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

Date: 11 May 2022

Committee:
Health and Wellbeing Board

Date: **Thursday, 19 May 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://shropshire.gov.uk/HealthAndWellbeingBoardMeeting19May2022

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 – Executive Director for People
Laura Tyler – Assistant Director - Joint Commissioning

Shropshire, Telford and Wrekin CCG
Simon Whitehouse – 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

Nigel Lee – 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

1 Apologies for Absence and Substitutions

2 Disclosable Pecuniary Interests

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 (Pages 1 - 10)

To confirm as a correct record the minutes of the meeting held on 3 March 2022 (attached).
Contact: Michelle Dulson Tel 01743 257719

4 Public Question Time

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 5.00pm on Friday 13 March 2022.

5 System Update (Pages 11 - 26)

Refreshed Urgent and Emergency Care Improvement Plan
Sam Tilley, Director of Urgent Care and Planning, NHS Shropshire, Telford & Wrekin Clinical Commissioning Group (STWCCG)

Shropshire Integrated Place Partnership (ShIPP) update
Penny Bason, Head of Joint Partnerships, Shropshire Council and Shropshire, Telford & Wrekin Clinical Commissioning Group (STWCCG)

Joint Commissioning Board/Better Care Fund (BCF)
Report to follow
Laura Tyler, Assistant Director, Joint Commissioning, Shropshire Council and STW CC / Penny Bason, Head of Joint Partnerships, Shropshire Council and Shropshire, Telford & Wrekin Clinical Commissioning Group (STWCCG)

Healthy Lives Update – paper for information
Val Cross, Health and Wellbeing Strategic Manager, Shropshire Council

6 **Ophthalmology Transformation Programme** (Pages 27 - 36)

Barrie Reis-Seymour, Programme Lead, STW CCG / Claire Roberts, STW CCG

7 **Air Quality** (Pages 37 - 38)

Keiron Smith, Environmental Protection Team Manager, Shropshire Council / Toby Pierce – Public Protection Officer (Professional), Environmental Protection, Shropshire Council

8 **Healthwatch Shropshire Crisis mental health services for Children and Young People** (Pages 39 - 88)

Lynn Cawley, Chief Officer, Healthwatch Shropshire

9 **JSNA update** (Pages 89 - 100)

Rachel Robinson, Director of Public Health, Shropshire Council / Alex McLellan, Public Health Intelligence Manager, Shropshire Council

10 **Health Protection update (including COVID-19)** (Pages 101 - 104)

Rachel Robinson, Director of Public Health, Shropshire Council / Dr Sue Lloyd, Consultant in Public Health, Shropshire Council

11 **Chairman's Updates**

Shropshire Council

Committee and Date

Health and Wellbeing Board

19 May 2022

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 3 MARCH 2022
9.30AM – 11.05 AM

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 – Executive Director for People
Mark Brandreth - Accountable Officer, Shropshire, Telford and Wrekin CCG
Lynn Cawley – Shropshire Healthwatch Jackie Jeffrey – VCSA
Jackie Jeffrey – VSCA
Stuart Bills- Superintendent Stuart Bills
Laura Tyler – Assistant Director for Joint Commissioning
Laura Fisher – Housing Services Manager

162 **Apologies for Absence and Substitutions (9:30)**

The following apologies were noted:

Dr John Pepper – Chair, Shropshire, Telford & Wrekin CCG
Patricia Davies – Chief Executive, Shropshire Community Health Trust
Claire Parker – Director of Partnerships, Shropshire, Telford & Wrekin CCG

The following substitutions were also noted:

Mark Brandreth substituted for Dr John Pepper

163 **Disclosable Interests (9:35)**

No interests were declared.

164 **Minutes of the previous meeting (9:37)**

RESOLVED:

That the Minutes of the meeting held on 11 November 2021 be approved and signed by the Chairman as a correct record.

165 **Public Question Time (9:45)**

A question was submitted by Shrewsbury Friends of the Earth regarding air quality improvements.

The Chair read out the question and the Director for Public Health read out the response and stated that the response would be sent to the questioners and attached to the webpage for the meeting: Agenda for Health and Wellbeing Board on Thursday, 3rd March, 2022, 9.30 am — Shropshire Council

The Board agreed that it would adopt a more proactive stance, and that Air Quality would be on the agenda at a future meeting.

166 **System Update**

Shropshire, Telford & Wrekin (STW) ICS Involvement Strategy
Kate Manning, Senior Engagement and Communications Manager, Shropshire, Telford & Wrekin ICS gave a presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- Developing our approach to working with people and communities;
- Integrated Care System (ICS)/ Integrated Care Board (ICB)/ Integrated Care Partnership (ICP);
- Background & Context;
- The journey so far;
- Our draft principles for working with people and communities; and
- Proposed next steps

The Senior Engagement and Communications Manager drew attention to the associated work which had been developing around involving people and communities. She explained that the ICB as part of their constitution were required to develop a strategy which set out their intentions and their approach to involving people and communities. This strategy needed to be finalised by the end of May 2022.

Involvement would play a strong part across the different areas of the Integrated Care System, and the Integrated Care Partnerships and Place-based partnerships should have representation from people and communities in setting their priorities and in decision making forums. ICBs were expected to use insight and intelligence about what people needed and their aspirations to support decision making and service quality improvement.

Following on from the work undertaken the previous year with the voluntary and community sector on the Memorandum of Understanding, 10 draft principles had been shaped that would sit at the start of the strategy. She informed the Board that a workshop had been held the

previous day with partners from across the system to test these principles and also shape the approach to involvement which would help inform the strategy going forward.

In terms of next steps, they were continuing and have been over the last couple of months speaking and reaching out to the public and also different groups within communities, to find out and listen to them about their experiences of getting involved and how they want to be involved in the work and the future of the ICS. They would also be collating everything they heard at the workshop and asking those that attended to make sure that what was heard from them was right before it informed the strategy and they wished this to be a continuous, ongoing engagement process. They were proposing to organise a further workshop to really get into the 'how' they put their intentions into practical terms.

She confirmed that the national deadlines being worked towards were quite tight, the final draft of the strategy needed to be ready for submission to the NHSCI (NHS Improvement) by the end of May so they were hoping to take a draft of the strategy to the CCG Board by the end of April.

The Director of Public Health welcomed the engagement and the direction of travel as it was really important work that had to be at the heart of everything that was being done, particularly in the new ICS. She stressed the importance of looking at how to engage representatives of their communities as well as the communities themselves. For example, parish councils, businesses and workplaces and others who represent a part of our community, whilst appreciating the drive was definitely towards communities and individuals. She then highlighted the importance of the work of the Integrated Care Partnerships and reported that the new guidance had been received around ICS and the white paper that had just been published and she drew attention to the important role of the Health and Wellbeing Board within that and explained that more discussion would be had around this as a Board in the future.

<u>Shropshire Integrated Place Partnership (ShIPP) update</u>

Penny Bason, Head of Joint Partnerships, Shropshire Council and Shropshire, Telford & Wrekin CCG Shropshire gave a presentation (copy attached to the signed Minutes) which covered the following areas:

- Priorities and Terms of Reference
- Local Care – rapid response
- Personalisation and Social Prescribing
- Involvement
- Developing programmes / work

The Head of Joint Partnerships reminded the Board of the ethos of ShIPP and explained that they had used the Health and Wellbeing draft priorities from the Health and Wellbeing Board Strategy as a focus for the ShIPP priorities, but also the priorities of the ICS and those key areas of work that the ICS were delivering. She further explained that there was a real crossover with the work being done by the Health and Wellbeing Board, what the ICS was doing and how ShIPP delivered that on the ground and in the local place in Shropshire.

A discussion had taken place at the last ShIPP meeting around the Terms of Reference (TOR). It was felt that they were in a bit of a holding place but as the guidance came down around how to develop the ICS and how the ICB and ICP partnerships and boards would develop, ShIPP would need to adjust its delivery and its TOR in accordance to what was required, as well as the guidance from NHS England and the recently published White Paper.

The Head of Joint Partnerships drew attention to one of the key areas of focus, Local Care, which had a number of strands and, focussing on rapid response she reported that good progress was being made. She explained that one of the key areas of work for ICS was to have more care out of hospital to ensure that people in their communities and their homes could be cared for as much as possible. After good success in Telford and Wrekin and a pilot in Shropshire, rapid response was being rolled out across Shropshire which was an enhancement of the model trialled in Telford and which looked at a crisis response within two hours.

With regards to personalisation, which was another part of the local care programme, she drew attention to a programme that had a small amount of money attached to it to encourage training and new ways of working that really focussed on individuals and individuals' strengths taking a strength based approach and what matters to them. There are some specific projects happening in Shropshire, Telford & Wrekin around asthma and mental health for young people in particular to really understand what needed to be delivered across all of those programmes.

She drew attention to workforce development and noted that the workforce training and development was open and available to all sectors. The key areas of development were around shared decision making, motivational interviewing, behaviour change and health coaching.

The Head of Joint Partnerships highlighted to the Board that they had commissioned a tier two behavioural service for weight management that started in February 2022 with a limited amount of funding and that the last intake would be 31 March 2022 and was open to all primary care referrals. She hoped that more funding would be made available very soon in which case it would carry on beyond that. They were also looking to enhance that with a healthy lives lifestyle offer going forward. She

then referred to a pilot being undertaken in the southwest of the County with really positive results so far. This focusses on understanding what the needs of children and young people are by taking a two-pronged approach, one involved having a one-to-one link worker offer and the other was the additional activity available with a wellbeing approach.

Concern was raised that the South East of the county shared the same characteristics and it was hoped it would not be excluded. In response, the Head of Joint Partnerships explained that the south west of the county was in line with the primary care network and the aim was to eventually deliver the service to the whole of Shropshire.

A query was raised about the resilience or otherwise of GP practices, especially in the south of the County, and whether some were seen to be vulnerable due to lack of staff. In response, the Accountable Officer felt that it was not just a question of urban / rural but concern around GP practices in general. It was a competitive market with not enough GPs. He reported that the quality of primary care services in Shropshire and Telford & Wrekin were very good but there were concerns around pressures on GPs making it less attractive as a career, but this was a national issue.

The Accountable Officer understood that access could be an issue especially for a large rural elderly population. Due to the pandemic, telephone and other types of digital appointments increased however it was important to ensure that they were not creating digital inequality. He reported that face to face appointments were returning to pre-pandemic levels.

Joint Commissioning Board/Better Care Fund (BCF)

Laura Tyler, Assistant Director, Joint Commissioning, Shropshire Council and STW CCG introduced her report (copy attached to the signed Minutes) which provided an update from the Joint Commissioning Board and highlighted a number of developments and system challenges that had developed over the last few months, including Government approval of the BCF Plan and metrics.

The Assistant Director, Joint Commissioning along with the Head of Joint Partnerships also updated the Board in relation to system pressures and their response, an update from the Joint Commissioning Delivery Group, progress on prevention and early help work to support children and young people in Shropshire and finally, Adult Social Prescribing.

The Head of Joint Commissioning informed the Board that although a review of the BCF was being undertaken nationally, it was felt that it was unlikely to change substantially and that she would report back to the Board once further details were available.

The Director of Adult Services, Housing and Public Health expressed her thanks to all officers that had been involved in the response over the Winter who had gone above and beyond. She thanked The Assistant Director, Joint Commissioning and Head of Joint Commissioning for their update and requested a report to the next meeting of the Board specifically on children and young people prevention and early health and she queried how the pilot could be upscaled.

In response, the Head of Joint Commissioning expressed her desire to see the pilot rolled out countywide. She explained that the pilot had tested what would work with children in terms of social prescribing.

Other Officers joined the Director of Adult Services in thanking the teams for their hard work. It was felt that a lot had been learnt from that which would help to set an agreed direction for next winter which, it was felt would be worse.

RESOLVED:

1. To note the updates on the joint commissioning approach;
2. To note the section 75 update approach;
3. To note progress of Children and Young Peopled Early Help and Prevention work; and
4. To note the good progress of Social Prescribing.

167 **Shropshire 2022-2027 Joint Health and Wellbeing Strategy (10:30)**

Val Cross, the Health and Wellbeing Officer, Shropshire Council introduced her report (copy attached to the signed Minutes) which set out the findings from the consultation on the draft Strategy (available on the Council's website) and identified the key areas requiring greater specific reference (set out at paragraph 3.3 of the report).

The Health and Wellbeing Officer then drew attention to the next steps (set out at paragraph 4 of the report) which included the Healthy Lives steering groups finalising the strategy priorities, a project management approach to monitoring progress of the strategy and the Health and Wellbeing Board identifying issues that may affect strategy implementation.

Councillor Hurst-Knight thanked the Health and Wellbeing Officer for her report and welcomed the focus on children's mental health.

RESOLVED:

That the final 2022-2027 Joint Health and Wellbeing Strategy be agreed and that the Health and Wellbeing Board take joint ownership for its progression and implementation.

168 **Musculoskeletal Transformation Programme (10:40)**

Kerry Robinson, the Director of Performance, Improvement & OD The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust gave a presentation in relation to the Musculoskeletal (MSK) Transformation Programme (copy of presentation attached to the signed Minutes) which covered the following areas:

- Shropshire, Telford and Wrekin Overview of programme, Key data and Next Steps
- Reasons for change
- Phases of the Programme
- Benefits
- What's happened so far
- Road Map

The Director of Performance, Improvement & OD gave an overview of MSK services and explained that by simplifying the referral process and allowing staff to work in a more joined up way it was hoped to improve the patient experience. The programme would be delivered in three phases over five years and would see a clinically designed model of care with a single point of access.

She drew attention to the three phases of the programme and the benefits of one referral pathway and point of advice etc. She reported that a number of partners had been working together on this and that it was hoped to implement the plan this year.

169 **Uptake data for childhood routine vaccinations (10:50)**

The report of the Healthy Child Programme Coordinator/ Public Health Development Officer introduced her report (copy attached to the signed Minutes) which informed the Board that the number of children receiving two doses of the Measles, Mumps and Rubella (MMR) vaccination had declined and no longer met elimination status requirements.

The Healthy Child Programme Coordinator/ Public Health Development Officer reported that the Office for Health Improvement and Disparities (OHID) and the UK Health Security Agency (UKHSA) had launched a campaign that ran between 1 February and 14 March in order to help support an increase in uptake and to boost confidence in the MMR vaccine. It was stated that some children had only received one dose which meant that they were only partially covered so parents and carers were being encouraged to get their second or booster jabs.

An MMR elimination Action Plan had been drafted in 2019 for Shropshire and although some targets had been achieved, further work was required The Healthy Child Programme Coordinator/ Public Health Development Officer reassured the Board that the Action Plan was currently being reviewed.

Councillor Hurst-Knight thanked the Healthy Child Programme Coordinator / Public Health Development Officer for her report and requested that this item be brought back to Board to see how things were progressing with the more recent work.

Dr John Pepper reported that for Shropshire there was just under 9% of the total cohort yet to receive two doses which translated into 72 individuals. He queried whether work could be undertaken to build on the successful approach to the covid vaccination programme. The Head of Joint Partnerships confirmed that the MMR vaccination programme could be undertaken via the community outreach team using 'Bob' the bus and she agreed to connect them with the team outside of the meeting.

RESOLVED:

To note the contents of the report and to support the Action Plan and the work being carried out to improve awareness.

To act as champions within their services and communities to further raise awareness and encourage immunisation uptake including supporting and sharing the recent UK Security Health Agency (UKHSA) campaign.

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

Rachel Robinson, the Director of Public Health for Shropshire Council informed the Board of the current position. There had been a fall in recent weeks from a peak on 4 January. However, Shropshire was still seeing upwards of 1000 new cases per week. She reminded Members that Covid-19 had not gone away, and that Shropshire's 7-day infection rate was 314 per 100,000 which was higher than the rate for both the West Midlands and England.

She reported that large numbers of cases were being seen in care homes, however these were being managed and were starting to fall due to continued testing and high infection control. The Director of Public Health confirmed that any future variants would continue to be monitored very closely as we learned to safely live with Covid-19.

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

The Chairman updated the meeting in relation to NHSE notifications of change of ownership for pharmacies and changes to Boots opening times. These would be attached to the webpage for the meeting: Agenda for Health and Wellbeing Board on Thursday, 3rd March, 2022, 9.30 am — Shropshire Council

Lynn Cawley from Shropshire Healthwatch updated the Board in relation to the work currently being undertaken along with future work as follows:

- Hot Topic – IAPT service - priority looking at mental health;
- Continued involvement in MSK Transformation;
- Follow up of a previous piece of work around pain management;
- It was hoped to bring their work on crisis mental health services for children and young people to the Board; and
- Their annual event will have a focus on End of Life.

<TRAILER_SECTION>

Signed …… (Chairman)

Date:

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SHROPSHIRE HEALTH AND WELLBEING BOARD **Cover Sheet for submissions**				
Meeting Date	**19th May 2022**			
Title of Paper	**Shropshire, Telford & Wrekin Urgent & Emergency Care Improvement Plan**			
Reporting Officer	Sam Tilley, Director of Urgent Care & Planning, Shropshire, Telford & Wrekin CCG			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	x
What inequalities does this paper address?	Service access and outcomes in relation to Urgent and Emergency (UEC) Care			
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	The UEC Improvement Plan addresses risks in meeting relevant performance standards and providing the best quality services for our residents			
Financial implications (Any financial implications of note)	N/A			
Climate Change Appraisal as applicable	N/A			
Where else has the paper been presented?	**System Partnership Boards**			
	Voluntary Sector			
	Other		Urgent Care Delivery Board	
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 (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130)				
Appendices				

Shropshire, Telford & Wrekin
Integrated Care System

Shropshire, Telford and Wrekin Urgent & Emergency Care Improvement Plan 2022/23

Introduction

Following the development of an initial Shropshire, Telford & Wrekin (STW) Urgent and Emergency Care (UEC) Improvement Plan in 2021/22 work is near completion on a refreshed plan for the 2022/23 period.

The plan sets out to ensure an agreed set of improvement priorities, developed by the system, are in place to identify and tackle areas of service improvement, transformation and redesign to ensure that we are providing the best services for our residents and addressing areas where performance is below the standard we would want.

Context

The Shropshire, Telford & Wrekin system has experienced a number of challenges over a period of time in relation to the delivery of Urgent and Emergency Care. This has been exacerbated recently by unprecedented levels of demand, not only in UEC but across the health and care sector. Across March and April 2022, we have seen the highest level of Covid19 patients in our hospitals, the highest numbers of care homes closed to admissions and the highest numbers of staff sickness absence than at any other time during the pandemic. This has exacerbated some of our underlying challenges and had informed the development of our UEC Improvement Plan

Next Steps

The Plan sets out a group of high-level Improvement areas and headline programmes of work which have been approved by the system UEC Delivery Board. Subsequently, work has been taking place to develop more detailed work programmes against each of these headline areas and this detailed sub-plan will be presented to the UEC Delivery Board for approval at the end of May 2022. This will be followed by a programme of implementation that tracks progress against trajectories and outcomes and measures impact. Progress against the Plan will be monitored via the UEC Delivery Group and Board and a set of subject specific sub-groups. The Plan is very much a system plan with input from all partners in its development and involvement from all agencies across delivery programmes.

