

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

Date: 6 July 2022

**Committee:  
Health and Wellbeing Board**

**Date: Thursday, 14 July 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/healthandwellbeingboard14jul22/>

**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**

Simon P Jones – PFH Adult Social Care and Public Health (Chair)  
Kirstie Hurst-Knight – PFH Children & Education  
Cecelia Motley – PFH Communities, Place, Tourism & Transport

Rachel Robinson - Executive Director of Health, Wellbeing and Prevention  
Tanya Miles – Executive Director for People  
Laura Tyler – Assistant Director - Joint Commissioning  
Laura Fisher – Housing Services Manager, Shropshire Council

Simon Whitehouse – Accountable Officer / Executive Lead Shropshire, Telford and Wrekin Integrated Care System  
Claire Parker – Director of Partnerships

Patricia Davies - Chief Executive, Shropshire Community Health Trust  
Zafar Iqbal - Non-Executive Director, Midlands Partnership NHS Foundation Trust  
Nigel Lee - Interim Director of Strategy and Partnerships, Shrewsbury & Telford Hospital Trust  
Sara Ellis - Robert Jones & Agnes Hunt Orthopedic Hospital NHS Foundation Trust

Lynn Cawley - Chief Officer, Shropshire Healthwatch  
Jackie Jeffrey - VCSA  
David Crosby - Chief Officer, Shropshire Partners in Care  
Stuart Bills - Superintendent, West Mercia Police  
Mark Docherty - Executive Director of Nursing and Clinical Commissioning WMAS

Your Committee Officer is Michelle Dulson

Tel: 01743 257719      Email: [michelle.dulson@shropshire.gov.uk](mailto:michelle.dulson@shropshire.gov.uk)

# AGENDA

## 1 **Apologies for Absence and Substitutions**

## 2 **Disclosable 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**

To confirm as a correct record the minutes of the meeting held on 19 May, to follow.

Contact: Michelle Dulson Tel 01743 257719

## 4 **SEND Local Area Inspection Action Plan - update on progress** (Pages 1 - 56)

David Shaw, Assistant Director of Education and Achievement,  
Shropshire Council

## 5 **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 9.30am on Friday 8 July 2022.

## 6 **System Update** (Pages 57 - 92)

### a. Outputs of the Shrewsbury Wellbeing Hub Engagement

Edna Boampong, Director of Communications and Engagement,  
Shropshire, Telford and Wrekin Integrated Care System (ICS)

b. How the ICS will work with Health and Wellbeing Board after July 2022

Nicky O Connor, ICS Programme Director, Shropshire, Telford and Wrekin ICS

c. Shropshire Integrated Place Partnership (ShIPP) update

Report to follow.

d. Joint Commissioning Board/Better Care Fund (BCF)

Report to follow

Laura Tyler, Assistant Director, Joint Commissioning, Shropshire Council and NHS Shropshire, Telford and Wrekin

e. Healthy Lives Update – Trauma Informed focus

Val Cross, Health and Wellbeing Strategic Manager, Shropshire Council

**7 Urgent and Emergency care update**

Report to follow.

Sam Tilley, Director of Urgent & Emergency Care and Emergency Planning NHS Shropshire, Telford and Wrekin

**8 Health Protection update (including COVID-19)**

Report to follow.

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

**9 Health Inequalities: Creative Health (Pages 93 - 98)**

Naomi Roche – Team Manager Adult Social Care, Shropshire and Creative Health Programme Manager, National Centre for Creative Health Council/Nicola Siekierski, Project Manager, Personalised Care

**10 Innovative practice - Digital report** (Pages 99 - 108)

Andrea Miller, Digital Champion Lead, Customer Services, Shropshire Council

**11 Social Action Taskforce Action Plan**

Report to follow.

Rachel Robinson, Director of Public Health, Shropshire Council

**12 GP Access** (Pages 109 - 118)

Tracey Jones, Deputy Director of Partnerships, NHS Shropshire, Telford and Wrekin ICS

**13 Chairman's Updates**

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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	14 <sup>th</sup> July 2022			
<b>Title of Paper</b>	SEND Local Area Inspection Action Plan Update			
<b>Reporting Officer and email</b>	David Shaw, Assistant Director Education and Achievement. <a href="mailto:David.shaw@shropshire.gov.uk">David.shaw@shropshire.gov.uk</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	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	X
	Workforce	X	Reduce inequalities (see below)	X
<b>What inequalities does this paper address?</b>	<ul style="list-style-type: none"> <li>Special educational needs and/or disabilities 0-25</li> </ul>			

### 1. Executive Summary

This paper provides the committee with an update on work to deliver the written statement of action (WSoA) following the joint Ofsted/CQC inspection of services for children with a special education need and/or disability (SEND). It also provides the committee with an update on preparations for a further inspection of the local authority and its partners.

Whilst there has been progress in some areas identified as significant weaknesses during the inspection in January 2020, this has not been consistent. Staffing changes within the SEND Partnership have led to challenges in the efficient delivery of the SEND system. This has been compounded by the Covid pandemic and managing the response.

The SEND summary self-evaluation shared with Ofsted in June 2022 as part of the annual conversation outlines the following impact (what difference have we made?) and next steps (what do we still need to do?);

#### What difference have we made?

- Increasing the specialist education placements available through mainstream SEND Hubs and a new Special Free School - Keystone Academy (YES Trust) opening Sept 22.
- Progress and attainment data for pupils with Education Health and Care Plans (EHCP)s remains above national average (KS4).
- 56% Year 6 to 7 phase transfer reviews completed (48% for all EY/Primary)
- EHCP QA standards co-produced and now used in moderation of all new EHC plans.
- Secured joint funding (CCG/LA) for the implementation of Talk Boost across Early Years (EY), KS1 and 2.
- Developing a broader universal offer as part of the Neurodevelopmental (ND) pathway development and working with the CCG to resolve the clinical assessment approach to be used.
- Continued to provide additional high needs funding to 332 CYP pre-statutory assessment to

enable improved outcomes.

- Supported attendance levels to remain in line with national despite the pandemic challenges.
- Reduced the number of exclusions (FTE/PEX) experienced by Children and Young People (CYP) with SEND during 2020/21.

### **What do we still need to do?**

- Finalise the SEND accelerated action plan including WSoA and SEND Strategy key priorities.
- Increase the variety of preventative interventions and targeted use of finance to build capacity within the Early Years, schools and 16-25-year sector to effectively identify and meet the needs of children and young people with SEND so they all consistently achieve great outcomes.
- Continue to improve the achievement of all children and young people with SEND (particularly at SEND Support) across all phases of education, including promoting opportunities to develop independence and preparation for employment.
- Implement the workforce development programme across the partnership to enhance the partnership approach to delivering the best outcomes for CYP with SEND.
- Develop a CYP participation strategy across the People's Directorate and ensure the involvement from CYP with SEND.
- Re-design the SEND assessment team processes and systems to ensure maximum efficiency and minimise staffing costs as forecasting predicts continuous growth in demand for statutory services up to 2030.
- Continue to improve the breadth and diversity of provision available in Shropshire, or close to Shropshire, so that children and young people can attend local placements instead of out of borough or in-borough independent special schools, whilst ensuring outcomes identified in their EHC plans continue to improve.
- Develop focussed recovery plans to eliminate the Speech and Language Therapy (SALT) and ND pathway waiting lists over an agreed time period and monitor the delivery of the plans via the SEND Partnership Board.

### **2. Recommendations**

- Note the report and appendices.
- Seek assurance that the SEND Partnership is working towards the objectives of its written statement of action.
- Identify any areas of concern for the portfolio holder.
- Request a further update in 6 months following the final draft of the accelerated action plan and impact this is making to improve the experience and outcomes for children and young people with SEND.

### **3. Report**

#### **Background**

In January 2020, Ofsted and the Care Quality Commission conducted a joint inspection of the local area of Shropshire to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. In particular the inspection sought to evaluate the effectiveness of the local area in;

- identifying children and young people's special educational needs and/or disabilities
- meeting the needs of children and young people with special educational needs and/or disabilities and
- improving outcomes for children and young people with special educational needs and/or disabilities.

Following the inspection, Ofsted and the CQC raised significant concerns about the effectiveness of the local area to meet the needs of these children, in particular:



- Inconsistent strategic leadership and weak strategic planning across the area, most notably in the Clinical Commissioning Group (CCG), including the ineffective use of data to accurately commission and plan services.
- The lack of inclusion of health services' input into the area's SEND action plan.
- Significant waiting times for large numbers of children and young people on the autism spectrum disorder (ASD) and Attention deficit hyperactivity disorder (ADHD) diagnostic pathways.
- Significant waiting times for those needing assessment and treatment from the speech and language therapy service.
- Inconsistency in the quality of input from education, health and care into education, health and care (EHC) assessment and planning.
- The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

The inspection report is attached to this report as Appendix 1.

Shropshire Council and its partners were therefore required to produce and submit a written statement of action (WSoA) to explain how they would tackle these areas of weakness. The completed statement is attached as Appendix 2.

The WSoA focuses on the six priority areas for change as listed in paragraph 3.2 above and provides an action plan to deliver the required improvements. The intended impact of these improvements is also included within each priority area. The statement also explains how the SEND partnership has strengthened its governance arrangements following the inspection.

The People Overview Committee considered a draft of the WSoA at its meeting in September 2020 and the Health and Wellbeing Board reviewed the final WSoA in January 2021. It endorsed the statement of action, the new governance model and the priorities detailed in the plan. It asked the service to provide a further update in due course to the committee and the Health and Wellbeing Board on its work to implement the plan.

### **Delivering the action plan**

Progress in delivering the statement is overseen by the SEND Partnership Board and reviewed in a series of review meetings with the Department for Education and NHS England. In order to support delivery of the action plan, Shropshire Council and its partners have carried out a number of actions according to the following priority areas.

### **Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services**

- The partnership has reorganised itself under a new governance structure as contained in the WSoA. This includes joint oversight of SEND agenda from CCG and health providers through strategic and partnership board. This is now being strengthened with the establishment of the Quality Assurance Group (QAG).
- Recruitment of a new Assistant Director for Education and SEND Service Manager. These officers started in February & March this year
- Production of a new SEND strategy in April 2021.
- Production of Joint Strategic Needs Assessment (JSNA) completed.

### **The lack of inclusion of health services' input into the area's SEND action plan.**

- The appointment of a joint commissioner with Shropshire, Telford and Wrekin CCG is creating a market position statement to understand the provision available to people in Shropshire.
- CCG involvement in producing the WSoA has resulted in greater health involvement in all workstreams.
- The CCG has contributed required data to the JSNA

### **Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways.**

The service is developing a different model to support children, with intervention taking place while it is decided whether or not assessment and diagnosis would be best for the child. This model is based on an approach pioneered by Coventry SEND and is attached at Appendix 3.

- Work is also underway to recruit 2 higher learning teaching assistants and a senior educational psychologist.

### **Significant waiting times for those needing assessment and treatment from the speech and language therapy service.**

- Workstream established to ensure consistency of approach and to support whole system including provider to secure improvement. Place- based consultations undertaken with staff, parents and young people.
- Speech and language therapy (SALT) advice line, handbook and Facebook page launched. Remote SALT service offer including parent/ educator training.

### **Inconsistency in the quality of input from education, health and care into EHC assessment and planning.**

- Designated Clinical Officer (DCO)/Designated Social Care Officer (DSCO) and SEN lead working together on agreed QA framework and data set, group established with plans to trial QA tool.
- Established process of feedback from SEN2 Panel directly to SEND leads within health providers (ShropComm).
- Developed EHCP standards as foundation step on Quality Assurance ladder
- Health specific CAMHS specific EHCNA exemplar template in development. Training session delivered to 20 CAMHS practitioners; Social Care delivering training to new staff
- 20-week performance remains at 71% despite staff changes.
- Challenges around annual review completion have been acknowledged and a recovery plan developed as part of the accelerated action plan to resolve this issue.

### **The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.**

- The draft Shropshire Community Inclusion Policy has been presented to the Schools' Central Policy Group on 10th June 2021 and was well received there and will be updated based on changes to recent government guidance on attendance and behaviour.
- A task force approach is in place so that professionals can respond quickly to support children and schools and provide hands on support. A weekly Safeguarding and Behaviour panel has been arranged where issues can be raised, and a solution focused approach is applied to situations.
- A Peer Challenge took place in February 2021; one of the focus areas being permanent exclusions. An action plan has now been drafted based on the issues identified and reducing exclusions for children with SEN.
- Multi-agency collaborative meetings extended to include mainstream schools.
- Tuition Medical & Behaviour Support Service (TMBSS) primary delivery model ratified and ready for implementation from September 2021 (this was delayed from January 2021 due to the pandemic and lockdowns).

### **Next steps**

A Quality and Assurance Group (QAG) has been introduced by the SEND Partnership to drive the effective implementation of the accelerated action plan, resolve issues impacting delivery of better outcomes and experiences for children and young people and assure the operational delivery of the SEND Strategy on behalf of the SEND Partnership Board. This group meets weekly to accelerate progress in the areas outlined in the report.

The Local Area SEND Partnership will be subject to an Ofsted/CQC revisit inspection shortly. There is no date fixed for this, but officers expect it to happen imminently.

An accelerated action plan is in development following a comprehensive self-evaluation exercise in March/April 2022 and submission of the SEND self-evaluation to Ofsted as part of the annual conversation process in June 2022.

The action plan will incorporate analysis of impact to date, feedback from families, schools and young people to enable the secure improvement to the key areas identified by Ofsted in January 2020 and the delivery of the SEND Strategy. This will also include clear reference to the service recovery plans developed by CCG/ICS commissioned service providers to ensure service waiting lists are eliminated over an agreed time period.

**Risk assessment and opportunities appraisal**

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

- Transfer from the CCG to ICS on the 1<sup>st</sup> July 2022 and the clarity, consistency and accountability around regional vs local commissioning arrangements.
- Significant waiting lists remain for both the Speech and Language service and BeeU (CAMHS) services.
- Significant work remains to implement a clear clinical diagnostic pathway for neurodiverse children and young people 0-25.
- Further review and remodelling of SEND processes within Shropshire Council are required to ensure a highly efficient and effective Education Health and Care Plan (EHCP) assessment and annual review process.
- The SEND Partnership hold a risk register which is updated by the workstreams and then reviewed by the SEND Partnership Board.

**Financial implications**

(Any financial implications of note)

- £70,000 of funding to support the deployment and implementation of the KS2 Talkboost programme was secured through the High Needs Block Dedicated Schools Grant (HNB DSG) and reported to Schools Forum in June 2022.
- Further review and remodelling of SEND processes within Shropshire Council are required to ensure a highly efficient and effective Education Health and Care Plan (EHCP) assessment and annual review process. This will include capacity to deliver the EHCP annual review recovery plan where EHC plans have not been updated either annually and/or to the quality standard introduced by the SEND Partnership.
- CCG commissioners are working with providers to develop service recovery plans. These are in development for Speech and Language Therapy services and the BeeU (CAMHS) service, with other service recovery plans considered for development based on the risk analysis/waiting list position of the service. Local Authority SEND leads and NHS England advisors are engaged with CCG commissioners to support this process.

**Climate Change Appraisal as applicable**

Not applicable for this report

**Where else has the paper been presented?**

<b>System Partnership Boards</b>	SEND Strategic Board and SEND Partnership Board
<b>Voluntary Sector</b>	
<b>Other</b>	

**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**

- Ofsted/CQC Local Area SEND Inspection Report for Shropshire – Appendix 1
- Shropshire Written Statement of Action Final Nov 20 – Appendix 2
- Coventry's Neurodevelopmental Pathway: A Guide for Parents – Appendix 3

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



**25 March 2020**

Mrs Karen Bradshaw  
Executive Director of Children's Services  
Shropshire Council  
Abbey Forgate  
Shrewsbury  
SY2 6ND

David Evans, Accountable Officer, NHS Shropshire Clinical Commissioning Group (CCG) and NHS Telford and Wrekin CCG  
Helen Bayley, Strategic Lead for Quality and Care Improvement Team, NHS Telford and Wrekin CCG  
Julie Davies, Director of Performance, NHS Shropshire CCG  
Julia Dean, SEND Service Manager and Local Area Nominated Officer

Dear Mrs Bradshaw and Mr Evans

### **Joint area SEND inspection in Shropshire**

Between 27 January and 31 January 2020, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Shropshire to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMIs) from Ofsted, with a team of inspectors including an HMI and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, as well as local authority (LA) and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with area leaders from health, care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning groups (CCGs) are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some strengths and areas for further improvement.

## **Main findings**

- Strategic leadership across the area is weak. This is most notable in the leadership of the CCG. The implementation of the SEND reforms by the CCG has been too slow. There has been inconsistent leadership for SEND within the CCG and a lack of cohesive partnership working. Consequently, the focus on SEND has not been sharp enough due to competing health priorities across Shropshire. It is not clear how SEND services will be given greater priority in the area.
- There is no effective pathway for specialist assessment of autism spectrum disorder (ASD) for children over the age of five. Recently, leaders have taken effective action to ensure that some children are assessed. However, there remains a large number of children waiting for assessment. A sustainable assessment model to address this ongoing problem has not been implemented.
- Children and young people experience significant waits for speech and language assessment and treatment. The current speech and language therapy (SALT) service specification is not fit for purpose. Consequently, the SALT service is not meeting the needs of children and young people with SEND in the area.
- Area leaders' self-evaluation identifies some of the key issues in education, health and care provision for children and young people with SEND. Some of the area leaders' action plans and actions are informed by this self-evaluation. However, it is not clear what area leaders hope to achieve as a result of their activities because their plans have no measurable success criteria. Moreover, the area's SEND action plan does not include crucial health elements, such as community health services. Therefore, area leaders' ability to improve the range and quality of services for children and young people with SEND and their families is limited. This is a significant gap and means that children and young people do not get the help and support that they need.
- Area commissioners do not make effective use of the data available to them. Consequently, they do not accurately commission and plan services that meet the full range of children and young people's needs. Area leaders have been able to demonstrate that they are making some improvements. However, the absence of a SEND-specific joint strategic needs assessment to steer the direction of this work, combined with the lack of a robust action plan with measurable success criteria, means that area leaders are unable to evaluate the success of their actions.
- The area met the requirement to convert statements to education, health and care (EHC) plans within statutory timescales. However, there are inconsistencies in the quality of input from education, health and care into the plans. This is particularly so for those plans written before January 2019.

- The rates of exclusion for children and young people with an EHC plan in primary, secondary and special schools are significantly above the national averages. In addition, the rates of repeat fixed-term exclusion for children and young people receiving SEND support significantly increased in 2018/19.
- Knowledge of the SEND reforms and EHC assessment and planning processes across health services is inconsistent. A strategic approach to training and development that secures a good level of understanding from all professionals is absent.
- More recently, there has been designated clinical officer (DCO) representation at appropriate strategic and operational SEND panels and boards. This helps to assist in planning and to develop a thorough understanding of local health services. The current DCO has started work to improve SEND training and to develop a better knowledge of SEND across the health workforce.
- Many strategic leaders value and act upon the views of parents and carers. Most parents are satisfied with the way their child's school or college meets their needs. As a result, the number of tribunal cases is low, as is the number of complaints. The majority of these complaints are not upheld. However, a significant minority of parents are dissatisfied with the services the area provides for their children. Of particular concern for them is the lack of an effective service to support their children's emotional and mental well-being.
- The CCGs have engaged with groups of children, young people and adults with SEND to gain feedback on the effectiveness of services. Shropshire Young Health Champions have been trained to increase consultation, participation and engagement with young people with SEND. Leaflets have been produced in easy-read formats to ensure information is accessible. Feedback from people who access services, including adults with learning disabilities and ASD, has been used in their design. This positive work has not extended to include the parent and carer council (PACC), which reports that the CCGs have not fully embraced the benefits of co-production (a way of working where children and young people, families and those that provide the services work together to make a decision or create a service that works for them all).
- Generally speaking, academic outcomes for children and young people with SEND are strong. This is particularly so for pupils with an EHC plan.
- Area leaders have taken effective action to address some concerns within the BeeU Child and Adolescent Mental Health Service (CAMHS), which was not meeting targets. An in-depth review has been completed and a detailed recovery plan is now in place. As a result, the majority of children and young people now access more timely assessment and care planning, through an integrated and needs-based approach to delivering mental health services.

