ***Recognize needs of LGBTQ+ groups.***
- **Improving Population Health*:* Older people** including healthy ageing and Dementia support. **Health access/services** cited including reduction or loss of face-to-face appointments, equity across county, and in reducing inequality**. Understanding of good health (health literacy)** good health promotion. Women's health including menopause.
- **Working with and building strong and vibrant communities: Variation in community strength**; **engagement with all groups**; **rural community inequity, Public transport access equity** and traffic reduction.
- **Joined up working: Essential.** A personalized approach; sharing resource equally - pooled budgets; **accountability; knowledge** (including staff knowledge) and experience.

Key priorities

- **Healthy Weight & Physical Activity:** Complexity; **food and exercise costs;** knowledge; active travel; services to refer in to; medications and weight gain.
- **Mental Health: Access and waiting times** for adult and children; transition; Effect on other conditions; role of physical activity, buddying, arts, social groups in helping; linking to other services; **reducing stigma** and **normalizing** - OK to be sad sometimes; **Effect of living with someone with poor mental health**: Carers and partners/family members/CYP; 24-hour support when out of hours can often be the worst time for people with MH difficulties.
- **Workforce: Low wages, fair pay, lack of opportunity, pressure/stress, and young worker loss. *Thrive at Work* -** suitable for SMEs? (Small, Medium, Enterprises). Low wages and unemployment impact on poorer health.
- **Children and Young People (CYP):** Use findings from Youth Consultation report (ssyf.net) to help inform, **more reference to SEND and physical disabilities** and Transition stage from Child to adult. Support for parents and CYP. Mental health features highly and is included in that section.

Other key issues missing

Some are already covered in the strategic and key priority findings, such as disability and housing, but others of note are:
Substance misuse - raised highest as an omission in the surveys. **Safe active travel and safe roads** (cycling, walking, noise pollution) - following closely.
Greater reference to loneliness, and suicide prevention

Enablers

The term **'Enablers'** was disliked by some and **re-wording of this term and describer needs to be considered.**
More information in the strategy about: how the work will be funded, planned, committed to by partners, delivered and monitored; communications and Engagement.

Strategy vision comments

Most said it was liked, but significant number, no or maybe, with the competitive element, and unrealistic being cited.
It is worth considering re-visiting this strapline.

Other comments about the strategy to note

- Keep simple and keep reviewing priorities
- Honesty, health is not a tick box exercise
- A lot of thought has obviously gone into this, but the difficulty will be implementation

Equalities

All Health and Wellbeing Board partners are committed to equality. Responses from the surveys and engagement highlighted recognition of the needs of:

- LGBTQ+ groups
- Families of prisoners
- People with autism
- People with learning and physical disabilities

And

- Racial equality and awareness
- Workplace discrimination

4. Next steps

4.1 Healthy Lives steering group meetings have re-started, and a project management approach will be used. Key focus areas from the strategy priorities are to be finalised, but currently include the prevention elements of; healthy weight and physical activity, mental health, children and young people – Trauma Informed workforce, Social Prescribing and food insecurity. Reporting will come back to the Health and Wellbeing Board.

4.2 A project management approach to monitoring progress of the strategy will be used following final approval of this strategy. This will include use of action plans, planned timescales, reporting to Boards, use of metrics and a Risk Assessment log.

4.3 Health and Wellbeing Board forward agenda planning will ensure papers relating to the priorities will be brought to the meetings to monitor progress and identify issues that may affect strategy implementation.

5. Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

5.1 Risks have been identified as pressures on the system with COVID-19 recovery affecting priority progression and systems not joint working effectively. This will be mitigated by the term of the strategy i.e. 5 years, giving a longer lead time for implementation and progression. Steering groups including Healthy Lives, Shropshire Integrated Place Partnership (ShIPP) and the Joint Commissioning Group are multi agency and promote this joint working approach which will be a benefit.

5.2 A project management approach to the strategy including use of action plans, planned timescales, reporting to Boards, use of metrics and a Risk Assessment log will enable risks to strategy implementation to be identified early.

6. Financial implications

6.1 The new HWBB strategy is a system responsibility, which the Board has committed to. There are no immediate financial implications, and implementation will be met through current system funding streams and strategies. Funding for any additional development work would be discussed and agreed at system level. The strategy's implementation will support strategic planning and commissioning for the system.

7. Climate Change Appraisal

7.1 There are no immediate impacts on climate change in agreement of this strategy, however any potential impacts will be reported on.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead Cllr Simon Jones, Portfolio holder for Adult Social Care and Public Health
Appendices Appendix A: Shropshire Joint Health and Wellbeing Strategy 2022-2027

Shropshire together

Shropshire Health and Wellbeing Strategy 2022 – 2027

Shropshire Health and Wellbeing Strategy 2022-27

Forward

When the Health and Wellbeing Strategy refresh was being planned in December 2019, COVID-19 was heard about, but we never imagined the impact this virus would have on our lives and the future. Every one of us has been affected by the pandemic in different ways. This may be directly or indirectly through illness or bereavement, through our own mental and physical health and that of our family and friends, juggling home schooling with working, or worrying about job security, debt or fear of losing our home.

Reviewing the health and wellbeing strategy as we start to live with, and recover from COVID, is even more important than before. We have used findings from Shropshire Council's COVID-19 impact report which collected data and insight across health and care providers in Shropshire to find out where impact had been greatest. Mental Health - Anxiety and depression, increase in low income families, child poverty and food insecurity and financial difficulties have been shown as areas of concern. We have also looked at highly localised data to confirm areas of health need and are working with our partners to address these as we all begin to recover.

COVID-19 has highlighted the importance the 'wider determinants of health' and will underpin this strategy and action arising from it. 'Wider determinants' or 'social determinants of health' are the things that affect our health and wellbeing and include having a job and income, living somewhere where we feel safe, having social contact with others and our lifestyle choices. We often associate good health as seeking medical help when we feel ill, however, The Health Foundation estimate that as little as 10% of our health and wellbeing is impacted by health care access. The Marmot review published in 2010, emphasises the strong and persistent link between social inequalities and disparities in health outcomes starting with giving every child the best start in life.

We hope you find this Strategy interesting and readable. We recognise that there may be terms and language used, which are familiar to those using them every day as part of their work. Wherever possible more straightforward language is used.

Cllr Simon Jones

Chair, Shropshire Health & Wellbeing Board

Rachel Robinson,

Director of Public Health, Shropshire

1. Health and Wellbeing Board (HWBB) context and Strategy

Health and Wellbeing Strategy

This strategy sets out the long-term vision for Shropshire, identifies the immediate priority areas for action and how the Board intends to address these.

The strategy was developed through:

Consultation with Shropshire people and our stakeholders.

A series of **structured workshops** pre and post COVID-19 with Shropshire HWBB, to discuss and agree priorities which meet the needs of Shropshire people. This included scrutiny of local health data including areas of health inequality and the needs of our vulnerable communities.

Joint Strategic Needs Assessment (JSNA) Scrutiny of national and highly localised data which identifies areas of health need and is a collaborative approach across all health and care organisations (Local Authority/local NHS providers/Voluntary and Community Sector etc) also called 'Systems', to improve health in our communities.

COVID-19 impact report Shropshire Council's COVID-19 impact report has collected data and insight across health and care providers within Shropshire, to find out where impact had been greatest and inform our priorities in the here and now.

Findings and recommendations from national reports including *Build Back Fairer: The COVID-19 Marmot Review* and policy papers including the Government White paper *Working together to improve health and social care for all*.

Shropshire's Public Health Annual Report This report is published by the Director of Public Health every year and includes necessary information for decision makers in local health services, authorities and communities on health gaps and priorities that need to be addressed.

The strategy is for everyone, and this strategy consultation particularly raised consideration for the needs of people with autism, those who are LGBTQ+, people with learning and physical disabilities, families of prisoners, racial equality and awareness and workplace discrimination.

Purpose of Health and Wellbeing Boards

Health and Wellbeing Boards are an important feature of the reforms brought about by the Health and Social Care Act 2012.

The Health and Wellbeing Board (HWBB) in Shropshire acts to ensure that key leaders from health, care, and the Voluntary and Community Sector work together to improve the health and wellbeing of Shropshire residents. *Health and Wellbeing Board members* collaborate to understand their local community's needs, agree priorities and work together to plan how best to deliver services.

Shropshire's Board meets six times a year on alternate months, and *meeting dates can be found by following this link*.

Health and Wellbeing Board Statutory Duties

Identify the priority health and wellbeing needs in our area through the **Joint Strategic Needs Assessment (JSNA)** undertaken by Public Health.

Develop a **Joint Health and Wellbeing Strategy (JHWBS)** for our local population.

Lead on the **integration of commissioning, service delivery and pooled budget arrangements,** which includes the Better Care Fund (BCF).

Publish and keep up to date a statement of the needs for pharmaceutical services, referred to as the **Pharmaceutical Needs Assessment (PNA)** every 3 years.

2. Vision and Priorities for Shropshire – Overview

Our vision is:
For Shropshire people to be healthy and fulfilled

Our priorities take two forms:

Strategic: *These are the long-term aims and how we will achieve them.*

Key focus: *These are specific areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA).*

Our vision is: ***For Shropshire people to be healthy and fulfilled***

Strategic priorities ⟷ **Key focus**

All Priorities underpinned by Enablers: A strong evidence base, making use of digital to improve access

Joined up working

Shropshire Health, Care and Partners commit to working together, supporting the development of personalised care. This includes working closely with our Voluntary and Community Sector, in the heart of communities. We will reduce duplication, improve accountability and service experience, as well as make best use of the skills and abilities of our workforce.