Recommendations

The Health & Wellbeing Board is asked to support the programme of work set out in the UEC Improvement Plan

Shropshire, Telford & Wrekin
Integrated Care System

Urgent and Emergency Care Improvement Plan Priorities 22/23

UEC Improvement Plan Review development process

National Context : Operational planning guidance (22/3)

D. Improve the responsiveness of urgent and emergency care and community care – keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments and minimising ambulance handover delays.

- System leaders should continue to transform community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay.
- Systems are therefore asked to:
  - Reduce 12-hour waits in EDs towards zero and no more than 2 per cent.
  - Minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards:
    - eliminating handover delays of over 60 minutes
    - 95 per cent of handovers take place within 30 minutes
    - 65 per cent of handovers take place within 15 minutes.

National Context : Operational planning guidance 22/23

Shropshire, Telford & Wrekin
Integrated Care System

D2. Transform and build community services' capacity to deliver more care at home and improve hospital discharge

- **Virtual wards** – Systems are asked to complete comprehensive development of virtual wards by December 2023. By December 2023, NHSEI expects systems to have completed the comprehensive development of virtual wards towards a national ambition of 40–50 virtual wards per 100,000 population. Up to £200 million will be available in both 2022/23 and 2023/24 to support the implementation of systems' plans for this goal.
- **Urgent community response** – Maintain full geographic rollout and continue to grow services to reach more people extending operating hours where demand necessitates and at a minimum operating 8am to 8pm, 7 days a week in line with national guidance
- **Anticipatory care** – Systems need to work with health and care providers to develop a plan for delivering AC from 2023/24 by Q3 2022, in line with forthcoming national operating model for anticipatory care.
- **Enhanced Health in Care Homes** – Ensure consistent and comprehensive coverage in line with the national framework.
- **Community service waiting lists** – Systems must develop and agree a plan for reduction of community service waiting lists and ensure compliance of national sitrep reporting.
- **Hospital discharge** – As outlined in the H2 2021/22 planning guidance, the additional funding for the Hospital Discharge Programme will end in March 2022
- **Digital** – ensure providers of community health services, including ICS-commissioned independent providers, can access the local care shared record as a priority in 2022/23, to enable urgent care response and virtual wards.

UEC Improvement Plan 22/23

- The vision for urgent and emergency care in STW remains that it is focused on continuing to transform our services into an improved, simplified and financially sustainable 24 hour/7-day model; delivering the right care, in the right place, at the right time for all our population.
- The STW UEC Improvement Plan will focus on three specific work stream areas:
  - Pre-Hospital
  - Hospital Improvement and Flow
  - Discharge
- The plan has been developed following a review of the 21/22 UEC Improvement Plan and incorporating learning from winter 21/22 and the Covid19 pandemic response
- The review work has been led by the UEC Operational group.

UEC Operational Group reflections/look forward

Headlines

- UEC improvement is now seen as a critical system issue with a high degree of 'common purpose'
- Ambulance handover delays, ED Flow and effective discharge remains a significant system issue.
- Ensuring sufficient outflow/alignment of community services remains a key challenge.
- Securing improved acute capacity and flow is a high priority although there is an underlying shortfall in overall capacity across the system (beds/community resource)
- Capacity and Demand work has progressed and extended to look at community capacity as well as in-hospital
- Establishing same day emergency care for medicine and surgery (new estate and workforce)
- Single point of access pilot has made an encouraging start and can be built on
- Overall-need to sharpen areas of focus for 22/23 and ensure we robustly track progress

Pre-hospital

- Alternatives to hospital admission : build additional community capacity and be more stretching in relation to current schemes-coverage & expanding urgent 2-hour crisis response services
- Need to better measuring performance of pre-hospital services
- Develop overall pathway/s modelling (pre-in-post hospital setting)
- Integration of frailty response with primary/community services
- MPFT Hospital avoidance service

Hospital improvement

- Preventing crowding in ED
- Explore Frailty offer at the front door
- Creation of the Acute Floor at RSH site
- Develop and implement direct access pathways
- Addressing demand and capacity gap which will remain after modular ward in place
- Improvements in Acute Discharge processes

Discharge

- Improvements in acute ward processes, discharge earlier/weekends and resolving MFFD levels as a system wide priority
- Maximize use of Virtual Wards
- Reset and Transformation of care sector capacity

Cross-system issues

- Review of ageing well summit actions
- Further workforce modelling needed to set out workforce requirements
- Development of performance dashboards for subject areas/monitoring against new standards
- Demand and capacity modelling; predicting when will demand will exceed capacity
- Use of Improvement tools to help us plan and improve flow

STW UEC Priority Transformation Programmes (22/23)

Pre-Hospital

Screening, redirection and reducing delays

Single Point of Access (SPA) development

111 Improvements

New direct access pathways

Enhanced provision for high intensity users

Redesign of Pre-hospital Integrated Urgent Care:

Development and commissioning of new model of care

Hospital Improvement

Enhanced capacity and reconfiguration

Acute medicine footprint (PRH/RSH),
ED refurbishment
32 bedded ward, Trauma/Frailty assessment, Vulnerability suite
Discharge hubs (PRH/RSH)
Discharge ward (PRH)

Improving Flow

ED redirection/ Acute discharge processes incl failed discharges/patient journey facilitators/integration of therapies

Direct access pathways

Trauma/Frailty & SDEC e-referrals

Compliance with new ED standards

Discharge

Appropriate system discharge provision

Develop joint commissioning strategy for P2/P3 community capacity/market development

Review of re-ablement care

Enhanced integrated discharge team (7 Day working/TOM)/alignment with community services

Improving Flow

implementation of MADE action plans, DTA model development/criteria led discharge/FFA review, revised pathways

Linked programmes

Local care programme

Enhanced 2-hour crisis response coverage/A2HA

Virtual Ward rollout (COVID/Resp/Frailty/other)

Enhanced care In care homes

Anticipatory care model development

System demand and capacity modelling

Mental health (Adults and CYP)

Primary care development

Place based integration

Digital development

22/23 UEC Improvement Plan : Next steps

Governance

- Finalise SROs for each programme area including lead organisational arrangements for programme areas to ensure the effective distribution of leadership arrangements
- All Programme SROs to determine and establish any sub-workstreams/task and finish groups to support programme delivery
- Governance rigor : 22/23 plan needs to have a renewed focus on tracking progress on delivering our ambitions, improvement trajectories and assessing the impact of improvement initiatives

Delivery Planning

- Delivery Plans to be produced and signed off by the end of May
- Programmes/workstream areas to identifying any resource issues or risks to delivery
- Adoption of focused action plan approach to each workstream (templated : delivery milestones, trajectories and measures (metrics) of improvement.
- Define any further plans to support UEC for Digital/Workforce/primary care/demand and capacity etc.
- Secure resource from system partners to support delivery supported by system leadership

Programme reporting/PMO support

- Develop a revised reporting dashboard for all workstream areas linked to clearly targeted measures of effectiveness
- Reallocate or secure additional dedicated PMO support to enable more effective tracking and reporting on delivery progress
- Agree a forward programme of review areas in line with the UEC operational group reporting cycle
- Receive Regular Local Care/Primary care updates via the UEC Operational Group

SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	**19th May 2022**			
Title of Paper	Shropshire Integrated Place Partnership (ShIPP) update ***A presentation will be given***			
Reporting Officer	Penny Bason			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	x	Joined up working	X
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	x
	Workforce	x	Reduce inequalities (see below)	X
What inequalities does this paper address?	Personalisation/ Personalised Care is a priority of SHIPP and a programme area of NHSE/ I designed to support the NHS to shift the relationship between health and care and the people we work with. It is intended to support the workforce to ensure that people have the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life. A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations. Personalised care is based on 'what matters' to people and their individual strengths and needs			
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	As a health and care system we work to reduce inequalities in Shropshire. All decisions and discussions must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health due to Covid 19.			
Financial implications (Any financial implications of note)	There are no direct financial implications as a result of this report, however the development of integrated working and the programmes of SHIPP will have financial implications in the future.			
Climate Change Appraisal as applicable	N/A			
Where else has the paper been presented?	**System Partnership Boards**			
	Voluntary Sector			
	Other			
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) None				
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130)				

Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health
Appendices

SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	19th May 2022			
Title of Paper	Healthy Lives update			
Reporting Officer	Val Cross, Health and Wellbeing Strategic Manager			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	x
What inequalities does this paper address?	The Health Inequalities Plan is a regular agenda item at Healthy Lives meetings and is reference in this report.			
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 risks identified in this update report			
Financial implications (Any financial implications of note)	There are no financial implications identified in this update report			
Climate Change Appraisal as applicable	Not applicable			
Where else has the paper been presented?	**System Partnership Boards**			
	Voluntary Sector			
	Other			
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 (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health				
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Report

Summary

This paper provides a brief update on Healthy Lives, which is the prevention programme of the Health and Wellbeing Board (HWBB).
It describes what work has taken place since the Healthy Lives Steering Group reformed in February 2022, after a hiatus following the COVID pandemic. This includes: updating documentation, agreeing the priorities from the Shropshire Joint Health and Wellbeing Strategy (JHWBS) to progress and receiving presentations and reports related to the priorities.

Recommendations

That the Health and Wellbeing Board receives this update for information.

Report

Healthy Lives is the name of the multi-agency prevention programme of the Health and Wellbeing Board. It is a proactive and reactive programme, with representation from health, social care and voluntary and community sector partners.

Healthy Lives Steering Group meetings re-started in February 2022, following a hiatus due to the COVID-19 pandemic. The meetings are chaired by Berni Lee, Consultant in Public Health at Shropshire Council, and the group meets monthly.
Meetings so far have focussed on:

<u>Updating and agreeing the purpose of the group</u>

As detailed below:

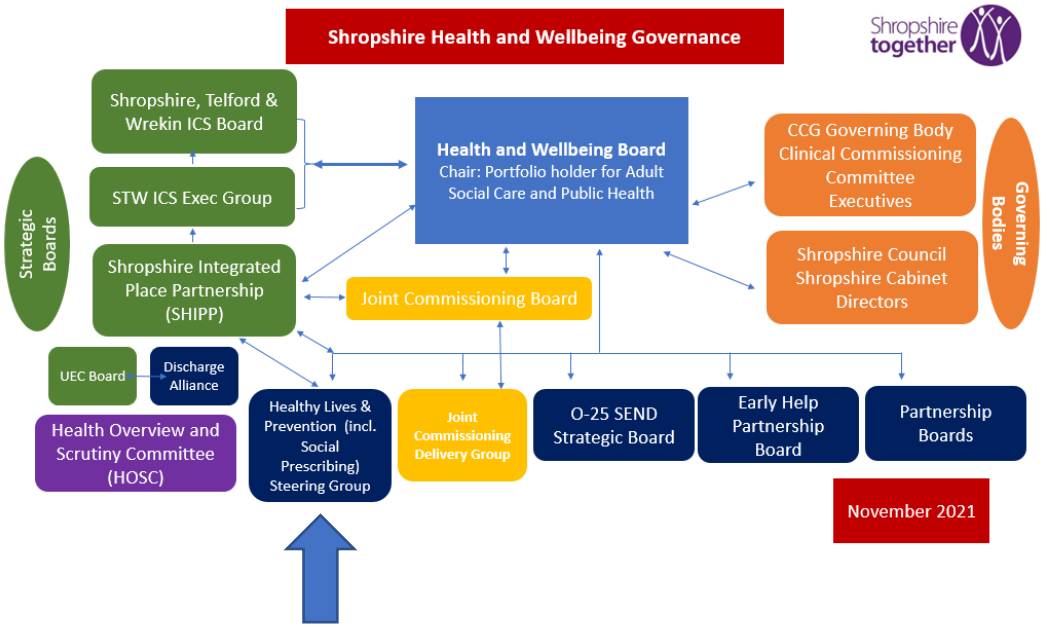
Healthy Lives has a focus on preventative health, which is key to stop people becoming ill in the first place, or help people manage their health condition and stop it getting worse. Evidence base is used in all work.

Shropshire, Telford & Wrekin Integrated Care System (STW ICS), Shropshire Integrated Place Partnership (ShIPP) and Healthy Lives have several shared priorities, (see appendix A) and Healthy Lives is one of the mechanisms to ensure that the preventative programme elements including Social Prescribing, Healthy Weight and Physical Activity, food insecurity, Trauma Informed Approach, Mental Health, Killed and Seriously Injured (KSI) on Roads and Health Inequalities come together and move forward.

Combining as a system upstream helps to make best use of resources in terms of, human - the skills mix and experience of its members, monetary - through prevention of disease and ill-health and communication – collective aims which the public can understand and relate to and avoidance of duplication of work.

Updating the governance and reporting structure

Healthy Lives reports to the Shropshire Health and Wellbeing Board.



Agreeing the priorities from the Shropshire Joint Health and Wellbeing Strategy (JHWBS) to progress

These are which the Healthy Lives Steering group will collaborate to progress and receive reporting on:

- Social Prescribing
- Healthy Weight and Physical Activity – including the upcoming Healthy Weight Strategy
- Shaping Places for Healthier Lives food poverty project
- Children and young people – Trauma Informed Approach (which incorporates workforce and mental health priorities)
- Mental Health – Suicide Prevention and all age mental health
- Health Inequalities – the Health Inequalities Plan
- Killed and Seriously Injured (KSI) on Roads

The Shropshire Joint Health and Wellbeing Strategy strategic priorities of joined-up working, improving population health, reducing health inequalities, working with, and building strong and vibrant communities, are integral and cut across these key and other priorities.

Other priorities identified in the JHWBS will be reported on at Health and Wellbeing Board meeting.

Receiving presentations and reports related to the priorities

Updates on progress of the priorities, as well as linking work from partners such as libraries and Marches Energy Alliance are essential in making partner connections and moving work forward. Presented at meetings so far include:

- Social Prescribing updates
- Trauma Informed Approach presentation which included work happening through the steering group. This will be reported more fully at the July HWBB meeting.
- Food poverty: Shaping Places update and Healthy Start
- Healthy weight strategy consultation update

- Health Inequalities Plan
- Children and Young People and the role libraries play in literacy
- Marches Energy Alliance - Fuel poverty

Programme Management

Purpose and governance have been updated and agreed, and a forward agenda plan is in place. The working action plan is currently being developed and will be discussed and agreed at the next Healthy Lives meeting in May.

SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	**Thursday 19th May 2022**			
Title of Paper	**Shropshire, Telford and Wrekin – Eye Care Transformation (Presentation accompanies this cover sheet)**			
Reporting Officer	Claire Roberts and Barrie Reis-Seymour, STW CCG			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	✓
	Mental Health		Improving Population Health	✓
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	✓
	Workforce		Reduce inequalities (see below)	✓
What inequalities does this paper address?	Through developing integrated eye care services with more provision of some treatment and support moved out of the acute hospital and into people's neighbourhoods this provides improved equity of access to services in a timely way regardless of where you live in the county. It also removes the need for people having to arrange transport and travel to a main hospital for something that can be provided effectively and efficiently in their local community. This addresses some of the historic inequity where more services are available in the more urban areas compared to rural and remote locations. The final designed future eye care service models will also undergo rigorous Quality Impact Assessments, Equality Impact Assessments, and Health Equity Assessments to ensure that any commissioned change does something to close gaps and address current inequalities, and absolutely does not create any new ones.			
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)				
Financial implications (Any financial implications of note)	None at this time, the intention is to spend the same monies differently.			
Climate Change Appraisal as applicable	A lot of the new ways of providing some eye care in the models being developed as part of this programme, will result in a reduction in the need for people to travel to an acute hospital for their appointment. This will result in a reduction in transport, miles travelled, and as a consequence a reduction in CO2 emissions. Once the new models of care of designed approved and modelled in detail, this will include working with NHSEI to calculate benefits such as this using set criteria in order to determine more specific anticipated positive impact.			
	System Partnership Boards			

Where else has the paper been presented?	**Voluntary Sector**	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) Please see attached presentation		
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130)		
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NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

Eye Care Transformation

Background

Long Term Plan

- The NHS Long Term Plan ambition to avoid unnecessary face to face outpatient attendances has become an urgent imperative as we respond to Covid19 and restore services
- Remove the need for up to a third of hospital outpatient attendances a year by 2023/24, avoiding additional expenditure and ensuring all patients can access digital outpatient care.

Local Requirements

- Need to identify ways to redesign and ensure the most effective and efficient Ophthalmology function and eye care services & pathways
- Opportunity to transform – use of Virtual/remote reviews & consultations, PIFU, direct to test, increased use of A&G and improved integrated working, optimised role for community optometry
- Impact of Covid and backlog of long waits and referrals
- Planning Guidance and requirements of elective recovery
- System Sustainability – recovery, workforce, clinical capacity, outcomes and value for money

Case for Change

- Anticipating the increasing need for services
- Need to reduce unnecessary face to face outpatient appointments
- Importance of early detection and prevention
- More joined up services across primary, secondary and community care
- Providing more services closer to home, when its needed
- Making better use of new technologies and developments in eye care
- Making better use of data and tracking people's care

What the programme covers

Key areas of work that will be included in the eye-care transformation programme are:

- Referrals processes
- Outpatients transformation
- Integrated pathways across Primary/Community/Secondary eye-care and links with social care
- Multi-Speciality pathways (e.g. Giant Cell Arteritis, Hydroxychloroquine monitoring)

Areas of work not included in the programme:

- Ophthalmology Surgery
- Eye related Cancer Care

Who we have been engaging with

- Staff across the whole health and social care system (mainly SaTH)
- Staff in community and primary care settings
- Independent sector eye care providers
- Patients
- Local Optical Committee
- GPs
- NHSEI
- General Public
- Healthwatch
- MPs
- Local councillors
- Town and Parish Councils
- Voluntary and Community Sector

Completed engagement activity

- **Early insight work** – PALs feedback
- **Review of Healthwatch insight**
- **Public survey** – 262 responses
- **Attendance at local eye-care clinics**
- **Local groups** – in person and virtual
- **Public workshop** – 9th March (shared through the same routes as the survey, see above)
- **Clinician workshop** – 31st March
- **Independent provider workshop** – 5th April
- **Webpages on the CCG website** – currently includes the survey, engagement plan presentation, public workshop presentation and the case for change. This will be added to as the programme develops
- **Bespoke email address**

Next steps

- Analyse and theme engagement insight and produce a consolidated engagement report
- Identify areas of focus and recommendations based on the engagement insight
- Share the report with the design group to inform design and development of future eye-care services
- Publish the engagement report and summary to share with those engaged and wider stakeholders including an update on next steps
- Produce monthly written progress updates
- Create videos describing the programme
- Q&A document for public and staff
- Virtual/face-to-face briefings for staff, clinicians and public
- Further engagement on proposals (informed by an EQIA)

Thank you and any questions?

SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	**19th May 2022**			
Title of Paper	**Air Quality Update**			
Reporting Officer	Toby Pierce – Public Protection Officer (Professional), Environmental Protection			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	x
	Mental Health		Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	x
What inequalities does this paper address?	Air Pollution			
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	As a minor update report this is not applicable.			
Financial implications (Any financial implications of note)	As a minor update report this is not applicable.			
Climate Change Appraisal as applicable	As a minor update report this is not applicable.			
Where else has the paper been presented?	**System Partnership Boards**	N/A		
	Voluntary Sector	N/A		
	Other	N/A		
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) N/A				
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health				
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Air Quality Update

1.Executive summary

Environmental Protection have been asked to provide an update as to current progress on our statutory Air Quality work and improvements to wider Air Quality in Shropshire. This report provides a brief update.

2.Recommendations

That the Board notes this air quality update, and a follow up report is brought to the HWBB in September.

3.Report

As detailed previously, Air Quality Action Plans (AQAPs) for both Shrewsbury and Bridgnorth Air Quality Management Areas (AQMAs) require review and updating. Since last discussed with the HWBB in February 2022, work has been largely administrative as the scope of the (AQAP) reviews is determined and prepared within a revised project specification for external specialist contractors.

AQAP reviews require a full assessment of the current and projected pollution levels in each area, and all relevant contributing factors. The work will then propose 'interventions' - where required, that would be likely to reduce air pollution below current guideline values. It should be noted that this work needs to consider existing and upcoming projects and policies which have potential to impact upon both AQMA's (I.e., Shrewsbury Big Town Plan, North West Relief Road, Local Transport Plan (LTP4)).

Computer modelling is required to assess the viability and effectiveness of the proposed 'interventions'. Such modelling is heavily reliant on vehicular traffic data, and traffic models of projected vehicle use. As such, recent work has involved cross-department discussions with Highways colleagues to establish what data and models are available and are likely to be available during the course of the AQAP Review project. Work is underway to ensure the required data will be available, within the necessary timescales

Whilst it has already been agreed to commission the AQAP review work externally, work in recent months has sought to outline the specification and align funding for this work. It is anticipated that tenders will be submitted to the revised project specification in coming weeks.

SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	**19th May 2022**			
Title of Paper	**Healthwatch Shropshire: Mental Health Crisis Services for Children and Young People in Shropshire, Telford & Wrekin – Survey Report**			
Reporting Officer	Lynn Cawley (Chief Officer)			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	X	Joined up working	X
	Mental Health	X	Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	X
What inequalities does this paper address?	Access to Mental Health Crisis Services for Children and Young People			
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)				
Financial implications (Any financial implications of note)	None			
Climate Change Appraisal as applicable	N/A			
Where else has the paper been presented?	**System Partnership Boards**			
	Voluntary Sector			
	Other			
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) **Please see attached report**				
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130)				
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healthwatch Telford and Wrekin

healthwatch Shropshire

Mental Health Crisis Services for Children and Young People in Shropshire, Telford & Wrekin

Survey Report

Engagement period:
October – December 2021

Publication date:
7th February 2022

Contents

About Healthwatch

Healthwatch is the independent health and social care champion for local people

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g., Shropshire, Telford & Wrekin Clinical Commissioning Group, Shropshire Council, Telford & Wrekin Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how local services are working in Shropshire, Telford & Wrekin

We are not experts in health and social care and surveys are just one of the methods we use to put a spotlight on services and ask people to share their views with us. Usually our surveys are publicised and promoted through our engagement activities (e.g., talks and stands at events) as well as through online publicity and local press releases. Due to the pandemic we were unable to use face to face engagement for this topic.

Please note

Our survey was time limited but we continue to want to hear from people who are willing to share their experiences with us and we will share them with the providers, commissioners and regulators.

Executive Summary

- 'There has been a significant increase in poor mental health of children, with self-harm, taking tablets and watching social media harm sites. Low mood and lacking in self-esteem and self-confidence. Drug taking has increased which in itself brings increased concerns.' (Head of School in a Shropshire Secondary School)

Since local Healthwatch was established in 2013 we have received comments from people about their experiences of accessing Child and Adolescent Mental Health Services (CAMHS) and witnessed the development of the current service, BeeU, provided by Midlands Partnership Foundation Trust (MPFT).

The mental health needs of children and young people are met by a range of professionals and organisations, including GPs, schools and colleges, social services and specialist providers including CAMHS and inpatient services (e.g., hospitals and specialist eating disorder units). The service they receive depends on the severity of their problems. (See p.12)

It has been widely reported in the media over the recent months that the on-going Covid-19 pandemic has impacted the mental health of children and young people and this has led to a greater severity of need among many and an increased demand on services at a time when they have had to adapt to working under Government restrictions and increased staff shortages.

In Shropshire, Telford and Wrekin the issues were highlighted by the Care Quality Commission (CQC) inspection of the Shrewsbury and Telford Hospital NHS Trust (SaTH) in February 2021 and report which described the experiences of children and young people going into the Trust in crisis due to 'acute mental health needs and or learning disabilities' and the challenges faced by the Trust to meet their need including the staff's understanding of and ability to treat these conditions when not mental health specialists. The CQC explained the importance of organisations working together to provide these children with the appropriate care and treatment, including MPFT and the local authority.

- 'Taking them to A&E if there is no medical treatment need is not helpful.' (Mental Health Professional working in Telford & Wrekin).

However, the lack of 'Tier 4' beds (specialist inpatient beds for the most seriously unwell) in the county means that our children and young people will be admitted to either Royal Shrewsbury Hospital or Princess Royal Hospital, or The Redwoods

Centre (an adult mental health hospital) while waiting to be moved to a suitable hospital outside Shropshire.

Healthwatch Shropshire and Healthwatch Telford & Wrekin were asked to give these children and young people the opportunity to share their experiences and say what could have been done to improve the help they have received. We know that ideally Shropshire would have its own specialist inpatient provision but this is not expected to happen for a number of reasons, including funding and resources. Ideally no child or young person would need to go into hospital and for many, early support could prevent this happening.

Our approach

Due to the on-going Covid-19 pandemic Healthwatch were not able to speak to children and young people face-to-face so we decided to produce a short online survey that was promoted through a press release, on social media and by SaTH, MPFT, the local authorities and voluntary and community sector organisations. The survey ran from 1st October to 13th December 2021.

We knew that many children and young people would not want to or be able to comment themselves so we also asked parents/carers and professionals working with them to share their experiences of crisis mental health services for this age group and their views on how things could be improved.

67 people shared their views with us, including six young people.

Key findings

Children and young people

The five children and young people were aged 13-20. Two had received services from BeeU in the community, one had also had to go to A&E and three had been an inpatient in Shropshire or outside the county.

The main issues highlighted were:

- Access and waiting times
- Changes to staff
- Relationship with professionals

Sample comments:

- 'I remember there was a long wait before I saw someone, and I almost gave up. I think professionals think because we are young, we don't understand as much' (14-year-old, Telford & Wrekin)
- 'The help I have been given since being on the waiting list has been so good I can't say anything that needs to be improved apart from the waiting list for the Psychiatrist because my suicidal thoughts had gotten worse.' (16-year-old, Shropshire)
- 'It would have helped me if I could speak to the same person. I always had too many different people and it's overwhelming.' (13-year-old, Telford & Wrekin)
- 'I wasn't given any help. I was just lectured and talked about.' (14-year-old, Shropshire)

Parents and carers

46 parents and carers described the experiences of 50 children and young people aged 10-26 years old with:

- Autism and/or a learning disability (16)
- Mental health, including anxiety, depression, refusing to go to school, self-harm and suicide ideation/attempts (24)
- Eating disorder/anorexia (6)

Positive comments related to professionals and the quality of support given, e.g.

- 'The support workers and nurses were good and talking things through with [them].' (Parent of 17-year-old, Shropshire)
- '[They have] had excellent on-going support [through their GP]' (Parent of 19-year-old, Shropshire)

The main issues highlighted were:

- Access and waiting times
- Assessment and diagnosis
- Communication and value placed on the parent/carer's views
- Care plans, Personalisation and continuity of staff
- Discharge and on-going support
- Dual diagnosis (e.g., children with a learning disability and anxiety/depression)

- Staff training
- Multi-agency working

Sample comments:

- 'Currently under BeeU but after years of waiting, it took [them] wanting to commit suicide for them to actually see [them]! Not good enough' (Parent of 15-year-old, Telford & Wrekin)
- 'It took a long time to receive an assessment [for ADHD], not much guidance for emergency help while waiting.' (Parent of 19-year-old, Telford & Wrekin)
- 'They were excluded from mainstream mental health services because of their learning disabilities' (Parent of teenagers, Shropshire)
- 'Completely inadequate. Protocols regarding informing a parent and the assessment environment ignored. No joined up service between police, social services, mental health provider. No proactive discharge plan and no follow-up.' (Parent of 19-year-old, Shropshire)
- 'Been in the system from age of 7 and although have regular appointments no care plan or support given.' (Parent of 11-year-old, Shropshire)
- 'The care has been a shambles with all the switching services, wards and transition from children's to adult services. It is wholly unacceptable.' 'Very little joined up services.' (Parent of 18-year-old, Shropshire)

A number of parents/carers were concerned that their child's experience of mental health services had had a negative impact on them and added to their trauma.

- 'It triggered [them] but there was not support put in place to help [them]. It was a damaging process' (Parent of 10-year-old, Shropshire)

Professionals

We heard from 16 people working in:

- The NHS (3)
- Education (5)
- Charity and the Voluntary Sector organisations supporting children and young people (7)
- The independent sector as a private counsellor (1)

The main issues highlighted were:

- The complex needs of children and young people
- Lack of time and appropriately trained staff
- Lack of services
- Lack of access to specialist services and training
- Challenges of multi-agency working, including communication and information sharing, criteria for accessing services and lack of shared definitions, e.g., 'crisis'

Sample comments:

- 'Prolonged hospital stays due to unavailability of Tier 4 beds creates a lot of issues with these young people. They spend many weeks and sometimes months waiting for a placement to implement the right support and care they need, [] We are a workforce of Paediatric trained Nurses and Doctors, we need additional training to help support these young people.' (SaTH)
- 'The Crisis Team are under immense pressure and work tirelessly to support young people in the community with the resources that they have. Step down from Crisis can be difficult, again due to lack of service provision in mental health.' (Mental Health Professional)
- 'The support is not available quickly enough. Early help support is not available to prevent children reaching crisis point. [] The huge rise in mental health needs is greatly outweighing the capacity in schools to support this.' (Primary Head Teacher)
- 'The MHST [Mental Health in Schools Team] do not have a clear criteria for schools to refer by.' (Primary School Inclusion Manager)
- 'Young people and their families struggle to get the support they need from BeeU - we have had some brilliant joint working with certain practitioners but there seems to be a barrier with accessing mental health support in the first place and other services are left to try and fill the gap. Understandable cuts to services nationally mean the BeeU service has lengthy wait lists - the turnover of staff can be difficult for young people too once they have built up a therapeutic relationship. [We] now have a joint working protocol with BeeU to try to best support young people with coexisting substance misuse and mental health issues.' (Substance Misuse Worker)
- 'Young people are dying waiting to be seen by mental health services, parents are unsupported and confused by the way teams do not communicate and the inconsistencies i.e., a young person might not see

the same social worker/counsellor or be passed between teams with no opportunity to build trust.' (Private Counsellor)

Key messages for the Shropshire, Telford & Wrekin Integrate Care System

We asked everyone to tell us how things could be improved.

Many people understood the challenges being experienced by services who support children and young people who are in crisis and need specialist support, including a lack of funding, difficulty recruiting to specialist roles and the lack of Tier 4 beds.

The things that people told us would make a difference to these children and young people, their families and carers, and the professionals working to support them were:

1. Reduced waiting times and signposting to sources of information, advice and support while waiting for assessment, diagnosis and specialist services, to prevent reaching crisis (including out of hours)
2. Improved monitoring to see how the child or young person is getting on to decide if they need to be seen sooner or action taken to prevent them reaching crisis
3. Clearer criteria and definitions, e.g., of 'crisis', to support schools to make appropriate and timely referrals
4. Once services have received referrals they need to communicate with children, young people and families/carers promptly, e.g., about expected waiting times, to reduce pressure on the referrer
5. Efforts being made to ensure children and young people have access to the same person rather than seeing multiple workers
6. Re-introduction of face-to-face appointments as soon as possible and the offer of a virtual face-to-face appointment in the meantime where the technology is available
7. Greater access for children and young people with learning disabilities to mainstream mental health services, this is likely to require services to work in partnership

8. More training for professionals so that they understand the challenges being experienced by children and young people and can provide the right support and signposting, e.g., Autism Awareness, Attachment, Trauma

9. Post-diagnosis support for children, young people, their families and carers to help them to understand the condition including workshops and support groups, e.g., for children with Autism, ADHD, Anorexia

10. Improved communication between services and children, young people and their families, e.g., listening to concerns, valuing the information provided by young people and their parents, agreeing a care plan

11. Improved multi-agency working to make sure care is coordinated and transition between services is seamless, e.g., Post Adoption Team and BeeU, Child and Adult Services

Context

On 24th February 2021 the Care Quality Commission (CQC) carried out an unannounced focused inspection at Shrewsbury and Telford Hospital NHS Trust (SaTH) because they had:

> 'received concerning information about the safety and quality of the provision of the assessment and treatment of children and young people who presented to the service with acute mental health needs and/or learning disabilities.' (p.2)

Following this inspection, the CQC stated:

> 'We have rated the service as inadequate and have taken enforcement action as a result of this inspection to promote patient safety.' (p.3)

However, they also noted:

> 'Staff coordinated the care of children and young people admitted with mental health needs and learning disabilities with other services and providers when required.' (p.5)[1]

[1] To download the full CQC report go to : https://api.cqc.org.uk/public/v1/reports/5a3f65db-bd7a-44e6-80ff-5af756efac80?20210419070435

In conclusion the CQC reported:

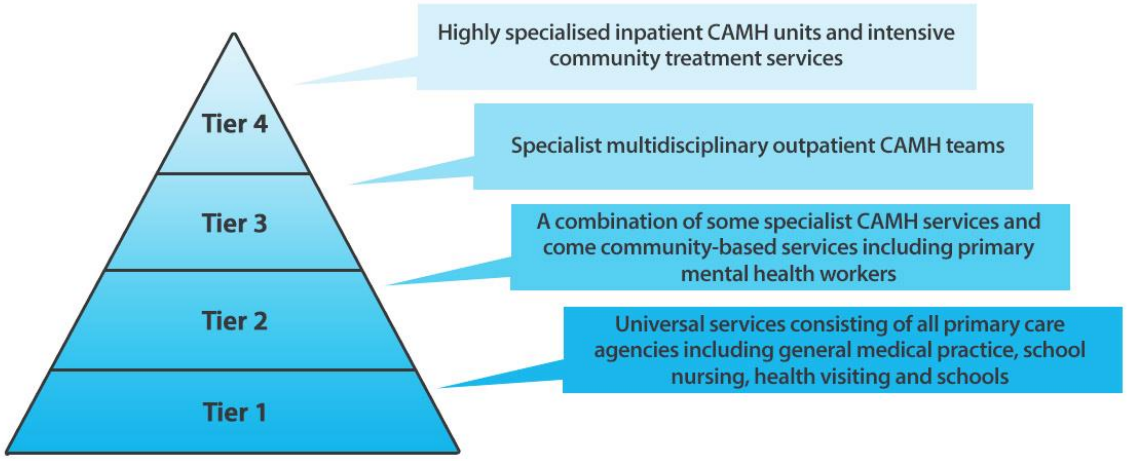
> 'Staff told us they had seen an increase in the numbers of children and young people who presented with significant mental health issues, learning disabilities and behaviours that challenged over the past year. The trust had a formal agreement in place with the local mental health trust[2] that stated how they would work together to provide training and administration associated with the Mental Health Act. However, there was no formal contract in place that outlined the specific support required to ensure the needs of children and young people with significant mental health needs, learning disability of behaviours that challenged were met.
>
> The contract for the provision of children and young people's mental health services at the trust was commissioned by the clinical commissioning group (CCG) from the local mental health trust. However, despite the reported increase in admissions in this cohort of patients, the trust had not worked with the CCG and mental health trust to ensure effective plans were in place to meet the needs of children and young people with significant mental health needs, learning disability of behaviours that challenged.'
> (p.13)

Before the report was published in April 2021 SaTH, the CCG and 'mental health trust' (Midlands Partnership Foundation Trust - MPFT) started working to improve how they were working together to make sure children and young people can receive the right care and treatment at the right time. This has included members of staff at MPFT being seconded to SaTH.

[2] Midlands Partnership Foundation Trust (MPFT)

The Children and young people's mental health service in England

The CAMHS tier system



Tier 1 (Universal services) These are services whose primary remit is not that of providing a mental health service, but as part of their duties they are involved in both assessing and/or supporting children and young people who have mental health problems. Universal services include GPs, health visitors, schools, early years' provision and others. Universal services are commissioned by CCGs and Local Authorities and schools themselves, and may be provided by a range of agencies.

Tier 2 (Targeted services) These include services for children and young people with milder problems which may be delivered by professionals who are based in schools or in children's centres. Targeted services also include those provided to specific groups of children and young people who are at increased risk of developing mental health problems (e.g., youth offending teams and looked after children's teams, paediatric psychologists based in acute care settings). Targeted services are commissioned by CCGs and Local Authorities and schools, and are provided by a range of agencies. Arrangements vary across the country and according to the nature of the service.

Tier 3 (Specialist services) These are multi-disciplinary teams of child and adolescent mental health professionals providing a range of interventions. Access to the team is often via referral from a GP, but referrals may also be accepted from schools and other agencies, and in some cases self-referral. These services are commissioned by CCGs although there may be a contribution from Local Authorities. The latter varies cross the country.