## **The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities**

### **Strengths**

- The service offered by Beam has good uptake and has been able to support more than double the anticipated number of children and young people. This demonstrates the positive offer it has for large numbers of children and young people.

### **Areas for development**

- Not enough two-year-olds have their needs assessed by the health visiting service. This is particularly so for those children below statutory school age who are not accessing education. Despite area leaders' efforts to address this, the uptake of this important development check is below the locally agreed aspirational target. As a result, the opportunity for swift identification and subsequent referral to specialist services for assessment is lost for some young children.

## **The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities**

### **Strengths**

- Improvements have been made to the ASD diagnostic pathway for under-fives to increase the timeliness of assessment and provide a more child-centred approach. For example, some children are seen in their education settings rather than having to be seen in clinic. This means that some parents do not have as far to travel and there is less disruption to the child's education. This has also addressed capacity issues in clinics, which were creating delays in children being assessed within acceptable timeframes. Although this is in its early stages, initial feedback from parents and clinicians is positive. A pilot project is also being implemented to provide tailored ASD assessment for four- and five-year-olds.
- The portage service (a home visiting educational service for pre-school children with additional needs) is highly valued by parents and professionals. It provides intensive support and helpful strategies for families, and is an effective link between other services. This helps families to understand the help and support available to them in the area.
- A small number of key stage 1 children with developmental language delay or severe speech problems benefit from intensive SALT and specialist teacher input provided by the severe speech and language impaired children's team. These



health and LA professionals work closely together to carry out joint assessments and create joint care plans that meet children's needs. This innovative service is available countywide and makes good use of technology such as video calling to conduct sessions with children when this is appropriate.

- The public health nursing team has dedicated SEND practitioners who help some families to access the support they need. This includes providing parents with ideas about how they can support their child's behaviour, and helping parents to have a clearer understanding of services available to them. The team also includes support workers for 0- to 19-year-olds, which helps to promote consistency for families as their child gets older.
- The children's community nursing team respite service helps to reduce anxiety for parents of children with acute and/or complex needs. The service provides opportunities for parents to take a break, safe in the knowledge that their child is being looked after well.
- There is effective joined-up working between occupational therapists provided by health and LA services. A 'trusted assessor' agreement is in place, which helps to avoid duplication in important activities such as checks on specialist equipment.
- The 0 to six meeting for health and area partners is highly valued by practitioners as it provides them with opportunities to share good practice and access peer-to-peer support. New initiatives such as the 'preferred provider' list have also been developed. This list contains early years settings that have undertaken enhanced training to provide a high-quality education for pre-school children with SEND.
- There is good support from education, health and social care professionals at key transition points. At the annual review, important information is shared between professionals to support a smooth transition for the child or young person. For example, a parent we met praised the support provided by the specialist visual impaired team in supporting her son's successful move to college.
- Therapists take a proactive approach to transition planning. For some children, this means that specialist equipment has been provided and/or training has taken place with school staff in readiness for a change of placement. Consequently, the setting is well prepared to meet the child's needs at the point of transition.
- The development of the hub model to provide specialist support for mainstream schools is having a positive impact on the lives of children and young people with SEND. Parents we spoke to whose children have a place in a hub told us that it had helped to improve their child's attendance and enjoyment of school.
- Area leaders continually look for ways to develop and improve the local offer. This includes the re-design of the local offer information page. A part-time local offer development officer has recently been taken on. Parents and young people did not always speak convincingly about how useful the local offer was to them. However, leaders' monitoring of the use of the local offer shows that a high number of people are regularly visiting the site.

- Co-production is well developed in some aspects of the area's work. For example, one of the next stages in the improvement of the local offer is to develop a local offer specifically for children and young people with SEND. Leaders are co-producing this with children and young people who are part of the Disability Arts in Shropshire (DASH) group. Young people have designed icons for the new website and are currently producing videos for it. They value this opportunity.
- Parents speak highly of the support and advice they receive from PACC, the Information, Advice and Support Service, and Autism West Midlands. Representatives of these services are strong advocates for children and young people with SEND.

### **Areas for development**

- Children and young people over five years old wait too long for a specialist assessment for ASD and attention deficit hyperactivity disorder (ADHD). Area leaders do not have a robust plan to address this. As a result, many children experience significant waits and are not having their needs met within an acceptable timeframe.
- There is a lack of clarity for professionals and parents about the criteria and referral routes for ASD assessment for a child aged over five years old. Professionals reported confusion about who can make a referral for a child and whether referrals are currently being accepted or not. This does not assist in easing parents' worries.
- Despite timely initial assessment by BeeU, some children and young people who require certain types of support for their mental health wait too long for treatment to start. In addition, children and young people who need support from the BeeU learning disability team also experience long waits for a routine appointment. Parents and professionals shared their concerns about delays in children and young people accessing support from these teams.
- Children and young people with SEND wait too long to have their needs assessed and met by SALT services. There are a significant number of children and young people who have waited over 18 weeks for assessment. Leaders have put in place a recovery plan to address this, but any sustained effect of these actions is yet to be seen.
- Leaders across the area have failed to secure appropriate support for the local special school from specialist practitioners to ensure that staff are confident and competent in supporting the health and care needs of their pupils. As a result, therapy and special school nursing services are spending increasing amounts of time developing the knowledge and expertise of school staff. This reduces the time available to provide direct support for children and young people.

- Therapy services do not proactively work with local early help services to share information and provide a joined-up approach for families who are receiving support from both teams. Leaders recognise this as an area for improvement that will enhance and streamline the support received by children and their families.
- Several health services do not seek feedback from parents, carers and young people about the service being delivered. This limits each team's ability to respond to need and to develop its service in a more person-centred way.
- Area leaders and the SEND team have acted to improve the quality of EHC plans. Some plans contain good-quality input from education, health and care professionals. However, there is inconsistency in some sections of the EHC plans. For example, EHC plans do not always clearly explain the specific actions that need to be taken to help meet the child or young person's needs. This is particularly so for the actions relating to health needs. Leaders within the therapy services have recently developed a template to improve the clarity and consistency of the advice given. However, it is too soon to see the impact of these actions.
- EHC plans written prior to January 2019 are weak regarding the information provided in the wider outcomes section. In addition, not all plans for children looked after by the local authority contain input from children's social care. This includes plans written prior to, and since, January 2019.
- Many EHC plans are not updated in a timely way following an annual review. This may mean that a child or young person's needs are not being met well. For example, sometimes students begin college with an EHC plan that is years out of date.
- In January 2019, leaders established a multi-agency panel to quality assure EHC plans before they are published. As a result, some more recent plans show effective joint work by education, health and care professionals. This is most notable in EHC plans written for 19- to 25-year-olds and for three- to four-year-olds. However, these improvements are not evident in all plans. In addition, leaders recognise that historical EHC plans are still in the process of being updated.
- Some aspects of the support provided for young people's preparation for adulthood are limited. Area leaders are beginning to address this. For instance, they have asked a special school to trial a new Year 9 annual review process that has a greater emphasis on the identification of needs for future preparation for adulthood. However, the sustained positive effect of these actions is yet to be seen.

**The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities**

## Strengths

- Over time, pupils with an EHC plan have made good progress. In 2019, for example, Year 1 children with an EHC plan achieved above the national average for similar children in phonics (letters and the sounds they represent). At key stage 2, standards achieved in reading, writing and mathematics were strong.
- The percentage of 19-year-olds with an EHC plan achieving level 2 or level 3 qualifications in English and mathematics in 2019 was above the national averages. However, there was a sharp decline between 2016/17 and 2017/18.
- The development of a supported internship programme is having a positive effect on outcomes for young people with SEND. We met with three young adults who have gained full-time employment or have secured an apprenticeship because of the programme. They were all thrilled.
- In 2018, the percentage of 17-year-olds receiving SEND support who were in education, employment or training was above the national average for similar students. The percentage of young people with SEND in paid employment is high, although there was a sharp decrease last year.
- The most vulnerable children and young people with SEND achieve positive outcomes. For example, area leaders' actions this year have resulted in a decrease in the number of children and young people receiving SEND support who were not in full-time education. Headteachers value the support provided by the headteacher of the virtual school. As a result, achievement for children looked after by the local authority is strong.
- The short-break offer includes a focus on preparation for adulthood. As a result, the number of adults with learning disabilities living independently is high. In addition, there is a high proportion of adults with a learning disability who access paid employment.
- Leaders have implemented several strategies to increase the number of young people aged 14 upwards with SEND who have an annual health check completed by their general practitioner (GP). As a result, the uptake has doubled, and area leaders have detailed plans to sustain this good progress, so that young people regularly have their health needs assessed as they enter adulthood.
- The range of opportunities provided for children and young people to develop their independence and life skills continues to increase. For example, we met some young people with SEND who had benefited from travel training and, as a result, were able to travel to college independently on public transport. Two young adults we met had passed their driving test.

## Areas for improvement

- Pupils receiving SEND support do not achieve as well as they should. At key stage 2, although improving over time, the percentages who achieve the expected levels in reading, writing and mathematics are below the national averages for similar children. The percentage of 19-year-olds receiving SEND support who achieve level 2 or level 3 qualifications in English and mathematics is also below the national average and is declining over time.
- At key stage 4, the percentage of pupils with SEND achieving a good pass in English and mathematics is below the national average for similar pupils.
- Permanent exclusions for children and young people with SEND are significantly above the national figures. The number of repeat fixed-term exclusions for children and young people who receive SEND support is also increasing over time. Fixed-term exclusions for children and young people with an EHC plan in primary, secondary and special schools are significantly above the national figure.
- Young adults told us that they were disappointed with the range of leisure activities in the local area once they reached 18 years of age.
- Only seven young people leaving care have received a health passport that captures their health history. This is significant, given the high number of children and young people placed in Shropshire from other areas. This may be the last opportunity to provide a child or young person with a comprehensive picture of their health history. Area leaders acknowledge that this is an area for development.

### **The inspection raises significant concerns about the effectiveness of the local area.**

The area is required to produce and submit a Written Statement of Action to Ofsted that explains how the area will tackle the following areas of significant weakness:

- Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services
- The lack of inclusion of health services' input into the area's SEND action plan
- Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways
- Significant waiting times for those needing assessment and treatment from the speech and language therapy service
- Inconsistency in the quality of input from education, health and care into EHC assessment and planning
- The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Yours sincerely

Lesley Yates  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Lorna Fitzjohn Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Lesley Yates HMI Lead Inspector	Kaye Goodfellow CQC Inspector
Ann Pritchard HMI	

cc: DfE Department for Education  
 Clinical Commissioning Group(s)  
 Director Public Health for the local area  
 Department of Health  
 NHS England



# Shropshire Local Area Written Statement of Action



Contents:

Introduction	<a href="#">2</a>
Strategic Aim	<a href="#">4</a>
Statement of Intent	<a href="#">4</a>
Our progress	<a href="#">5</a>
Shropshire SEND Governance	<a href="#">8</a>
Our Priorities	<a href="#">10</a>
priority 1	<a href="#">11</a>
priority 2	<a href="#">15</a>
priority 3	<a href="#">19</a>
priority 4	<a href="#">23</a>
priority 5	<a href="#">27</a>
priority 6	<a href="#">29</a>
Glossary of key roles and personnel	<a href="#">32</a>



## **Introduction:**

The Shropshire Local Area SEND inspection took place in January 2020. Inspectors identified a number of challenges that must be overcome to secure necessary improvements which will lead to better outcomes for Shropshire children and young people with SEND.

The outcome of the inspection is that the Shropshire local area has been requested to produce a Written Statement of Action (WSOA). We recognise the concerns highlighted through the inspection and, in particular, senior leaders within the Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG) acknowledge that much of the concern during the inspection about a lack of appropriate and timely action by the Shropshire CCG, was reasonable.

The WSoA will focus on the following 6 areas of significant concern identified during the Local Area SEND inspection:

1. Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services
2. The lack of inclusion of health services' input into the area's SEND action plan
3. Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways
4. Significant waiting times for those needing assessment and treatment from the speech and language therapy service
5. Inconsistency in the quality of input from education, health and care into EHC assessment and planning
6. The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Our WSoA identifies those actions that the partnership will take to secure improvements, how we will measure our success and what difference we expect our actions to make to the Shropshire SEND community. However, we recognise that this is not a finished product. We aim to make this a dynamic process that is responsive to the changing needs of the Shropshire SEND Community and we anticipate the need to develop and refine our actions as we progress on our journey to secure improvement. We will therefore produce an annual report to share the success of the actions that we have taken; identify any new challenges and highlight any changes that we believe are necessary to secure the impact that we are aiming to achieve. We will update the WSoA annually to reflect the dynamic nature of the work being undertaken.

Shropshire Council and Shropshire, Telford and Wrekin (STW) CCG are jointly responsible for submitting the WSoA. We will work with our Parent Carer Forum (PACC) and our schools, colleges, health providers and other stakeholders to collegiately own the plan and we will use the principles of joint working and co-production to address all areas of weakness.

Joint working will mean that Shropshire Council and STW CCG commit to a shared vision for the Shropshire SEND community and accept equal responsibility for delivering the agreed outcomes for children and young people with SEND. Embedding co-production means that the voice of the Shropshire SEND Community will be present in all strategic discussions that will impact on this community. Representatives from the Shropshire SEND Community will sit alongside statutory leadership, to inform and shape strategic planning from the earliest point. We will set the agenda together and agree what needs to be talked about, what are the important issues and what we need to achieve. We will put in place the necessary structures so that this ethos of joint working and co-production will be present throughout the Shropshire SEND system and will be reflected in the experience of individual children, young people and families so that they are empowered to be fully involved in planning how their support will be delivered and what outcomes will be achieved.

The inspection also identified many strengths and we recognise there are existing ongoing priorities which require further action so that we can build on, secure and embed the good practice that already exists across Shropshire and which support Shropshire children and young people with SEND to secure exceptional outcomes in some areas. We will therefore continue to develop our action plan based on our SEND Strategy and our self- assessment alongside those actions identified within the WSoA.

Karen Bradshaw DCS (Shropshire Council)

David Evans (CEO Shropshire Telford and Wrekin CCG)

Claire Parker DoP (CCG)

Zara Bowden (PACC)

Councillor Ed Potter

### **Our Strategic Aim:**

Our SEND strategy was refreshed in 2019. Our strategy has grown from the collective voices of our SEND community and supports all partners to work together to achieve our shared priorities for development. We aim to work together so that the aspiration of our children and young people becomes not only a possibility for some but the **expectation for all...**

*“Shropshire children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people. We will achieve this by understanding what children and young people need, working in partnership and with children and young people to meet that need, and measuring our success by whether we achieve a ‘dream life’ for children and young people with SEND”  
(Shropshire SEND Strategy 2019)*

### **Statement of Intent:**

As equal partners we are committed to addressing our shortcomings and will work with practitioners and leaders from across education, health and social care, as well as parent carers and young people and the voluntary sector to:

- address all six of the areas identified by the inspectors as being of significant concern
- agree a realistic but ambitious timeframe to secure improvement
- build on, achieve and embed our vision so that children and young people with SEND can have and expect the same opportunities in life as others.

### **To achieve this we will:**

- commit to identify and understand the challenges that we face across the local area
- secure the commitment and support of decision makers to overcome these challenges

- embed co-production across all aspects of our work, including the development, implementation and monitoring of the WSoA, so that parent carers and children and young people with SEND are recognised as equal partners in this work and are fully involved in decision making
- challenge preconceived expectations where these may place a ceiling on what can be achieved
- embrace new ways of working to support innovative practice
- work in partnership across all services, promoting transparency and consistency in decision making and delivery of support
- commit to the principles of personalisation and embed these across all aspects of SEND commissioning so that the Shropshire SEND system is informed by accurate data; can effectively respond to local need; provide a diversity of choice, is financially sustainable and makes best use of all resources available.

We recognise that SEND is everybody's business and the priorities within our WSoA will be the responsibility of all partners and stakeholders who make up the Shropshire local area.

### **Our progress:**

Since the local area inspection we have continued to work on our SEND priorities and have made a good start addressing the concerns identified by Ofsted/CQC in January 2020.

However, our progress has been impacted by the challenging situation presented by the current pandemic. The Ofsted/CQC letter was finalised during the 'lockdown' period and this has impacted on how quickly we have been able to respond to the findings of the inspection as well as the nature of that response. Lockdown has meant that we have not been able to hold engagement events, public consultations and workshops in a way that we would have in the past. In addition our resources have been focussed both on the prevention of the spread of the virus and the emerging safeguarding and mental health concerns surrounding children and young people as a result of a prolonged period of the enforced isolation. Despite the difficulties presented by the pandemic we have been able to make accelerated progress in many areas. New ways of working have reduced barriers and improved communication; strengthened partnerships; enabled innovative practice and supported cross service problem solving.

Since the inspection we have reflected on our perceived strengths and areas of concern. We recognise that there was an imbalance in our partnerships and that partners did not share a unified vision for SEND. We have therefore reviewed our strategic direction to ensure that our longer-term priorities are the right priorities as we move forward and that there is shared ownership of the SEND agenda and a mutual understanding of our responsibilities to the Shropshire SEND community. We have strengthened our commitment to co-production and can evidence increased understanding of the principles of co-production across the CCG.

Shropshire CCG has also been undergoing significant change as it prepares to merge with Telford and Wrekin CCG to become a single CCG serving the communities of both Shropshire and Telford and Wrekin by early 2021. In addition, the CCG has acknowledged the weaknesses in its strategic leadership of SEND and action has been taken to redress its shortcomings. A newly appointed Director of Partnerships (DoP) has responsibility for oversight of the SEND agenda and is accountable for the delivery of the WSoA and the SEND strategy in partnership with the Director of Children's Services (DCS), Shropshire Council.

### **Parent Carer Engagement and Co-production**

PACC has established a SEND Inspection Engagement group for parent carers who want to be actively involved in the development and implementation of the WSOA, acting as parent carer representatives. This is supported by information about the WSOA process on the PACC website, monthly daytime and evening online meetings and a closed Facebook group for discussion. Regular comms about the development of the WSOA have been shared with the wider send community via PACC's networks <http://www.paccshropshire.org.uk/shropshire-send-inspection>

PACC has been fully involved in the development of the WSoA, with representation at all meetings. PACC is starting to experience improved engagement in health strategic meetings, now providing parent carer representation on the Learning Disability and Autism Board. Access to senior health decision makers is reported as starting to improve.