Working with and building strong and vibrant communities

Shropshire has many strong and vibrant rural and town communities. We will work with our communities to engage and find out what matters, reduce inequalities, promote prevention, increase access to social support and influence positive health behaviours. We will also pool information and resource to support people in our communities.

Improving population health

Using a population health approach, we will aim to improve the health of the entire Shropshire population including; reduction of the occurrence of ill health, dementia support, preventative approaches including delivery of appropriate health and care services, and accessible health information, and support for those on long waiting lists for procedures. Whilst digital is the way forward, this not being appropriate for all will be considered.

Reduce inequalities

We will have a clear and focused approach to health inequalities,which will be led by system Health Inequality plans, which includes the NHS Core20+ 5 model. We want everyone to have a chance to live their lives well, including those who have physical and learning disabilities, are older, and LGBTQ+. Access to housing and a fair living wage are area will be part of addressing Health Inequalities.

Workforce

During COVID many people lost their job or had to take lower paid and 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, no matter where they are employed. This includes promotion of a a fair living wage, and opportunities to progress.

Children and Young People (CYP)

COVID has had a huge impact on many families, and particular focus will be CYP mental health and wellbeing. This includes children with SEND, the transition stage from Child to adult, and support for parents. In addition, plans to create a Trauma Informed workforce will be implemented. Trauma has a life course effect, and although under the CYP header, all age effect is included. We will also continue to monitor child development at 2,5 years. This will enable understanding of certain behaviours and help promote resilience for our young people.

Mental Health

The 5-year Mental Health Strategy for Shropshire and Telford & Wrekin will guide our ambitions over the next five years.

This strategy has a 'life course' approach from pregnancy to childhood to older age.

We also want to reduce stigma, normalise mental wellbeing and consider the needs of those providing unpaid care for someone with mental illness.

Healthy weight and physical activity

Our ambition is to reduce levels of obesity in Shropshire across all ages. This priority will be linked to drugs and alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk; food insecurity and reasons around obesity will all be included.

3. What has changed since the last strategy?

The last strategy identified 3 priorities

Priority 1: **Health Promotion and resilience**
(Preventing a health condition starting or becoming worse)

What has happened

Healthy Lives is the name of the prevention programme of the Health and Wellbeing Board. Partners across health, social care and the voluntary and community sector are working together proactively rather than in isolation, to reach Shropshire's residents before their health or condition develops or gets worse. Regular Programme reporting is provided to the HWBB.

Key achievements from the programme:

Social Prescribing (SP) SP is a collaboration between Primary Care Networks, Public Health and the Voluntary & Community Sector (VCS). It supports people to take control of their health and wellbeing and improve their chances of preventing ill health. Many people visit their GP for difficulties which cannot be fixed by medicine or medicine alone. Social Prescribing referral provides people with the opportunity to talk 1 to 1 with a trained advisor and together they will come up with a plan to meet their need within their own community. Reasons for referral could be loneliness, low level mental health difficulties or wanting to become more physically active. Social Prescribing has been very successful in Shropshire and is now available in all our GP Practices. At January 2021, there were over 1100 referrals to date.

An independent university review of people using the service in 2018/19 found a reduction of 40% in GP appointments. Changes translated into improvement in weight, Body Mass Index, cholesterol, blood pressure, levels of smoking and physical activity. Also high patient satisfaction – suitable times, venue and ability to discuss concerns with the Advisor.

Unpaid Carers – see Priority 2.

Musco-Skeletal (MSK) and Falls Prevention There was huge interest and community demand for the 'Elevate' programme, which was delivered by Energize and funded through the improved Better Care Fund (iBCF). Almost 600 people attended and 73% of participants assessed at 20 weeks showed a reduction in falls risk.

Cancer recovery The Lingen Davies grant funded 'Get Active Feel Good' programme provides support to people living with and beyond cancer to improve their health and wellbeing through physical activity. It is open to GP referral and is a registered Social Prescribing intervention.

Food insecurity Working closely with our partners the Shropshire Food Poverty Alliance, £10,000 of surplus grant funding was identified, and agreed to be transferred to the Shropshire Food Poverty Alliance through the Healthy Lives Steering Group. This will be used as a means for the Alliance to implement their Action Plan.

Cardio-Vascular Disease (CVD) It is estimated that there are 10,014 people with undiagnosed Atrial Fibrillation (AF) in Shropshire. Devices are being used for opportunistic screening in 7 pharmacies and 3 GP practices to detect AF early, and thus reduce stroke risk. At least 200 people have been screened in a community venue, pharmacy, GP Practice and at a local health conference. Of these, 13 people have had an abnormal reading and referred on to their GP for further advice.

Mental Health A Shropshire, Telford & Wrekin Suicide Prevention Strategy is in place and was presented at the HWBB in July 2018. A 'Z' card 'Pick up the phone, you're not alone' has also been produced.

Priority 2: **Promoting independence at home**

What has happened

Shropshire Care Closer to Home (Now known as Local Care Programme) is Shropshire CCG's review and transformation programme which aims to better deliver preventative care and support, with services closer to home. It is underpinned by the principles of keeping people as well as possible, for as long as possible in their own home or community environment and minimising the need for a hospital admission. A successful pilot scheme started but is currently paused.

Admission Avoidance Team Shrewsbury This service has helped to provide preventative care and support to people where an A & E Department visit, or hospital admission can be avoided. An integrated health and social care team (FIT) work together to ensure anyone aged 75 and over who arrives via the A&E department is assessed quickly for frailty, treated or stabilised, and discharged or transferred safely back to their own homes or to another appropriate place of care based on their individual needs. This helps to ensure that people are in the best environment for them and their care needs, helping to make a better and quicker recovery, and avoiding an unnecessary admission into hospital.

Unpaid Carers In the 2011 Census 34,260 people in Shropshire identified themselves as unpaid carers. Caring can be rewarding but also stressful without support. Carers were an area of focus for 2016-21. A new All-Age Carers Strategy written in collaboration with carers, commissioners and service providers was produced. The 5 key priorities were; Carers are: listened to, valued and respected, enabled to have time for themselves, can access timely, up to date information, enabled to plan for the future and able to fulfil their educational, training and employment potential. Examples of work include: Two carers in a car service (night-time assistance), closer working with Telford and Wrekin – joint carer workshops and a young carers leaflet. A review of strategy progress took place in June 2019, and actions have been agreed to proceed with these, so the needs of unpaid carers continue to be addressed.

Priority 3: **Promoting easy to access and joined up care**

What has happened

Services are beginning to work more closely together, with examples such as the Frailty Intervention Team (FIT) and hospital admission avoidance.

Services across the area are beginning to align, so that social care, self-help support services and health services are located closer to people's homes.

Integrated Care System Boards will arise from the recent Government white paper *Working together to improve health and social care for all* and localised partnership Boards including the HWBB and Shropshire Integrated Place Partnership (SHIPP) will influence and drive easier access to joined up care for people.

There is still more to be done however, and this is key not only making people's access to services easier, but also easier for people to understand how they work and to navigate.

COVID-19 – working together

The emergency situation of the COVID-19 pandemic demonstrated how well the system (health, social care, businesses, VCS, Police etc.) could work together and respond to protect the health of the Shropshire population. This included system 'Gold' and 'Silver' command daily meetings, daily situation reporting and joint task and finish groups including communications, testing and tracing and care sector.

4. COVID-19 – Effect and Impact of the pandemic

The COVID -19 pandemic has had a considerable impact on people experiencing health inequalities, and many people in Shropshire have felt the effect of poorer mental health, financial worries, and food and employment insecurity for the first time. *Build Back Fairer: The COVID-19 Marmot Review* highlights the impact of anticipated increases in poverty for children, young people and adults of working age, food insecurity, poorer mental health in children and young people, the unequal impact of the pandemic on Black and Minority Ethnic (BAME) populations, rising unemployment and low wages leading to worse health and wider inequalities.

This broadly reflects local findings. From February 2021, Shropshire Council has been gathering information on the impact of the COVID-19 pandemic. This report looks broadly at the impacts that have, and may be experienced, and the impact on individuals, households and local service providers. The type of impact and risk has been estimated based on data and provider evidence. Highlights of the findings are shown below. This tells us that this HWB strategy refresh must reflect these findings.