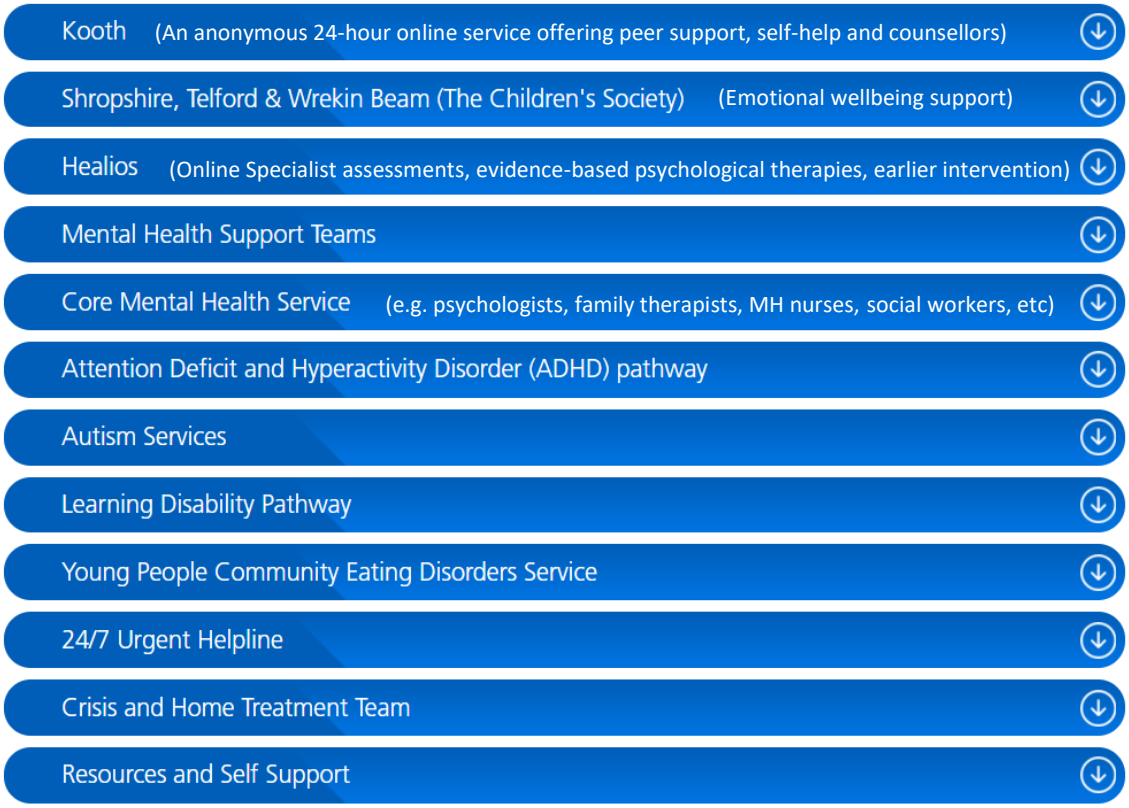
Tier 4 (Specialised CAMHS) These include day and inpatient services and some highly specialist outpatient services including services for children/young people with gender dysphoria; CAMHS for children and young people who are deaf; highly specialised autism spectrum disorder (ASD) services; and highly specialised obsessive compulsive disorder services. These services have, since April 2013, been commissioned directly by NHS England. p.11
https://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf

At the time of writing this report there are no 'Tier 4' inpatient beds for children and young people in Shropshire, Telford & Wrekin. So, if they are very unwell these patients often go to A&E and are admitted to a ward in SaTH or The Redwoods Centre[3] in Shrewsbury while waiting for a bed in a hospital outside the county.

The Midlands Partnership Foundation Trust (MPFT) provides specialist (Tier 3) CAMHS services:

> 'Bee U is the emotional health and wellbeing service for people, up to the age of 25, living in Shropshire and Telford & Wrekin.'

Services include:



https://camhs.mpft.nhs.uk/beeu

MPFT have given us the following description of BeeU:

> 'BeeU comprises of several providers who are commissioned by the Shropshire & Telford Clinical Care Group (CCG) to provide a full range of services for children and young people (CYP). Most referrals for mental health support for CYP are made via GPs according to NICE guidance and they are filtered by the MPFT BeeU Access Team. The Access team triage all referrals and signpost the

[3] The Redwoods Centre is run by MPFT 'for adults with acute mental health problems, dementia and rehabilitation needs'. https://www.nhs.uk/Services/hospitals

> referral to the most appropriate service for that CYP. The most appropriate service might be provided by one of the other commissioned providers in the BeeU partnership, the local authorities and / or voluntary services. The treatment and support from all partner services is always CYP centred and is designed to provide the best opportunity for the CYP to learn how to recover. The specialist MPFT BeeU service is there to provide clinical services for Children and Young People (CYP) who have significant mental health issues, who cannot be treated by the other partners.'

Healthwatch are aware that children and adolescent mental health services (CAMHS) have traditionally been under funded nationally compared with adult services.

What we did

In June 2021 the Director of Nursing at SaTH approached Healthwatch Shropshire and Healthwatch Telford and Wrekin saying: 'I'm keen to explore how we can seek the voices of C&YP with Mental Health, I really want it to be a system piece.'

We then worked with members of staff at SaTH and MPFT to develop our approach. Due to the ongoing Covid-19 pandemic it was not possible for us to go out and speak to children and young people, their families/carers and professionals face-to-face so we decided to create an online survey which was put onto the website of both Healthwatch. The survey was promoted through a joint press release and social media messaging that was re-shared by service providers across the county. We also created posters that were placed in community halls and sent to GPs and Pharmacies.

> 'Over the last 12 months we have seen an increased number of children and young people presenting to Shrewsbury & Telford NHS Hospital Trust with mental health conditions and we are working alongside our system colleagues to ensure we are providing the best possible care. Your views are integral so that children and young people are at the centre of the future developments and improvement in our services.' – Director of Nursing at SaTH (Press release)

> 'There are times when a child or young person needs help quickly so we recently expanded the Crisis and Home Treatment service so that we can respond within 4 hours in the community, but we are keen to hear your experiences to help us understand how the service can be further developed.' - Managing Director Shropshire, Telford & Wrekin Care Group at MPFT (Press release)

Our main aim was to hear from children and young people themselves and so we wanted to make it as easy as possible for them to share their views while also asking what suggestions they had for how services could be improved.

We asked them to tell us:

1. A bit about you and what led up to receiving the latest help
2. What things do you most remember about the help you received?
3. When did you receive this help?
4. How could the help be improved?
5. Where were you treated?

We knew that a lot of these young people would not want to or feel like talking to us, so we also asked for the views of their parents/carers and professionals/volunteers working with them and their families.

The survey ran from 1st October to 13th December 2021. For the full survey please see Appendix 1.

What we found out

We heard from:

	Shropshire	**Telford & Wrekin**
Children & young people	2	3
Parents/carers	36	10
Professionals: NHS	2	-
Professionals: Other support services	6	2
Professionals: Education	1	4
Professionals: Not given	-	1
Total responses	**47**	**20**

Please note: We did not ask the postcodes of people completing the survey and so people could have completed it on either Healthwatch website regardless of where they live.

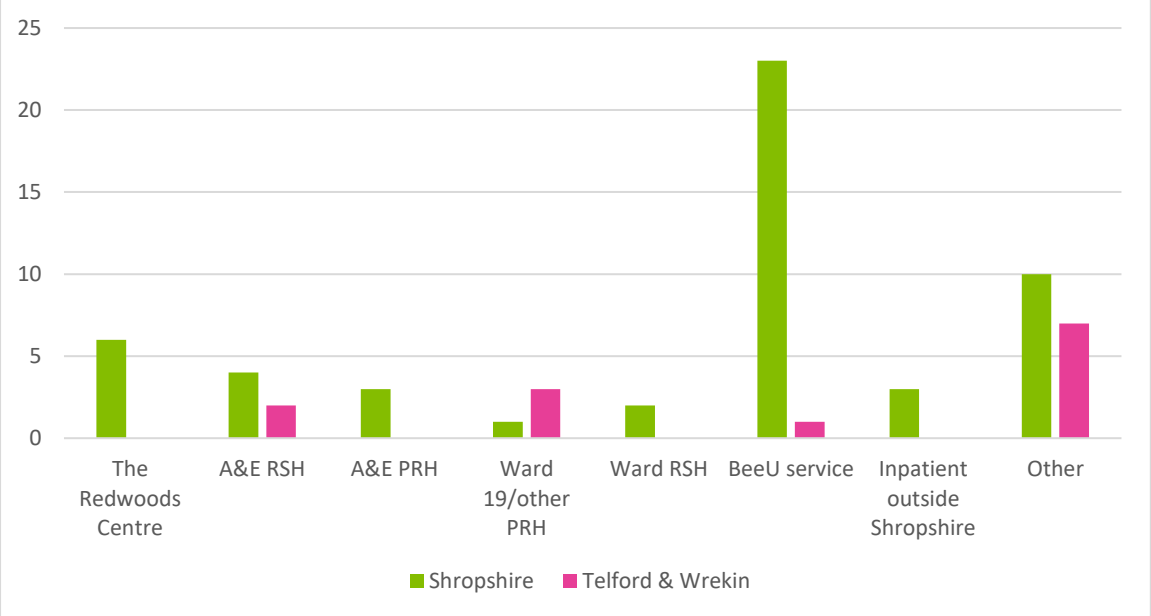
The children and young people

Chart 1: Age ranges

We also heard from the parent of a young person who is now 26 years old. They had been diagnosed as anorexic at 17 and discharged at 19. They had gone on to university.

> 'Fabulous support, from the doctor's receptionist who listened, to adult services discharge. Support was amazing'

Chart 2: Where the children and young people received services



Other includes:

- Adoption Support Team
- Adult Mental Health Service
- GP practice
- Private Counselling
- School

Due to the complex nature of the difficulties experienced by some of these young people they had accessed several services.

The issues experienced by the children and young people include:

- Abuse – domestic, emotional, sexual
- Adoption/attachment
- Attention Deficit Hyperactivity Disorder (ADHD)
- Anxiety
- Autism Spectrum Disorder (ASD)/Autism
- Bullying
- Depression/low mood
- Disability, e.g. learning disability, visual impairment
- Divorce/family breackdown
- Eating disorders – anorexia
- Health conditions
- Looked after child
- Pandemic
- Post traumatic stress disorder (PTSD)
- Self-harm
- School refusal
- Suicidal thoughts/ideation/attempts
- Transition, e.g. between schools and services

The experiences shared by children and young people and their parents/carers highlight that many young people experience multiple issues and some are triggered by their experiences of the services that are there to treat them or made worse by the delay in being seen.

What the young people told us:

I am 13 years old from Telford and Wrekin, I have always struggled with my mental health from being in care. I also struggle to make friends. I am currently receiving treatment. I first received treatment through the A&E department at RSH. I am now receiving treatment from another service.

What do you most remember about the help you received? 'I remember a lot of phone calls'

How could the help be improved? 'It would have helped me if I could speak to the same person. I always had too many different people and its overwhelming'

I am 14 years old from Shropshire and currently receiving treatment. I have been a patient at The Redwoods, A&E at RSH and PRH and been an inpatient outside Shropshire. I have been 'suffering with anorexia for nearly three years now also depression, anxiety and PTSD. I've been an inpatient [outside Shropshire] for six months and I was discharged with no help whatsoever.'

What do you most remember about the help you received? 'Nothing, I wasn't given any help. I was just lectured and talked about.'

How could the help be improved? 'Quicker in coming, contactable 24/7.'

I am 14 years old from Telford and Wrekin and I am currently receiving treatment for my eating disorder after I was admitted to Ward 19 in PRH.

What do you most remember about the help you received? 'I remember there was a long time to wait before I saw someone, and I almost gave up. I think professionals think because we are young, we don't understand as much'

How could the help be improved? 'Not having to wait so long before being treated'.

I am 20 years old from Telford and Wrekin and I have been receiving treatment for the last 6 months [*Didn't give name of service*]. I suffer with anxiety, low moods and struggle with isolation following a recent breakup.

What do you most remember about the help you received? 'I received a lot of over the phone support and I am currently waiting for high intensity therapy'

How could the help be improved? 'Not waiting until it gets so bad there's no choice but to treat'

I am 16 years old from Shropshire and started receiving treatment more than 18 months ago from BeeU. 'I have PWS (Prader-Willi Syndrome), and Autism I used to find it hard to deal with my emotions and understand other peoples. I then, after being on the waiting list for a long time, developed anxiety which led to being too anxious to go into school some days and then last year I started to have suicidal thoughts.'

What do you most remember about the help you received? 'After being on the waiting list for a long time I was given a Psychologist who helped me to learn other people's emotions and how to deal with mine after some time as it was felt it might be needed I was put on a waiting list to see a Psychiatrist to see about getting some medicine for my anxiety. [Both professionals] have really helped me and I feel I can be honest to them about things I find difficult to talk about and to be able to go into school every day again and to get a place at college.'

How could the help be improved? 'The help I have been given since being on the waiting list has been so good I can't say anything that needs to be improved apart from the waiting list for the Psychiatrist because my suicidal thoughts had gotten worse.'

What parents and carers told us

The main issues related to services identified by parents and carers were:

- Access and waiting times
- Care planning and personalisation
- Communication
- Continuity of care/staff
- Discharge
- Dual diagnosis (e.g. Autism and mental health)
- Impact of the intervention
- Impact of the pandemic (e.g. lack of face-to-face meetings)
- Multi-agency working and signposting
- Referrals, assessment and diagnosis

Healthwatch Shropshire heard from 36 parents/carers who described the experiences of 40 children and young people aged 10-26 years old:

- Fifteen parents/carers described the challenges young people experience as a result of having a learning disability and/or autism

- Sixteen experiences of children and young people with anxiety and depression as a result of poor mental health and trauma were shared
- Five parents/carers described the experiences of a child/young person with an eating disorder

Healthwatch Telford and Wrekin heard from 10 parents/carers who described the experiences of 10 children and young people aged 13-19 years old. Eight of these related to a child/young person with mental health problems, one described the challenges of an older teenager with ADHD, and one described a young person's experience of support for an eating disorder.

As well as sharing their experiences of services we also asked parents and carers to tell us how things could be improved.

Learning disability and autism

The comments from parents and carers of children and young people with a learning disability and/or autism highlight concerns around:

Assessment and diagnosis:

- 'They needed to do a more thorough assessment and then put [my child] on an appropriate pathway. In [their] case, the ASD pathway. Instead, they promised follow-up assessment (which never happened) and discharged []. They needed to identify there was an issue that needed supporting and either signpost us or refer us to the appropriate services.' (Parent of 10-year-old referred to BeeU end of 2020)
- It took a long time to receive an assessment, not much guidance for emergency help while waiting (Parent of a 19-year-old recently diagnosed with ADHD)

Case study: Autism Awareness

'The mental health nurse giving the Brief Intervention had no understanding or knowledge of autism, and when I suggested that the approach needed to be simplified, she said that my [child] perhaps needs a brain scan to find out what's wrong. This was said in front of my [child]. When [my child] struggled to understand her in the face-to-face sessions, she instead replaced them with check-up phone calls where she gave my [child] no space or encouragement to talk other than checking that [they] could recall the mental health worker's name and that [they were] not suicidal. After 8 "sessions" like this, she checked with the team if there was anything else available, and they confirmed that there was nothing until [my child had had their] ASD diagnosis. We were told that once [they have received their] ASD diagnosis, [they] will be eligible to go on a 2-year waiting list for psychology assessment. By this point [they] will be 16 and a half. [They have] waited for the diagnosis for 4 years and 3 months and has just received an ADOS (Autism Diagnostic Observation Schedule) appointment for next month; [they were] first referred when [they were] 10 years old.' (Parent of a 14-year-old with Autism.)

Context: 'Mental health crisis triggered by returning to school in Sept 2020 in the middle of the ongoing Covid pandemic. Autistic challenges with social interaction and communication were heightened beyond anything experienced before to the point of being unable to access school. Requested CAMHS support in Feb 2021. Started self-harming and expressing suicidal thoughts in May 2021.'

'You need to decide what to do about the BeeU service for folk with Autism. Either diagnose using NICE but don't wait for this to provide mental health support.'

Access to support / waiting times

- 'My [child] got to the point of trying to commit [themself], I reported this to the social worker and school, it was ignored, and we have not received any help.' (Parent of a 10-year-old being assessed for ADHD, ADD and Autism in the last 12 months)
- 'The waiting list for support is so long.' (Parent of a 10-year-old struggling with anxiety and issues related to autism currently receiving support from BeeU)
- '[BeeU] didn't help. It triggered [them] but there was no support in place to help [them] it as a damaging process. Shropshire is a terrible place to live with neuro diversity. As a family we have been treated so badly and our [child] has been damaged and traumatized.' (Parent of 10-year-old who had a school related breakdown in late 2020 'Was referred to BeeU who did

a short online assessment and discharged without any further support. Has gone on to have a further two breakdowns and is not in school.')

- 'It was quick, but due to her learning difficulties they had to go down the medication route straight away.' (Parent of a 14-year-old who accessed support in the last year due to depression and anxiety triggered by the move to Secondary School)
- 'Not able to access support as struggles with social anxiety so struggles to engage.' (Parent of 16-year-old with Autism)
- 'All they got from crisis help was four home visits telling [them they] needed a sleep routine nothing more.' 'At the time, and many times since, needed sectioning and serious help. This didn't happen. Still waiting for support from CAMHS. Been pushing for ten years!' (Parent of an 18-year-old with 'Autism and bad mental health problems, suicidal, etc.' Accessing services in the last 6 months)
- 'It failed. I was passed from crisis team to Shrop doc to GP - a very distressing 24hrs.' 'Crisis Team we're approached for support several times - but kept telling us to phone back if things got worse.' (Parent of 20-year-old diagnosed with ADHD and Asperger's at 13 – most recent episode between 12 and 18 months ago).

Complex needs and access to the appropriate trained staff and treatment

- 'Because [they are] under CAMHS for medication [they have] received little to no support.' 'After two overdose attempts my [child] still hasn't had a mental health assessment and has had no mental health support. Crisis discharges after three visits because [they] wouldn't engage.' 'If your child has additional needs the support is very poor there is little to no face-to-face. Children like [mine] are left to suffer until it's at a point they can't live within a family anymore.' (Parent of 11-year-old with ASD and ADHD. Accesses BeeU).
- 'They were excluded from mainstream mental health services because of their learning disabilities' (Parent of teenagers with learning disabilities after trying to access help more than 18 months ago)

Discharge and multi-agency working

- 'Was dismissed by CAMHS at age 18 with no onward referral to adult services - suffered very badly last three years with three suicide attempts, still no support. Been in Telford Hospital, still no support.' 'CAMHS didn't

assess and just discharged at 18 saying nothing wrong since been placed under the eating disorder team and adult mental health …. Was in Telford Hospital twice after overdose and discharged with no support. Later diagnosed with BPD (Bipolar Disorder).' 'Just a total and utter let down by ALL Shropshire mental health services BOTH hospitals and CAMHs.' (Parent of 21-year-old who has 'been under CAMHS for years with no help had to get diagnosed privately – Autism and ADHD'. Has been treated in A&E at RSH and PRH and Ward 19 at PRH)

Case study – Multi-agency working

'Completely inadequate. Protocols regarding informing a parent and the assessment environment ignored. No joined up service between the police, social services, mental health provider. No proactive discharge plan and no follow up.'