### **Progress against our priorities:**

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
<p>Reviewed and revised the governance of SEND to provide increased scrutiny, challenge and accountability. Director of Partnership role created within the CCG to deliver the WSoA and the SEND Strategy. Joint oversight is more robust with the creation of a more strategic partnership board that is jointly chaired with the LA and CCG.</p> <p>PACC has increased access to senior health decision makers which is developing a consistent understanding of co-production across all work areas Joint additional funding to increase the capacity of PACC has been agreed.</p> <p>Joint funding for a project Manager role to co-ordinated WSOA activity has been agreed and a job description developed</p>	<p>Health providers have started to review their action plans to identify SEND priorities to inform the development of the SEND Action Plan and SEF.</p> <p>Cross sector working has increased between the CCG and Shropshire Council enabling a more comprehensive understanding of activity and services that have the potential to improve outcomes for the local SEND community'</p>	<p>A recovery plan has been put in place and is on track to reduce waiting times. At the time of the inspection there were over 1000 children waiting to be seen by SALT and nearly 900 had been waiting over 18 weeks. The implementation of effective triage and virtual consultation has successfully reduced waiting times for SALT. As at mid-September the number awaiting assessment had been reduced to 210 with only 32 waiting over 18 weeks. It is planned that no child will be waiting over 18 weeks from November 2020.</p>	<p>NDP identified as a priority. Funding is being sought to support the development of NDP. The provider is in the process of appointing to key posts to support future development of the NDP A recovery plan for the diagnosis element of the pathway is under development which will identify a timeframe for reducing waiting times to within nationally accepted levels.</p>	<p>Annual review process has been reviewed to ensure compliance with statutory timescales Improved AR document to ensure improved input from professionals. 2 x new AR officer posts created within the SEN Team to enable the AR to inform the EHCP effectively so that the EHCP is up to date.</p>	<p>Inclusion workstream established. Review of AP initiated, and revised model identified. Increased challenge to school through PDC Improved reporting and recording of incidents of exclusion to the LA Process developed to support children with an EHCP identified at risk of exclusion Improved engagement with the SEND agenda by Education Improvement Service Principles of restorative approaches agreed and scoping exercise undertaken. Strategic multi-agency Exclusion and Exploitation Focus group established.</p>

Page 24

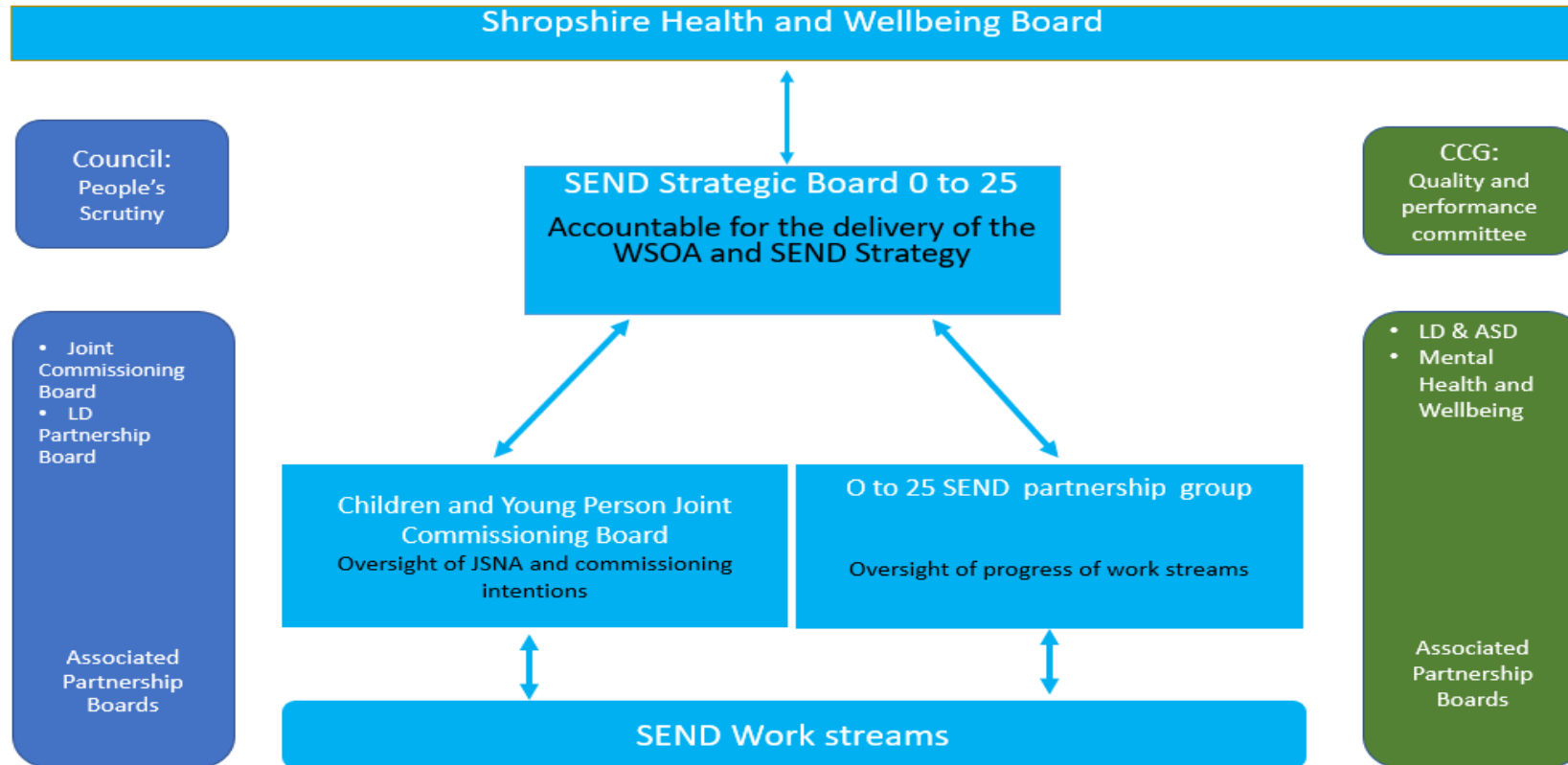
### **SEND Governance:**

Since the inspection we have revised our SEND Governance structure so that our partnership is strengthened; lines of accountability are clearer; and there is increased opportunity for scrutiny and challenge both within Shropshire Council and the CCG. We have identified those strategic partnership boards whose priorities enhance and support the SEND agenda and have committed to developing SEND champions within each of these areas. We aim to promote increased awareness of SEND priorities and ensure the wider recognition of SEND as *'everybody's business'* from members, directors and key decision makers to those who work with and support children and families across a range of contexts.

Oversight and accountability of progress of the SEND action plan and WSoA sits with the SEND Strategic Board. Responsibility for checking and evaluating the effectiveness of the actions will sit with the 0 to 25 SEND Partnership Group and through this group to the SEND Strategic Board 0 to 25.

STW CCG Governance has been amended in line with the creation of a single management structure. The recently appointed Director of Partnerships holds the accountability for SEND in relation to individual commissioning and the Executive Director of Transformation holds the accountability for the commissioning of appropriate pathways. The quality of commissioning for individuals, the monitoring of the quality and contract delivery of providers will be monitored by the CCG's Governing Bodies Committee for Quality and Performance. The assurance, i.e. the accountability of the delivery of the CCGs statutory responsibilities in relation to SEND will be reported to the CCGs Governing Bodies. The CCGs are commissioning members of the Strategic Transformation Partnership (STP), as are all providers and the local authorities. The CCGs Governing Bodies report directly into the STP Board (now the shadow Integrated Care System Board).

# Shropshire Local Area SEND Governance





## Our priorities:

Priorities will be assigned to improvement workstreams. A lead role has been identified for each priority and it is the responsibility of the person undertaking this role to ensure that all work is co-produced; that progress toward securing improvement is timely and that information is provided to the SEND strategic board so that appropriate challenge and scrutiny can enable the local area to meet its statutory responsibility and address the significant concerns identified by Ofsted/CQC following the local area SEND inspection Jan 2020. To ensure ongoing consistency and so that each priority area continues to be assigned to a lead regardless of changes in personnel over time we have decided to name roles rather than individuals within this high-level strategic action plan. Where appropriate, delivery partners have also been identified. Individual names against roles are noted within the glossary on page 33 this will be updated biannually.

Whilst some specific key performance indicators (KPIs) have been identified within the priorities below, additional KPIs will be identified for each priority/workstream to measure the extent of progress across all priorities. KPIs will be evident within all action plans for each area of work. The identification and collation of comprehensive baseline data that will enable progress to be accurately evaluated and reported on will be an immediate priority of the local area and will be reviewed by the SEND Strategic Board quarterly. A comprehensive and co-produced survey to capture baseline data will be undertaken. This will be completed by the end of January 2021. In addition a workstream will be allocated to each of the priority areas and each workstream lead will be responsible for ensuring that appropriate impact data is identified and collected and that progress against impact as well as progress against outcomes is collated and presented to the SEND Partnership Board every six weeks. The SEND strategic board will review progress against impact quarterly. Completion dates identified alongside each action may indicate a timeframe for completion rather than a specific completion dated. This is to ensure that work is initiated at the earliest opportunity whilst also acknowledging that an action may be have multiple elements to it that require a longer time period in order to ensure that an action is embedded so that impact can be measured effectively. Some actions will be ongoing, where this is the case, this is indicated within the table below.

Alongside these priorities we will continue to develop the work that we had identified as ongoing and incomplete, this will enable us to continue to work on those areas that our parent carers, children and young people had identified are important to them.

As well as drawing on existing resources from a range of initiatives and funding streams to focus on the priorities within this plan, significant additional financial resources have been secured and directed towards supporting the implementation of the actions in this plan. This will ensure that the Local Area makes a real impact on the lives of children and young people with SEND and their families. Importantly, the CCG and Shropshire Council have committed additional resources to co fund a project officer to support the SEND Strategic Board in driving the improvements forward, and to co fund PACC to work alongside local area leaders to establish and embed the principles of co-production. Shropshire Council is also investing in additional capacity to focus on the work around exclusions; the CCG is adding additional financial resource to support the work on the ASD pathway. Details are included in the plan.

### Priority 1

**Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services**

<b>Outcomes:</b>	
1.1	The local area SEND governance structure secures equal partnerships across the LA, CCG and PACC that embrace change; support innovative practice and drive improvement through appropriate and effective challenge based on a thorough understanding of the needs of the SEND community (0 to 25).
1.2	Co-production is embedded within the SEND governance structure
1.3	The local area SEND specific JSNA provides accurate data to enable leaders to understand the needs and resources of the SEND community and informs effective commissioning for SEND across all agencies.
<b>Impact measures:</b>	
	<ul style="list-style-type: none"> <li>Feedback from annual survey will demonstrate an average of 15% year on year increase in the proportion of the SEND community that agree that they are included in decisions regarding the provision that is available across the local area, this will include provision to meet their specific needs as well as those decisions that influence the strategic direction of SEND across the CCG and LA.</li> <li>The SEND community representatives will report that they have been fully involved in the co-production of their local area priorities.</li> <li>Targeted feedback will demonstrate that the JSNA provides an accurate understanding of the needs of the SEND population, 0 to 25, across the local area; this will enable the local area to use data effectively to accurately plan and commission services and therefore achieve the local area strategic vision identified within the SEND Strategy. This will be evidenced through: <ul style="list-style-type: none"> <li>at least 70% of children and young people with SEND will report that they are able to access the services and support that they need in a timely and joined up way.</li> <li>70% of young people agree, that housing, employment and leisure opportunities to support the preparation for adulthood (PFA) outcomes, are accessible across the local area.</li> </ul> </li> </ul>

- There will be a 30% increase in the use of personal budgets over a two year period to secure personalised provision across health, care and education.
- Annual feedback report from SEND community representatives will confirm that co-production is understood and embedded across the local area and will identify any areas of concern.

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>1.1</b>	<b><u>Governance structure</u></b>						
1.1.1	Current draft SEND strategy reviewed, further priorities/actions identified and added following consultation process.	Dec 20	NO	SEND Strat Board members SEND Partnership Board	Officer time (existing resource)	The strategic vision for SEND reflects the aspirations of the SEND community.	Co-produced strategy refreshed following engagement. KPIs developed to quantify impact against agreed outcomes
1.1.2	Publish the SEND Strategy articulating a joined-up response to meeting the needs of the Shropshire SEND community.	Jan 21	DCS	SEND Strat Board members	No cost	Published SEND strategic priorities are evidenced across all SEND workstreams within terms of reference and action plans  All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	<i>SEND strategy drafted and due to be presented to H&amp;W Board Jan 21</i>
1.1.3	SEND Communication plan will be agreed by the SEND Strategic Board and published.	Jan 21	DoP/DCS	SEND Strat Board members	Existing Resource	All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	

Page 29

1.1.4	Establish and embed effective SEND governance structure that demonstrates strong leadership and effective challenge across both the CCG and the LA.	Nov 20	DCS/DoP	SEND Strat Board members	New resource project officer joint funded CCG/LA	Governance structure agreed by the SEND Partnership Board Action plans demonstrate high aspiration for SEND community and innovative approaches to be securing change.	<i>Governance structure agreed, mapping of p'ship boards across the local area to be completed and added to structure. Membership of Workstreams to be agreed</i>
1.1.5	Terms of reference and membership of groups finalised and published Workstreams established and TOR /action plans in place; SEND Partnership Board established providing wider stakeholder engagement and oversight.	Dec 20	DCS/DoP	SEND Strat Board members	NA	SEND is clearly reported in the Governing Body and committee structure of the CCG with clear lines of accountability into the SEND Strategic Board.  The right people will be attending the relevant groups to inform and influence action plans and activities across the local area, reflecting effective co-production and joint working.	<i>ToR agreed for some workstreams; co-production principles/shared language to be agreed.</i>
<b>Co-Production</b>							
1.2.1	Review current feedback mechanisms across SEND community reps so that gaps in data are identified and robust baseline data is established; this will ensure that improvement can be measured quantitatively and qualitatively	Jan 21	CC			Range of data will be provided to the SEND Strategic Board and will be included in the annual stakeholder report on progress of the local area	<i>PACC has good internal feedback processes already established.</i>
1.2.2	Develop a set of local standards for co-production which will identify the agreed shared principles of co-production across the partnership.	Feb 21	PACC		DBOt resource (CDC)  SC and CCG funding to	Local charter published that sets out the principles of joint working and co-production	

Page 30

					support PACC as a delivery partner		
1.2.3	Develop training programme/s to raise awareness of and secure co-production across all partners and providers.	Mar 21			Existing resource	Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	Some established training programmes in place. Person centred training rolled out to all schools.
1.2.4	Develop clear and transparent processes to demonstrate all commissioned providers understand and deliver co-production across all pathways, and that SEND is embedded into the policies and pathways across the health system	June 21	DoP			Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	
<b>JSNA/commissioning</b>							
1.3.1	Agree principles for information sharing	Dec 20	DPH	SIRO Information assets team/s		Information sharing protocols are agreed by SEND Strategic Board and shared with all providers/commissioned services. Information sharing agreements in place as appropriate	
1.3.2	Content and format of JSNA agreed	Feb 21	DPH	Insights Team		Agreed by SEND Strategic Board	Content and format first draft in progress

1.3.3	Multi-level data reporting system established which will both inform and be informed by SEND JSNA	Feb 21	DPH	Public health		The SEND JSNA will be a dynamic document with relevant updates made at regular intervals.	Range of SEND datasets agreed and dynamic dashboard under construction
1.3.4	Children's joint commissioning board established	Jan 21	DCS	SEND Board members	existing	ToR will identify purpose of the board and confirm membership and how the board will operate to support efficient commissioning of services across the local area.	
1.3.5	All commissioned services mapped and gaps identified	Feb 21	CC/NO	All service managers		Commissioning specifications relating to SEND activity are informed by data and underpinned by the principles of co-production Commissioning specifications for SEND and contracts will clearly cross reference local area data identified within the SEND JSNA	Some mapping activity undertaken by CCG
1.3.6	Commissioned services will provide data to inform the SEND JSNA	Feb 21 and ongoing	DoP/AD Early Help and partnerships	All service managers		Commissioned services will deliver against outcomes identified within the SEND strategy and this WSOA Commissioning is personalised and responsive to the needs of individuals.	

Page 32

## Priority 2

### The lack of inclusion of health services' input into the area's SEND action plan

<b>Outcomes:</b>
<b>1.1 SEND is identified as a specific improvement area of the co-produced action plans of providers</b>
<b>1.2 The local area self-evaluation and all action plans clearly evidence the voice of parent carers and young people and their influence in determining key priorities and actions.</b>

**1.3 All action plans and impact measures across health relating to SEND are referenced within the local area SEND Self Evaluation.**

**1.4 There are clear CCG strategic priorities to reduce health inequalities for C/YP with SEND**

**Impact measures:**

- There will be an annual increase of 10% in the number of c/yp with SEND and their families reporting increased positive experiences of the health services commissioned by the CCG. This will be informed by baseline data and regular feedback mechanisms including focussed surveys.
- All provider action plans will identify SEND specific priorities
- A reduction in health inequalities across the SEND community will be evidenced through quantitative data sets and feedback from the experiences of c/yp with SEND and their families and will be clearly linked to specific and targeted health actions within the local area SEND action plan as well as those across other priority areas.
- There will be an incremental year on year increase in the take up of annual health checks across the age range target percentage increase will be identified by workstream and will be based on current data for Shropshire.
- SEND champions will report an increased awareness of SEND health priorities across health providers
- Self- evaluation and action plans across all health providers demonstrate an increase in knowledge of their SEND responsibilities in comparison with baseline data and that all providers are familiar with the local area SEND strategy and associated priorities.
- Data will demonstrate that **all** GP practices are aware of the local area SEND priorities and initiatives and engage positively with implementation of the local area action plan where this is relevant to them e.g. neuro developmental pathways. Impact will be measured through measures identified within the individual workstreams and will be reported to the SEND Strategic Board quarterly.

Page 33

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
2.1	<b>SEND Provider Action Plans</b>						
2.1.1	Review all provider action plans and identify known gaps against areas of weakness identified within local area SEND inspection and SEND self-evaluation document and action plan and SEND strategy.	Jan 21	DoP	CC, SCHT/MPFT	NA	Gaps reported to SEND Board and priorities for improvement identified and shared with providers	Process currently underway

2.1.2	Agree representation from PACC to support identification of co-produced SEND specific priorities	Feb 21	CC			SEND Board will review priorities biannually	
2.1.3	All provider action plans to be updated and identify clear SEND specific impact measures	Mar 21	DoP	CC. managers from SCHAT and MPFT	existing	Impact data will be identified which will inform JSNA and joint commissioning and will support ongoing cycle of improvement.	Shropshire community trust and MPFT have started the process of amending action plans
<b>2.2 Co-Production</b>							
2.2.1	A workshop will be held to promote the shared understanding of coproduction with health providers	Jan 21	PACC	CC/NO managers from SCHAT and MPFT	DBoT support from CDC	Co-production will be embedded across the local health economy and clearly evidenced within terms of reference and minutes of meetings including those relating to commissioning of services.	
2.2.2	A review of provider action plans will take place which will include SEND community representatives to identify positive co-production and further opportunities	Jan 21	DoP/DoT	All SEND community reps	Allocated funding for PACC SC/CCG	All provider action plans and priorities will be co-produced	
<b>2.3 Local Area SEND/SEF Action Plan</b>							
2.3.1	Undertake review of the transformation and sustainability plan and identify overarching SEND priorities	Feb 21	DoT			All health priorities and actions will be clearly evident within the SEND SEF and action plan and will be agreed by the SEND partnership board.	



2.3.2	Update Local Area SEND SEF to include identified SEND health priorities	Mar 21	NO			Local area SEND priorities identified within the SEND Strategy and SEND action plans can be cross referenced with priorities agreed across the STP.	
<b>2.4 CCG Strategic Priorities for SEND</b>							
2.4.1	The CCG will co-produce a strategy with clear priorities, to meet the health needs of children and young people with SEND in Shropshire	Mar 21	DoT		Existing resources	The ICS priorities will reflect SEND strategic priorities	
2.4.1	Develop a C/YP workstream	Oct 20 to Feb 21	CC	All partners and SEND C/YP representatives	NA	All provider action plans will include as a targeted outcome or area of impact	Workstream initiated ToR and meeting cycle agreed. Specific work areas to be agreed
2.4.3	Establish and embed feedback mechanisms to provide dynamic data on impact across health services (could this be a single source survey)	Oct 20 to Feb 21	DoT		NA	All commissioned health services will include SEND specific targets, KPIs, SLAs etc Commissioning of health services will be monitored through the joint commissioning board and JSNA All services will have SEND specific targets	
2.4.4	Establish mechanisms to ensure that all GP practices are aware of local area SEND priorities and access up to date information in respect of pathways to access targeted and specialist services.	Jan 21 to Dec 20	DoP	All partners Project manager	NA	Health communication plan in place identifying how the local area communicates with wider partners, including GPs Feedback from GPs will identify that information has been received. Appropriate referrals made to specialist services. GPs will report that they are aware of range of universal and targeted services available and how these are accessed.	