Mental Health – Anxiety and depression **Risk: High**	National data is showing that people's mental health is suffering following the pandemic, and this applies to all ages. In *The Healthwatch Shropshire May 2020 survey* of 568 people, 64% reported a slight or significant impact on mental health (of the 64% total, 13% indicated a 'significant' impact). Interim results from the Shropshire Schools Nutrition and Wellbeing Survey carried out October to December 2020, highlighted that approximately 21% of children had concerns over wellbeing. SATH report mental health attendances at A&E, and concern for younger adults and children.
Increase in low income families, child poverty and food insecurity. **Risk: High**	Shropshire has seen an upward trend in both primary and secondary school children claiming free school meals since 2018. The 2020 data saw Shropshire ranked 32 nationally with the percentage of pupils compared to the previous year increasing by 1.90% for primary and 2.20% for secondary. Source: *Local authority interactive tool (LAIT)* Trussell Trust food banks in Shropshire saw an increase of 72% from 2,935 parcels distributed 1 April to 30 September 2019 compared to 5,039 in the same period 2020. Shropshire Food Poverty Alliance has reported the same significant increases in demand across Shropshire's independent foodbanks and projects. New food schemes were established in many communities as a response to the project. Source: *https://www.shropshirefoodpoverty.org.uk/*
Financial **Risk: High**	ONS data: December provisional data saw an increase of more than 10,000 Universal Credit claimants in Shropshire since March. December provisional data saw an increase of 4,495 total claimants (+112%) since March for those who are not in work and claiming out of work benefits including Universal Credit and Job Seekers Allowance.

5. The Health picture in Shropshire

Over the last ten years, the life expectancy of people living in Shropshire has continued to increase. However, despite significant improvements, large health inequalities still exist.

PHE Fingertips data (2020) provides a snapshot of which health outcomes Shropshire was doing better and worse for, compared to England and helps form our priorities.

✓ Better in Shropshire than England	✗ Worse in Shropshire than England
Male life expectancy at birth	Smoking in early pregnancy
Violent crime – hospital admission rates for violence including sexual violence (all ages)	The percentage of adults who are overweight and obese – Rated 'amber' at 64.6%
Prevalence of obesity in year 6 children	Obesity in early pregnancy
Mortality rate from cancer (under 75 yrs)	Child development 2.5 years
New STI diagnoses rate 15-64 years (excluding chlamydia aged <25)	The number killed and seriously injured on our roads
Under 75's Mortality rate from all cardiovascular diseases	Estimated diabetes diagnosis rate for people aged 17+
Breastfeeding initiation	Statutory homelessness rate – eligible homeless people not in priority need
Under 75's Mortality rate from all causes	Excess under 75's mortality rate adults with severe mental illness
Teenage Pregnancy Under 18's conception rate	Age 16-25 Not in Education, Employment or Training (NEET)
% of children achieving at least the expected level in communication and language skills at the end of reception.	Successful alcohol treatment

Inequalities

It is important to consider inequalities when looking at 'better than' or 'worse than' data. Although this provides an important measure, it can hide inequalities that exist within specific communities.

For example, life expectancy is 5.4 years lower for men and 2.1 years lower for women in the most deprived areas of Shropshire than in the least deprived areas. Addressing inequalities will underpin this strategy so our more vulnerable population have a fairer chance to access to vaccinations, mental health support and other health and care services.

6. Strategic priorities

To make a difference to the lives of Shropshire people and reach our vision; For Shropshire people to be healthy and fulfilled, we need to consider our strategic priorities. These are the long-term aims and how we will achieve them.

Strategic Priority

Joined up working

Shropshire Health, Care and Partners commit to working together, supporting the development of personalised care. This includes working closely with our Voluntary and Community Sector, in the heart of communities. We will reduce duplication, improve accountability and service experience, as well as make best use of the skills and abilities of our workforce.

Improving population health

Using a population health approach, we will aim to improve the health of the entire Shropshire population including; reduction of the occurrence of ill health, dementia support, preventative approaches including delivery of appropriate health and care services, and accessible health information, and support for those on long waiting lists for procedures. Whilst digital is the way forward, this not being appropriate for all will be considered.

Working with and building strong and vibrant communities

Shropshire has many strong and vibrant rural and town communities. We will work with our communities to engage and find out what matters, reduce inequalities, promote prevention, increase access to social support and influence positive health behaviours. We will also pool information and resource to support people in our communities.

Reduce inequalities

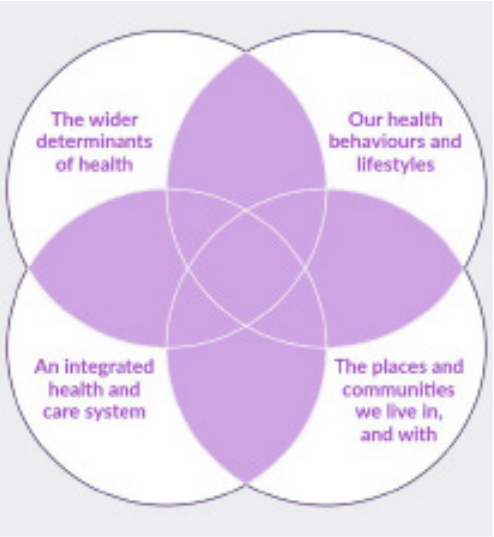
We will have a clear and focused approach to health inequalities, which will be led by system Health Inequality plans, which includes the *NHS Core20+ 5 model* (page 15 shows this graphic). We want everyone to have a chance to live their lives well, including those who have physical and learning disabilities, are older, and LGBTQ+. Access to housing and a fair living wage will be a part of addressing Health Inequalities.

Enablers – What will help enable us to achieve our priorities

Wider determinants of health are the most important driver of health and wellbeing across the life course. This includes; having a job, access to education and a decent home to live in.

This is key to prevent 'silo' working and bring together health, local authorities and partners, to address the health, social care, and public health needs at a system level.

Population Health Approach



The 2nd most important drivers of health, and form health outcomes. These behaviours and lifestyles include; how much alcohol we consume, smoking, how much exercise we do and what we eat.

Feeling part of a community plays a key role in health including social support and influencing positive health behaviours.

'Place based' approach in Shropshire

Many factors cause inequalities to thrive such as; Wider determinants of health (e.g. employment/ housing) Psycho-social factors (e.g. social support/ self-esteem) and Health behaviours (smoking/ alcohol) and physiological impacts (e.g. anxiety/depression). These underpin our ability to be healthy and are circumstances that play out at a local level – or place. Treatment alone cannot tackle health inequalities, so it is vital that local systems (Local Authority/local NHS providers/Voluntary and Community Sector etc.) work together using strong leadership, joint planning, ambition and scale, to tackle the complex web which leads to health inequalities, across the life course. A placed based approach is being adopted by the Local Authority and Shropshire and Telford & Wrekin ICS.

Linking work to operational work, plans and strategies

We will continue to link the NHSE elements of health inequalities in the Long-Term Plan and operational work, with our broader aims within the HWBB strategy.

Health in All Policies (HiAP)

These embed prevention and wellbeing in all the policies that impact on our residents including, food, housing standard, health and safety, air quality, pollution and environment. This approach is important because it supports populations in living better quality lives, and for longer. This in turn supports the delivery of local priorities, including economic priorities and development of local services.

Whole Systems Approach (WSA)

A WSA is when the local system works together to recognise the complexities of a health challenge, gain joint understanding of the causes, challenges, opportunities, interconnected issues and solutions and agree collective action to bring about sustainable and long-term change.

Engaging with our communities Voluntary and Community Sector (VCS) as a core element of our system

Protecting Population Health

Support our Primary care Networks to deliver Social Prescribing

Intelligence-Led approach and Digital

Health Inequalities Plans

7. Key areas of focus

Key focus: These are specific areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA)

Key area of focus	Evidence of need in Shropshire	What will enable this?
Workforce During COVID many people lost their job or had to take lower paid and 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, no matter where they are employed. This includes promotion of a a fair living wage, and opportunities to progress.	COVID-19 has had a measured impact on mental health and general wellbeing. *Rates of in-work poverty have increased* and Shropshire is a low wage economy. Shropshire often loses young people due to lack of opportunity to progress, or lack of employment sector/industry which they wish to enter.	Across all sectors (Health, Local Authority, Business, VCS) senior leadership commitment, embedment in policies and training plans to enable: - Promotion of a fair living wage to reduce in-work poverty and promote better health - Adoption of 'Thrive at Work' West Midlands across all sectors. A workplace commitment that promotes employee health and wellbeing. Needs of Small & Medium Enterprises (SME)s will be considered. - Make Every Contact Count (MECC) training to build an informed workforce on preventative health choices.
Mental Health The 5-year Mental Health Strategy for Shropshire and Telford & Wrekin will guide our ambitions over the next five years. This strategy has a 'life course' approach from pregnancy to childhood to older age. We also want to reduce stigma, normalise mental wellbeing and consider the needs of those providing unpaid care for someone with mental illness.	**The Healthwatch Shropshire May 2020 survey** of 568 people, 64% reported a slight or significant impact on mental health. There are an estimated 4,000 children with a mental health disorder in Shropshire. Mental Health Services have noticed a around a 30% increase in children's mental health services activity.Data is showing excess under 75's mortality rate adults with severe mental illness. All this is a concern for Shropshire.	The 5-year Mental Health Strategy for Shropshire and Telford & Wrekin will guide our ambitions over the next five years. This includes the Community Mental Health Transformation programme which will help improve access, deliver better outcomes and experiences for people through a more integrated and a holistic care model. A key element is increasing physical health checks for people with Serious Mental Illness.
Children and Young People (CYP) COVID has had a huge impact on many families, and particular focus will be CYP mental health and wellbeing. This includes children with SEND, the transition stage from child to adult, and support for parents. In addition, plans to create a Trauma Informed workforce will be implemented. Trauma has a life course effect, and although under the CYP header, all age is included. We will also continue to monitor child development at 2.5 years.	 Nationally and locally, there is growing concern regarding eating disorders in young people along with self-reported suicidal thoughts and self-harm.	As a system, create a trauma informed workforce through training and implementation. This will help professionals, volunteers and communities better identify and support people who have suffered from trauma and build a trauma informed workforce. We will continue to receive and scrutinise reports to the Board for the 0-25 Emotional Health and Wellbeing service provision for CYP. Mental Health work will be led by the 5-year strategy above. Social Prescribing will remain a HWBB priority, and a pilot for CYP in south-west Shropshire is rolling out.
Healthy weight and physical activity Our ambition is to reduce levels of obesity in Shropshire across all ages. This priority will be linked to drugs and alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk; food insecurity and reasons around obesity will all be included.	64.6% of adults in Shropshire are classed as overweight or obese. Health risks associated with excess weight include: *type 2 diabetes; coronary heart disease;* some types of cancer, such as *breast cancer* and *bowel cancer, stroke* and self-esteem.	This work, including actions, will be driven by the Shropshire Healthy Weight Strategy, currently in development. This will also include the effect of food insecurity and build on work being undertaken currently into the causes and links to the CYP priority above. Promotion of e.g. *NHS on line 12-week weight loss plan, Couch to 5k running plan* and referral to and uptake of *NHS Health Check, National Diabetes Prevention Programme* and Social Prescribing development will continue. Exercise costs will also be considered.