'This has been our first experience of mental health services and it's been a very frightening one. Realising there is no service out there that can/would help should concern everyone involved. We are left with the impression the authorities feel it is acceptable to just sit and wait for my [child] to seriously harm [themselves] or others.'

'There has been no mental health support while awaiting specialist services and we are still waiting for such service. Appalling lack of provision for a young person consistently showing in [their] actions that [they] need help urgently. Mental health is considerably worse than 12 months ago with no support/treatment offered. (Parent of 19-year-old with 'ASD and other associated learning difficulties and emotional regulation difficulties.')

Context: Deteriorated between 6 and 12 months ago. They have been an inpatient at The Redwoods

'People need to be assessed as individuals who need an individual treatment plan, currently as is our experience if you don't 'fit' the criteria of a pathway you are just bounced around the system with each pathway declaring it's not their responsibility.'

How the help could be improved:

Improved access and reduced waiting times

- 'Complete a 'thorough assessment' so that children and young people can be put on an 'appropriate pathway' and signposted/referred to 'appropriate services'.

- 'Quick access to appropriate therapy. Listening to and believing parents.'
- 'Immediate referral to a consultant psychiatrist experienced in OCD (Obsessive Compulsive Disorder) and (ASD) Autistic Spectrum Disorder. Even if this meant an out of area referral.' Don't keep referring to A&E.'
- 'Reasonable adjustments be made for young people with learning disabilities in mainstream mental health services and that young people with learning disabilities are not excluded from mental health services but that these services work in partnership with learning disability services.' 'People with learning disabilities need to be included when commissioning any mainstream health services.'
- 'To be able to provide medication during an acute crisis.'
- 'Try to engage with those that can be hard to engage with rather than discharging them.'

Support for children with autism and/or learning disabilities, families/carers and professionals

- 'Emotion workshops for children with Autism or special needs which their parents could attend with them to support would be so helpful.'
- 'Autism awareness for the Brief intervention workers.'
- 'Offering any kind of mental health support for autistic people, not just diagnosis, and not dependent on diagnosis - they are people with mental health needs too!'
- 'More services and availability of support for young people with ASD who struggle to access mainstream services but don't meet criteria for disability services, huge gap in services.' 'Needs to be ASD specific service.'
- 'Long term care - Provide better support to a young person following a diagnosis of ADHD or Autism to come to terms with what that means. It is a really big deal! Prescriptions are not the be all and end all.'
- 'Emergency support signposting needed. Keeping parents in the loop even if over the age of 18. As my [child] is over 18 I was cut out of the loop, but [their] ADHD means [they] struggle with retaining information and organizing.'

Mental health (including depression, anxiety and trauma)

The sixteen experiences of children and young people with anxiety and depression as a result of poor mental health and trauma included some positive comments:

- 'One person on BeeU telephone line was nice and listened.'
- 'I cannot fault the school they are amazing organisizing nurture and CBT. [Their] Head of Year is very supportive to us all and will help with anything they can even having an open-door policy for [them].'
- 'We have tried BEAM which is an excellent resource but limiting.'
- 'The support workers and nurses [at The Redwoods] were good and talking things through with them'
- 'The guy [they] did speak to on the phone [at BeeU] was very understanding and helpful.'
- '[They have] had excellent on-going support [from their GP]'
- 'Prompt and so helpful for myself as a parent as well as my child. I was happy with all the support received [from BEAM].'

Two parents of adopted children reported very different experiences:

Case Study - Post-Adoption Support

Case A: 'Lack of care. Lengthy waiting list. Not prepared to listen - seen as just a parent who "obviously knows nothing". One person on BeeU telephone line was nice and listened, the other was just "doing his job" to see if my [child] needed to be hospitalised (didn't understand the complexity of attachment issues and frankly didn't care). When asked for someone more senior to call, was told 'ok', but no one has (this was in August 2021). When advised my [child's] records from before (2017/18) didn't appear to be on file, was told as a parent I had no need to worry about this, it was internal. I reminded them of GDPR and that these are my [child's] records - promised an update, still none received (again promised in August 2021). No help actually received from Mental Health services, one offer of a video consultation (pre-COVID) which was not at all accessible to my child at that point so case closed. Awaiting an appointment for one part of the service - 16.11.2021, The other part of the service I am told [child] is on a waiting list for a waiting list! Cannot talk to anyone about the appointment on 16.11.2021 to discuss concerns around this - cannot have my [child] with me and discuss issues or [their] life story - again lack of care and understanding of the difficulties adopted families have.'

Context: 11-year-old has received treatment in A&E at PRH and from BeeU (CAMHS) as the result of complex trauma as a very young child.

'Adopted Families should have specialist medical practitioners attached to them as the high majority of them will need support outside of that the Post Adoption Team can manage. If Post Adoption team advise CAHMS there is a child in their service needing support this should be looked at speedily and prioritised - these children have been through enough already (and some let down by the "system" massively so already!) More understanding from the "crisis" team as to what it means to have a child with attachment disorders.'

In contrast another parent of an adopted child was keen to tell us about their positive experience during the pandemic after the child disclosed abuse:

Case B: '[The help] is ongoing, is via Adoption Support Team, Adoption Support Fund [ASF] in the form of a clinical psychologist, yoga therapist and The Branch Project in Shrewsbury who deal with victims of sexual assaults.' 'It was amazingly quick, literally within weeks as I had already applied to the ASF for support with her change in mood and to discuss life story work.' 'I cannot express my relief and gratitude that the services were there for [them], [they were] self-harming and I suspect suicidal, [they have] had support that was timely and relevant and already [they are] getting back to the person [they were], confident, funny, cheeky, and looking and discussing future plans, [they] feel listened to and cared about.'

However, they also said: 'I worry that if [they were] not adopted [they] would not have had access to this support in such a timely manner and how this would have eventually panned out for [them] and the whole family , I had already given up my career in order to support [their] deteriorating mental health this has had financial implications which has a knock on effect in our relationship and adds other pressures which resulted in us moving house.'

The other comments from parents and carers of children and young people with mental health needs highlighted concerns around:

Assessment

- 'I feel [their] assessment has been rushed and not thorough enough and lots of assumptions were made without really looking into things. I suggested that we have been told many times that [they] may have autism but the consultant psychiatrist just dismissed it.' 'I find that when we used to go to local A&E because of self-harm, [they were] nearly always discharged very quickly even when we felt [they were] a risk to [themselves] and others. This includes [their] admissions to The Redwoods.' (Parent of 17-year-old with Emotionally Unstable Personality Disorder (EUPD) 'has had lots of crisis situations over the years. The last time we needed help was when [they] tried to hang [themselves] and [were] admitted to The Redwoods)
- 'From the school: being told not to worry [they have] no concerns [they are] not suicidal. Referral process: Hard to access even though consultant can see the traits and trends yet the referral process for assessment need evidence based from the school, not taking the word of a professional worries and concerns onboard. The whole process is long winded and waiting lists are months. Even though patient has already declared they have suicidal thoughts still no help received.' 'The whole system is failing young adults. This is from secondary school up.' (Parent of 15-year-old 'turned to self-harm after being informed in a PHSE lesson by the teacher, that self-harm is a normal coping mechanism for dealing with anxiety stresses and worries of day-to-day life. Currently under a neurological consultant who referred to Local mental health services for assessments which was first declined but chased by GP and Consultant again. This time was successful; however part of referral cannot be actioned without documentation /evidence from the school who say there are no issues.')

Access and paying privately:

- [They] received help through school when [they were] was in yr6 of Primary they arranged a counsellor for [them] who did some weekly CBT, it helped in parts. [They] moved to senior school and appeared to have found [their] own way of dealing

with [their] anxiety but then Covid happened and [their] anxiety spiraled out of control, to this day it is a daily battle for [them].

- I have taken [them] to the Doctors but other than patronising [them] have basically been told they can refer [them] but it can take weeks, which it did (9wks) to speak to anyone in which that time [they were] getting worse so we have hired a private counsellor. (Parent of a 13-year-old receiving help through a Private Counsellor, BeeU and school)
- 'Very little help. On waiting list for 10 months now for CBT. Have had to pay privately which is crippling financially. My child has been referred to IAPT as 17 but has received support elsewhere when in secondary school as we have been going through this for 5 years.' (Parent of a 17-year-old accessing support from BeeU (CAMHS) for the last 6 to 12 months. 'Suffers with anxiety, stress and very low self-esteem. Occasionally has panic attacks. Has made skin sore through anxiety.'
- 'It took too long to get it, it wasn't face to face as we would have liked but now [they have] received it, it has been helping. [They have] has been diagnosed with ADHD recently and the medication has helped.' (Parent of 19-year-old who identifies as Transgender was already struggling with mental health issues, the pandemic led to [them] being furloughed and being very isolated. [They] self-harmed for the first time in several years and was, and still is presenting with more severe depression than before, anxiety also not eating enough leading me to wonder if [they were] anorexic and we tried to get counselling face to face for [them], we were prepared to pay but even paid services had long waiting lists. Currently receiving support from Psychological Wellbeing Services and Mental Health Team regards ADHD.)

Effective care planning and consistency of staff and care

- 'No help given. Been in the system from age of 7 and although have regular appointments no care plan or support is given.' 'I have lost count of the number of Doctors my [child] has seen as they come and go all the time so no continuity of care. Latest one lives in Ireland and can only provide appointments outside office hours via teams which means he is doing a day job too.' (Parent of 11-year-old who has 'suffered anxiety for most of life due to abusive [parent]' and received support from BeeU.)
- 'Didn't find BEAM telephone service helped as seeing a different person each time so no rapport established with my [child].' (Parent of 12-year-old

who has self-harmed and taken an overdose. Treated in A&E at RSH and currently receiving help from BeeU)

- 'I had to speak to someone first as [they were] 13 at the time. They couldn't guarantee same staff member would speak to [them] from Bee U which [they were] worried about. The guy [they] did speak to on the phone was very understanding and helpful.' (Parent of 14-year-old first accessed support from BeeU (CAMHS) between 6 and 12 months ago. Self-harming. Suffered emotional and domestic abuse. Not sleeping, suffering from chronic stress and lack of self-esteem. Refuses to go to school)
- '[They were] referred by GP to CAMHS. After an initial appointment, there was a follow up. The next appointment was cancelled and then the practitioner left the service so the support came to an end. We then paid for private counselling sessions.' 'As a parent you feel powerless to support a child who is experiencing mental health issues and not having expert support on hand when it is needed has an impact on the whole family. The wait for support was a few months following referral by the GP when my [child] was in a time of crisis and once accessed, there was no consistent worker - appointments were cancelled, the practitioner moved on and the support ended.' (Parent of 20-year-old 'suffering with depression and self-harm)

Case Study – Consistency of staff and duty of care

Context: Between the ages of 16-18 this young person has been receiving support as an inpatient in and outside Shropshire and from BeeU. 'They took an overdose in the early stages of lockdown and were admitted to PRH. They had previous mental health difficulties which were being managed but the lockdown removed their coping mechanisms.'

'At the time we had a good CAMHS case worker, so we felt supported. [They] then retired and we have felt since then the services were extremely disjointed and under stress. [My child] was transferred from the PRH to [a hospital outside Shropshire], then in December 2020 to [another hospital outside Shropshire], and then in July 2021 on turning 18 to The Redwoods.

[They] are now being discharged from The Redwoods, Section 3 under the Mental Health Act. The last 18 months have damaged [them] in its mishandling at every stage and [they are] a shadow of [their] former self. [They have] not been rehabilitated in any way. The care has been a shambles with all the switching services, wards and transition from children to adult services. It is wholly unacceptable.'

'Very little 'joined up' services. Many services finally involved from BeeU (although no real jurisdiction/oversight), CCG, Social Workers etc but no one organisation/case worker that looked directly after [their] care.'

The role of parents:

- 'Doctor has been rude and dismissive of my concerns and even accused me of exaggerating my [child's] problems despite having never met [them] in real life.' (Parent of 11-year-old – as above)

How the help could be improved:

Staff awareness, training and access to specialists

- 'Firstly, employ Doctors who want to help and not just want the money. Provide parents and the patient with support and not be dismissive. Employ Doctors who acknowledge that children behave differently in different settings and listen to parents concern.'
- 'More support for school pastoral care teams e.g., training, resources and sign posting. More group therapy available. Easier access to resources. Services available are stretched to breaking point causing staff shortages and children being missed.'
- 'Access to better services through school'

Consistent care/staff and face-to-face working

- 'Have a care plan in place after each appointment and also follow up notes explaining this plan.'
- 'Access to the same person to speak to, zoom call rather than phone I think [they] would have preferred ([as has] gone on to request zoom not phone now).'

Better communication and support, including signposting

- 'Better quality support, more effort to engage with young person, more timely response.'
- 'Who we can turn to for help when we need it.'
- 'Calls or emails to see how the patient is getting on (especially when they declared they have suicidal thoughts and have had a plan.) to see if they need to be seen sooner.'
- 'Support whilst waiting would be great. Face to face services being implemented sooner. Support when the provider is on holiday would be useful, the gaps aren't helpful.'

Eating disorders

The main issues identified by the parents/carers of children and young people with eating disorders were:

Timely access and communication

- '10 suggested sessions only received four. Art therapy was suggested by CAMHS practitioner but not able to provide any, re-referred back into the service and haven't heard anything (since several months ago). Practitioner unable to talk on an appropriate level to the child, didn't feel like they listened to [them]. Very disappointed with the service, Covid used as a reason why [they] couldn't be seen. Service happy for a child with a BMI [Body Mass Index] on the 0.2 centile[4] [low] to be sent to a further MDT [multi-disciplinary team meeting] with no follow-up provided.' 'Lost in the system' (Parent of 10-year-old with 'high anxiety, refusal to eat, stopping participating in preferred activities)
- 'Too overwhelming. Too much information. Slow. Not enough urgency. Incorrect advice. Not fit for purpose. Not enough help is available.' (Parent of a 14-year-old who has been an inpatient in and outside Shropshire and received treatment at both A&Es and through BeeU)
- 'Poor communication, lack of care plan, very little support' (Parent of 17-year-old with an eating disorder. GP referred to BeeU in April 2021 assessment completed June 2021)

Lack of face-to-face appointments

- 'We have been told they have no capacity to do face to face appointments and have to use the internet. They do not speak to us directly but delegate communication to someone who does not have any information to answer questions but can only pass on messages.' (Parent of 17-year-old diagnosed with Anorexia and currently trying to access help through BeeU)

Transition to adult services

- 'Felt abandoned when transferring from CAHMS to adult services. Transition did not feel planned and we're left in limbo between the 2 services for a couple of months when neither would take ownership of care, coincided with a suicide attempt and basically no support. Consultant blurting out

[4] 'The BMI centile is a simple and reliable indicator of a healthy body weight in childhood.' https://www.rcpch.ac.uk/resources/body-mass-index-bmi-chart

weight when [person] was being blind weighed. Very slow to add calories to food plan, learnt more from online support groups.' (Parent of 21-year-old with 'anorexia, depression and anxiety'. Received support from BeeU more than 18 months ago and the adult eating disorder service.)

How the help could be improved:

Access and face-to-face appointments

- 'Early help and intervention; to be supported at an earlier stage when problems were spotted.'
- 'Not everyone needing care in Shropshire lives in Shrewsbury'
- 'Remote sessions did not make the support accessible'
- 'Please, please offer face to face appointments and named people to ensure continuity of care. This experience is making things more stressful not less.'

Family/carer support and planned transition to adult services

- 'Shared experiences of other parents dealing with the same issues'
- 'I belong to a Parent Support Group in Shropshire. It seems very evident that the amazing support [that was] available to us is not available. I was given the strength to challenge the anorexic beast.' (Parent of 26-year-old who was diagnosed as Anorexic at 17 and has since been discharged from Adult Services)
- 'Planned transition between services. No limbo period.'

What professionals told us

We heard from 16 people working in:

- The NHS (3)
- Education (5)
- Charity and the Voluntary Sector organisations supporting children and young people (7)
- The independent sector as a private counsellor (1)

The NHS

We heard from two members of staff working at the Shrewsbury and Telford Hospital NHS Trust (SaTH) with children and young people with 'eating disorders (e.g., anorexia), deliberate self-harm, suicidal ideation and victims of child sexual exploitation and 'county lines'[5] and a healthcare professional supporting young people's mental health.

The challenges

Complex needs and lack of time/staff

- 'These patients need a lot of patience and time to be spent with them to understand their individual needs. The patients presenting with eating disorders take a lot of time, encouragement and support and are probably amongst some of the most complex patients we care for with a mental health problem.' 'Many of these young people just want to feel listened to so it is imperative we can spend time with these patients.' (SaTH)
- 'It holds children back that short staffing means attention is split over larger than optimal groups of patients (8-10 patients rather than 4-5), and also that some staff deem mental health care "not their job" and don't proactively seek out resources to help them understand what the patients and their families are going through.' (SaTH)
- 'Taking [children and young people] to A&E if there is no medical treatment need is not helpful.' (Mental Health Professional)

Lack of access to specialist services and training

- 'Prolonged hospital stays due to unavailability of tier 4 beds creates a lot of issues with these young people. They spend many weeks and sometimes months waiting for a placement to implement the right support and care they need, being on the Paediatric ward a long time with minimal mental health support is incredibly difficult for patients and their families. We are a workforce of Paediatric trained Nurses and Doctors, we need additional training to help support these young people.' (SaTH)

[5] County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend. https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines

- 'There is a lack of appropriate support and our local BeeU team are stretched within their service.' (SaTH)
- 'The Crisis Team are under immense pressure and work tirelessly to support young people in the community with the resources that they have. Step down from Crisis can be difficult, again due to lack of service provision in mental health.' (Mental Health Professional)

What works well

- 'I find structure and consistency works well with these young people. Where possible, care plans are individualised to help support the patient and their family. We try to care for our patients in the least restrictive way possible, whilst maintaining their safety.' (SaTH)
- 'It works well to have children in a "normalising" environment - a regular hospital ward rather than a dedicated mental health unit (except where absolutely necessary).' (SaTH)

How things can be improved?