Page 35

### Priority 3

### Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways

Outcomes:	
	<b>3.1 Efficient neurodevelopmental pathways are coproduced supporting early and effective assessment and support.</b>
	<b>3.2 There will be an effective, transparent and accessible system wide support offer in place for C/YP with neuro developmental conditions and their families</b>
	<b>3.3 There will be robust system wide performance management systems in place</b>
Impact measures:	
Page 36	<ul style="list-style-type: none"> <li>• All children and young people (CYP) following the pathway, who are referred for a specialist neurodevelopmental assessment, will access a neurodevelopmental assessment within 12 months</li> <li>• Monthly increase in the % of C/TP assessed for ASD/ADHD in Shropshire is at least in line with the average for statistical neighbours by July 2021</li> <li>• 100% of children referred to ND pathway are seen within 18 weeks by April 2022</li> <li>• Ongoing increase (at least 15% pa) in the percentage of parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity)</li> <li>• At least 70% of C/YP on accessing the pathway will report that they have access to effective and appropriate support both pre and post diagnosis</li> <li>• Over 70% of CYP and their families will report that they are satisfied with the service they receive and qualitative feedback will demonstrate that more than 50% of experiences reported are positive.</li> <li>• All schools will report improved access to support for pupils and improved ability to meet the needs of pupils locally.</li> <li>• Year on year increase of at least 15% in the number of C/YP and families reporting access to services</li> <li>• There will be reported improvement in mental health and wellbeing for this cohort of at least 20% from established baseline using agreed survey.</li> <li>• There will be a 20% reduction in the number of hospital admissions linked to poor mental health</li> <li>• There will be increasing variety of services commissioned to support positive mental health for this cohort that will be measured through increase in the number of personal budgets and increase in the availability of social prescribing and increase in use of therapeutic intervention and alternative strategies such as PBS. This will be measured through the development of specific data dashboards.</li> <li>• Feedback form SEND community reps will evidence more than 70% satisfaction with transition to adult mental health services by 2022</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>3.1</b>	<b><u>Establish efficient DN pathway</u></b>						
3.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM MPFT ND workstream members	Existing staff time and uplift in funding as required	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
3.1.2	Review pathways regionally and nationally to identify examples of best practice	Dec 20	CC	NO/ PEP	Existing staff time	Notes from workstream meetings	Review of other pathways across WM region has been DBOT support through CDC to map current provision initiated specifically T&W and Coventry
3.1.3	Embedded a new sustainable ASD diagnostic team	Aug 20	CC	SM MPFT	Existing staff time and uplift in Uplift of £380k per year across the county for ASD team	There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs  Reduction in waiting list to at least other areas (12 months) with a longer aim (2yrs) for all CYP to wait no longer than 18weeks	Provider has allocated a resource Team and has started to see CYP on the waiting list. Numbers to be monitored via the monthly contract meeting
3.1.4	Review current neurodevelopmental pathways and mental health service specification to identify gaps.	Dec 20	CC	PACC SM MPFT NO	DBOT support through CDC to map current provision	updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway	Request made for support with project management through NHSE

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 38</p>	<p>3.1.5 Create a co-produced transformational ND diagnosis pathway, delivering early identification and interventions and providing a focus on meeting the needs of c/yp, compliant with NICE guidelines.</p>	<p>Apr 21</p>	<p>CC</p>	<p>PACC SM MPFT NO</p>	<p>NHSE funding to support project management Additional resource to be identified across the area to support long term functioning of pathway with existing resources redirected where necessary</p>	<p>There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs Prevalence rate of ASD across Shropshire population (0 -25) will be in line with that reported nationally.</p> <p>Parents carers and young people and other stakeholders including schools and GPs will report that they know and understand the ND pathway and that the pathway is effective and transparent.</p> <p>Reduction in waiting list to be at least in line with other areas (12 months) with a longer aim for all C/YP to wait no longer than 18weeks to be achieved within 2 years.</p> <p>Updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway</p> <p>Assessment waiting times within nationally accepted timescales (3 months)</p> <p>C/YP and families will report that they are accessing support within 8 weeks of referral being made</p>	<p>Request made for support with project management through NHSE</p>
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3.2 <u>ND Support Offer</u>							
3.2.1	Review current neurodevelopmental pathways to identify pre and post diagnostic support access pathways and gaps in provision	Dec 20	CC/NO	PACC and YP Representative groups	NA	Partnership wide pre and post diagnostic support map in place and access pathways identified and published	
3.2.2	Establish and publish revised multi-agency ND pathway including pre and post diagnosis	Mar 21	CC/NO	PACC and YP Representative groups	NA	Revised pathway published and shared with all stakeholders	
3.2.3	Develop, map and share the range of pre and post diagnostic support available	Mar 21	CC	Workstream members	TBC	There will be a planned reduction in the use of medication to support C/YP with autism and ADHD in line with STAMP NHS initiative supported by greater use of alternative models of support e.g. therapies/ education	
3.3 <u>Performance Management Systems</u>							
3.3.1	Robust PM system in place	Mar 21	CC	SEND community reps	Existing resources	There is a good understanding of service needs and capacity.	
3.3.2	Establish KPIs for contract monitoring Multi agency and service user approach to review	Mar 21	CC		Existing resources	Partners demonstrate a good understanding of service usage, need and activity	
3.3.3	Monitor data to understand the needs of the local population and inform commissioning of all-age SEND services across the STP	Mar 21	CC	Workstream members	Existing resources	Data will inform JSNA and commissioning of targeted services. Regular reporting to children's joint commissioning board PHB's will increase by 50%.	

**Priority 4**

**Significant waiting times for those needing assessment and treatment from the speech and language therapy service**

<b>Outcomes:</b>	
4.1 There is a clear and accessible assessment and intervention pathway that is published on the local offer	
4.2 There is an effective, transparent and accessible system wide support offer in place for C/YP and families	
4.3 There is a robust system wide performance management system in place	
<b>Impact measures:</b>	
<ul style="list-style-type: none"> <li>100% CYP triaged within 2 weeks or less of referral to service</li> <li>92% CYP seen within 18weeks or less from referral to service</li> <li>Ongoing increase of at least 10% in parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity)</li> <li>Annual increase in the percentage (of at least 10% pa) of parent carers and C/YP reporting that they feel engaged and listened to about their priorities.</li> <li>There will be a year on year increase in the use of personal budgets and social prescribing to support personalised approach to delivery of services</li> <li>The majority of parent and YP feedback (above 60%) will demonstrate satisfaction of the service offer and understanding of how to access; this will increase year on year to demonstrate sustained and ongoing improvement</li> <li>Over 70% of Shropshire families using the service will report that the assessment process is timely and results in action being taken e.g. service offered and/or advice, support and signposting.</li> </ul>	

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
4.1	<u>Establish efficient assessment pathway</u>						

4.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM SCHT workstream members	NA	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
4.1.2	Reduce the current waiting list	Sep 20	DoP	SALT SM	Existing resource	92% of children seen for assessment and first intervention within 18 weeks	Target achieved
4.1.3	Work in partnership with system leaders and parent carers to ensure waiting times for SLT are sustained within agreed target	Mar 21	DoP	SALT SM	Existing resource	Waiting times are maintained within 18 weeks	Waiting times are maintained within 18 weeks
4.1.4	Sustain a responsive triage service to ensure CYP are offered the appropriate level of support for them	Sep 20 and ongoing	DoP	SALT SM	Existing resource	CYP triaged within two weeks of referral	Pathway in place with CYP triaged within two weeks of referral
4.1.5	Establish SLT work stream with partner representation, to include parent and carers, to facilitate a co-produced model of SLT including the development of SMART key performance indicators within the service specification	Sep 20 to Feb 21	DoP	SALT SM	Existing resource	An effective co-produced service pathway is in place High proportion of feedback from C/YP, families and stakeholders (75%+) report that they feel engaged and have choice in control in care planning Monthly KPI data published and shared which will support assessment of success in enabling c/yp to achieve EHCP outcomes	Internal project group established with three focus groups held to date involving school SENCO's, parent/carers and parent groups. Further parent group engagement planned for Nov. CYP engagement sessions in development
4.1.6	Co-produce and implement a continuous improvement approach to deliver an effective and responsive service	Sep 20 and ongoing	SALT SM			CYP seen and supported evidenced through level of satisfaction identified within targeted service feedback	Virtual assessments, interventions and group training offered as part of

						<p>Activity reaches pre-covid levels with approx. split of 30/70% remote and face to face consultations and training</p> <p>Positive feedback recording 70% or above satisfaction rate from parents and partners in relation to the universal offer</p>	<p>Covid. Evaluation has been positive. To be part of future model.</p> <p>Communication plan developed</p> <p>Facebook page under development Launch Jan 2021</p>	
<b>4.2 Co-Produced SLCN Early Support Offer</b>								
Page 42	4.2.1	Establish effective co-produced pathways for speech, language and communication needs interventions which include a holistic approach to understanding the needs of CYP with SEND	Sep 21	CC	SALT SM/ SEND SM SSLIC	Within current resources	<p>80% of Health visitors have been trained in the SLCN (HV package)</p> <p>100% of primary schools and early years settings have access to a speech, language and communication screening tool</p> <p>80% of education settings have completed a screening tool before requesting SLT intervention and/or an ECHNA</p> <p>Publish SLT pathways, including triage processes</p>	<p>Public Health commissioners and have been identified as key partners in supporting the commissioning of universal services to support parents and prevent the need for SLT referral</p> <p>The 0-19 team are working with the SLTs to develop their skills in identification and early intervention</p>
	4.2.2	Clear universal offer from public health nursing service, early years setting and schools is agreed, promoted and delivered	Sep 21	CC/LA PH commissi oner	SALT SM	Existing resources	<p>Increased review at two years</p> <p>Increased provision delivered by early year settings Reduced demand on specialist SLT services</p> <p>100% of primary schools and early years settings have access to a speech, language and communication screening tool</p>	<p>Partnership working in progress between Public Health Nursing and SLT team</p>



4.2.3	Co-produced training programme developed and delivery commenced to relevant practitioners and parent carers to support early and appropriate identification, referral and interventions	Sep 20 and ongoing	CC	SALT SM	Existing resources	Training programme agreed and delivery commenced to relevant practitioners and parents to support early and appropriate identification, referral and interventions	Training has been provided to 165 parent and/or education setting staff	
<b>4.3 Performance Management Systems</b>								
Page 43	4.3.1	Establish task and finish group, led by parent and carers, to review a standardised outcome approach and consider different approaches to outcome measurement	Mar 21	PACC	Workstream members	Existing resources	Approaches to effective outcome writing and measurement is published At least 90% of advice meets quality standards for EHCNA evidenced through monthly dip sampling Dip sampling over time will demonstrate an improvement in with of the quality of new and current EHCPs	Discussions with parents and carers to agree a direction
	2	Establish process to support ongoing commissioning of appropriate services	Jun 21	CC	SEND Joint commissioning work-stream members	Existing resources	There is a good understanding of service needs and capacity. Partners demonstrate a good understanding of service usage, need and activity  Data will inform JSNA and commissioning of targeted services. Reporting to children's joint commissioning board biannually Evidence of PHB/social prescribing being used to support personalised approach to service delivery	

## Priority 5

Inconsistency in the quality of input from education, health and care into EHC assessment and planning  
EHC plans will be informed by high quality assessment advice across education, health and care

<b>Outcomes:</b>
<b>5.1 All EHC plans are of consistently high quality informed by thorough assessment with input from relevant education, health and social care practitioners.</b>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the EHCP process. Satisfaction rates will be consistently at 90% or higher which will demonstrate an improvement on the current average of 80%.</li> <li>Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the content within an EHCP. We will consistently see 90% or higher satisfaction rates which will be an increase on the current average of 80%</li> <li>90% of all advice and information will be returned within timescale to inform the writing of high quality EHC plans</li> <li>Updated advice from all relevant agencies is provided at least annually to ensure EHC plans remain relevant and up-to-date.</li> <li>Dip sampling will demonstrate that 90% of all new plans will be graded good against agreed quality standard framework</li> <li>EHCPs will explicitly evidence PFA outcomes for c/yp from KS4</li> </ul>

Page 44

Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress against actions/impact & RAG rating Nov 20
5.1	<b>Quality of EHC assessment and plans</b>						
5.1.1	Agree data set/s that will provide accurate and quantified measure of impact of actions taken to secure high quality, timely EHC assessment	Dec 20	NO	SEN Team/ DES SW/ DCO	Existing resource	Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board	EHC post assessment survey embedded

Clinical Commissioning Group

						Data dashboard is in place and regular (termly) reporting to EHC workstream in place by Spring term 21	
5.1.2	Co-produce a range of training programme/s and review current delivery model/s for training. This will include mandatory basic training for all partners through online platform with integrated assessment	Nov 20 and ongoing	NO	DCO/Des SW	Existing resource	<p>Training log established to identify access to online learning/training and assess quality of content. Jan 21</p> <p>All partners will deliver their statutory responsibilities in respect of the EHC assessment and planning process</p> <p>90% of all advice submitted to inform assessment consistently meets the minimum quality standards 100% of EHCPs finalised will meet minimum quality standard.</p>	<p>Plan writers meeting embedded</p> <p>Face to face training programme developed, delivery using online platforms to be developed.</p> <p>SIS Team and SSLIC Team training undertaken</p> <p>Training programme for social workers undertaken</p>
5.1.3	Attendance of advice givers at EHC moderation panel on a rotation.	Sep 20	NO	SEN team manager	NA	<p>95% positive feedback from c/yp and families with regard to content of EHCP</p> <p>Maintain current low rate of appeals and complaints</p> <p>All agencies know which c/yp they are working with have an EHCP and contribute to reviews</p> <p>Panel 2 (moderation panel) rolling record of attendance and learning points</p>	<p>Attendance at moderation panel of advice givers is undertaken but not yet consistent rolling record of learning and improvement activity initiated</p>
5.1.4	Panel 2 to review current advice templates	Dec 20	NO	All partners	Existing resource	<p>Dip sampling of EHC assessment advice and final plans will demonstrate speedy improvement within 12 months of implementation so that 90% of all new assessments are graded good or better by Dec 21</p> <p>Monthly Dip sampling of EHCPs over a 12 month period demonstrate that at least 90% of</p>	
5.1.5	Development and implementation of co-produced quality assurance framework for EHCPs to QA assessment information and final EHCP	Dec 20 to March 21	NO	DCO/Des SW/ Shrop community trust/BeeU /PACC			
5.1.6	Develop and publish a set of co-produced quality standards to provide a quantitative measure of the quality of advice and the final EHCP which can be used as a stand-alone support to practitioners and/or to support sampling process	Dec 20 to March 21		DCO/Des SW/ Shrop community trust/BeeU /PACC			

Page 45

## Priority 6

The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

<b>Outcomes:</b>
<b>6.1 The rate of exclusions of Shropshire children and young people with SEN will be in-line with the comparable national rate or below for their specific cohort.</b>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>There will be no permanent exclusions for children with an EHCP from Sept 2021.</li> <li>There will be a reduction in the rate of fixed term exclusions for children with an EHCP so that this is in line with national rate for this cohort</li> <li>There will be a reduction of at least 30% in the number of repeat fixed term exclusions for children at SEN Support by Sept 2021.</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress and RAG rating
<b>6.1 Reduction in exclusion rate for children with SEN</b>							
6.1.1	Agree data sets and reporting mechanism to identify impact to include qualitative data to support understanding of experiences of c/yp and their families.	Dec 20	EAS Mgr	Inclusion workstream members	existing resources with additional capacity delivered by consultant funded through DSG	Data dashboard in place and regular monthly report to exclusion workstream and SEND Strategic Board established by Jan 21	Data for PX collated, some analysis undertaken and shared with schools through CPG
6.1.2	Analyse exclusion data to identify specific patterns, gaps, concerns and focus areas.	Nov 20 and ongoing	EAS mgr	Inclusion workstream members		Report shared with SEND strategic Board March 21	Data for PX collated, some analysis undertaken and shared with schools through CPG

6.1.3	Continue to implement the SEND provision strategy and keep under review.	Ongoing	SEN services mg'r	SEN Team	As above	The number of specialist places will increase through further development of RP by Sept 21 and the delivery of an SEMH free school by Sept 22  Refreshed SEND provision Strategy 2022 to 2027 published Sept 22	Specialist places within RP have increased in accordance with send strategy. Free school on track to open Sept 22
6.1.4	Implement revised AP offer to schools through TMBSS offering outreach support and systemic review of school process as well as off-site targeted and time limited intervention for children at risk of exclusion	Sept 21 (delayed as a result of impact of Covid)	SEND Service M'ger	TMBSS EAS EPS CPG and schools Forum	Additional budget from HN block and school contribution	Shared placement model and outreach support implemented KS 1 &2.  Impact assessment undertaken and shared with SEND Strategic Board/CPG and Schools Forum.	Model agreed. TMBSS currently reviewing staffing needs and undertaking staff training to support new model
6.1.5	Develop a co-produced local area SEND specific behaviour and exclusion addendum to current exclusion and behaviour policy and update Shropshire behaviour and exclusion guidance.	Jan 21	SEN Advisor	Inclusion workstream members SEN Team EIS team	As above	Policy agreed by SEND strategic Board and shared with schools through CPG. There will be clear alternative pathways in place to support positive responses for children with an EHCP that provide an alternative to permanent exclusion. Updated policy and guidance shared with all schools. Increase in alternative solutions and interventions being used and reported through pupil planning meetings and reviews.	Initial discussions started with SEN and EAS Teams
6.1.6	Map and review effectiveness of training and support offer to schools in response to challenging behaviour across the local area and develop specific behaviour and exclusion training programme for school leaders and governors.	Mar 21	EAS mg'r	Inclusion workstream members SEN Team EIS	As above	Report presented to SEND Strategic Board June 2021 containing clear recommendations with regard to future delivery of multi-agency support/training to schools specifically in respect of response to supporting positive behaviour. Governor training in place.	
6.1.7	Review and report impact of ND pathway (ref priority 3) including on reducing exclusions	Jun 21 and annually thereafter	SEND service mg'r	Bee-U and ND workstream	Existing resources	Schools will report positive impact of ND pathway on understanding behaviour responses and establishing positive early intervention.	
6.1.8	Review and report impact of early help family support worker initiative on reducing the rate of exclusions and	Dec 20	AD Early Help	Early Help/ Strengthening families	Strengthening families identified funding	Impact report shared with SEND strategic Board and schools Feb 21. Further plans to extend programme shared with schools.	FSW ethos embedded across schools supported through strengthening families project to reduce exclusion rate

Page 47

	develop programme to extend to more schools if appropriate						
6.1.9	Implement phased approach to introducing evidence based restorative practice across all education settings; monitor progress and report on impact in reducing exclusions (fixed and permanent).	Feb 21	EAS mg'r	SEN Team EIS Team Teaching School	£10K Grant funding allocation and spend to save initiative	Restorative conferences take place for all children prior to exclusion Impact report on phase 1 of restorative practice implementation shared with SEND Board and all schools  Schools are providing evidence of use of restorative practice Findings shared with schools and used to support further training	
6.1.10	Co-produce case studies of c/yp (SEN Support) with multiple f/t exclusions to gain a better understanding of the underlying causes and impact of exclusion as a strategy for managing behaviour.	Apr 21	EPS & inclusion w'steam members	EPS & inclusion w'steam members	Existing resources	Report to SEND Strategic Board April 21	
6.1.11	Review the impact of trauma informed approaches in schools where training has been delivered and approach is embedded; establish beacon schools where great practice and positive outcomes are evidenced.	Apr 21	HoVS	LAC team and EPS	Existing resources	Share with schools the impact of trauma informed approaches in supporting a positive approach to dealing with challenging behaviour Summer term 21	
6.1.12	School exclusions will be a standing item on the school improvement monitoring visits	From Dec 20 and ongoing	EIS mg'r	EIS Team	Existing resources	Exclusion data relating to academies shared with RSC office.  Exclusion data will inform twice yearly school performance monitoring for maintained schools and will be a priority consideration in evaluating school performance and formulating judgments on whole school effectiveness.	Exclusion data is discussed at SPM and shared with schools through CPG and HT briefings