8 Other identified Priorities

Social Prescribing

Social Prescribing will remain a HWBB priority, and a pilot to expand the programme for children and young people in south-west Shropshire has commenced. Loneliness will continue to be addressed through this priority.

Drugs and Alcohol

An estimated 35,319 adults in Shropshire aged 18-65 drink more than the Chief Medical Officer's guidelines of 14 units per week. Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems, and alcohol is the 3rd leading risk factor for death and disability after smoking and obesity. PHE data for KSI on roads shows alcohol related collisions in Shropshire are significantly higher than the rest of England and the West Midlands, and successful alcohol treatment as lower than the rest of England.

According to the most recent prevalence estimates there are 1,353 people dependent on opiates and crack cocaine in Shropshire, this is equivalent to 7.1 per 1,000 resident population aged 15 to 64 years, a 12.7% increase on previous years estimate of 6.3 per 1,000 population. Misuse of prescription-only drugs and over-the-counter medications accounts for 10% of the treatment population compared to 14% nationally.

Monitoring of this priority will come through the new Joint Drug and Alcohol Strategy for Shropshire and reporting to the HWBB.

Domestic Abuse

Domestic abuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status. Domestic abuse is coercive, controlling, abusive and violent behaviour. Such violence can also be directed towards children, other family members or friends of the victim. Some 30,475 women in Shropshire will experience domestic abuse during their lifetime.

County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and adults (including those with care and support needs) to move, [locally supply] and store the drugs and money. They will often use coercion, intimidation, violence (including sexual violence) and weapons. Shropshire Safeguarding Partnership report annually to the HWBB.

Smoking in pregnancy

Babies born to mothers who smoke are more likely to suffer from respiratory disease as well as being at greater risk of sudden infant death. For mothers there is an increased risk of miscarriage, stillbirth, premature delivery and having a low birth weight baby.

Rates of smoking in early pregnancy remain higher in Shropshire compared to the England average. The HWBB will continue to have smoking in pregnancy as a priority until rates decrease further.

Food insecurity

Food insecurity has a physical and mental impact on the wellbeing of everyone experiencing it. Food insecurity remains a HWBB priority, and the developing Healthy Weight Strategy and our partnership with Shropshire Food Poverty Alliance to help address this issue will continue. An award of £300,000 over the next 3 years, to tackle food insecurity in South-West Shropshire will be integral to this priority. Financial insecurity is also linked to this priority.

Housing

Access to a safe, warm home is an essential part of good health and wellbeing. If this is not available or affordable negative impacts occur.

The new Housing Strategy objectives include how the Council will: ensure people whose housing needs are not met through the local open market housing can access housing that meets their needs, and work to reduce and prevent households from becoming homeless and where this is not possible ensuring they have safe, secure and appropriate accommodation until they are able to resettle. Strategy updates will come to the HWBB.

Suicide Prevention

Suicide prevention will remain a priority, and work will continue through the *Shropshire, Telford & Wrekin Suicide Prevention Strategy* and action plan. This includes raising awareness of suicide risk, promoting access to support services (including those bereaved by suicide) from a wide range of sources and encouraging more people to talk about self-harm, suicide and the risk factors associated with suicide in order to destigmatise and encourage people to seek help when they feel it is needed.

Killed and Seriously Injured (KSI) on roads

More accidents occur on rural roads compared to urban roads in Shropshire and there are a similar proportion of traffic accidents on both urban roads and rural roads with a 30mph limit. Although COVID-19 reduced traffic on Shropshire roads and thus those KSI, the risks will increase as the pandemic declines. Thus, KSI on roads will remain a HWBB priority.

Air Quality

Shropshire Council's 2020 Air Quality Annual Status Report (ASR) report that Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas. Shropshire Council has a Climate Strategy and Action Plan and Shropshire, Telford & Wrekin ICS has *climate change* as a pledge. Linked to this priority alongside Healthy Weight and Physical Activity, is Active Travel, - increasing walking/cycling but also route availability to enable this.

9. Measures of success

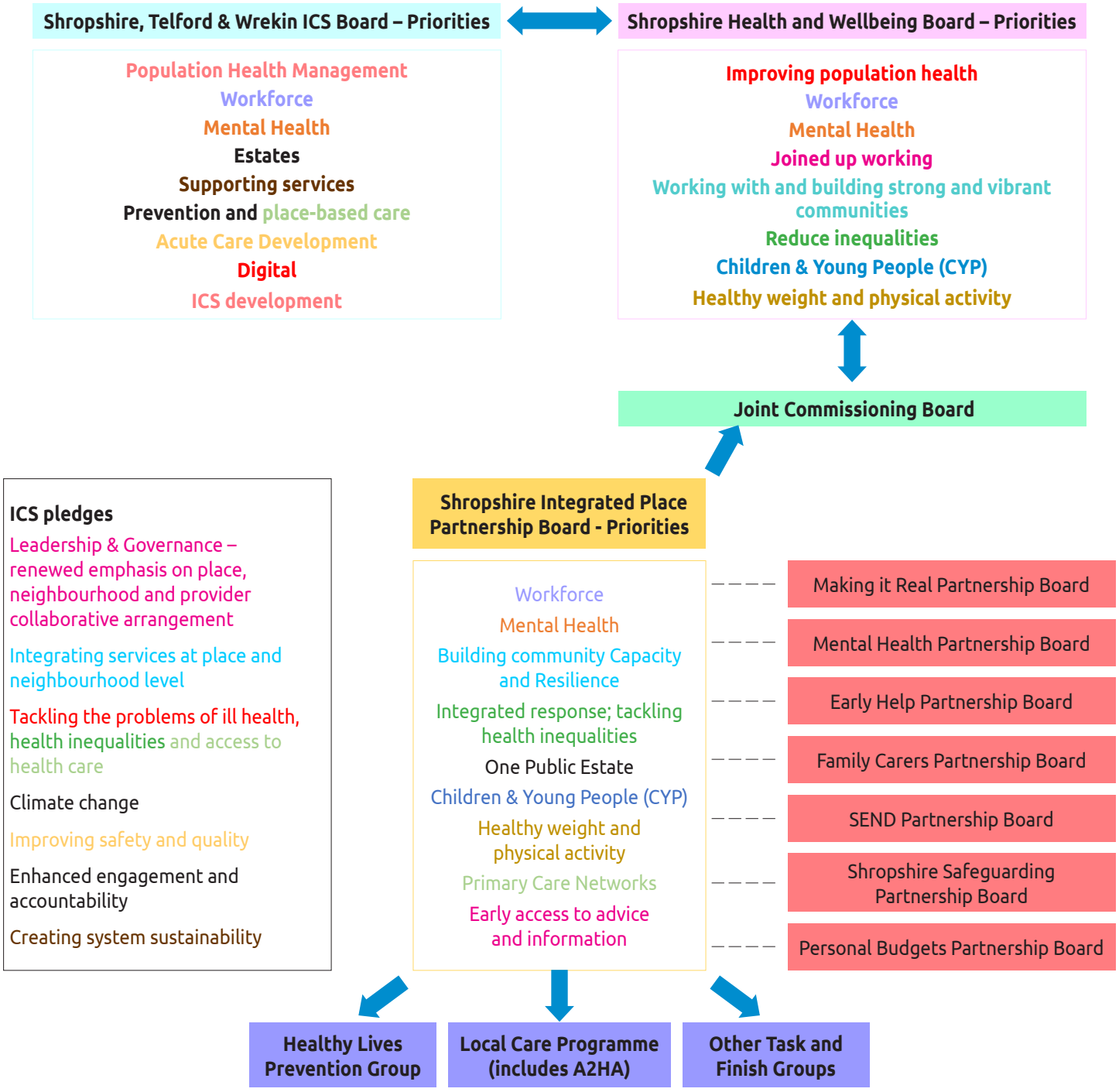
These key outcome measures from the *Public Health Outcomes Framework (PHOF)*. Will be the benchmark for the success of this strategy, and are detailed below. The JSNA and Inequalities are reported on at each HWBB meeting, and the strategic priorities of Joined up working, Improving population health, Working with and building strong and vibrant communities and Reduce inequalities will underpin all we do to improve the health and wellbeing of Shropshire people and an action plan will monitor progress. The impact of the COVID-19 pandemic in Shropshire will also be used as an important source of local population data.