- '[SaTH] are employing a Youth worker and a Mental Health Specialist Nurse to help support these patients. The hope is that they can provide a holistic care model for these patients to ensure they get the care and support they need whilst in hospital but also upon discharge.' (SaTH)
- 'There needs to be more provision for inpatient beds for patients with eating disorders especially.' (SaTH)
- 'More training and education is important and we try to facilitate that as much as possible, but short staffing and funding can sometimes cause barriers to implementing this.' (SaTH)
- 'Encourage a culture of staff proactively seeking education on mental health issues [within SaTH]; improve funding, staffing and service provision for CAMHS services so that there is adequate help for children in the community with the goal of avoiding hospitalisation altogether.' (SaTH)

Education

We heard from two people working in Primary Schools, two in Secondary Schools and a member of staff from the local specialist school.

The challenges

- 'The support is not available quickly enough. Early help support is not available to prevent children reaching crisis point. School are often not informed when health, social care agencies are involved. School staff are being offered a lot of training, e.g., mental health training, ELSA[6], etc. which is good but these staff are not trained mental health professionals, they cannot provide counselling and crisis support and they often have other roles in school also, e.g., TA [Teaching Assistant], Teachers, and can't provide the support regularly enough without it impacting negatively on other areas of their roles. The huge rise in mental health needs is greatly outweighing the capacity in schools to support this.' (Primary Head Teacher)
- 'The MHST [Mental Health in Schools Team] do not have a clear criteria for schools to refer by.' (Primary School Inclusion Manager)
- 'Issues around BeeU's definition of 'crisis'. They will often say a child has not yet reached crisis point and so cannot receive the help we think they need. The issue is for BeeU to prove the child is not yet in need.' (Assistant Principal in a Specialist School)

What works well

- 'Having a counsellor in school (school funded) that children can access.' (Primary School Inclusion Manager)

How things can be improved

- 'Could still do with more organisations to make referrals to as NHS Trailblazers[7] have a high number of cases.' (Mental Health Lead in a Secondary School)
- 'More immediate support to be available for issues such as self-harm. More pathways for youngsters with differing needs' (Mental Health Lead in a Secondary School)

[6] Emotional Literacy Support Assistant

[7] Trailblazer Programme What will they do? The Mental Health Support Teams' (MHSTs') main role will be to provide earlier care for children and young people who may be experiencing mild to moderate or early symptoms of mental health problems, which tend to be outside the scope of traditional NHS services. https://www.england.nhs.uk/mental-health/cyp/trailblazers/

- 'Schools not having to take on the full responsibility of referrals to panels and pathways or to follow-up when parents have had no feedback/appointments.' (Primary School Inclusion Manager)
- 'Stricter definitions and guidance for when children have hit the 'crisis point'' (Assistant Principal in a Specialist School)
- 'Roles within BeeU need addressing, children need access to specialists not staff who have no official training.' (Head of School in a Secondary School)

Message from a Head of School in a Secondary School

'There has been a significant increase in poor mental health of children, with self-harm, taking tablets and watching social media harm sites. Low mood and lacking in self-esteem and self-confidence. Drug taking has increased which in itself brings increased concerns.'

'There are such a lack of services available for referral with most referrals a waiting list of over 12 months, which could even be one day too late let alone 12 months. Most referrals come back to schools stating it does not meet criteria therefore school can take it to Early Help! I would like the question answered "When did schoolteachers train to become Mental Health Nurses?"

'Schools are struggling to meet capacity and have most referrals sent back to them unless the child is blue lighted following a serious suicide attempt, then the child is required to see a specialist, but again on discharge, the statement is school can take the lead. Is this truly the right way we should be supporting our most vulnerable children?'

'We are lucky to be part of Trailblazers and if we didn't have this it would be a huge concern. We also have an area to support vulnerable students that is staffed full time from 8am until 5pm. This however is now at capacity for ratios but also room size.'

'Referrals need auditing to see how many are rejected and returned to school for them to take responsibility.'

The charity and voluntary sector

We heard from two people who work for a local mental health charity and five people working with a charity supporting young people up to the age of 18 around substance misuse (drugs and alcohol)

The challenges

- 'Substance misuse - often co-existing mental health issues and self-medicating with substances - especially cannabis & alcohol - in the absence of mental health support such as talking therapies. Really common in young males with unsupported neurological conditions such as ASD & ADHD too. With girls we see a lot of emerging EUPD [Emotionally Unstable Personality Disorder] combined with substance use. Anxiety, trauma, depression, social anxiety, suicidal ideation, issues with emotional regulation are common themes among those we support' (Substance Misuse Worker)
- 'Young people & their families struggle to get the support they need from BeeU - we have had some brilliant joint working with certain practitioners but there seems to be a barrier with accessing MH support in the first place & other services are left to try and fill the gap. Understandable cuts to services nationally mean the BeeU service has lengthy wait lists - the turnover of staff can be difficult for young people too once they have built up a therapeutic relationship. [We] now have a joint working protocol with BeeU to try to best support young people with coexisting substance misuse and mental health issues - Nice Guidelines recommend young people should not be denied MH treatment due to substance misuse.' (Substance Misuse Worker)
- For young people: 'Waiting lists, not answering the phone or leaving it ringing for ages, not returning calls, cases being closed too soon. Being made to feel that you are not important.' (Substance Misuse Worker)
- 'Due to the lack of resources and funding in young people's mental health, it feels like young person's mental health services are always trying to restrict access to their services, looking at ways not to accept a referral. This is understandable when they just don't have the capacity to deal with the need.' (Substance Misuse Worker)

What works well

- 'Given time to talk and express themselves and being listened to, I feel this helps [children and young people] to communicate their emotions and feelings in a relaxed calm environment.' (Mental Health Charity Worker)

- 'The model of motivational interviewing[8] is very effective.' (Mental Health Charity Worker)
- 'A quick response works well to help young people to feel supported. A trusted adult who wants to help works well. Support during out of hours.' (Substance Misuse Worker)
- 'Being open and honest and letting them know that you're there to support them and not to judge them or tell them what to do.' (Substance Misuse Worker)
- 'Having an established positive relationship with the young person. Having positive working relationships with our partner agencies, which facilitates good communication and effective partnership working.' (Substance Misuse Worker)

How things can be improved

- 'More funding nationally for young people's mental health services' (Substance Misuse Worker)
- Message to BeeU: 'Answer the phone, reduce waiting lists, return calls to family, clients and professionals. Listen to other people's opinions and work as a team with other professionals. Don't close cases too soon.' (Substance Misuse Worker)
- 'Support being given to young people quicker and being able to give support to help prevent young people getting to crisis.' (Substance Misuse Worker)
- 'Certainly in our own Organisation, targets are often a barrier to good practice such as; the arbitrary target working with young people no more than 6 Months - This is not based on research evidence and does not take into account most of the young people we work with are in regular crisis with very complex needs; it takes time to develop a positive therapeutic relationship with such complex, hard to reach young people, who are often mistrusting of professionals, who have had many dip in and out of their lives. The same is true for Young People mental health support - flexibility based on need is required not unrealistic targets. So much more investment is needed in mental health provision for young people in all

[8] 'Motivational interviewing is a counselling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behaviour. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.' https://www.psychologytoday.com/gb/therapy-types/motivational-interviewing#

areas from early intervention up to in-patient provision.' (Substance Misuse Worker)

The views of a private Counsellor

A major challenge is 'Having to wait for support; services seem to wait until the YP is suicidal before they will help. GPs are often excellent but responses to requests for help are often slow.'

'Young people are dying waiting to be seen by mental health services, parents are unsupported and confused by the way teams do not communicate and the inconsistencies i.e., a young person might not see the same social worker/counsellor or be passed between teams with no opportunity to build trust.'

There needs to be 'an easier way for professionals and services to communicate and more support for parents.'

Service provider response

Shrewsbury and Telford Hospital NHS Trust, Director of Nursing:

'This is a very important and useful piece of work and one for which we are grateful to Healthwatch Shropshire and Healthwatch Telford & Wrekin for, as well as to those whose views have helped shape the report and its conclusions. We always strive to put the voices of those we care for and their families at the heart of what we do and so this report will play a crucial role in helping shape the services we offer in the future and the way in which we deliver them. I would also want to add my thanks and gratitude to my colleagues in the Trust who continue to work so hard and so compassionately to provide care in this very sensitive area.

As the recent inspection of the Trust by the Care Quality Commission set out, mental health provision within SaTH has improved but there is more still to do. In reading the report, it is clear that we have not got everything right for everyone we care for and that there is more we need to do in this area. We are committed to taking the actions needed, alongside our partners, to continue on our improvement journey in the care and treatment offered to Children and Young People that come into our hospitals.

As the report also highlights there are challenges across the whole health and social care system. As an organisation we will continue to work collaboratively with our partners, bringing effective cross sector working, with shared responsibility and accountability and mutual respect, to ensure mental health and wellbeing is everyone's business.

Our improvement work focuses on developing the continuity of care across services and supporting the transition process. We have systems in place to ensure that Children and Young People are cared for in the most appropriate environment for them. This often includes Paediatric services, however, should a young person aged 16-17 choose to be cared for in another area of the hospital, we now have designated adult wards where they can receive their care. We are continuing to upskill and train our clinical teams with knowledge and skills with regards to mental health so that when a Child or Young Person is in our hospitals, they receive care by trained staff with the specialist support from Midlands Partnership Foundation Trust.

Workforce planning continues to be developed to ensure mental health staff are embedded at all levels within our organisation. This includes registered mental health nurses across some of our wards, and in the Emergency Department. We have a mental health matron for Children and Young People and one for our adult services. At the executive level, as the Director of Nursing I am the Safeguarding and Mental Health lead and would finish by offering my assurance that that mental health is a key priority for the Trust Board.

Thank you again for the valuable insights offered through this report.'

Midlands Partnership Foundation Trust

'Thank you to Healthwatch for providing this useful feedback about our services, it is always important to hear the voices of Children and Young People (CYP) and their families and we take all feedback as an opportunity to deliver service improvements. We are sorry that not all the feedback was as positive as we would like to hear but we will use it to inform our service improvement work.

Nationally there has been an increase in CYP mental health referrals as well as an increase in the urgency of some of these referrals. This has been exacerbated by Covid, both for the CYPs themselves as well as the staff availability. MPFT are reluctantly having to operate waiting lists for services. Our objective is to address

these waiting times and to improve the partnership working with the other providers so that families and CYPs receive the best possible service for them in the most timely way.

Some families may receive letters explaining that the recommendation for treatment will not be provided by MPFT; this is not a rejected referral, this is a redirection to the most relevant service. Whilst MPFT BeeU services and the other partner providers work closely together to ensure that CYP and families are given the best and quickest treatment possible; there is always room for improvement. We always try to engage CYP and their families in reviewing our work as can be seen in our participation work (see attached word document).

Although the MPFT BeeU service is described as a service for CYP from 0 to 25 years, the service is primarily for 0–18-year-olds; the only cases that are retained by MPFT BeeU services until they are 25 years old are those young people with significant and complex needs who have been receiving treatment within the service prior to turning 18. This can lead to confusion for families who might assume that the service is available to all CYP from 0 – 25 years old. We will endeavour to help parents understand this in our literature and on our website. Where it is deemed necessary, a smooth transition from the CYP service to adult services is supported.

Our hard-working clinicians in MPFT BeeU services have been working tirelessly to provide the best services possible and we receive compliments through our PALS service about our clinicians and the excellent work that they do.

In addition we will be working with schools and supporting the North Midlands Autism In Schools Pilot Project which will enable us to develop and build on our existing Diagnostic Only Service.

We have designed a short video of some of the recent service improvements that our clinicians have made to show the sort of work that is going on behind the scenes for our children and young people. https://youtu.be/XIJscubZo90

We want to improve our services so once again thankyou to Healthwatch for this useful feedback.'

Shropshire, Telford & Wrekin Clinical Commissioning Group, Director of Quality:

'Thank you for the opportunity to respond to Healthwatch Shropshire's report on the experiences of children, young people and their families when accessing crisis mental health services.

The report makes sombre reading and reinforces that we are not getting things right. As a system we are working together to improve our offer both in the short term and in the future to deliver a more sustainable and supportive service that focusses on prevention and support.

We have already:

- Undertaken an analysis of what we have and the gaps in services to support children and young people.
- We are bringing in a team from 'I Thrive' (Anna Freud centre) to work with the whole system to look at what we offer and how we work together to ensure everyone understands the issues that children and their families face with mental health and wellbeing

  Acute Mental Health
- We have invested in a children's crisis team to treat children at home and prevent hospital admissions- or if an admission is needed to support them on discharge to ensure they do not decline in their mental health
- We are working with the regional provider collaborative to ensure more effective use of Tier 4 beds
- We are looking at options to develop a crisis bed/place of safety within the area
- The team also provide in reach support to the acute hospitals in Telford and Shrewsbury
- We have another 'mental health in schools' team starting training in March

  Autism
- We have invested in a new team to undertake autism diagnosis
- We are working with education and local authorities to ensure there is support while waiting for an assessment and after diagnosis
- Autism support in schools_ 6 schools in STW area 4 Shop, 2 T&W
- Working with CAMHs providers to focus on Autism in the schools (in addition to current BAU offer)
- Education sessions for schools
- CYP voices and self-awareness sessions
- We have invested in an Intensive support team based on positive behavioural support to support those children with behaviours of concern

  ADHD

- We are reviewing the ADHD pathway and have put in additional financial resource to address the waiting list for eating disorders
- We are recruiting to increase the size of the team as we are well aware of the lack of capacity
- We are commissioning support from the online charity BEAT
- WE have an in-reach nurse into the PRH

The system partners are also working through the right model of delivery based on clinical evidence to ensure all the CYP pathways are underpinned by the best clinical evidence and that CYP and their families are supported at whatever level and throughout their journey. We can and must do better.'

Acknowledgements

Healthwatch Shropshire and Healthwatch Telford & Wrekin would like to thank the organisations who helped to promote this survey. We particularly thank the children and young people, the parents and carers and professionals who have shared their views and experiences with us.

Get in Touch

Please contact Healthwatch Shropshire or Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.

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www.healthwatchshropshire.co.uk	www.healthwatchtelfordandwrekin.co.uk
4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG	Meeting Point House, Southwater Square, Telford Town Centre TF3 4HS

Appendix 1: The on-line survey

Mental Health crisis services for children and young people

Tell us your experiences

We want to know about the experiences of children and young people who have received care and/or treatment either in hospital or in the community because they were in 'crisis'.

When you fill out the questions we don't need to know who you are and you will not be identifiable. We only want to know what help you received, what you thought of it and any suggestions you might have about how things could be improved. We know that services really want to hear what you think.

As well as asking for feedback from young people, we also want to hear from the people who are supporting them, family, carers, health care professionals, social workers, school/college staff or volunteers, who might have ideas about improvements that could be made where things haven't gone so well.

Please note: To comply with required age limits we cannot accept experiences from those under 13. If you are under 13 and wish to share your experiences please ask your parent or carer to do so on your behalf.

Children &Young People Mental Health Questions

* Mandatory question

1. Please tell us who you are:*
    - I'm a young person who has received mental health support
    - I'm a parent or carer of a young person who has received mental health support

- I'm a health care professional supporting young people's mental health
- I'm a social worker supporting young people's mental health
- I work / volunteer for a voluntary organisation supporting young people's mental health
- I work in the education sector supporting young people's mental health

If Q1 is health service professional, social worker, voluntary group, educational support worker

2. Please tell us the organisation you work or volunteer for:
    - Free Text
3. Your job title:
    - Free Text
4. What age range are you involved with supporting?
    - Free Text
5. Please tell us a bit about the needs of those young people you support
    - Free text
6. What works well and what doesn't work so well when young people need crisis support?
    - Free text
7. Can you make any suggestions of how improvements can be made?
    - Free Text
8. Is there anything else you would like to tell us?
    - Free Text

If Q1 is parent or carer

9. How old is the young person you are supporting?
    - Free text
10. A bit about them and what led up to them receiving the latest help
    - Free text
11. What things do you most remember about the help they received?
    - Free text
12. When did they receive this help?
    - Currently receiving help
    - In the last 6 months

- Between 6 and 12 months ago
- Between 12 and 18 months ago
- More than 18 months ago

13. How could the help be improved? For example, the support available while they were waiting for specialist services.
    - Free Text
14. Where were they treated? Please select any services involved
    - The Redwoods centre, Shrewsbury
    - A&E at the Royal Shrewsbury Hospital (RSH)
    - Ward 19 or another ward at PRH
    - A ward at RSH
    - Through the BeeU service
    - Inpatient care outside of Shropshire
    - Other [Please specify]
15. Is there anything else you would like to tell us?
    - Free Text

If Q1 is young person

16. How old are you?
    - Free text
17. A bit about me and what led up to receiving the latest help
    - Free text
18. What things do you most remember about the help you received?
    - Free text
19. When did you receive this help?
    - Currently receiving help
    - In the last 6 months
    - Between 6 and 12 months ago
    - Between 12 and 18 months ago
    - More than 18 months ago
20. How could the help be improved? For example, the support available while you were waiting for specialist services.
    - Free Text
21. Where were you treated? Please select any services involved
    - The Redwoods centre, Shrewsbury
    - A&E at the Royal Shrewsbury Hospital (RSH)
    - A&E at the Princess Royal Hospital (PRH)

- Ward 19 or another ward at PRH
- A ward at RSH
- Through the BeeU service
- Inpatient care outside of Shropshire
- Other [Please specify]

22. Is there anything else you would like to tell us?
    - Free Text

For all

23. Submission confirmation*

The information contained in your response, along with the others we receive, will be used to produce a public report, no individuals will be identifiable in this report.

I give permission for my response to be used in this way and to be stored by Healthwatch Shropshire in accordance with their privacy statement so that they can use it help improve the delivery of health and care services in Shropshire and across the country.

Thank you for taking the time to share your experiences. If you know of other people who have experiences to share please do send them a link to this survey. The more we hear the more influence we can bring to bear.

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**19th May 2022**			
Title of Paper	**Shropshire Joint Strategic Needs Assessment (JSNA)**			
Reporting Officer	Rachel Robinson, Executive Director of Health, Wellbeing and Prevention			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	X	Joined up working	X
	Mental Health		Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	
What inequalities does this paper address?	The JSNA seeks to identify current and future health and wellbeing needs in the local population and identify strategic priorities to inform commissioning of services based on those needs. The JSNA aims to: • Define achievable improvements in health and wellbeing outcomes for the local community; • Target services and resources where there is most need; • Support health and local authority commissioners; • Deliver better health and wellbeing outcomes for the local community; • Underpin the choice of local outcomes and targets.			
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	It is proposed that a single, coordinated approach continues to be supported in the development of place-based profiles and needs assessments which in turn support place-based working. This will take time to develop and is intrinsically linked to the refresh of the HWB Strategy. Therefore, this paper seeks agreement to the approach and ongoing work programme in terms of the development of a coordinated evidence base for the whole system, delivered under the JSNA umbrella.			
Financial implications (Any financial implications of note)	To deliver needs assessments at scale across the place plan areas, additional project support would be required, upskilling of analysts across the system (currently being partially address through the CSU academy and analyst network) and the support of colleagues in planning and partners in local communities. The support of these will impact the scale and pace of delivery.			
Climate Change Appraisal as applicable	None identified			
Where else has the paper been presented?	**System Partnership Boards**			
	Voluntary Sector			
	Other			

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

Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (
Cllr. Dean Carroll, Cabinet Portfolio Holder - Adult Social Care, Public Health and Assets
Cllr. Kirstie Hurst-Knight, Cabinet Portfolio Holder - Children and Education

Appendices

Health and Wellbeing Board
Meeting Date: 19th May 2022

Shropshire Joint Strategic Needs Assessment (JSNA)

Responsible Officer: Rachel Robinson, Executive Director of Health, Wellbeing and Prevention

Email: Rachel.robinson@shropshire.gov.uk

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1. Summary

1.1 This paper presents to the Health and Wellbeing Board an update on Shropshire's JSNA; progress to date, future direction of the JSNA and timescales.