**Key roles**

**SC and CCG representatives:**

<i>DCS</i>	<i>Director of Children’s Services (SC)</i>	<i>Karen Bradshaw</i>
<i>DoP</i>	<i>Director of Partnerships (CCG)</i>	<i>Claire Parker</i>
<i>DoT</i>	<i>Director of Transformation (CCG)</i>	<i>Steve Trenchard</i>
<i>DoPH</i>	<i>Director of Public Health (SC)</i>	<i>Rachel Robinson</i>
<i>NO</i>	<i>Nominated Officer (SC)</i>	<i>Julia Dean</i>
<i>DCO</i>	<i>Designated Clinical Lead (CCG)</i>	<i>vacant post (appointment made)</i>
<i>EAS M’ger</i>	<i>Education Access Service (SC)</i>	<i>Christine Kerry</i>
<i>CC</i>	<i>Children’s Commissioner (CCG)</i>	<i>Vicki Pike</i>
<i>HoVS</i>	<i>Head of Virtual School (SC)</i>	<i>Rose Hooper</i>
<i>EIS M’gr</i>	<i>Education Improvement Service (SC)</i>	<i>Steve Compton</i>
<i>PEP</i>	<i>Principal EP (SC)</i>	<i>Poppy Chandler</i>

**Health Provider representatives:**

SALT SM Service Manager Speech and Language Therapy Service (Shropshire Community Health Trust) *Jo Gregory*  
 BeeU Service Manager (MPFT) *Claire Parrish*

**SEND Community Representatives:**

The Parent Carer Forum (PACC) (Chair: Zara Bowden, Engagement: Sarah Thomas)  
 SEND Information Advice and Support Service (IASS) Lesley Perks  
 SEND Advocacy Groups -  
 Young Peoples representative groups – Young Health Champions, DASH, Severndale Student Council, Enable Supported Interns

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# Coventry's Neurodevelopmental Pathway: A Guide for Parents

# Welcome

This guide is for the parents and carers of children and young people who may be experiencing social communication difficulties. It provides information about:

- the changes to Coventry's Neurodevelopmental Pathway;
- the reasons why things have changed;
- how parents and carers can access the pathway;
- the support that can be provided through the pathway

## How has the pathway changed?

The children and young people's Neurodevelopmental Pathway provides the option of 'Early Intervention' in schools for children who present with difficulties that may be linked to Autistic Spectrum Disorder (ASD). This support is provided before a diagnostic assessment.

## Why has the pathway changed?

The experiences of parents and professionals show that sometimes children present differently at home than they do in school. When this happens, it can be hard for school staff to identify what targeted support may be needed. In addition, schools are sometimes reluctant to refer a child for an ASD assessment when they don't have concerns themselves. This can lead to parents or carers asking their GP to refer for a diagnostic assessment, which can delay the assessment process.

By making intervention available prior to diagnosis, we will be able to provide help to children earlier on and gather more information to support with any subsequent diagnostic assessment.

## How can parents and carers access the new pathway?

If you have concerns about your child's health and emotional well-being, you may find it helpful to complete the Coventry NHS 'Dimensions' tool, which can be accessed at: <https://dimensions.covwarkpt.nhs.uk>

The tool will help you to identify which services are best placed to meet the needs of your child and family.

If the report generated by the Dimensions tool recommends an assessment for ASD, then you should arrange a meeting with your school's Special Educational Needs Coordinator (SENCo).



## How does the new pathway work?

The pathway is split into three phases, as shown below:

1. All children begin at the **Planning phase**, during which the best approach to supporting your child is agreed
2. This is followed by EITHER an **Early Intervention phase**, during which targeted intervention is provided in school, OR a **Referral phase**, during which information is gathered to support a referral for a specialist assessment
3. Finally, some children will progress to a **Diagnostic phase** where specialist professionals will consider whether the child's needs are consistent with a diagnosis of ASD



## Planning phase

The pathway begins with a conversation between you and the Special Educational Needs Coordinator (SENCo) at your child's school.

After this, the SENCo will talk to an Educational Psychologist (EP) and together they will recommend the best approach to supporting your child.

This might be a referral to Early Intervention, or directly to the Neurodevelopmental Service.

The SENCo will share this recommendation with you. If Early Intervention is recommended, but you would prefer a direct referral, you can request this.

## Early Intervention phase

OR

## Referral phase

If you agree to your child accessing Early Intervention, a meeting will be held with you, the school SENCo and a member of the Early Intervention Team, who will either be a Complex Communication Specialist Practitioner (CCSP) or an Educational Psychologist (EP).

A targeted short term plan and timescale will be agreed to support your child. This will then be reviewed.

At the review meeting, it will be decided whether the school continues to provide support, or to refer to another service, or request a specialist ASD assessment.

If you agree to your child being referred directly to the Neurodevelopmental Service, then you will be asked to complete their referral form together with the SENCo.

## Diagnostic phase

If your child is referred to the Neurodevelopmental Service for an ASD assessment, then a specialist practitioner from this service will contact you to discuss the next steps of the assessment process.

This is likely to involve a face to face meeting and completing a questionnaire.

If you need this information in another format or language please contact Jennet Gabriel on 024 7678 8400 or e-mail: [jennet.gabriel@coventry.gov.uk](mailto:jennet.gabriel@coventry.gov.uk)

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**Integrated  
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**Shropshire, Telford  
and Wrekin**

# **Shrewsbury Health and Wellbeing Hub**

Page 57

**Edna Boampong**

**Director of Communications and Engagement**

**NHS Shropshire, Telford and Wrekin**

**11 July 2022**

Agenda Item 6

# Background

- We are contending with several issues within general practice in Shrewsbury which need our immediate attention.
- Practices are in varying states of condition - most are either no longer fit to deliver modern healthcare services and/or do not have enough space to meet future demand.
- Patient lists are growing, life expectancy rates are increasing, and treatment has progressed to focus on mental health, preventative care and managing long-term conditions.
- We want general practice to continue as the bedrock of the NHS, to deliver continuity and improved access for patients.
- We therefore must acknowledge that change is necessary to ensure general practice in Shrewsbury is fit for the future and the best it can be for our patients.

Page 58





# Shrewsbury Health and Wellbeing Hub

- Shropshire was chosen as one of six pilot areas in England for a health and wellbeing hub – marking substantial and much-needed national investment.
- The hub would involve the co-location of GP practices alongside other health, social care and voluntary and community services.

Page 59  
• It would enable individual practices to work in a building with other services on site, helping to improve levels of access across services, promoting proactive and coordinated care, enabling multidisciplinary working and innovative approaches.

- The building would be owned by the NHS which will be more cost effective for practices as they won't have to pay high rent and maintenance charges to private landlords.



# Programme aims

The main programme aims of the hub are:

- Improving safety and quality: Making sure our services are clinically safe and tackling the backlog of elective procedures.
- Integrating services within the community: Developing local health and care hubs to improve the physical and mental health of people, better manage hospital admissions, and establish new models of care to best serve our communities.
- Tackling ill-health, health inequalities and access to health care.
- Economic regeneration: Contributing to innovation, productivity and good quality work opportunities to improve the health and wellbeing of our population.
- Workforce stability: Making our health and care system a great place to work.



# Myth buster

- We are not closing GP practices – they will be relocated to the new hub.
- This is a pilot programme which marks a substantial and much-needed investment for general practice in the town. There are examples of this model working well throughout the country
- Services are not reducing; some will be relocated or will be expanded into the hub.
- Plans are in progress and our engagement activity is crucial to involving patients and the public in shaping proposals.
- Our engagement is aimed at understanding what is important to our patients and what is a viable solution to the issues faced.
- All practices involved have asked the CCG to be included in the project.



# Benefits to patients

- More quality services under one roof, with modern facilities: Some services will be able to move out of hospitals and into communities, improving access and efficiency.
- New technologies, research, learning, and ways of working: Joined-up services will improve professional relationships and provide more opportunities for shared learning.
- GPs can focus on delivering care instead of running buildings: Modernisation of the estate will ensure assets and value are retained – as well as a sustainable future.
- Reduced health inequalities and improved clinical outcomes: Rather than just treating illness, the hub would support the health and wellbeing of residents.
- Quicker access to appointments: A more resilient and diverse workforce means more people available to support with specific medical needs.

Page 62



# Our vision for what could change

The state-of-the-art building will enable us to provide high-quality, modern healthcare facilities which are flexible and future-proof to meet changing needs



Healthcare professionals working together [more multidisciplinary working]

Mental health and other services on site



The new hub would bring the six local GP practices together alongside other health, social care, voluntary and community services



Additional facilities will increase the number of services provided in local community settings, in line with the *NHS Long Term Plan (2019)*

Additional facilities and services could include:



More appointments



Improved access to care



Better diagnostics on site



# Guiding principles

- Services will be matched to the needs of local patients and residents.
  - Additional facilities will increase the number of services provided in the community.
  - To retain our clinical and support staff, the hub will offer attractive conditions, is a solution that works best for our current workforce and is sustainable and future-proof.
- Page 64 Similar models of care have worked well in other parts of the country, as well as abroad – improving quality of care, increasing number of appointments, reducing unnecessary referrals, and providing better continuity of care.



# Our vision for what would stay the same

The practices will remain as  
**six separate practices**  
– all retaining their own  
**identity and independence**

Page 65



Your GP practice will still be in charge of your records and know your history



Your GP will stay the same



# Potential services in the new hub

Page 66





# Community-based services

Paediatric  
outpatient  
services

Maternity  
hub

Musculo-  
skeletal

Cardiology

Pulmonary  
rehabilitation

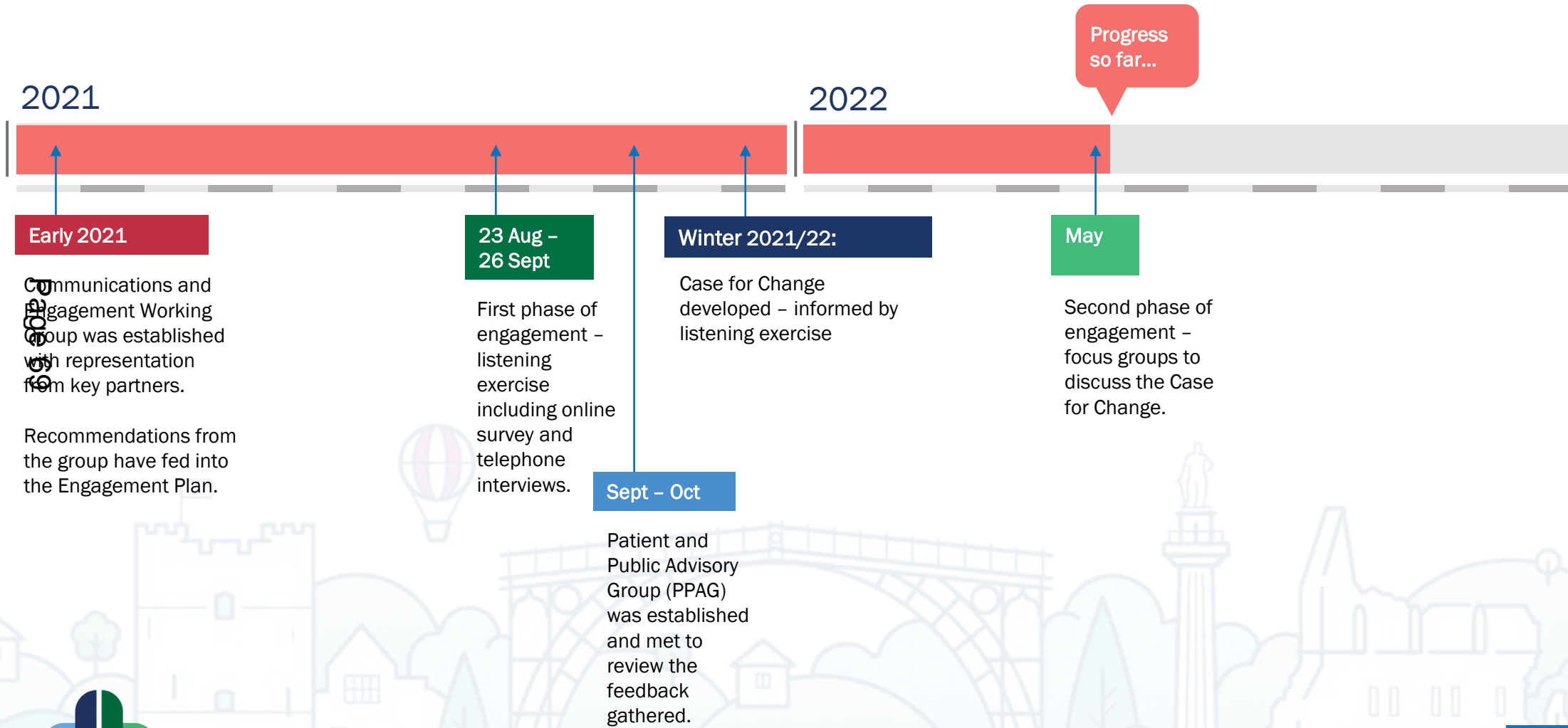
Mobile  
diagnostic  
vehicle



# Engagement and involvement



# Engagement timeline so far



# Phase one engagement – listening exercise

- Our first phase of engagement took place in August/September 2021.
- Out of 1,287 responses, key themes that patients expressed for the hub were:
  - Easy to book appointments - convenient opening times, short waiting times, face to face options;
  - High quality of care - clinical expertise, friendly staff, additional health and care services;
  - Good access - close to home/work/study, easy to get to, good parking and transport links.
- Favoured services include; phlebotomy; diagnostics, access to rehabilitation and treatment; community diagnostics and imaging; pharmacy services and other primary care services.



# Stakeholder reference group

- The stakeholder reference group will be established shortly and will help to develop and determine the evaluation criteria agreed within the focus groups.
- The reference group will also act as a steering group for communications and engagement activity.
- Representation will include Healthwatch Shropshire, PPGs, the local authority, elected members, practice representatives, plus key voluntary sector organisations representing equality groups and those most likely to be impacted by plans.
- Dedicated focus group sessions will also be arranged with council members – details of which will be shared shortly.

Page 71



# Addressing inequality

To ensure we are considering patients and member of the public who will be most impacted:

- An Equality Impact Assessment (EQIA) has been completed to assess any potential disproportionate impact as well as suggested mitigations to minimise impact on patients.
- It will be further developed as part of an Integrated Impact Assessment (IIA) when the proposed location, as well as travel times and details of the services proposed, are confirmed.
- Key voluntary and charity organisations across the area have been contacted, as well as equality groups, to ensure we connect with as many hard-to-reach groups as possible.



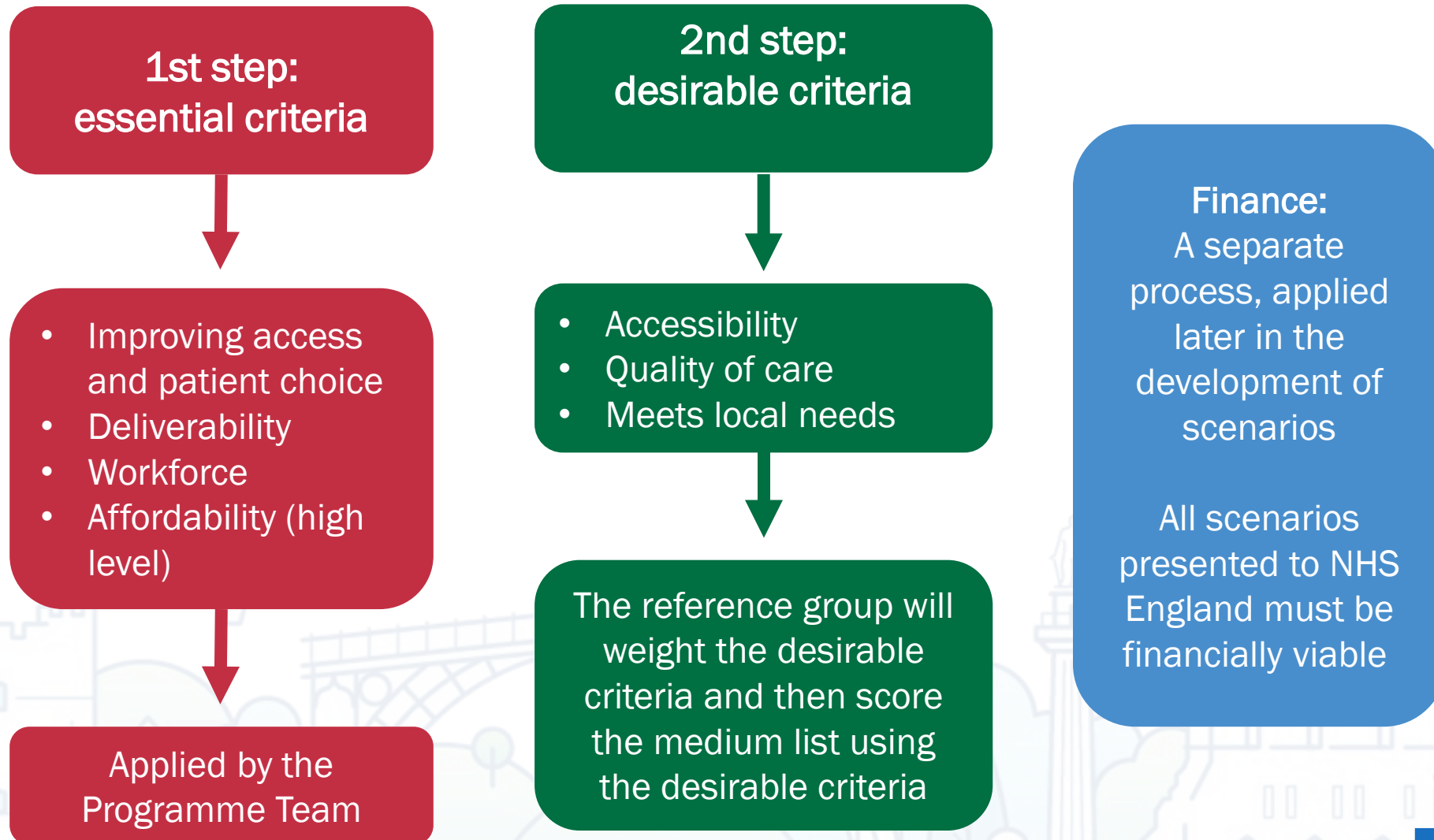
# Current activity – phase two engagement

- Six focus groups were held in May 2022– four online and two face-to-face with 48 attendees across the six sessions.
- Participants were asked to discuss their experiences of general practice, what they thought about the aims and benefits of the hub, what services they would like to see in the hub, and whether there was anything else the Programme Team should be considering.
- The essential criteria was also shared with participants which will be used to evaluate the possible scenarios for the hub.
- A proposed list of desirable criteria was also shared for discussion. This was compiled using feedback from the 2021 listening exercise and will be further developed by the stakeholder reference group to score the possible scenarios.