Strategic priority name	Key indicator description	Rating	Shropshire	England
Improving population health Reducing inequalities Working with and building strong and vibrant communities Joined-up working	Increase healthy life expectancy in all Shropshire people *Public Health Profiles - PHE*		Male 64.6 Female 64.9	63.2 63.5
	Improving access to health and care services (Measure to be decided)			
	Increase healthy life expectancy for those with Severe Mental Illness (SMI)		425.6% (2015-17)	355.1%
	Personalisation	Social Prescribing referral numbers increase from previous year		
	Reducing Hospital admissions Reducing hospital admissions caused by unintentional injuries in Children 0 – 14 *Public Health Profiles - PHE* Emergency Hospital Admissions for Pneumonia *Public Health Profiles - PHE* Hospital admissions as a result of self-harm 10-14 yrs *Public Health Profiles - PHE*	  	106/10,000 490.6/100,000 338.3/100,000	91.2/10,000 466.7/100,000 219.8/100,000
	Reducing pressure on primary and social care services Coronary Heart Disease admissions *Public Health Profiles - PHE*		534.4/100,000	469.9/100,000

Key priority name	Key indicator description	Rating	Shropshire	England
Workforce	Average weekly earnings	🔴	£421.60 (2020)	£474.4
	B05 16-17 year olds not in education employment or training (NEET) whose activity is not known	🔴	7.2% (2019)	5.5%
	Make Every Contact Count (MECC) training. Numbers of staff trained.	**N/A**	N/A	N/A
	Workforce who works together to improve access to the right services at the right time (Measure to be decided)			
Mental Health	E09b Excess under 75 mortality rate in adults with Severe Mental Illness (SMI)	🔴	425.6% (2015-17)	355.1%
	School pupils with social, emotional and mental health needs, % of pupils with social, emotional and mental health needs	🟢	2.12% (2020) getting worse ↑	2.70%
	Suicide rate (persons)	🟠	9.9/100,000	10.1/100,000 (2017-19)
Children and Young People	C08a Child development. % achieving a good level of development at 2 - 2 1/2 years	🔴	65% (2019/20)	83.3%
	C03b Child development. % achieving the expected level in communication skills at 2 - 2 1/2 years	🔴	78.2% (2019/20)	88.9 %
	C03c Child development. % achieving the expected level in personal-social skills at 2 - 2 1/2 years	🔴	84% (2019/20)	92.9 %
	Children in Care	🟠	66/10,1000 (2020) ↑	67 per 10,000
Healthy weight and physical activity	C16 The percentage of adults who are overweight and obese	🟠	64.6% (2019/20)	62.8%
	C03a Obesity in early pregnancy	🔴	24.1% (2018/19)	22.1%
	C22 Estimated diabetes diagnosis rate for people aged 17+	🔴	71.4% (2018)	78%
	C03c Smoking in early pregnancy	🔴	14.2% (2018/19)	12.8%

10. How the priorities link to other Boards and Governance Structure (updated 20.07.21)

This diagram illustrates how different Board priorities cross over, and why our strategic priority 'Joined up working' matters.

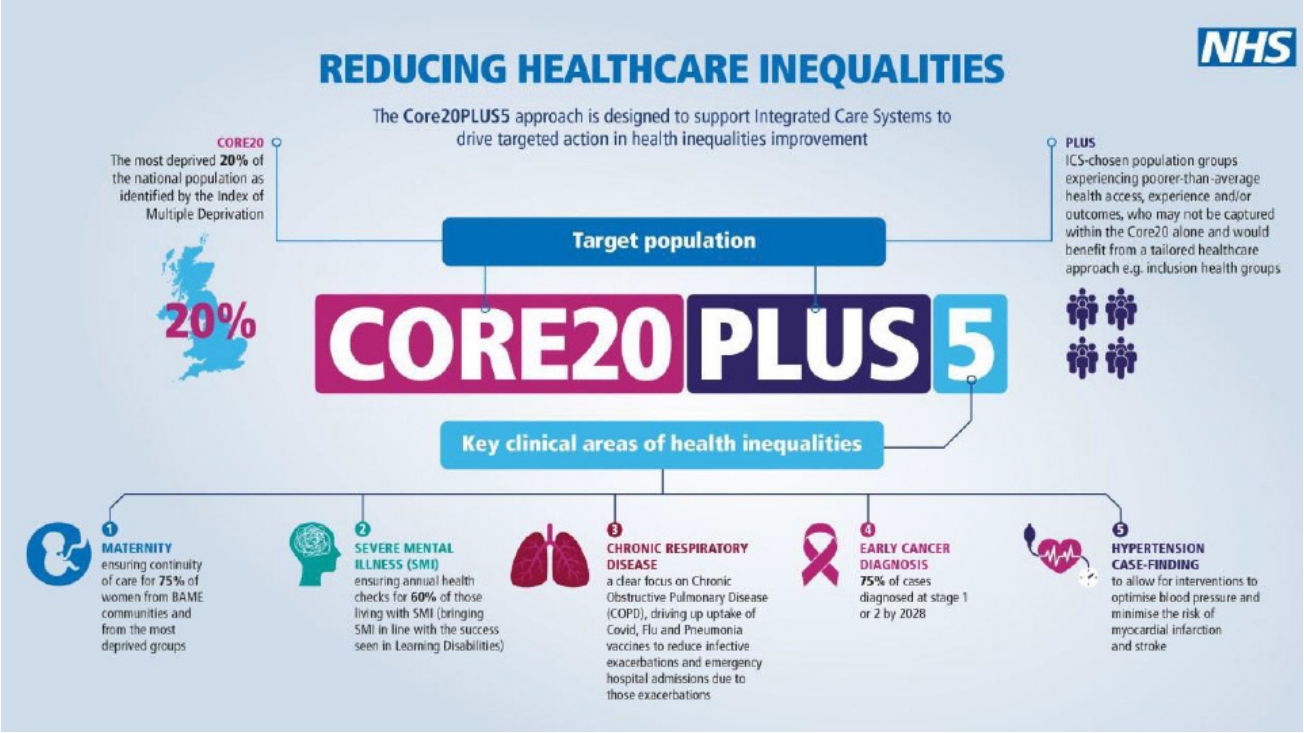


11. Monitoring, funding and review

Progress of priorities will be monitored through reports and action plans brought to HWBB meetings from system partners, and forward agenda planning will ensure a structured schedule of reporting. Work to implement, will include: financially from central government funding (NHS and Local Government), grants, and other external sources of funding across system partners. System commitment to joint working will be essential to enable progression. Strategy progress will be communicated to the public and stakeholders, which includes HWBB reports and meetings being publicly available on the Council website.

This strategy will be reviewed mid-term, in April 2024

Addendum – NHS Core20+ 5 model



Shropshire together

Shropshire Together is a collection of partners working to improve the health and wellbeing of people living and working in Shropshire. Partners include; Shropshire Council, the NHS and other health organisations, the voluntary and community sector, businesses and our communities.

Shropshire together

Shropshire Health and Wellbeing Strategy 2022 – 2027

For further information about Shropshire's Health and Wellbeing Board please visit
https://shropshire.gov.uk/public-health/health-and-wellbeing-board/

If you would like this information in a large print version, telephone 0345 678 9000.

Musculoskeletal (MSK) Transformation Programme

Overview

- Musculoskeletal (MSK) services treat conditions which affect the joints, bones and muscles, as well as rarer autoimmune diseases and back pain.
- The MSK Transformation Programme is about strengthening community provision over the next five years to improve the care that people receive.
- Our community MSK services include a range of specialisms which are delivered by a number of providers who have different ways of referring patients and running their services.
- By simplifying the referral process, and enabling our highly skilled teams across these services to work in a more joined up model, we can improve the patient experience and ensure people can access and move through and between our MSK services more smoothly.

Key Data

- This programme will be delivered in three phases over five years and includes therapies, rheumatology, pain management, and closer working with mental health services.
- It will see a new clinically designed model of care to improve care for our patients. This means:
  - If a patient requires our services a referral will be made through a single point of access.
  - Referrals will then be (electronically) clinically triaged and allocated to the appropriate team / clinician.
  - Patients will then be referred for the appropriate level of care.
- We are not proposing to reduce services or limit the treatment options available.
- This work is being taken forward as a system, including: Shropshire Community Health NHS Trust; Robert Jones and Agnes Hunt NHS Foundation Trust; Shrewsbury and Telford Hospital NHS Trust (SaTH); Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG).
- The programme only includes patients referred by GPs or Consultants within Shropshire, Telford and Wrekin.
- In our recent patient survey, patients across all treatment streams agreed that the proposed changes would deliver an improved experience.

Next Steps

- The programme has temporarily slowed so that staff can focus on responding to the increasing pressures on services due to winter and COVID.
- Continue with the clinical governance arrangements and planning for the system-wide Electronic Patient Record system.
- Develop an operational plan for each Trust and agree the initial workforce needed.
- Set out a system approach to address the current waiting lists.
- Share the results of the patient survey with patients and staff and embed the learning.
- Continue work to improve the Rheumatology service, including direct engagement with patients.