2. Recommendations

2.1 The Health and Wellbeing Board:

- Note the update and work programme/timescales

REPORT

3.0 Report

3.1 Background

3.11 The Local Government and Public Involvement in Health Act (2007) placed a duty on local authorities and PCTs (now CCGs) to undertake a JSNA in three-yearly cycles. Local authorities and CCGs have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies, through the health and wellbeing board. In practice, in Shropshire, these duties have been passed to Public Health to deliver on behalf of the Health and Wellbeing Board. Leadership for the JSNA sits with the Director of Public Health 1.

3.12 The JSNA seeks to identify current and future health and wellbeing needs in the local population and identify strategic priorities to inform commissioning of services based on those needs. These priorities in turn inform the Health and Wellbeing Strategy, a key document as a basis for commissioning health and social care services in the local area. The JSNA aims to:

- Define achievable improvements in health and wellbeing outcomes for the local community;
- Target services and resources where there is most need;
- Support health and local authority commissioners;
- Deliver better health and wellbeing outcomes for the local community;
- Underpin the choice of local outcomes and targets.

[1] **Further guidance:** JSNA Toolkit: a springboard for action and Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

- Importantly, the JSNA is not an end in it itself, rather a framework of tools that are produced to inform commissioning.

3.13 Shropshire's original JSNA was completed in 2008/09, a further review was published in 2009/10 and the most recent report was published in July 2012. These JSNA reports were structured in four key areas following a Marmot approach: Starting Well, Living Well, Aging Well and Vulnerable groups. Within those groups several priorities were identified and described following a review of local intelligence and stakeholder engagement. Subsequently, updates have been published on the Shropshire Together webpages, giving updated profiles and needs assessments for key themes. Joint Strategic Needs Assessment (JSNA) | Shropshire Council

3.14 Changes to the health and social care landscape, the requirement to produce an updated Health and Wellbeing Strategy and emerging priorities meant in 2019 there was an urgent need to update the JSNA, deliver several theme-based needs assessments and consider a new approach to the JSNA moving forward.

3.2 Progress Update

An update on progress and next steps is described below:

Joint Strategic Needs Assessment (JSNA)

Work has recommenced on the JSNA development programme subsequent to standing down of parts of Omicron reporting. JSNA is being managed as two currently separate workstreams – the place-based approach and web-based presentation of needs – that will be drawn together to create web-based interactive profiles for Place Plan areas in Shropshire.

- Place-Based Needs Assessment (PBNA)

A profile for Highley, the first of the "Wave 1" priority Place Plan areas has been produced. This has been developed concurrently with preliminary engagement in the Highley area, the results of which are currently being analysed. The Oswestry profile is the next to be developed and will follow the content and format of the Highley profile, with an additional focus on measures relating to children and young people to aid focused work in this geography.

The first profile has already been used by system partners with regard to identifying and addressing Health Inequalities in the South-East of the County.

- Web-Based Needs Assessment (PBNA)

The first stage of the WBNA is now complete and gives an overview of key demographic data for Shropshire overall and where available Place Plan areas. It enables users to profile a variety of different geographical areas for different determinants of health including;

- Key demographic determinants of health e.g., age, sex, ethnicity
- Population data, both historic and projected
- Life expectancy trends
- Population density
- Mobility of population across key locations in Shropshire (e.g. travel to grocery shops, pharmacies, parks, on public transport) relating to Covid surveillance and recovery.

Further themes are planned and in the progress of being added continuing with education and deprivation, and with health and social care measures following after. Subsequent to these initial themes being developed and sign-off the dashboard will be implemented into the Shropshire Council public facing webpage similar to how existing reports have been such as the Shropshire Snapshots and forthcoming electoral ward information. The interactive dashboards and visualisation will also be accompanied by narrative to draw together insight from this data and intelligence.

Pharmaceutical Needs Assessment (PNA)

The initial consultation from which most data about pharmacy service provision is garnered has been completed. 100% of Shropshire's pharmacies participated and this should allow a comprehensive view of current provision in the County. Analysis of these survey responses is underway and is the first part of the analysis for the PNA schedule to be undertaken between May and July.

The PNA Steering Group are meeting in early May to discuss the best approach to engaging with service users and developing a system-wide solution.

Special Educational Needs and Disability JSNA (SEND JSNA)

The SEND JSNA is now complete and was delivered in time for the Council's Ofsted inspection.

Community Mental Health Transformation Profiling

- The first phase of a **practice and place-based review of Community Mental** Health has been completed in partnership between MPFT and Shropshire Council. An initial comprehensive review of risk factors and data sources to be aggregated to PCN level was undertaken, and data acquisition and analysis for an initial draft was completed by October 2021. This has centred around a population health management approach reconciling evaluation of downstream clinical measures and outcomes with wider social, economic and environmental determinants of mental ill health, all at Primary Care Network level for the first time.

- As well as local comparisons across PCNs at the Shropshire, Telford and Wrekin level in the domain of mental health, experimental work has been begun to understand our PCNs in terms of national comparisons, adding context to level of **health inequalities** across the area.

- As of March 2022 Community Mental Health Profiles have been produced for all Place Plan areas across Shropshire as well as Telford and Wrekin. As with other intelligence products these are currently being used by clinical partners to understand health needs and inequalities in their areas.

Other themes

Preliminary planning around needs assessments for children and young people, and drug and alcohol health outcomes in progress.

Key milestones –

- June 2022 – Initial profile of Shropshire Health Inequalities.
- June 2022 – Production of Oswestry Place-Based profile, with concurrent engagement.

- July 2022 – Completion of current provision, local needs and gap analysis for the PNA
- July 2022 – Addition of priority theme intelligence to WBNA.
- Autumn – Alignment of PBNA and WBNA workstreams through production of detailed place-based profiles Power BI.

Interlinkages to other programmes of work

1. Population Health Management
2. Transforming Insight Function
3. Health and Wellbeing Board
4. Business Intelligence Function Shropshire Council
5. Community and Rural Strategy

4.0 Risk Assessment and Opportunities Appraisal

4.1 It is proposed that a single, coordinated approach continues to be supported in the development of place-based profiles and needs assessments which in turn support place-based working. This will take time to develop and is intrinsically linked to the refresh of the HWB Strategy.

4.2 Therefore, this paper seeks agreement to the approach and ongoing work programme in terms of the development of a coordinated evidence base for the whole system, delivered under the JSNA umbrella.

5.0 Financial Implications

To deliver needs assessments at scale across the place plan areas, additional project support would be required, upskilling of analysts across the system (currently being partially address through the CSU academy and analyst network) and the support of colleagues in planning and partners in local communities. The support of these will impact the scale and pace of delivery.

6.0 Climate Change Appraisal

None identified

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Shropshire JSNA – demography overview
Cabinet Member (Portfolio Holder)
Cllr. Dean Carroll, Cabinet Portfolio Holder - Adult Social Care, Public Health and Assets
Cllr. Kirstie Hurst-Knight, Cabinet Portfolio Holder - Children and Education

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Shropshire Council

Th

Shropshire JSNA
Health & Wellbeing

Contents

Key Points

Population

The total population of Place Plan Area is 325,415 and accounts for 100.0% of Shropshire's total population.

Population Density

The population density in Place Plan Area is 264 persons per square mile, this compares to a Shropshire figure of 264 persons per square mile.

Average age

The average age in Place Plan Area Place Plan Area is 44.9 years. This compares to an average age of 44.9 for Shropshire. Mid Year Estimates (2020) show that 25% of the population are aged 65 or over compared to 24.7% in Shropshire.

Population

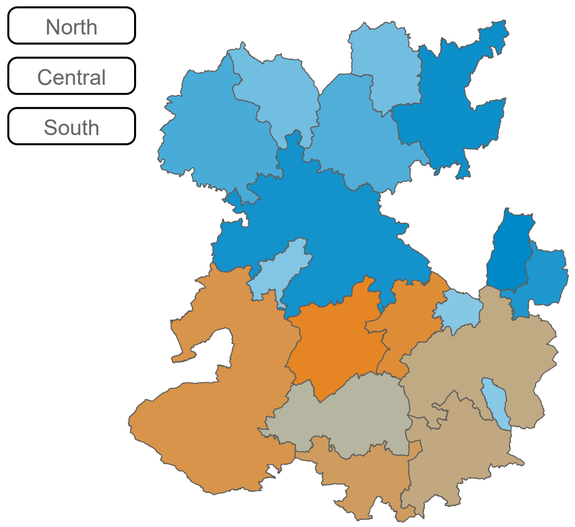
325,415

Male
161,240
49.5%

Female
164,175
50.5%

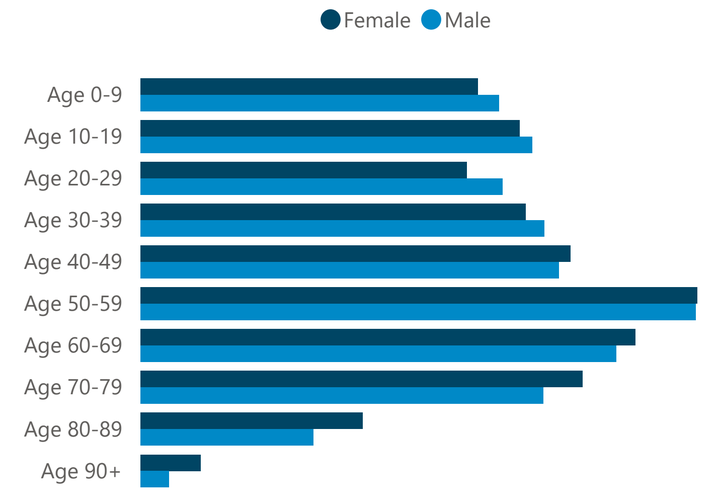
Under 5s	14,788	4.5%
5-15s	38,345	11.8%
16-64s	191,066	58.7%
Over 65s	81,216	25.0%

Average Age Shape Map

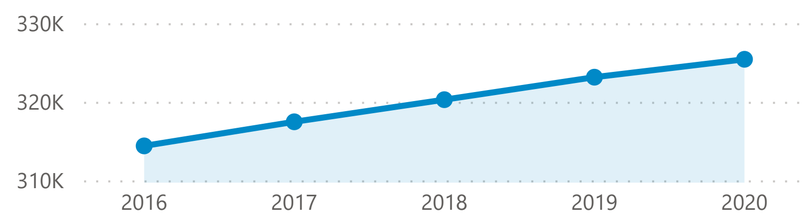


Place Plan Area	Average of Age	Estimated Population
Church Stretton	49.2	8,455
Much Wenlock	48.9	4,986
Bishop's Castle	48.6	10,856
Ludlow	48.2	16,322
Cleobury Mortimer	47.7	8,271
Bridgnorth	47.6	24,580
Craven Arms	47.2	6,648
Highley	45.6	4,325
Broseley	45.6	5,717
Pontesbury and Minsterley	45.5	5,407
Whitchurch	45.2	15,728
Ellesmere	45.2	9,079
Wem	44.5	17,028
Oswestry	44.3	42,704
Total	**44.9**	**325,415**

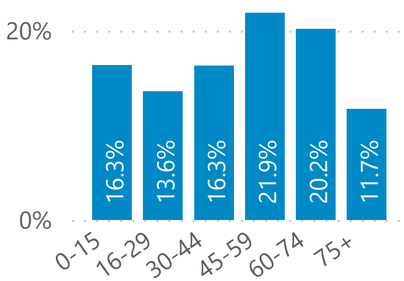
Population Gender Split



Latest 5 Year Population Estimates



Population Age Band



Projections

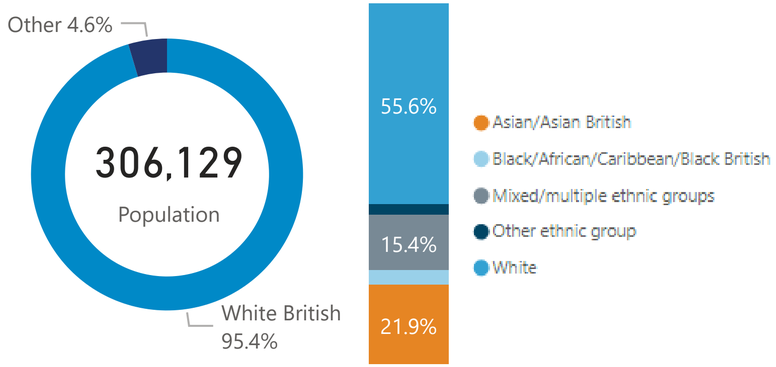
Age	10 Year pop change (2031)	10 Year pop % (2031)
0-15	-339	-0.64%
16-29	-86	-0.19%
30-44	4,162	7.85%
45-59	-4,802	-6.74%
60-74	17,381	26.45%
75+	15,120	39.67%
Total	**31,436**	**9.66%**

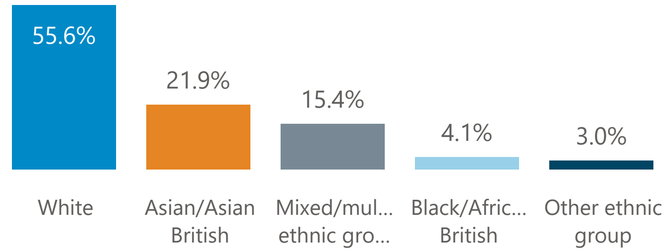
Shropshire Council

Shropshire JSNA
1.2 Ethnicity

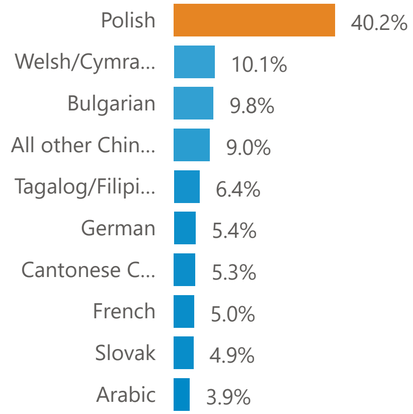
Key Points

Shropshire Ethnic Compostion (Census 2011)

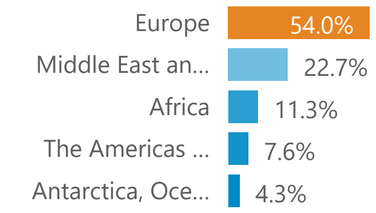




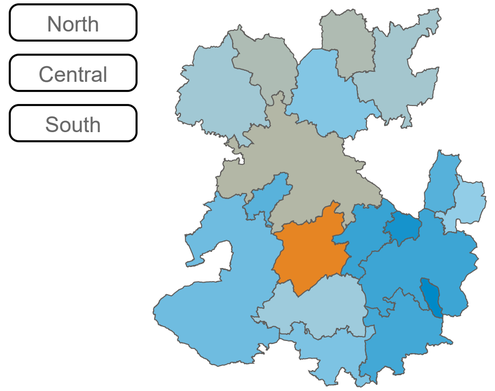
Main Languages (Top 10)



Country of Birth (Outside UK)

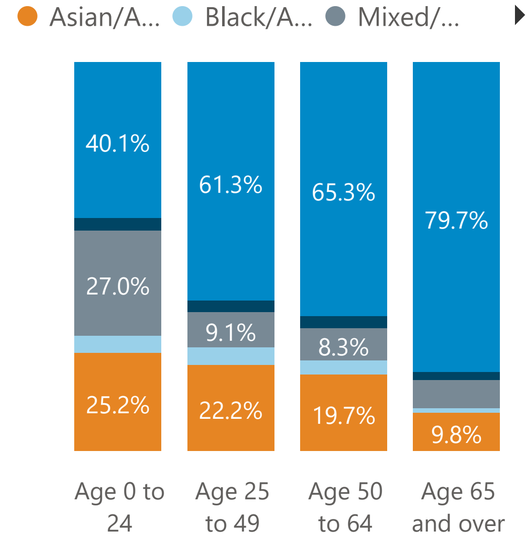


Ethnicity by Place Plan Area

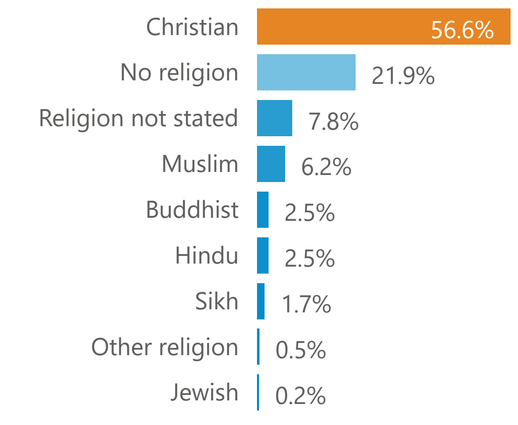


Place Plan Area	Other than White British
Church Stretton	7.0%
Shrewsbury	5.4%
Whitchurch	5.2%
Ellesmere	5.2%
Market Drayton	4.9%
Oswestry	4.8%
Craven Arms	4.7%
Albrighton	4.4%
Wem	4.2%
Ludlow	4.1%
Bishop's Castle	3.8%
Pontesbury and Minsterley	3.5%
Shifnal	3.4%
Cleobury Mortimer	3.1%
Bridgnorth	3.0%
Much Wenlock	2.9%
Broseley	2.4%