Page 73

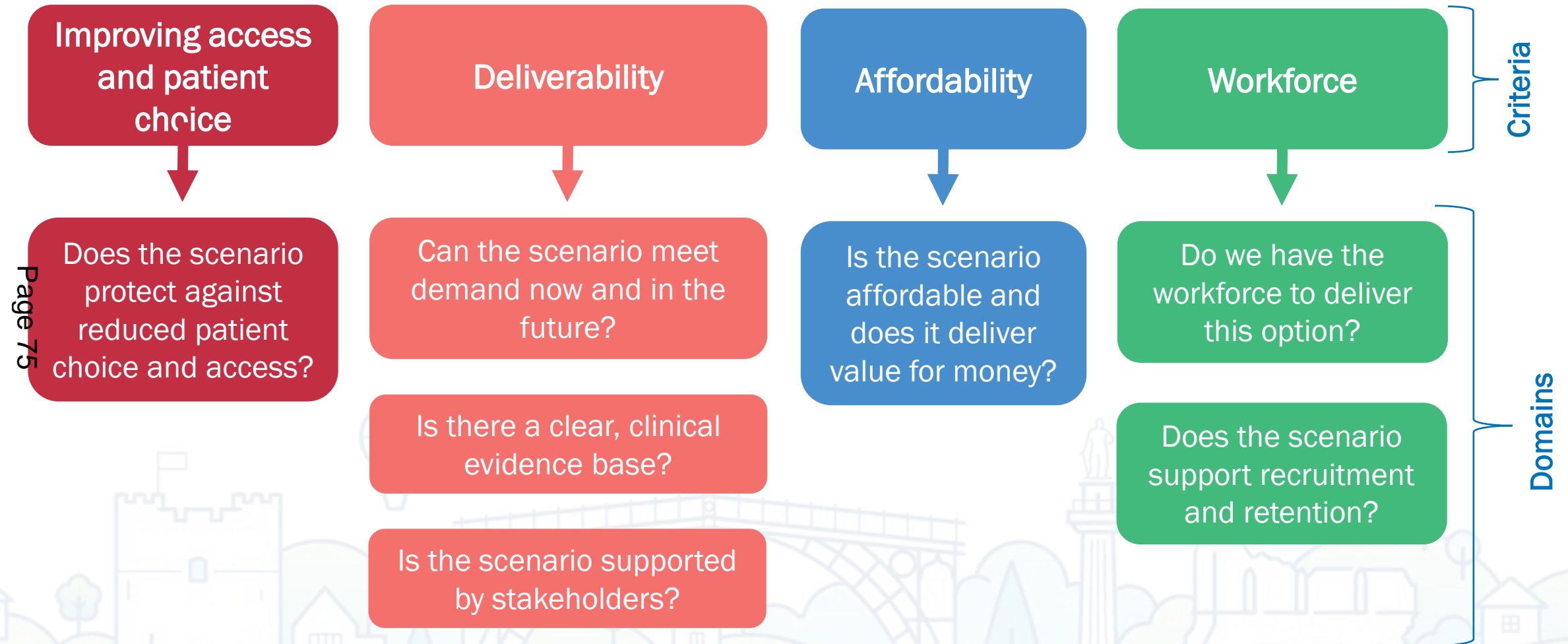


# Essential and desirable criteria

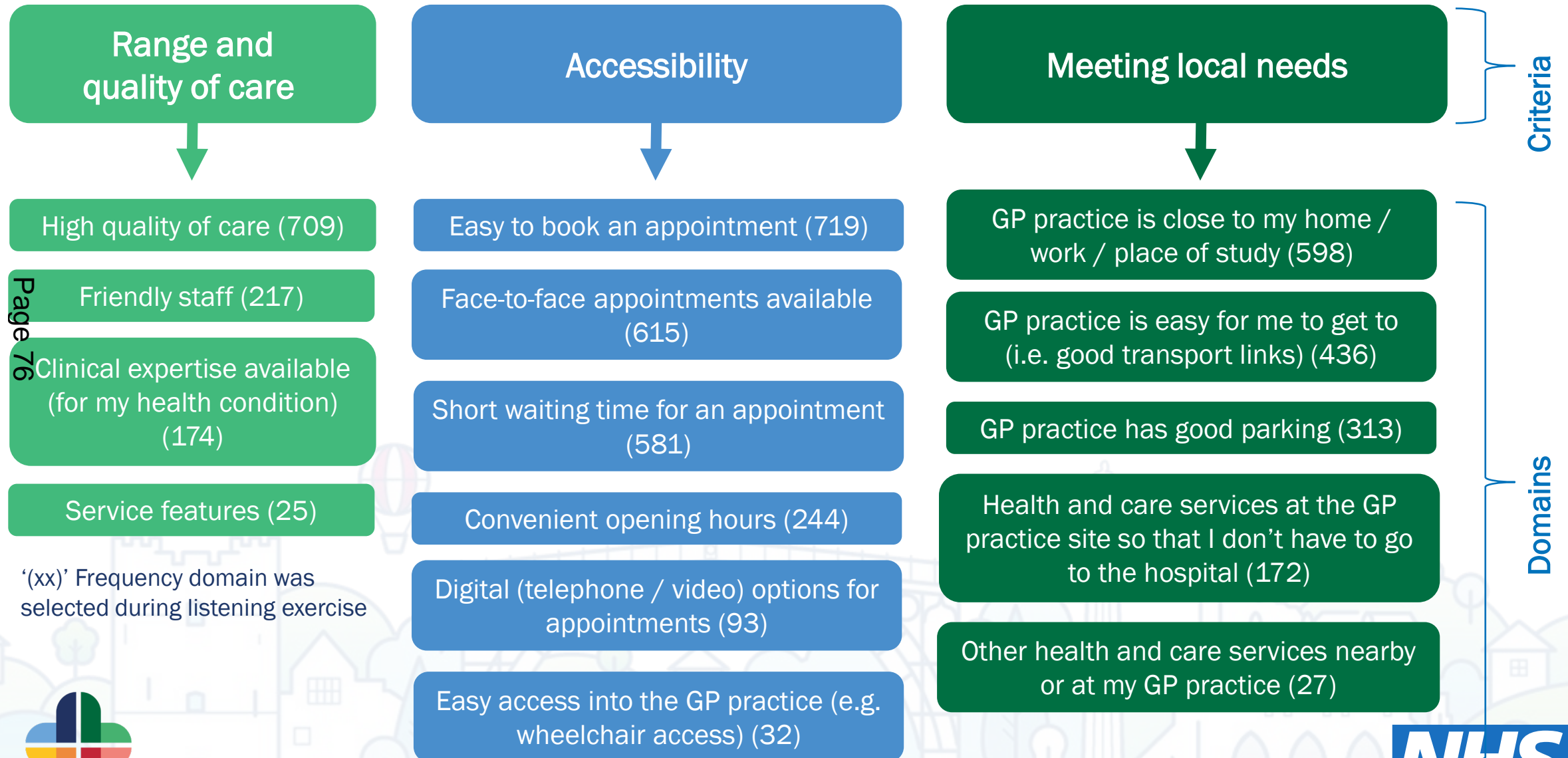




# Essential criteria and their domains



# Desirable criteria and their domains



Page 76

'(xx)' Frequency domain was selected during listening exercise



# Focus group outcomes

Key themes identified from the focus groups included:

- Travel impact being a major issue – public transport and traffic issues currently a problem in the Meole Brace area, plus this could cause difficulties for older people, those in rural areas and those with disabilities.
- Many people said they couldn't argue with the Case for Change as more joined-up thinking makes sense and change needs to happen.
- Fear/uncertainty is felt by many people and reassurance is needed on the benefits of the hub and what services will be provided.
- Residents expressed concern over losing their relationship with the GP, the continuity of care and receiving an impersonal experience.

Page 77



# Concluding phase 2

- To conclude our second phase of engagement, additional focus groups targeted at harder to reach audiences as well as local councillors are currently in progress.
- A stakeholder reference group will be established to help determine the weighting for each desirable criteria agreed within the focus groups.

Page 78

An initial meeting for the reference group will be set up once feedback from the focus group sessions has been finalised. The group will be tasked with determining the weighting for each desirable criterion and feeding back on communications and engagement activity.

- A one-pager/leaflet for practices will be developed to aid patient engagement and to outline why practices have decided to be a part of the programme - these include rent/maintenance/space/extra services.



# Next steps

- After development of possible scenarios, they will be evaluated by the desirable criteria – the scoring of which will be undertaken by the reference group.
- Our Equality Impact Assessment (EQIA) will be further developed as part of an Integrated Impact Assessment (IIA) once the location is confirmed, travel times to the hub are determined, and other details of the services are agreed.
- A comprehensive report of findings will be produced following this phase of engagement and feedback will be compiled. This will then feed into the work of the Programme Team to shape plans and will be shared publicly.
- A public consultation will be held in due course and is likely to run for 8 to 12 weeks between October and December 2022 (approximately).





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**Shropshire, Telford  
and Wrekin**

**Thank you**



## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	14 <sup>th</sup> July 2022			
<b>Title of Paper</b>	ICS Update			
<b>Reporting Officer and email</b>	Simon Whitehouse – CEO ICB <a href="mailto:simon.whitehouse@nhs.net">simon.whitehouse@nhs.net</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	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	x	Reduce inequalities (see below)	
<b>What inequalities does this paper address?</b>				
<b>Paper content - Please expand content under these headings or attach your report ensuring the three headings are included.</b>				
<p>1. Executive Summary</p> <p style="padding-left: 40px;">Update on the progress regarding ICS creation and governance arrangements for Shropshire, Telford and Wrekin</p> <p>2. Recommendations</p> <p style="padding-left: 40px;">The board is asked</p> <ul style="list-style-type: none"> <li>• to note the detail contained in the report</li> <li>• to comment on how HWBB members see the ICP and the HWBB working in partnership</li> <li>• to support the approach for a strong 'placed based' approach to integration</li> </ul> <p>3. Report</p> <p>Please see attached paper.</p>				
<b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	None identified			

<b>Financial implications</b> (Any financial implications of note)	None identified	
<b>Climate Change Appraisal as applicable</b>	None identified	
<b>Where else has the paper been presented?</b>	System Partnership Boards	
	Voluntary Sector	
	Other	
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
Attached paper		
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead</b> (List of Council Portfolio holders can be found at this link: <a href="https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130">https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130</a> )		
Simon Whitehouse – CEO ICB		
<b>Appendices</b>		
None		



# SHROPSHIRE HEALTH AND WELLBEING BOARD

Report Meeting Date: 14 July 2022

Paper title: ICS update

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## 1. Summary

Update on the progress regarding ICS creation and governance arrangements for Shropshire, Telford and Wrekin

## 2. Recommendations

The board is asked

- to note the detail contained in the report
- to comment on how HWBB members see the ICP and the HWBB working in partnership
- to support the approach for a strong 'placed based' approach to integration

## 3. Report

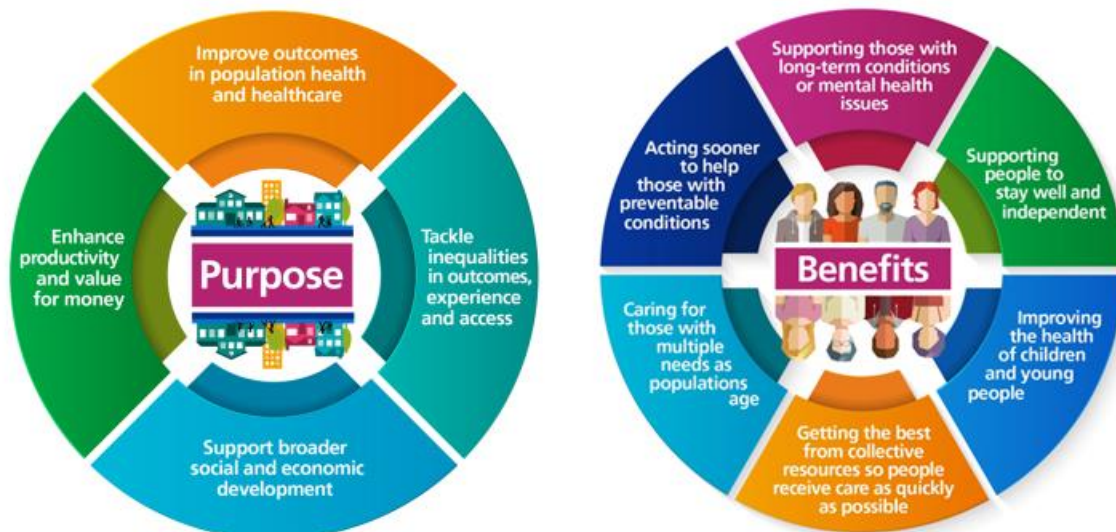
### 3.1 Context

This report is an update to the summary of the Integrated Care System (ICS) development programme in Shropshire, Telford and Wrekin presented at the last meeting of this board.

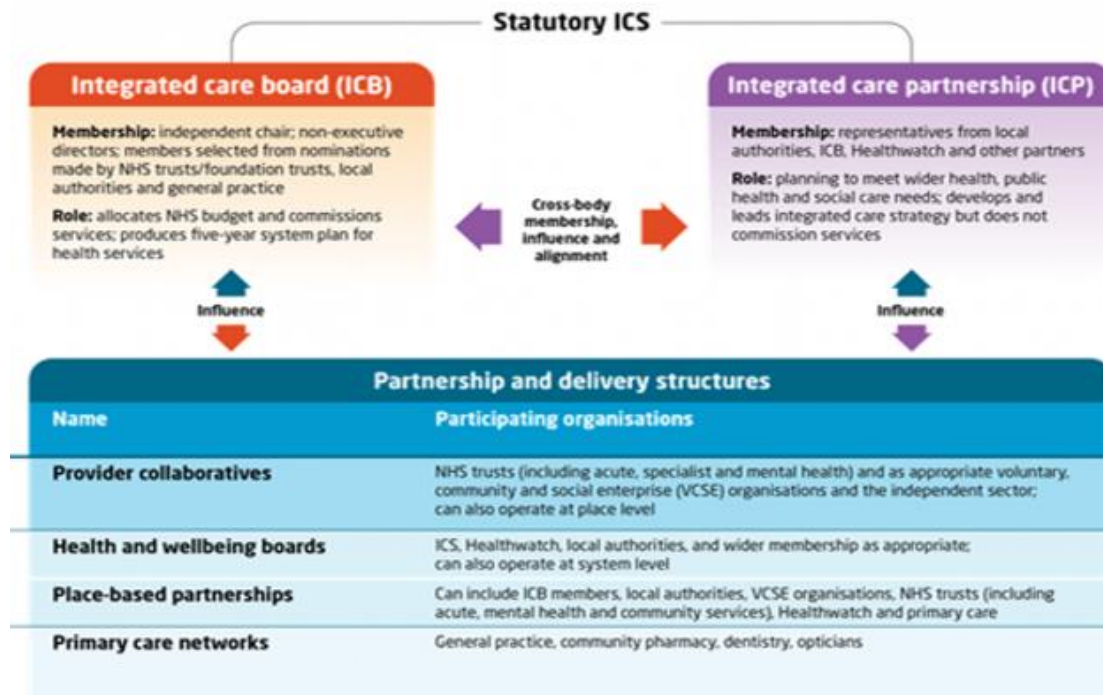
This paper is intended to provide an update on the most recent milestone of the ICS' journey to the establishment timeline of 1 July 2022, progress made on the establishment of statutory functions of the ICS, including the creation of the Integrated Care Partnership, and further steps to establishing infrastructure and service delivery in the future.

## Integrated Care Systems

Partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area.



# What will the new system look like?



## 3.2 Progress and Assurance

On 1 July 2022 the Shropshire, Telford and Wrekin Integrated Care Board was established as a new statutory organisation. During the journey to reach this milestone assurance had to be provided at specific points. Details and key milestones had been set out in the NHSEI establishment timeline and systems were asked to share evidence of progress against the Readiness to Operate Statement (ROS) checklist on 31 March 2022 and 20 May 2022. STW ICS successfully submitted the checklist together with a detailed System Development plan (SDP) and other relevant evidence at both stages.

The date of final checkpoint submission of the ROS was 10 June 2022 where, in addition to the ROS checklist and supporting evidence, a signed Readiness to Operate Statement was required. In the statement the Chief Executive of the ICS and the NHSE Regional Director confirmed that adequate preparations had been made for the legal establishment of Shropshire, Telford and Wrekin Integrated Care Board.

By 1 July 2022 the ICS constitution had been brought into effect by NHSE and the inaugural meeting of the Shropshire, Telford and Wrekin Board, where core business transactions, required for the legal establishment of the ICB, took place.

## 3.3 Principles for and Expectations of Integrated Care Partnerships

STW ICS is now implementing the principles and expectations, set out in the guidance developed by the Department of Health and Social Care, NHS England and NHS Improvement and the Local Government Association (LGA)

#### Core Requirements for ICSs:

- Each ICS is required to have a statutory **Integrated Care Partnership (ICP)** – details of the partnership arrangements are being finalised through the ICP Terms of Reference which are due to be signed off in the first meeting of the ICP in September 2022 and the Integrated Care Board in July.
- The ICP must have a minimum, lawfully required membership – membership is being finalised between ICP partners.
- Once established the ICP must produce an **integrated care strategy** for their area - the ICP will ensure that an Integrated Care Strategy is developed. It will be focused on local needs at a place and neighbourhood level, informed by the Health and Wellbeing Strategies created by the two Health and Wellbeing Boards of Shropshire and Telford & Wrekin and by Joint Strategic Needs Assessments (JSNAs). An interim strategy is due for publication in December 2022.

#### Expectations of Integrated Care Partnerships (ICPs)s:

- ICPs are a core part of ICSs, driving their direction and priorities
- ICPs will be rooted in the needs of people, communities, and places
- ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences
- ICPs will support integrated approaches and subsidiarity
- ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

Discussions around how STW ICP will operate at a system level to meet these expectations have progressed and a proposed model has been presented to the Region.

The ICP will work in partnership with the two Health and Wellbeing Boards and both Place-Based Partnerships (Shropshire Integrated Place Partnership (ShIPP,) and Telford & Wrekin Integrated Place Partnership (TWIPP) while complementing their work. Ways of collaborating in order to maximise the value of each group will be further developed. There will be a need to ensure clear mechanisms are in place to enable subsidiarity of decision making and that decisions are taken once at the most appropriate local level.

ICPs will play a crucial role within the system to bring together partners and look beyond traditional organisational boundaries to address population health, health inequalities and the wider determinants of health. This is the most important aspect of the ICS in terms of the difference that this can make for local people.

An ICP Steering group, comprised of members from the local authorities and the STW NHS Trust have been meeting over recent months to work towards meeting these requirements. TORs, governance and decision-making structures of the ICP have been drawn up.

Draft Terms and Conditions for the ICP board, including proposed membership and guiding principles have been drawn up and are up and are due to be presented to the ICB Board at the end of July.

#### Establishment of the ICS

The following deliverables are required for the establishment of ICS's

- **Appointment of ICB Board members** – The board members for Shropshire, Telford and Wrekin ICS have been appointed and the first meeting of the fully established ICB board took place on 1 July 2022.
- An **ICB constitution** – the STW constitution, setting out key governing principles has been approved and published by NHSE/I [21-nhs-shropshire-telford-and-wrekin-icb-constitution-010722.pdf \(england.nhs.uk\)](#)
- A **draft functions and decision map** – a detailed chart has been designed and submitted to NHSE/I.
- **Quality and safety systems and functions** are taking effect from 1 July 2022, including implementation of System Quality Groups in line with the National Quality Board's guidance.

### **Other Partnership Arrangements within the ICS**

Future provider partnership arrangements, including provider collaboratives, primary care networks and other collaborative arrangements are at progressed draft stage.

STW already has a very strong track record of clinical, professional and back-office collaboration both within and outside of the ICS, and one of the local providers (SaTH) provides a shared procurement service to three NHS organisations. As evidenced by the Hospital Transformation Programme, the System Sustainability Programme and People Plan, STW has worked together collaboratively and successfully to take a system view on estates, capital allocations, and workforce planning over recent months and years.