Reasons for change

- In line with the rest of the country, our services are under huge pressure due to staff shortages and record levels of demand.
- Dealing with the pandemic has impacted the amount of planned care the NHS has been able to provide. Estimates suggest over 10 million patients did not come forward for treatment when they may have needed it during the pandemic.
- The population of Shropshire, Telford and Wrekin is ageing and more people are living with long term conditions.
- Musculoskeletal (MSK) conditions account for 30 per cent of GP consultations in England. Low back and neck pain are the greatest cause of years lost to disability in the UK, with chronic joint pain or osteoarthritis affecting more than 8.75 million people in the UK.
- We have looked at patterns across a person's journey in MSK services and found that some people need care and treatment from multiple services, for example orthopaedics and physiotherapy, which have different ways of referring people, recording information, and running their services. This has led to people's experiences being different depending on how and where they access services, with individuals and staff often feeling frustrated by the time it takes for information to be passed from one service to another, resulting in delays to care and treatment.
- Often a person is referred back to their GP to make a further referral rather than the services working together and communicating to ensure their needs are met. This is inefficient in terms of waiting time, capacity and cost for both the NHS and the individual.
- According to our recent survey, satisfaction with musculoskeletal diagnosis and treatment within Shropshire, Telford and Wrekin varies greatly between services. People spoke of experiencing delays from referral to treatments and inconsistent and disjointed care, with a lack of continuity.
- The current model of delivery is unsustainable for the future and we are unlikely to be able to afford future demand for services if they continue to be delivered in the current way.

Phases of the programme

Phase 1 (Year 1)

- We are working as a system to develop a more joined up model for our MSK services to improve people's experience and service quality. This will include therapies, rheumatology, pain services and closer working with mental health teams.

- We will introduce a Referral Centre which will be the single point of access for all referrals and general enquiries across the county. This will provide a clear entry route into the service where a team of specialists will assess and diagnose every person so that they are signposted to the most appropriate treatment, when it's needed, to reduce waiting times for first appointments.

- People will be better supported to manage their own conditions through access to advice and therapies and we will reduce or prevent people's need for surgery with earlier therapy intervention.

- All our staff will have access to a virtual MSK multi-disciplinary team to provide advice and mentoring so that they can support people living with MSK conditions with the most appropriate care and information.

- We will deliver a strengthened rheumatology service built on best practice, reducing inequalities in service provision and improving our rheumatology helpline.

- The future service will make better use of digital solutions.

Phases of the programme

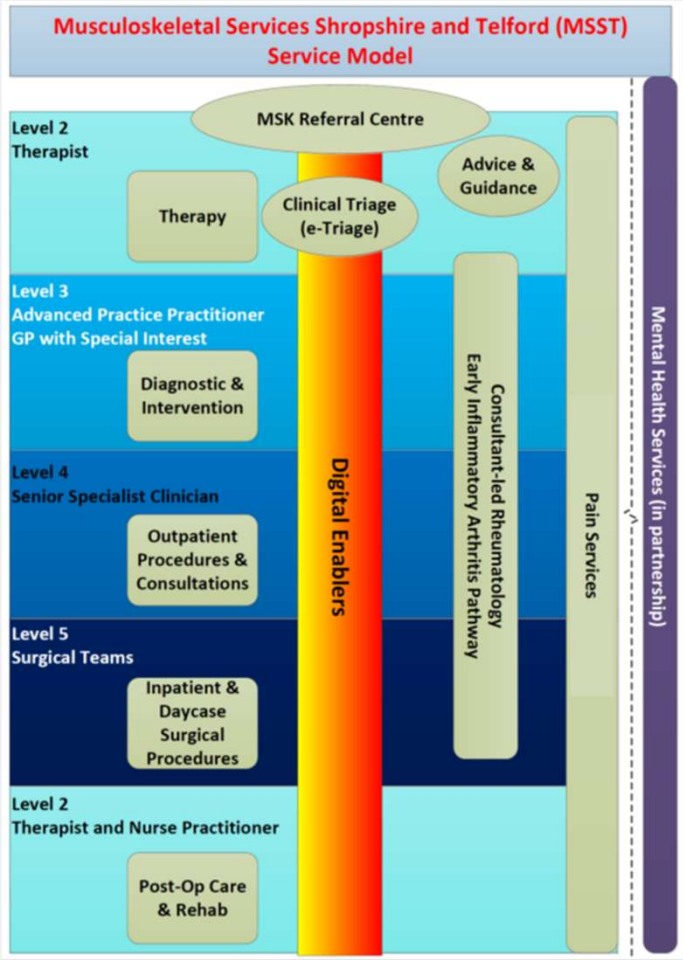
Phase 2 (Year 2 to 3)

- Enhance our orthopaedics services
- An outpatients improvement project
- Strengthen the support available for Primary Care
- Potential work to focus on falls, fractures and osteoporosis

Phase 3 (Year 4 to 5)

- A focus on the support for people with long term MSK conditions
- Develop self-management models

The new model:



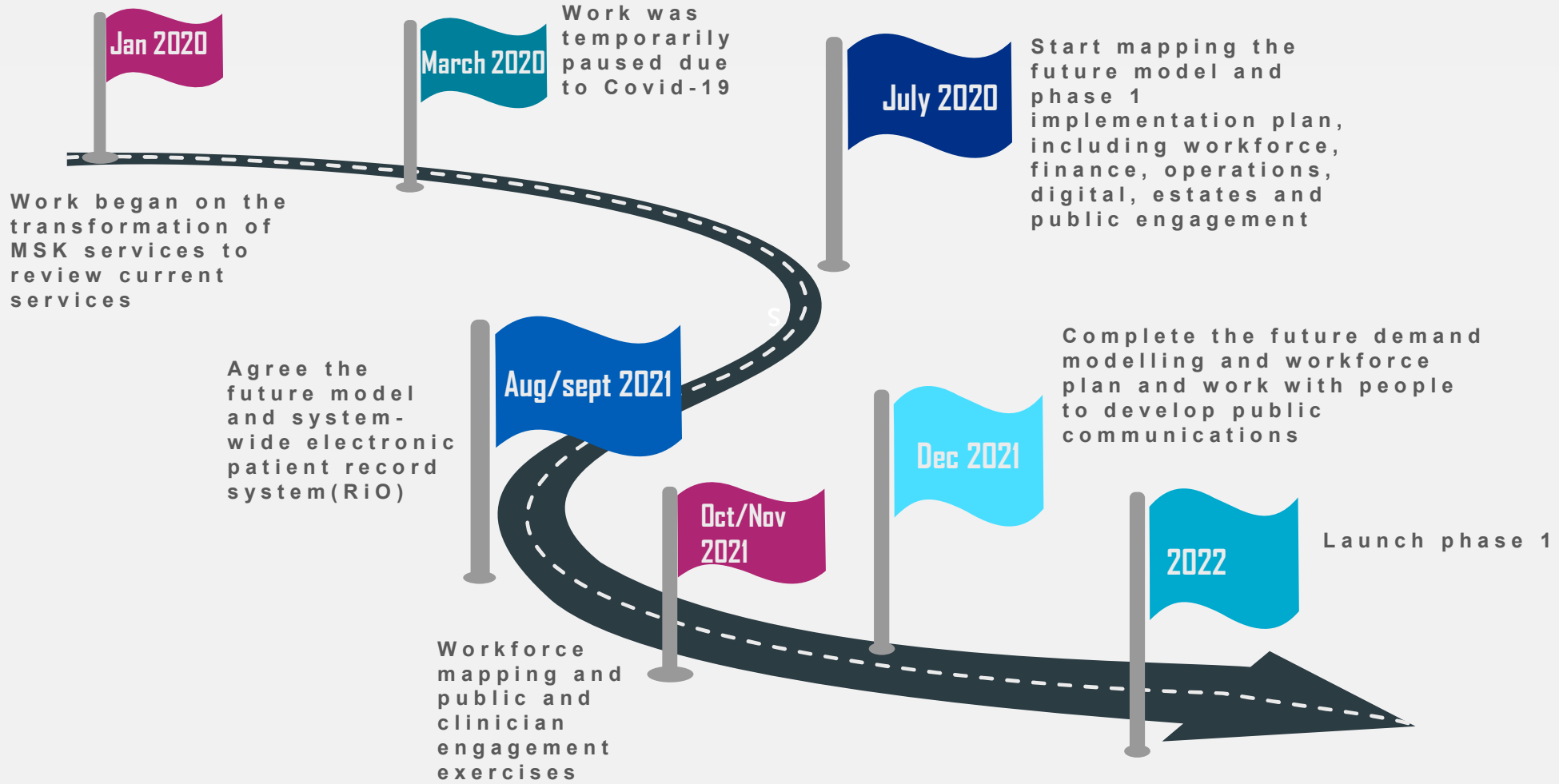
Benefits

- A more joined up MSK model across Shropshire, Telford and Wrekin.
- One referral pathway and point of advice and guidance for referrers and people.
- People can be referred into the service at any point of their condition.
- Oversight of all our MSK patients so we can spot inequalities or issues that need addressing.
- A triage team made up of different specialists so people are directed to the right service first time.
- Shared patient information for smoother transfers between services.
- Equal access to MSK services for everyone across the whole county.
- People better supported to manage their own conditions through self-care.
- People have access to earlier therapy support.
- A workforce able to work more closely with different specialists and provide more holistic support to people.