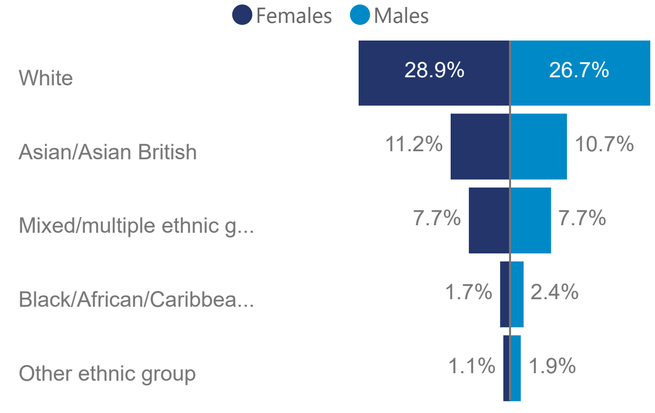
Ethnicity % by Age Group



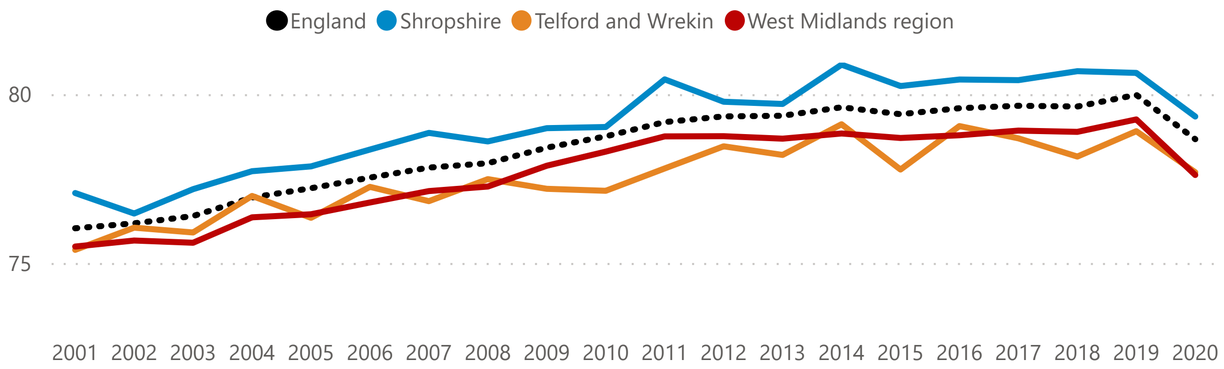
Ethnicity % by Religion



Ethnicity % by Gender



Life Expectancy at Birth **(Male)**



Key Points

Male Life Expectancy

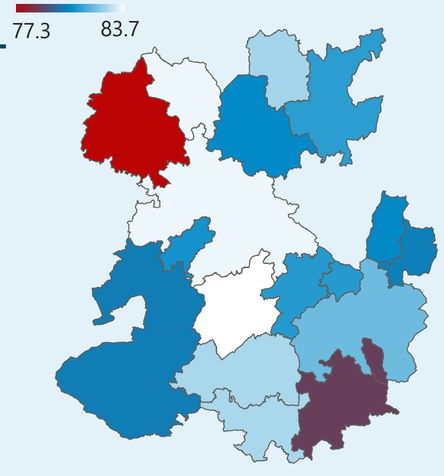
Estimated life expectancy for Males is 79.3 years compared to 78.7 for England as a whole. Contrasted to Women within Shropshire, Males are expected to live 4.2 years fewer.

Recent Decline

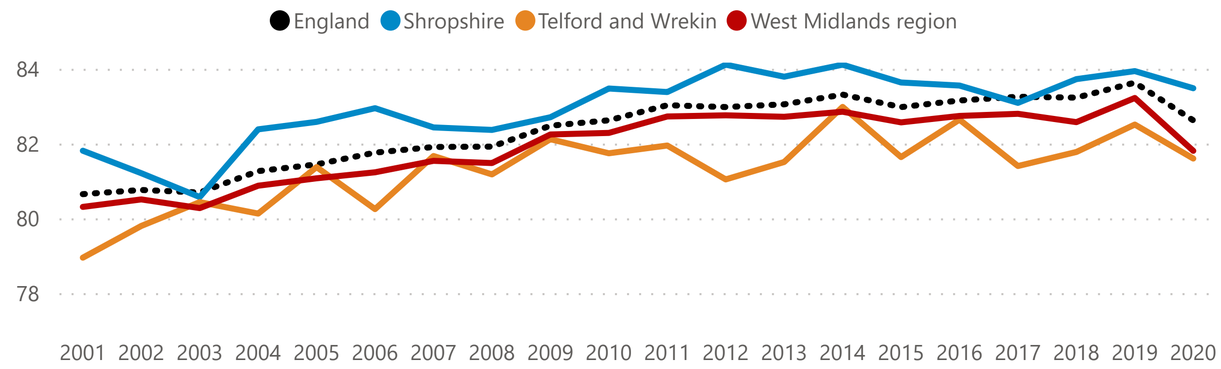
Male life expectancy has dropped 1.6 years since its peak in 2014 (80.9 years). The gap between Shropshire and England has shrunk since 2001, 1.1yrs to 0.6yrs in 2020.

Shropshire Shape Map

Male life expectancy differs widley across Shropshire, ranging 6.4 years with the lowest in Oswestry (77.3 years) and highest in Church Stretton (83.7 years).



Life Expectancy at Birth **(Female)**



Key Points

Female Life Expectancy

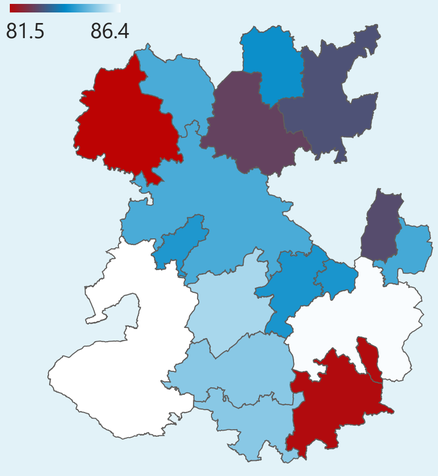
Estimated life expectancy for Females is 83.5.3 years compared to 82.6 for England as a whole. Shropshire is ranked 6th in comparison to the whole of the WM with Wychavon and Stratford-on-Avon tied for 1st (84.5 years).

Recent Stability

Similarly to Male, life expectancy has dropped since a peak in 2014 (84.1 years). However Female life expectancy has remained stable at 83 years since 2015. The gap between England and Shropshire is the largest its been in eight years with Females expected to live 0.9 years longer.

Shropshire Shape Map

Female life expectancy ranges less than Male at 4.9 years with the lowest in Oswestry (81.5 years) and highest in Bishop's Castle (86.4 years).



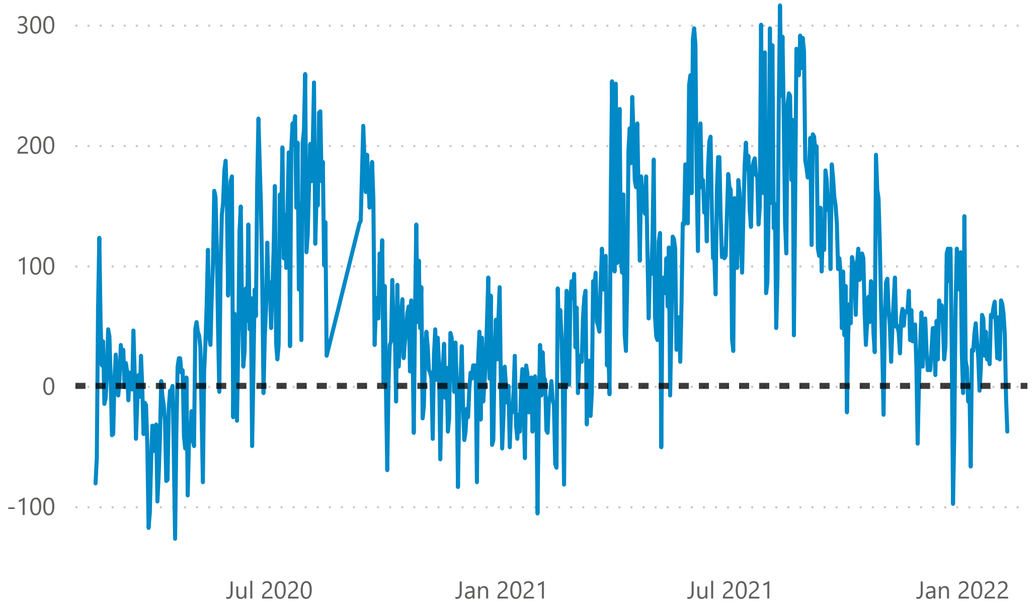
Shropshire Mobility

Parks

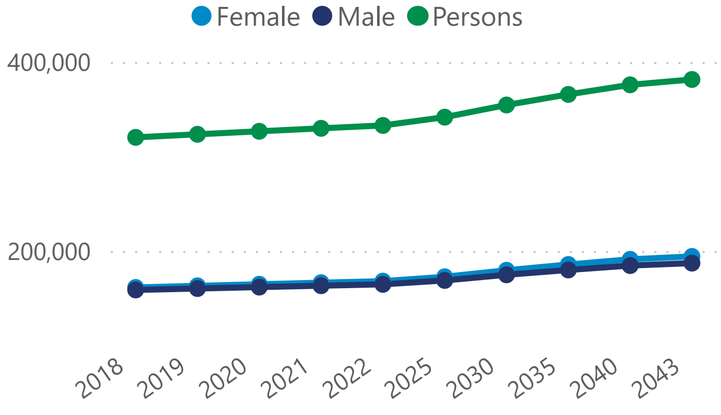
Above is a location filter, once a selection has been made the line graph to the right will reflect the selection made.

The graph to the right displays the mobility of persons within Shropshire. This data was generted by Google using their location data and was collected to show how the community is moving around differently as a result of COVID-19.

Some of the most obvious feedback being the dramatic decrease in people commuting to the workplace and the increase in people visiting parks.



Population Projections (Sub-National 2018)



0-15 | 16-29 | 30-44 | 45-59 | 60-74 | 75+

Population Projection Increase
Between 2018-2043 the population in Shropshire is projected to increase (19.1%).
The Male population is projeted to increase (17.8%) whilst the Female population will increase (20.3%) by 2043, this results in a projected 2.5% gap between the genders.

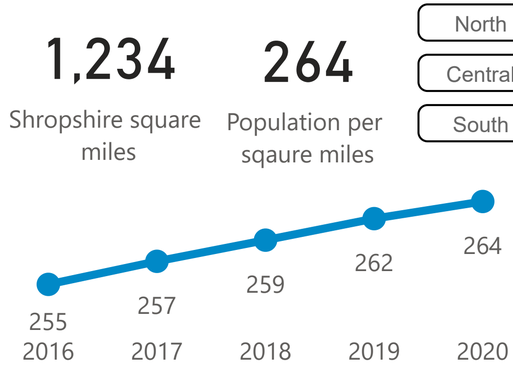
Age Group Projected Population Increase
The 75+ age group is projected to increase (104.5%) the largest increase of any age group, whilst the 16-29 age group being the only one to see a decrease (-1.6%) in project population by 2043.

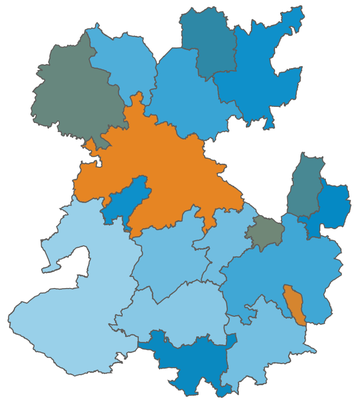
Population Density (people per square miles)

1,234
Shropshire square miles

264
Population per sqaure miles

North
Central
South





PPA	0-15	16-29	30-44	45-59	60-74	75+	Total
Shrewsbury	103	85	106	126	108	62	**590**
Highley	96	72	83	115	135	69	**570**
Broseley	77	47	70	106	107	45	**453**
Oswestry	75	60	74	99	86	50	**442**
Shifnal	73	56	75	90	71	41	**406**
Whitchurch	60	50	60	86	76	43	**375**
Ludlow	47	40	50	70	74	53	**333**
Albrighton	50	67	50	62	55	44	**327**
Pontesbury and Minsterley	50	40	44	63	63	37	**297**
Market Drayton	51	45	51	64	55	30	**295**
Wem	37	31	36	49	44	25	**221**
Bridgnorth	31	23	31	49	46	29	**210**
Ellesmere	29	26	28	42	38	21	**183**
Church Stretton	16	18	14	25	31	21	**125**
Much Wenlock	19	12	16	27	32	18	**124**
Cleobury Mortimer	17	15	15	27	29	15	**118**
Craven Arms	13	10	12	19	20	10	**84**
Total	**43**	**36**	**43**	**58**	**53**	**31**	**264**

Orange = High, **Blue** = Average, **White** = Low

Data Sources

Population

Office for National Statistics Mid-Year Population estimates:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates

Ethnicity

Census 2011 - NOMIS:
https://www.nomisweb.co.uk/sources/census_2011

Ethnicity by Age - NOMIS:
https://www.nomisweb.co.uk/census/2011/lc2101ew

Counrty of Birth - NOMIS:
https://www.nomisweb.co.uk/census/2011/lc2205ew

Main Language - NOMIS:
https://www.nomisweb.co.uk/census/2011/lc2104ew

Religion - NOMIS:
https://www.nomisweb.co.uk/census/2011/lc2201ew

Life Expectancy

Life Expectancy at Birth (1 Year Range) - Public Health:
https://fingertips.phe.org.uk/search/life%20expectancy#page/4/gid/1000049/pat/6/ati/401/are/E06000051/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1/page-options/car-ao-0_car-do-0_tre-do-0

Population Density

Office for National Statistics Population estimates:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections

Google Mobility:
https://www.google.com/covid19/mobility/

Contact

If you have and queires please feel free to contact us via email:
dataandbusinessintelligence@shropshire.gov.uk

SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	**19th May 2022**			
Title of Paper	**Health Protection report**			
Reporting Officer	**Susan Lloyd, Consultant in Public Health**			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	X
	Mental Health		Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	X
What inequalities does this paper address?	Health inequalities specific to screening and vaccination.			
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	This paper is a summary of the health protection report which was presented to the Shropshire, Telford and Wrekin on 5th May 2022.			
Financial implications (Any financial implications of note)	There are no financial implications			
Climate Change Appraisal as applicable	Not applicable			
Where else has the paper been presented?	**System Partnership Boards**			
	Voluntary Sector			
	Other		**Health Protection Board**	
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 (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health Rachel Robinson – Executive Director, Health, Wellbeing and Prevention				
Appendices None				

Health Protection Report

Executive summary

This health protection report to the Health and Wellbeing Board provides an overview of the health protection status of the population of Shropshire. It addresses immunisation and screening. It also provides an overview of the status of communicable, waterborne, foodborne disease

Part one is an overview of health protection data and a summary of new risks, part two is an overview of new health protection developments relevant to the system.

Recommendations

That the Board note the contents of this report.

Report

Immunisation Cover Shropshire

Influenza, the 2021/22 immunisation programme covered above the national average in all cohorts.

Child immunisation programme status is good with uptake greater than or on a par with England.

While coverage is good there are areas of low coverage in Shropshire. This is particularly the case with MMR cover where areas with high indices of deprivation have lower cover. Targeted work in these pockets of lower uptake would support high uptake and greater protection.

School age vaccination programme status is lower than expected, this is knock on effect of the pandemic. Catch up with the 19/20 cohort continues during 22/23. The accurate data for school immunisation cover will be available as of August 2022.

Shingles vaccination cover is lower than the 60% uptake target. GPs are being encouraged to vaccinate opportunistically. This also presents partners with an opportunity to promote Shingles vaccination.

Pertussis vaccination in pregnancy. The aim is 60% cover. Shropshire is achieving in excess of this cover. Covid vaccination will be offered to pregnant women, JCVI guidance is awaited by the system.

Screening uptake Shropshire

Antenatal and newborn screening reporting is merged for Shropshire, Telford and Wrekin. The programme is delivered via SaTH. A good level of uptake was achieved throughout the pandemic. There is currently no backlog.

Cervical screening, the annual uptake shows an increasing trend of uptake. The uptake is higher in the older cohort than the younger cohort. NHSE colleagues are working with practice facilitators to increase uptake, additionally there are currently issue with the turnaround time at the lab. This is being resolved.

Bowel screening uptake is at a good level, greater than 70% of those offered.

Breast screening uptake is a challenge. The current data has not been published. A catch-up programme is in place; however, this has been delayed in STW. A delay in start date of 3 months was due to contractual issues. There have additionally been issues around staffing, including difficulties in recruiting staff who will work in remote areas. NHSE is working with providers to resolve these issues.

Diabetic retinopathy screening was paused in March 2020. Screening was recommenced in June 2021. A restoration plan is currently in place.

Abdominal Aortic Aneurism (AAA) screening all eligible individuals 2020/21 have been offered an appointment. A target for the restoration of the 2021/22 cohort was set for March 2022. There has been some slippage due to a number of reasons including staff absence and staff shortage.

Communicable diseases

Mumps, Measles, Rubella overall cases of MMR remain low during this quarter Mumps remains low after a rise in 2020.

Chickenpox and Streptococcus A case numbers are at expected levels, having been lower than normal during the pandemic.

Cases of **Invasive Streptococcus A** are above expected levels, particularly in children. There is a current trend that children are becoming infected with some organisms, both bacterial and viral, at higher numbers than pre-pandemic. The reasons for this are unknown, although it possibly due to lower exposure during the pandemic. This is an international observation.

Linked to child immunity there are international issues including viral Hepatitis,

Scarlet fever cases, there is a rise in reported cases but still not back to 2020 levels.

Norovirus cases have risen in comparison to cases in 2020/21

Flu rising, particularly in care homes, but not beyond expected levels although seeing increase later in the year

Covid recorded cases are falling in Shropshire, although changes to the testing programme have reduced the accuracy of reporting cases. Outbreaks are still occurring in care homes and are being risk managed. The numbers of outbreaks are reducing, this has increased the number of beds available in system, care, general nursing, and EMI.

Covid variants of interest continue to emerge, the situation is being monitored by WHO and includes UK partners.

Foodborne and waterborne disease

Campylobacter numbers remain largest reported foodborne bacteria. This is expected and is normal.

Other foodborne and waterborne case numbers remain low, with the exception of Salmonella. Salmonella cases have risen in the first quarter compared to 2020/21. Numbers of cases remain low.

Other issues

Ukrainian refugees are arriving in Shropshire, some of whom have lower vaccination cover that is usual in a comparable UK population. NHSE are working with primary care colleagues to develop a checklist in order to review vaccination status. Then to offer vaccinations to address the cover.

Locations of low childhood vaccine uptake would benefit from a targeted approach in line with the previously presented health inequalities strategy.

Health protection of our population is essential, particularly in the light of the COVID pandemic.

To provide an effective universal and targeted health protection offer a Shropshire Health Protection Strategy is being written, jointly with Telford and Wrekin. The first draft will be written by July 31st 2022 with a final draft September 2022.

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