### **Engagement of and communication with ICS partners:**

Ongoing work to enable cultural change involving system partners will be undertaken; this will involve embedding clinical leadership within the system.

Engagement with and involvement of local people and communities is a key pre-requisite for the success of the ICS, therefore

- meeting minutes and papers will be available online
- local Healthwatch organisations will be involved
- people and communities of every system will be involved in the development of ICPs and the integrated care strategy
- people, staff and communities will be able to input into the planning and delivery of services and how services are going to be joined up
- TWIPP and SHIPP are developing their own priorities, reflecting the different needs of each local population
- Healthwatch and VCSE partners will have a critical role to play in supporting ICPs to stay rooted in the needs of people, communities, and places; the alliance with VCSE partners has been formalised in an MOU;

### **Resourcing**

Investment in ICSs will improve partnerships and enable a better response to local needs, which will, in time, lead to a more efficient and sustainable system.

- The ICB, together with the two local authorities as members of the board, will agree funding.
- Work to agree how funding allocations and payment mechanisms apply to non-NHS partners, the appropriateness of the ICS financial risk and governance and standardised financial reporting and controls is ongoing.

### 3. Conclusion

The Board is asked

- **to note** the detail contained in the report
- **to comment** on how HWBB members see the ICP and the HWBB working in partnership
- **to support** the approach for a strong 'placed based' approach to integration.

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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	14 <sup>th</sup> July 2022			
<b>Title of Paper</b>	Healthy Lives update – Focus on Adverse Childhood Experiences (ACE) and Trauma priority			
<b>Reporting Officer</b>	Val Cross, Health and Wellbeing Strategic Manager			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	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
<b>What inequalities does this paper address?</b>	<p>The more ACEs a child experiences, the more likely they are to suffer from poorer physical and emotional health, lower academic achievement, and substance misuse in the future. (CDC: Accessed 2022)</p> <p>Creating ACE and Trauma informed services will help prevent future inequalities, as well as helping those with existing ACEs and Trauma.</p>			
<b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	<p>Recruitment of Trauma Informed Programme Manager - The post has been advertised, but unsuccessfully recruited to on two occasions. It is currently being covered as an additional duty within an existing post holder. This is a risk in terms of capacity, sustainability and progression of the work.</p> <p>Commitment from system senior leaders to enable all their staff to be trauma informed, through training, practice and implementation is essential. If not, there is a risk of fragmented understanding and practice across services. This will ultimately impact negatively on people who have experienced ACEs and Trauma. This also presents a risk in terms of breaking cycles of generational trauma.</p>			
<b>Financial implications</b> (Any financial implications of note)	There are no financial implications identified in this update report			
<b>Climate Change Appraisal as applicable</b>	Not applicable for this report.			
<b>Where else has the paper been presented?</b>	<b>System Partnership Boards</b>			
	<b>Voluntary Sector</b>			
	<b>Other</b>			
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>				
<p><b>Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead</b> (List of Council Portfolio holders can be found at this link: <a href="https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130">https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130</a>)</p> <p>Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health Cllr Kirstie Hurst-Knight, Portfolio Holder for Children and Education</p>				
<b>Appendices</b>				

# Report

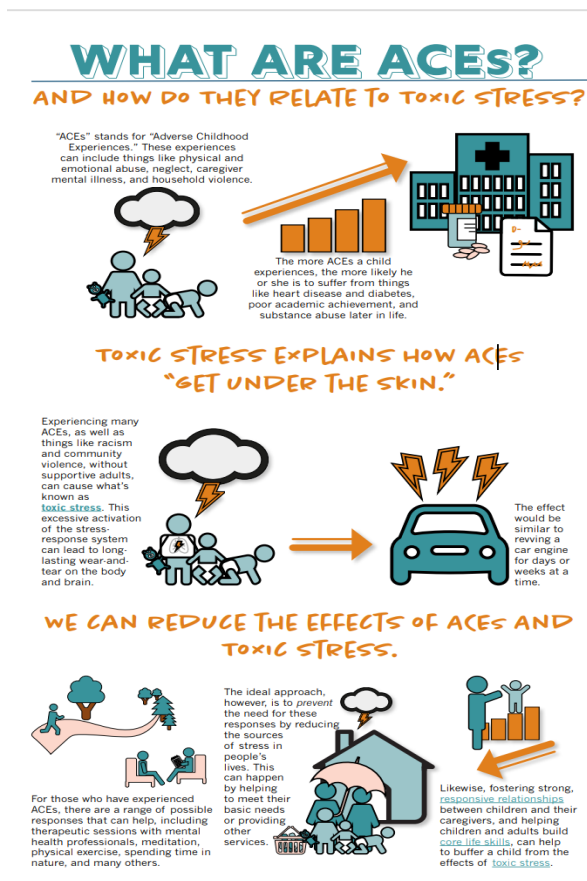
## Summary

This paper provides an update on the Adverse Childhood Experiences (ACE) and Trauma Informed work happening through the Steering Group. ACE's and Trauma form part of the Joint HWBB 2022-27 strategy priorities. Although it falls under Children and Young People, the effect of Trauma is across the life course, and work will reflect this.

## Background

Adverse Childhood Experiences (ACE) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. Such experiences include multiple types of abuse; neglect; violence between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence. (WHO: 2022)

The image below from the Centre for the Developing Child (CDC) explains ACEs and toxic stress, but also importantly how we can reduce the effects of ACEs and toxic stress.



ACEs affect people at all income and social levels, and can have serious, costly impact across the lifespan. **No one who's experienced significant adversity (or many ACEs) is irreparably damaged.** though we need to acknowledge trauma's effects on their lives. By reducing families' sources of stress, providing children and adults with responsive relationships, and strengthening the core life skills we all need to adapt and thrive, **we can prevent and counteract lasting harm.**

Center on the Developing Child | HARVARD UNIVERSITY  
Learn more about ACEs from the [Center for Disease Control and Prevention](https://www.developingchild.harvard.edu/aces/)  
For more information: <https://developingchild.harvard.edu/aces/>

In England and Wales annual costs across 13 health risks and causes of ill health have been estimated at £43 billion. Along with acute physical and emotional effects, children that have ACEs can show:

- reduced cognitive and social development
- reduced school engagement
- early adoption of health-harming behaviours
- increased risk of health conditions and juvenile offending<sup>1</sup>

A UK study found each additional ACE was associated with

- 9% earnings penalty
- 25% increased risk of welfare dependency
- 27% increased risk of subjective poverty at age 55 years

Trauma affects not only those who are directly exposed to it, but also to those around them (Van Der Kolk: 2014)

<sup>1</sup> [Health and financial costs of adverse childhood experiences in 28 European countries: a systematic review and meta-analysis \(thelancet.com\)](https://www.thelancet.com)



## Report

ACE's and Trauma form part of the Joint HWBB 2022-27 strategy priorities. Although it falls under Children and Young People, the effect of Trauma is across the life course, and work will reflect this.

Trauma and ACEs are not something new, and related work is already happening in Shropshire. For example; Solihull courses for antenatal period and parenting, (attachment, understanding brain development) and there are good different good training offers. Work is also happening across our schools.

What is missing is a co-ordinated, consistent approach to ACEs and Trauma which includes workforce training and its implementation across the system. This paper provides an update on work happening.

### ***Formation of Multi-agency Trauma Informed Steering Group***

This multi-agency Adverse Childhood Experiences (ACE) and Trauma Informed Steering Group is building on work which took place pre-covid. It meets monthly, led by Public Health and is chaired by Cllr. Kirstie Hurst-Knight.

The aims of the group are:

- Creation of a Trauma Informed Workforce across the whole system, using a tiered core training offer which is consistent, understood and will be used in practice
- Robust Programme coordination and management (Led by Trauma Informed Programme Manager) to ensure systemic change in the approach to trauma, and changing the question from 'What's wrong with you?', to 'What happened to you?' Services include (but are not limited to): health - Primary and acute care, education – schools, colleges and related services, social care – children and adults and the criminal justice system – Police, Courts, prisons, magistrates etc. Evidence of commitment, implementation and embedding of trauma informed practice in their settings and practice will be used
- Raise awareness in communities about the effect of trauma, to help reduce stigma, create a culture of understanding and to aid prevention and recovery.

The group has agreed Terms of Reference and an Action Plan which is reviewed monthly. Membership is multi-agency and includes partners from Shropshire Council, (Public Health, Housing, incl. Domestic Abuse, Education, Early Help and Social Care) Shropshire Community Health Trust (SCHT), Midlands Partnership Foundation Trust (MPFT), Shrewsbury and Telford Hospitals Trust (SaTH), The Voluntary and Community Sector (VCS), Criminal Justice, Armed Forces, and With You, the Drug & Alcohol support provider. Shropshire Fire and Rescue Service are also very interested to be part of this work. The group regularly considers who needs be part of this group, and invitations are extended.

### ***Workshop and screening of film - 'Resilience – the biology of stress and science of hope'***

A recommendation from areas of experience, was to get this powerful but also hopeful, film screened as widely as possible, to enable understanding of the importance of ACEs and Trauma. Over 180 people have seen this film so far, which has been well received. The screening has a facilitated short workshop afterwards, and findings from this inform the steering group.

### ***Senior leadership buy-in and understanding across the system***

The 'Resilience' film followed by a short workshop was screened to Cabinet on the 23<sup>rd</sup> May 2022, who pledged their support for this work.

Screenings are planned for the Integrated Care System (ICS) and all elected members in planning.

### ***Current training offers and how embedded***

A sub-group is looking at the different training offers across the system. It is important that the system workforce receives a consistent offer to enable the same messaging, understanding and importantly, enable implementation.

### ***Resource review and collation***

Resources that can inform through research findings, but also in practice, are being collated

### ***Linking to and learning from other regions***

Shropshire is part of the West Midlands consortium, which is looking at a consistent approach, and sharing resources and good practice

In contact with Manchester who are implementing measures to becoming a Trauma Responsive City. An offer to visit and see the work they are doing will be taken up.

### ***Target Operating Model (TOM)***

ACEs and Trauma progression are part of Shropshire Council's 'Breaking Generational Cycles' project stream. This is important because, as well as demonstrating commitment to embedding this in the Council, it creates an important preventative action too.

In terms of implementation for the ACE/Trauma informed work, Oswestry is the area where the work is planned to start.

### **Recommendations**

The Health and Wellbeing Board are asked to receive this update for information and support this work as Board System partners.



## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	14 <sup>th</sup> July 2022			
<b>Title of Paper</b>	Health Inequalities/ Personalised Care – Creative Health			
<b>Reporting Officer and email</b>	Naomi Roche, Creative Health Programme Manager			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	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	x
	Workforce	x	Reduce inequalities (see below)	x
<b>What inequalities does this paper address?</b>	Creative Health can help reduce inequalities through prevention and initiatives to encourage health-promoting behaviours and/or reduce stigma.			
<b>Paper content - Please expand content under these headings or attach your report ensuring the three headings are included.</b>				
1. Executive Summary				
<p>Creative Health can help reduce inequalities through prevention and initiatives to encourage health-promoting behaviours and/or reduce stigma. Creative Health approaches can facilitate co-production of appropriate and accessible services and can work at a neighbourhood or place level to tackle the social and economic conditions that can lead to poor health. The WHO Scoping Review ‘What is the evidence on the role of the arts in improving health and wellbeing?’ provides several examples of studies where the arts have been effective in reaching groups who experience barriers in engaging with healthcare services and APPG report Creative Health: The Arts for Health and of Wellbeing discusses the arts and marginalised communities.</p>				
2. Recommendations				
That the Board accepts this report for information and endorses the work taking place.				
3. Report				
<p>The NHS faces major challenges in meeting the needs of an ageing population and changing patterns of disease which mean that people are living with multiple long-term conditions (LTCs) for longer. It is estimated that £7 out of every £10 the NHS spends is on LTCs. The backlogs caused by COVID-19 have placed further pressure on the service. In order to meet these challenges, reform plans emphasise prevention, performance, and personalisation.</p>				
<p>The NHS comprehensive model of personalised care aims to support people across the life-course and their carers to manage their health and make informed decisions about their healthcare. This incorporates initiatives such as social prescribing, personal health budgets and supported self-management. The NHS Long Term Plan aimed to make personalised care ‘business as usual’ reaching 2.5m people by 2023/24. This target was increased to 4m by Sajid Javid in a recent 2022 healthcare reform speech.</p>				
<p>Personalised care is particularly relevant for people with long-term and complex mental or physical health conditions, and those who are traditionally underserved by NHS services, as it allows the</p>				

person to identify how their needs can be best supported. Within this, supported self-management refers to the ways that health and care services can encourage and empower people to manage their own ongoing physical and mental health conditions.

Creative health approaches can help to prevent the onset of LTCs through health promotion and working at the level of the wider determinants of health to reduce risk factors. There is also good evidence that creative health contributes to the management and treatment of long-term and mental health conditions

Shropshire Telford & Wrekin ICS has prioritised Personalised Care putting Social Prescribing and Creative Health at the heart of our approach to supporting our communities. With the current challenges facing public services, rising demand, ageing populations and funding that doesn't meet demand, we recognise that positive health outcomes can be achieved through culture and creativity; evidence shows that alternative non-clinical approach to health and social care issues works to improve population health. Creative Health can also provide the vehicle for engaging with communities that often do not get a voice to support a better understanding of the issues they face.

Complementing medical pathways, increasing people's own ability to manage long-term conditions, and providing new communities of support, the creative health offer supports the transformational programme of health and social care using non-clinical alternatives, builds people's confidence, improves health and well-being, saves money, and reduces health utilisation.

Creative Health development in Shropshire supports the delivery of the Health and Wellbeing Strategy strategic priorities around integration and joined up working, as well as the key focus areas, particularly Mental Health and Children and Young People. Personalised Care is a priority of the Shropshire Integrated Place Partnership (SHIPP) Board, and the work has been reported to the HWBB previously through our SHIPP reports. Social Prescribing is a cornerstone of delivering Personalised Care and Creative Health and the programmes work together as part of their delivery.

Additionally, in line with Vibrant Shropshire, the county's cultural strategy, one of Shropshire Council's key priorities is to ensure that its cultural assets are more widely used by the community and other teams within the council, to help address health inequalities and enhance the health and wellbeing of the community by supporting them to be 'happy, healthy and connected'. The strategy is aligned to ICS aims of improving health outcomes, reducing health inequalities, supporting social and economic developments and sustainability (including green social prescribing).

Building on the success and positive outcomes of the adults and children & young people's social prescribing programmes, developing non-clinical approaches through Personalised Care to support Shropshire Telford & Wrekin system priorities such as Children & Young Peoples Mental Health & reducing A&E Admissions for Children & Young with Asthma have demonstrated the strong links to local health inequalities while also facilitating partnership working across the system.



Example of current work:

#### Reducing Asthma related A&E admissions in Children & Young People

- Personalised care joint project of work with SCHAT, SATH, Shropshire Telford & Wrekin (STW) CCG, Public Health and Libraries in Shropshire Telford & Wrekin, and the Music Services in Shropshire & Telford & Wrekin.
- Working with children with asthma (referred by asthma clinic) and open for others
- Weekly sessions using Storycises core muscle development activities based around appropriate books, led by dance/movement practitioner delivered by libraries in Shropshire, Telford & Wrekin
- Singing for lung health sessions for children & families

## Children & Young People's Mental Health

- Personalised Care joint project of work with BeeU Partnership (MPFT, The Children's Society, Kooth & Helios), Schools Mental Health Support Teams (MPFT), STWCCG and Public Health.
- Working with Children & Young People who are seeking help in relation to their mental health and have been unable to access clinical support or do not meet the criteria for clinical intervention. There is also a need to support those young people who need support and meet the criteria but are unable to be seen quickly in order, to prevent an escalation.
- Integrating non-clinical and creative activities within the core CAMHS team as part of the national 'Inspyre' Programme being led by University College London, the Anna Freud Centre, the Child Outcomes Research Consortium (CORC) the National Academy for Social Prescribing and the Youth Social Prescribing Network.
- Artist facilitated co-production of a resource for young people on waiting lists for the Eating Disorder Service by young people with lived experience – this work was jointly presented recently at the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG AHW) Webinar on Young People, Co-production, Creativity & Mental Health Services, and can be viewed here <https://www.youtube.com/watch?v=MunXmvP78GY>

(35 mins in you can watch and listen to Jessica Roose, Quality & Governance Lead for BeeU & Katie speak about the coproduction work being driven through the Personalised Care Projects in Shropshire which is being supported by the National Centre of Creative Health)

### Risk assessment and opportunities appraisal

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

Funding to support this work has been provided annually via NHSE/ Regional and National Programmes, as well as through local grant programmes. There has currently not been agreed base budget investment and therefore the medium and longer term development of the work is at risk.

### Financial implications

(Any financial implications of note)

There are no direct financial implications identified in this update report

### Climate Change Appraisal as applicable

Promoting local activity e.g., community-based activities and social prescribing reduces car journeys.

### Where else has the paper been presented?

System Partnership Boards	Reported through SHIPP
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

Cllr. Kirstie Hurst-Knight, Portfolio Holder for Children and Education

#### Appendices

APPG report Creative Health: The Arts for Health and of Wellbeing -

[Creative Health Inquiry Report 2017 - Second Edition.pdf \(ncch.org.uk\)](#)

WHO Scoping Review 'What is the evidence on the role of the arts in improving health and wellbeing?'

[What is the evidence on the role of the arts in improving health and well-being? A scoping review \(who.int\)](#)

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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	14 <sup>th</sup> July 2022			
<b>Title of Paper</b>	Report on the Shropshire Council Digital Skills Programme			
<b>Reporting Officer and email</b>	Andrea Miller, Digital Champion Lead, Shropshire Council			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	Children & Young People		Joined up working	
	Mental Health		Improving Population Health	
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X
	Workforce		Reduce inequalities (see below)	X
<b>What inequalities does this paper address?</b>	Digital inequality for older people			
<p><b>Paper content - Please expand content under these headings or attach your report ensuring the three headings are included.</b></p> <p>1. Executive Summary</p> <p>In 2019, following a successful application to the LGA's Digital Inclusion Programme, Shropshire Council received £15,000 to help digitally excluded residents aged 65+ to get online.</p> <p>The funding was awarded because council research (2016) showed that approximately 25% of Shropshire residents are digitally excluded, ranking above the national figure of 21%. Of the 25% in Shropshire, 24.9% are over 65, reflecting the ageing population of the county.</p> <p>The funding enabled the council to recruit a digital champion lead tasked with reaching out to residents aged over 65 and without the skills, equipment, or confidence to go online, to help them access the support they needed.</p> <p>Feb 2020: Digital Champion Lead Andrea Miller was recruited 3 days a week to lead the initiative.</p> <p>2. Recommendations</p> <p>The Board is asked to note the contents of this report, and the innovative work taking place.</p> <p>3. Report</p> <p style="text-align: center;">Please see the attached</p>				
<p><b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental</p>				

consequences and other Consultation)	
<b>Financial implications</b> (Any financial implications of note)	
<b>Climate Change Appraisal as applicable</b>	
<b>Where else has the paper been presented?</b>	<b>System Partnership Boards</b>
	<b>Voluntary Sector</b>
	<b>Other</b>
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>	
<b>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: <a href="https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130">https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130</a>)</b>	
<b>Appendices</b>	

## The Digital Skills Programme 2019 to 2023



### Online at 80 for Technophobe Mike

Thanks to the Digital Skills Programme, Mike Clarke has learned to use a banking app to manage financial transactions. And he's become an avid user of Shropshire Council's online library services. "I use the digital library every day – it's a wonderful asset," said Mike. "I download the Telegraph to get the crossword results and I've just finished my first online book!