What's happened so far

- Work to transform MSK started in January 2020 following approval for the development of a MSK Alliance.
- The MSK Alliance is now known as the MSK Transformation Programme.
- The work is being taken forward through various groups made up of representatives from clinical and operational teams supported by Finance, HR, Estates and Digital services.
- We have started with phase 1, where we will be testing a new model of care which places greater emphasis on earlier therapy intervention to reduce or prevent the need for surgery.
- Work has been undertaken to understand and set out what is needed for the referral centre, and the therapy and triage services, considering the demand and capacity for the service, staffing need, operational hours, and the digital systems.
- We have been working with our Healthwatch colleagues and patient representatives so that the views and experiences of people using our services shape the programme.

Road Map


Jan 2020
Work began on the transformation of MSK services to review current services
March 2020
Work was temporarily paused due to Covid-19
July 2020
Start mapping the future model and phase 1 implementation plan, including workforce, finance, operations, digital, estates and public engagement
Aug/sept 2021
Agree the future model and system-wide electronic patient record system(RiO)
Oct/Nov 2021
Workforce mapping and public and clinician engagement exercises
Dec 2021
Complete the future demand modelling and workforce plan and work with people to develop public communications
2022
Launch phase 1

This page is intentionally left blank

SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: Thursday 3rd March 2022

Paper title: Briefing on MMR childhood vaccines

Responsible Officer: Stephanie Jones

Email: Steph.jones@shropshire.gov.uk

---

1. Summary

Following the implementation of the measles vaccine and the Measles, Mumps and Rubella (MMR) immunisation programme, the UK reached elimination status in 2016. However, since this time the number of children receiving two doses of MMR has declined and no longer meets elimination status requirements.

The Covid-19 pandemic has led to a further decline in the number of parents and carers taking their children to receive the MMR vaccines. The Office for Health Improvement and Disparities (OHID) and the UK Health Security Agency (UKHSA) have launched a radio and print campaign on 1 February 2022 which runs until 14 March 2022. This is to help support an increase in the number of people getting their children vaccinated for measles, mumps, and rubella through boosting parent and carer confidence that vaccinating their children is the right thing to do. Furthermore, there are high numbers of children who have received just one dose of the MMR vaccine meaning they are only partially vaccinated against MMR. There is a call-to-action to encourage parents and carers to contact their GPs and make an appointment, where their child has missed their first or second vaccine. The England target for coverage of both MMR doses by the age of five years is 95%. The latest coverage figure for England is 86.6% and Shropshire are exceeding this target most recently reporting 91.2% coverage.

An MMR elimination Action Plan was drafted in 2019 for Shropshire, with many of the targets achieved yet further work is required to achieve elimination status. It is important that Shropshire continues to raise awareness to the importance of children achieving MMR immunisation status to reach the 95% national target. Shropshire's MMR action plan has been updated and is being reviewed at present in line with government guidance. The work undertaken in Shropshire will be reported to Shropshire, Telford and Wrekin Health Protection Board and Shropshire Council Health and Wellbeing Board for governance purposes and oversite.

2. Recommendations

For the Health and Well-Being Board to receive and note the content of the report and support the action plan and the work being carried out to improve awareness.
Members of the Board are also asked to act as champions within their services and communities to further raise awareness and encourage immunisation uptake. The recent campaign launched by the UKHSA should be supported and content shared by the appropriate professionals to encourage uptake of the MMR vaccines in Shropshire.

3. Report

Recent statistics identified that one in ten children, under five years of age in England eligible for the Measles, Mumps and Rubella vaccine, have not received their vaccine or are only partially vaccinated. Measles vaccination has been available in the UK for the last 50 years and the Measles, Mumps and Rubella (MMR) immunisation programme since 1988.

In 2016, the UK reached 95% coverage of the MMR vaccine for 5-year olds and the World Health Organisation declared that the UK had achieved elimination. However, the uptake of the second dose of MMR remains below 95% at approximately 86.6% nationally, and 91.2% in Shropshire (See Table 3). Elimination has therefore not been sustained and there is currently a national campaign underway, led by the UKHSA, to raise awareness to professionals and the public. England has seen a reduction in the uptake for the MMR vaccine in children since the Covid-19 pandemic began in March 2020. This reduction leaves children vulnerable to risk of infection and is a public health concern due to the risk of outbreaks in nursery and education settings.

Measles is highly infectious and can lead to serious complications and, on rare occasions, it can be fatal. The MMR vaccine is typically offered to infants in the year they reach one year old, with the second dose offered when the child reaches 3 years and 4 months. With international travel resuming, there is an increased risk for measles to be brought over to England from other countries. Because measles is so infectious, very high coverage (over 95%) with two doses of the Measles Mumps and Rubella (MMR) vaccine is necessary to eliminate it. In England there are high numbers of children who have received just one dose of the MMR vaccine meaning they are only partially vaccinated against MMR. It is essential that awareness is raised to encourage parents whose children may have missed one or two doses of the MMR vaccine during the Covid-19 pandemic to arrange an appointment with the child's GP. Over 99% of those children who have received two MMR vaccine doses will be protected against measles and rubella, with a significant reduction to risk of contracting mumps for those vaccinated.

A person of any age can receive the MMR vaccine where they have not received it as an infant. It is encouraged that unvaccinated teenagers and young adults receive the vaccine prior to starting college or university or travelling abroad. There is also a disparity in uptake within certain communities e.g. areas of deprivation, ethnicity and geography. There have been large outbreaks of measles in Europe and imported infections are a significant risk to the UK elimination status. Measles, if contracted, can result in significant days lost at school and employment. Sub-optimal immunisation take-up also creates and increases risk of outbreak, which if it were to happen locally would require extensive resource to immunise communities at risk and would also have an increased burden on primary and secondary care.

An MMR elimination strategy was produced by PHE in 2019 and all Local Authorities were asked to develop their own action plan to raise awareness of the importance of vaccination. Shropshire has a clear action plan in place (See Appendices), which since it was drafted in 2019 has achieved many of the targets and actions set. Prior to the Covid-19 pandemic, GP's were commissioned to undertake a catch-up programme for MMR immunisation. This included checking and updating the immunisation status of individual children and inviting them to attend an appointment where one or more doses of the immunisations are missing. Information had been sent to schools and early years settings to encourage them to share the information with parents/carers and also to check immunisation status of children when commencing in a setting. Information was also cascaded through social media networks. A local action plan has been developed to raise awareness (see appendices) and this has been recognised by NHS England colleagues as being good practice and they have shared this with other local authorities. This action plan is currently under review and will be updated as some actions were delayed due to the Covid-19 pandemic and in line with government guidance will require a full review. Many of the actions previously taken are being revisited to ensure the MMR vaccine is widely promoted across Shropshire. The work undertaken in Shropshire will be reported to Shropshire, Telford and Wrekin Health Protection Board and Shropshire Council Health and Wellbeing Board for governance purposes and oversite. An update

can be expected in 6 months' time on the progress of the MMR elimination strategy and all actions undertaken in Shropshire.

Full details of the MMR elimination strategy can be seen at:

https://www.gov.uk/government/publications/measles-and-rubella-elimination-uk-strategy

4. Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

5. Financial implications

There are currently no foreseeable financial implications.

6. Climate Change Appraisal

This is not deemed applicable to this report.

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

What do I need to know about the MMR vaccine? - UK Health Security Agency (blog.gov.uk)

MMR vaccines page on the NHS website.

https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2021-to-2022-quarterly-data

https://www.gov.uk/government/publications/cover-of-vaccination-evaluated-rapidly-cover-programme-annual-data

Measles and rubella elimination UK strategy - GOV.UK (www.gov.uk)

Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead Cllr. Simon Jones, Portfolio Holder for Adult Social Care and Public Health

Appendices

Table 1: Percentage of children vaccinated by their first birthday, by Local Authority and Country in Q2 2021/22 and year 2020-21

Region/Country	Denominator (Q2 – 21/22)	DTaP/IPV/Hib		PCV1		Rota		MenB	
		Q2 (21/22)	20/21	Q2 (21/22)	20/21	Q2 (21/22)	20/21	Q2 (21/22)	20/21
England	151,502	91.3	92.0	93.3	-	89.2	90.2	91.5	92.1
Shropshire	692	97.3	95.8	97.7	-	95.1	93.9	97.0	95.8
Telford and Wrekin	561	93.9	95.0	95.5	-	91.8	93.0	94.7	95.4

Table 2: Percentage of children vaccinated by their second birthday, by Local Authority and country in Q2 2021/22 and year 2020-21

Region/Country		DTaP/IPV/Hib	PCV Booster	Hib/MenC	MMR1	MenB Booster

	24m denominator	Q2 (21/22)	20/21	Q2 (21/22)	20/21	Q2 (21/22)	20/21	Q2 (21/22)	20/21	Q2 (21/22)	20/21
England	160,838	93.4	93.8	88.3	90.1	89.0	90.2	88.6	90.3	88.1	89.0
Shropshire	732	96.3	96.6	94.0	94.4	93.7	94.2	93.4	94.3	92.8	93.7
Telford and Wrekin	580	95.3	96.7	90.9	90.2	90.7	90.8	90.9	91.0	89.7	90.0

Table 3: Percentage of children vaccinated by their fifth birthday by Country and Local Authority in Q2 2 2021-22 and in year 2020-21

Region/Country	5y denominator	DTaP/IPV/Hib%		MMR1		MMR2		DTaPIP%		Hib/MenC%	
		Q2 (21/22)	20/21	Q2 (21/22)	20/21	Q2 (21/22)	20/21	Q2 (21/22)	20/21	Q2 (21/22)	20/21
England	178,424	94.6	95.2	93.7	94.3	85.5	86.6	84.0	85.3	92.0	92.3
Shropshire	805	96.0	97.4	95.9	96.3	91.1	91.2	89.8	90.3	94.5	95.5
Telford and Wrekin	626	94.7	96.7	93.1	95.9	85.3	88.0	85.8	87.6	92.8	95.3

Shropshire Council Public Health MMR Elimination Action Plan

Where	What	Timescales	Comments/status of action	Reach
Early Help Hubs	Information displayed and signposting	September 2019	Information disseminated to Early Help Commissioner who will action. To order posters etc attempted 08/08/2019 but publication order online down 8/8/2019- Information sent to be included in September Early Help newsletter December 2019 Posters and leaflets ordered and disseminated to all 6 Early Help Hubs for display	Professional- Public children and families
Maternity Hubs	Information displayed and signposting	When maternity hubs come on line- timescale will be dependent upon these	TBC to await hubs to be developed- 15/02/2022- Maternity hubs work delayed due to the Covid-19 pandemic.	Professional- Public children and families

		being identified and up and running but will provide information for maternity asap.		
Integrated 2 year review	Checking immunisation status and signposting	November 2019	This does happen and is part of the public health discussion with parents.	Children and families and Early Years professionals
2 year review	Checking immunisation status and signposting	September 2019	As above	As above
Early Years Foundation Stage progress check	Checking immunisation status and signposting	November 2019	Early Years Lead to ask Early Years re this email sent 8/8/2019 also to add information into early years newsletter- complete Early Years settings all reviewing immunisation status at admission to setting. Presentation to Early Years Practitioners on 27th November 2019- complete	Professionals Early Years Practitioners and children and families
School readiness leaflet	Add in line re ensuring immunisation schedules are completed	End July 2019	Complete	Children, families and professionals
Housing	Add in immunisation status check on housing provider checklist where Look at ways in which Housing Teams can promote awareness and what they require to enable them to do this	December 2019	6/01/2020- email sent to housing providers regarding including immunisations in tenancy information. 5/02/2020 teleconference with LF. Actions to include: AMS to attend team meetings to update on immunisations Homeless families- • question re immunisations to be added to assessment • information to be sent out re immunisations along	Children, families and professionals

			with other advice information • posters re immunisations to be displayed in interview rooms OT Team- • question re immunisations to be added to assessment • information to be provided re immunisations as part of assessments Homepoint- • have access to families with children on waiting list can send email out with immunisation information to all on list • add information re immunisations on to Homepoint website 15.02.2022- Partially completed. Arrangements yet to be made to attend meetings as above.	
Safe and Well visits by Fire Service	Include information and signposting to safe and well visit for vulnerable families	December 2019	06/01/2020- email sent to F&R to see if immunisations are or can be included In safe and well information.	Children and families
First Point of Contact (FPOC) Shropshire Council	Ensure that FPOC have information on immunisation schedule and aware of signposting	October 2019	Complete 15th July 2019: Community Directory contacts updated and sentence regarding vaccinations included with advice to contact GP should they be required. 8/8/2019 Customer Service Lead emailed in relation to	Children, families and professionals

			further information required by FPOC.	
Health Needs Assessments by Public Health Nursing service (PHNS)	Include immunisation status and signposting and information on web pages	December 2019	This does happen and our Looked After Vaccination rates are demonstrable of this This will also be included in HNA's for YR, Y6 and age 13 and backed up by CHAT web pages.	Children and families
Web pages	Add in information and signposting on health web pages Shropshire Council and Public Health Nursing Service	December 2019	Web being updated; already on current pages but these are being updated by end of Dec Will also be part of the CHAT website	Children, families and professionals
Baby Buddy App	Explore opportunity to add in to Baby Buddy App as reminder	September 2019	Push notifications go out via Baby Buddy app up to 6 weeks postnatal this is localised	Children, families and expectant parents
GP newsletter	Add information re immunisations and boosters to GP newsletter	October 2019	Link with CCG for information to go to GP's which will be distributed through locality meetings and newsletter. This will include wording from contract 13/01/2020 Information sent to DC for dissemination to GP's. Also included GP campaign comms plan and links to resources	GP's and practice staff
Schools/Early Years	To explore with school/EYS what they do if parent/carers complete admissions forms and indicate that immunisations are not up to date	December 2019	Email sent to Early Years' service manager to check this.- complete To also check whether signpost and how frequently do they recheck – looking to check status more frequently Schools do check immunisation status prior to school trips particularly abroad.	Early Years and school settings

			To speak to schools in September- awaiting date 15/02/2022- Signposting to be addressed along with posters and other promotional materials.	
Schools Newsletter	Add information re immunisations and boosters to school newsletter	December 2019	Schedule for September newsletter Complete	Children and families and professionals
Parent mail	Add information re immunisations and boosters to go out on parent mail	December 2019	To be explored in September- not yet complete 15/02/2022- This was completed, however needs to be revisited to ensure parent mail updates are sent regularly, as appropriate.	Children and families
Independent Schools	Send information regarding immunisations out with vision screening emails	October 2019	Information to be sent January 2020	Children, families and professionals
Home Educated	Explore ways to send information out to Home Educated		PH Registrar trainee to look at possible media platforms CYP Programme Lead to send this out with other LA information to Home Educated. Information sent to Education Access to disseminate	Children, families and professionals
Apprenticeships/FE colleges and Universities	Awareness raising to staff to enable them to provide information and signposting. Provide information in different formats to promote.	December 2019	To be explored in September- delayed due to workload 15/02/2022- This will be revisited following initial conversations which have not yet been actioned due to Covid-19 pandemic.	Young people, families and professionals
HCPPB	Present action plan at Healthy Child Programme Partnership Board	Initial meeting in July completed	Presented at Partnership Board- partners asked to	Board members and their organisations

	and ask partners for additions and commitment to support action plan and	action plan by December 2019	provide additions by 2nd August 2019 This will be on-going agenda item at this meeting to ensure information and actions continue.	
Foodbanks	Add information re immunisations and boosters in Foodbank venues	December 2019	06/02/2020- email sent to Food Poverty Alliance to discuss ways of getting information to families. 15/02/2022- This will be revisited following initial conversations which have not yet been actioned due to Covid-19 pandemic.	Children families and volunteers
Energise	Awareness raising and exploring how can impart in formation and signpost	December 2019	06/01/2020 email to Energise to look at how this can be actioned. 15/02/2022- This will be revisited following initial conversations which have not yet been actioned due to Covid-19 pandemic.	Professionals
Early Help/ Strengthening Families incl. Enhance	Ensure immunisation status is recorded and signpost where required	September 2019	Complete and information provided	Professionals
Early Years Forums	Awareness raising at early years forums to provide information and signposting to families	December 2019	Presentation planned 27th November- complete	Early Years practitioners
GP Locality meetings	Provide information and updates on data and immunisations	TBC		
Sexual Health	Check immunisation status for MMR and HPV at SXH contacts and	From April 2020	Sexual Health Commissioner asked to include in new service specification.	Professionals

	signposting if not vaccinated (to be added to new service specification which will commence April 2020)			
Parenting Programmes	Ensure that information and signposting is available at all parenting programmes	September 2019	To discuss with Parenting Coordinator 06/01/2020 email sent to Parenting Coordinator to discuss how to action this. Parenting Team to undertake online ELearning module to increase own knowledge and skills to then raise awareness with parents	Children and families
After school clubs	Awareness raising to staff to enable them to provide information and signposting	December 2019	Schools have had information via newsletter but need to contact services that are not undertaken by schools.	Professionals
Link to large employers in area to raise awareness	Awareness raising to all and provide information and signposting		email sent 8/8/2019 to see if this is part of traded service of occupational health to major employers Not currently offering this service to major employers therefore need to look at alternative ways of raising awareness for this area.	
Screen savers (computers)	Link with communication teams to develop screen savers that can be used in organisations with key vaccination messages	VC/MJ	8/8/2019 Emailed communications to look at designing this – on-going	
School lesson plans	To check that key information is included	AC	Information is included in lesson plans but mainly those related to sciences. PHSE Curriculum advisor currently on secondment so unable to progress further at this point.	
Communications	Work with communication	VC/MJ	In progress	

	teams to look at alternative ways of promoting e.g. Roald Dahl, testimonials, social media (particularly young person social media)		Information sent out via social media and communication networks	
Health and Well-Being Board	Present paper to HWB and ask that Elected Members and partners promote to communities sand organisations	AMS/DC	Scheduled for November Board meeting- complete will update Board regularly on progress	
Communication through Churches	To link with Churches in local area to help raise awareness to parishioners		To be commenced	
Staff	Are staff immunisation status routinely captured as an outbreak will impact on staff		Need to check with SCHT Information provided at HCPPB and NHS and LA were present and will look at this within their own organisations.	

This page is intentionally left blank