"I worked in farming for many years and then the Post Office and I missed out on everything to do with the internet," explained 80-year-old Mike. "I didn't believe technology would take off the way it has. I thought it was all a gimmick and I regret not tackling my lack of skills sooner."

Mike admits to being converted. "I've realised that the internet is a wonderful tool. I can see the benefits it brings, and I don't think I would go back to life without it."

#### Background

In 2019, following a successful application to the LGA's Digital Inclusion Programme,

Shropshire Council received £15,000 to help digitally excluded residents aged 65+ to get online.

The funding was awarded because council research (2016) showed that approximately 25% of Shropshire residents are digitally excluded, ranking above the national figure of 21%. Of the 25% in Shropshire, 24.9% are over 65, reflecting the ageing population of the county.

The funding enabled the council to recruit a digital champion lead tasked with reaching out to residents aged over 65 and without the skills, equipment, or confidence to go online, to help them access the support they needed.

Feb 2020: Digital Champion Lead Andrea Miller was recruited 3 days a week to lead the initiative.

### Statistics Update May 2022

The national Nobody in the Dark programme estimates that in the UK today, 1 person in 7 cannot use the internet without help.

The Census 2021 population of Shropshire is 325,415 = 46,400 digitally excluded people living in our area. Of the 81,216 over 65s (24.9%), 11,602 can't access the internet without help.

With these figures in mind, the existing Digital Skills Programme providing support for older learners is only tackling 4% of the need.

### The Digital Skills Programme Pilot

A unique digital learning system was developed early on by the project lead. Seven key digital skills were identified, with learners assessed pre and post their learning to show progress in attaining the learning outcomes. Learning was to be delivered one to one over 8 -10 weeks through digital volunteers.

August 2020: pilot project supporting digitally excluded over 65s working with 6 digital volunteers begins at the Roy Fletcher Centre in Shrewsbury. Funding from the LGA was used to pay for room hire. In addition, a survey in partnership with Age UK was used to recruit potential learners along with publicity in local press.

The initial response to the call for learners was enormous, with 125 older people registering for support in 1 week. Here are some of their comments:

*"I spend so much time alone. I spend a lot of time achieving very little on my computer. This virus has turned the world upside down. I have to get my food ordered online and I get into such a mess!"*

*"I was scammed for £600 by an alleged IT technician online 7 years ago that contacted me through a pop up. I felt such a fool and the bank wouldn't give me back the money. They said it was my fault."*

*"I'm very very lonely - especially in the evenings. I've got 2 tablets and laptop and cannot use them."*

*"I've had to stop driving and there is no bus service. I feel very isolated. I'd love to be able to talk to friends and family."*

*"I'm 87 and I don't have any confidence with technology. My family want me to learn, and I feel I'm letting them down."*

*"I want to learn because I just don't understand the language. Now I'm on my own I've got a smartphone, but I don't know how to use it. It's frustrating. I've got family all over the world and I want to see them and speak to them. I've just found out I'm a great-grandfather!"*

*"I am very incompetent. I use my iPad for email and looking online. I find it quite difficult and make mistakes. The technical language defeats me."*

*"I've got a computer and want to feel more confident. I'd like to be able to talk to people face to face on my computer. If I'm not well I could talk to my doctor. I'm out in the sticks 5 miles from my nearest shop and I want food delivered."*

*"I've lost my confidence and need a boost. I've lost my brain somewhere. I've had a laptop. but the iPad is so different. I can use it but in a limited way. I get worried about con artists and I'm frightened."*

*"My husband of 44 years died just before Christmas, and he did all the computer stuff. He meant to teach me. but it didn't happen. I worked in a bank and used computers at work but that was a long time ago. I'm 70 but a young 70 and I'm not stupid!"*

The pilot project supported 87 learners to become digitally confident and was extended to the Mayfair Community Centre, Church Stretton in May 2021, and Shrewsbury Library in September 2021.

### The Digital Skills Programme 2022 to 2023

December 2021: £80,000 council funding was awarded to extend the pilot from 10 January 2022 until March 31, 2023, to deliver to following outcomes:

500 over 65s to receive 8 to 10 weeks of one-to-one digital support  
250 over 65s to receive follow-on help through digital support groups  
100 learners (based on agreed criteria) given free devices and connectivity

Staff Budget: Digital Lead – 0.6 FTE fixed term post to 31/03/23 additional cost

The Digital Skills Programme is now delivered across 21 library locations and through 3 community providers in Shrewsbury, Church Stretton and a county-wide learn-at-home service delivered through Age UK for learners unable to access a community setting.

One-to-one support is provided over 8 to 10 weeks by digital volunteers in weekly hour-long learning sessions. The programme of learning outcomes monitors progress through the 7 key learning objectives with the aim of achieving digital confidence and an improvement in wellbeing.

### Digital Monitoring and Evaluation

## Case Studies

A series of case studies has been developed that demonstrate the effectiveness of the programme for learners and volunteers. Extracts from these are included at the end of this report.

## Survey

An online survey is in development with the council's Feedback and Insight Team to demonstrate changes in behaviour of participants such as: ability to interact with services (such as the Council) online; improvements in wellbeing; digital confidence.

## Monitoring

With the council's ICT, a SharePoint List has been produced to manage participant data and log their pre and post learning assessments. This feeds into a Power Bi Report that shows the impact of the digital support received for learners that have completed their participation in the programme. In addition, the Power Bi Report shows individual provider contract performance, identifies learning centres delivering the greatest improvement in digital skills levels and how many weeks of support individuals receive.

## Learner/Volunteer Data

From January 10 to March 31, 2022, 40 digitally excluded learners completed their learning and a further 46 are now in learning. Monitoring for this quarter is due in at the end of June.

As of May 31, 2022, 45 digital volunteers (updated 08/06/2022 to 54) are delivering free digital support in libraries, the Roy Fletcher Centre and the Mayfair Community Centre as well as in the homes of learners unable to access a community setting through Age UK.

The Power Bi platform of completed learners identifies the following:

Average digital skills level on starting learning 18.2%

Average digital skills level on completion 57%

Average improvement in digital skills level 38.8% - this is expected to increase

Average number of weeks of learning 9.7 – this is expected to reduce

Participant age ranges

Under 65: 1.4%

65 – 74: 45%

75 – 84: 41%

85 and over: 12.6%

Referral routes

57% self refer as a result of publicity or word-of-mouth

24% are people from the list of "shielded" residents identified by Customer Services during lockdown

10% are through Shropshire Local

9% a range of other sources including Social Prescribing

There are currently 59 learners awaiting support on the SharePoint List and a further 53 waiting to be contacted on the Shielded List.

## Case studies

“It’s been brilliant, now I can go-it-alone on my tablet and laptop,” says 74-year-old Elaine Wood. “I used computers in my job until I retired 15 years ago, but once out of the workplace I quickly lost touch with technology. It’s a brilliant service and I looked forward to my learning sessions every week. Meeting up with the lovely volunteer who supported me and being in a new place was wonderful. The way things are now, you must get online or get left behind. I’m using the internet



every day and it’s changed my life for the better.”



“I felt left behind, I couldn’t even send a text,” says 73-year-old Mike Wason. “But with each learning session I could see myself improving. The support was fantastic, and the volunteers made me feel so relaxed that I looked forward to my time the IT Club each week. The digital world is embedded into my life now. I’m online every day checking my favourite sports’ websites for updates and I’m enjoying solving daily Wordle puzzles.” Mike and his

partner Sue Harrison now enjoy video calls with family in Sweden and are managing their finances quickly and easily using online banking. “Sue joined me in getting help and it’s been life-changing for her too. Being confident online has given us both an amazing boost.”



“Older people are worried about everything going online and can feel like their choices are being taken away. It’s worse if they have no family to help them learn how to use the internet safely,” says digital volunteer Allan Read. “I’ve helped a learner who wants to write a book using a digital dictation system, and another who wants to use eBay.

They all need help with their digital confidence and to find better ways to stay in touch with family and friends using Skype or Zoom.”



“The Shropshire Council programme is unique because it gives one-to-one support over 8 to 10 weeks and builds confidence at the right pace,” says digital volunteer Stephanie MacLennan

“It’s an interesting role, you don’t need specific skills but wanting to help people is important. It’s fun getting to know different people and rewarding to see their progress. I share my knowledge of how to use the internet safely, at the same time as building my skills in communication and problem solving.”

Jenny Taylor, CEO Roy Fletcher Centre, Shrewsbury: “Within weeks of people attending the IT Club the positive difference in some was amazing. This was noticeable with one participant who was polite but never said much till one day they walked in with a big smile, cheery word, and quip. Other volunteers noticed the change it was so dramatic. Many of the learners say this is the one thing they look forward to each week, especially those living on their own. At the end of each session volunteers stay for a chat and they all say that these sessions are as much about the social aspect for the learners as they are about IT. Volunteers know the life story of many now!”

## Conclusion



The monitoring and evaluation platform of the Digital Skills Programme is adaptable for any adult and setting. The 7 learning outcomes apply to all, and can be adapted for children too. The aim of the programme is to upskill our older citizens, but it delivers far more than this.....

One of the most powerful results of the digital confidence achieved by participants is their increase in well-being, independence, and overall confidence. They are more in control of their future, later in life.

Here are just some of the additional benefits the programme brings:

1. Making new friends at their IT Clubs.
2. Connecting with family and friends not seen for years.
3. Keeping in touch with close family locally and distant.
4. Learning new hobbies and interests such as word games and online sport.
5. Digital banking freedom with many banks having closed high street premises.
6. Online food and shopping deliveries,
7. Digital library access to read newspapers and books on their devices
8. Online prescriptions and health management through the NHS app.
9. Being inspired to get out again and try new hobbies and interests such as walking, U3A, volunteering and sport.
10. Shopping around for holidays and deals to help save money.

BBC Radio Shropshire recently visited a Council-funded Digital Support Group at the Roy Fletcher Centre where learners attend post-learning for friendship and continued digital support. Listen here:

[https://soundcloud.com/shropshire-council/ict-training-for-over-65?utm\\_source=clipboard&utm\\_medium=text&utm\\_campaign=social\\_sharing](https://soundcloud.com/shropshire-council/ict-training-for-over-65?utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing)

Examples of improvements in wellbeing:

“I needed to get out more and meet new people – my digital volunteer has been so patient and kind as well as great company each week. His support has given me the confidence to join the local U3A, so now I’ve got even more to look forward to.



Improving my internet skills has opened doors for me, and thanks to this marvellous initiative from Shropshire Council my overall confidence has been given a real boost.”

“Getting one-to-one help from my digital volunteer each week at the library has given me a positive new outlook. I look forward to being online now and feel much better about life in general – it’s been fantastic.”

“I have injuries sustained in a car crash and my mobility had decreased in lockdown. I wanted to get moving again and my step-counting app motivates me to get out and about more.”

“We encourage anyone who is older and afraid of the internet to take the plunge and go for it! You’ve nothing to lose and you’ll really enjoy yourself.”

Our 45 (and counting) digital volunteers are gaining life skills, employability skills, problem solving skills and meeting new people. Research shows that helping others reduces stress, boosts self-esteem, and helps people to feel happier.

Enabling older people, in good time, before the onset of great ageing or frailty, not only enhances their wellbeing, life choices and quality of life, it brings the familiarity and foundation for the Internet of Things that could support someone in their own home for longer as an alternative to providing care and support.

Andrea Miller. Digital Champion Lead, Shropshire Council 31.05.2022

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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	14 <sup>th</sup> July 2022			
<b>Title of Paper</b>	GP Access – Shropshire, Telford & Wrekin			
<b>Reporting Officer and email</b>	Tracey Jones, Deputy Director of Partnerships tracey.jones9@nhs.net			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	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	x
	Workforce	x	Reduce inequalities (see below)	x
<b>What inequalities does this paper address?</b>	Over 90% of NHS contacts every day are in General Practice. Improving access to General Practice reduces health inequalities across the board			

**Paper content - Please expand content under these headings or attach your report ensuring the three headings are included.**

### 1. Executive Summary

#### Purpose of the Report

The purpose of this report is to provide the Health and Wellbeing Board (HWBB) in Shropshire with an update on the work to restore access to primary care in Shropshire Telford and Wrekin.

Whilst the CCG understands the HWBB would wish to specifically see Shropshire rather than whole system data, the information is not yet made available by NHS England in a way we can provide this. NHS England have indicated that they are working towards making the data available at Primary Care Network (PCN) level in the future.

#### Background

As with the majority of other NHS services, the pandemic required practices to rapidly modify the way patients access services to ensure they met national guidelines issued by NHS England to help manage the spread of Covid 19 infection amongst the primary care workforce and their patients and protect the most vulnerable.

Practices introduced telephone clinical triage and telephone consultations to ensure only those that required face to face appointments based on clinical need attended the practice premises and promoted alternative access options such as online consultations. Same day/urgent needs were prioritised with routine and long-term condition management largely stood down from 2020. Planned restoration of services began across the NHS in spring 2021 with the lifting of 'lock down' in March 2021. However, it was recognised that full restoration would only be achieved over time as the pandemic, the vaccination programme and subsequent surges in infection rates which culminated in the vaccination booster programme in December 2021 continued to impact.

The information in this report provides an analysis of the key primary care access indicators comparing the data in March 2022 with pre covid March 2019. The report concludes with a summary of the ongoing challenges facing primary care.

General practice has worked tirelessly throughout the pandemic to maintain service provision and keep patients safe. There has been some media criticism of primary care colleagues suggesting that they are not working as hard as the rest of the NHS and are providing less capacity than before the pandemic. The data in this report provides evidence that this is not the case locally.

However, it is important to acknowledge the experience some patients have and continue to consider how appropriate access for patients can continue to be improved. Importantly consideration is needed as to how the primary care workforce can continue to grow, given some of the national shortages in key roles.

### **Conclusion**

- Access to GP services has changed significantly over the last 2 years as a direct result of the pandemic.
- GP services are extremely busy, demand continues to increase, there are 12% less GPs in post than 2015 but despite this General Practice is offering more appointments now than prior to the pandemic.
- The mode of appointment delivery has seen the largest shift with a larger reliance on telephone consultation and digital/online options as opposed to face to face. Whilst face to face numbers have increased in the last 6 months, this mixed model of delivery modes is the 'new normal' and is in line with the national direction to transform primary care services.
- Face to face appointments constitute the majority of appointments – 6 in 10 STW appointments are face to face.
- There has been an increase in appointments delivered same day, 1 day and 2-7 days and reduction in appointment waits of 8 days and over.
- A significant proportion of appointments continue to be delivered by a GP, however, there is an increasing range of staff employed by primary care which means patients have access to a wider range of skilled clinicians and non-clinicians to meet their needs.
- Some patients continue to experience issues accessing their GP practice. All practices identified with access issues are targeted by the team for a practice visit and offered support to improve.
- Covid has become business as usual, but it leaves primary care with a legacy of additional demands on their resources, not least the impact from the significant elective backlog and the backlog from practice routine work being stood down to concentrate on urgent primary care.

### **2. Recommendations**

The HWBB are recommended to note the report.

### **3. Report**

#### **Appointment capacity**

The most recent available data<sup>1</sup> on general practice appointments for March 2022 across all Shropshire Telford & Wrekin (STW) CCG practices shows:-

- the STW population accessed 256,176 appointments compared to 220,544 appointments in April 2019 (pre-pandemic) (Figure 1).
- This is 35,632 more appointments in March 2022 (+16.15%).

<sup>1</sup> Source is NHS Digital GPAD - <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/appointments-in-general-practice>

- The above significant achievement should be viewed in the context that March 2022 was the month that the Government lifted all covid restrictions and this resulted in a spike in covid cases across the country. The GP workforce did not escape being impacted and a number of practices had to enact their business continuity plans and operate on skeleton workforce due to covid sickness/isolation rates amongst staff. Despite this primary care still increased appointment availability.
- 92.3% of the total number of appointments made were attended by patients. This is slightly higher than both the regional (91.02%) and national rate (91.8%). (Figure 2)

Figure 1 – April 2019 to March 2022 - Total All Appointments

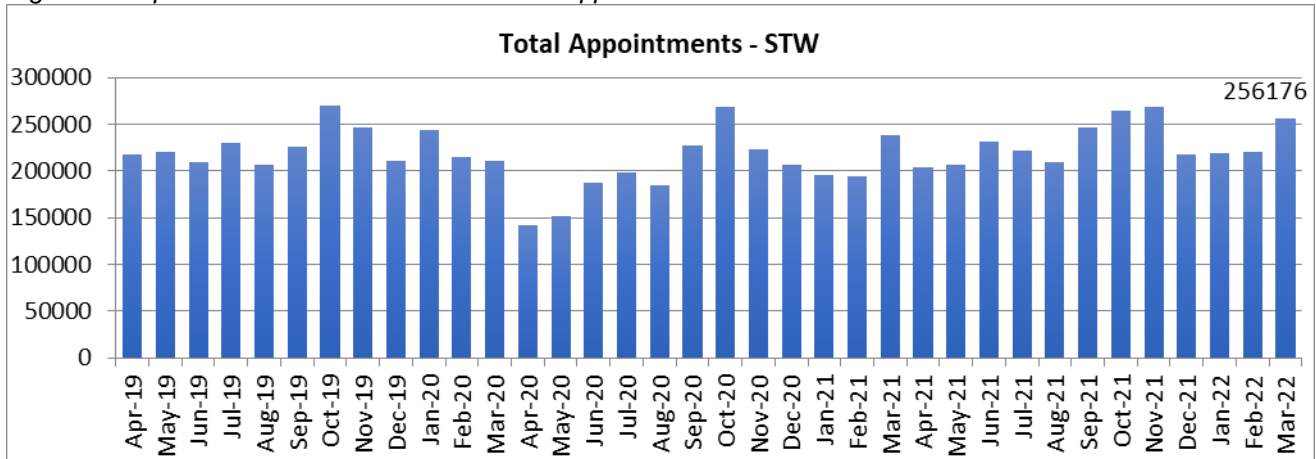
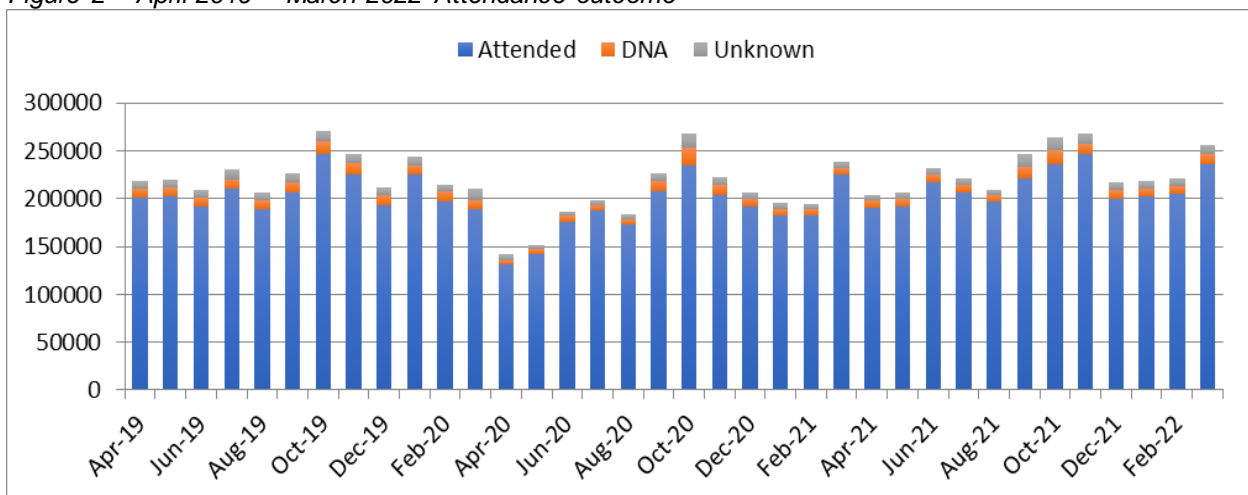


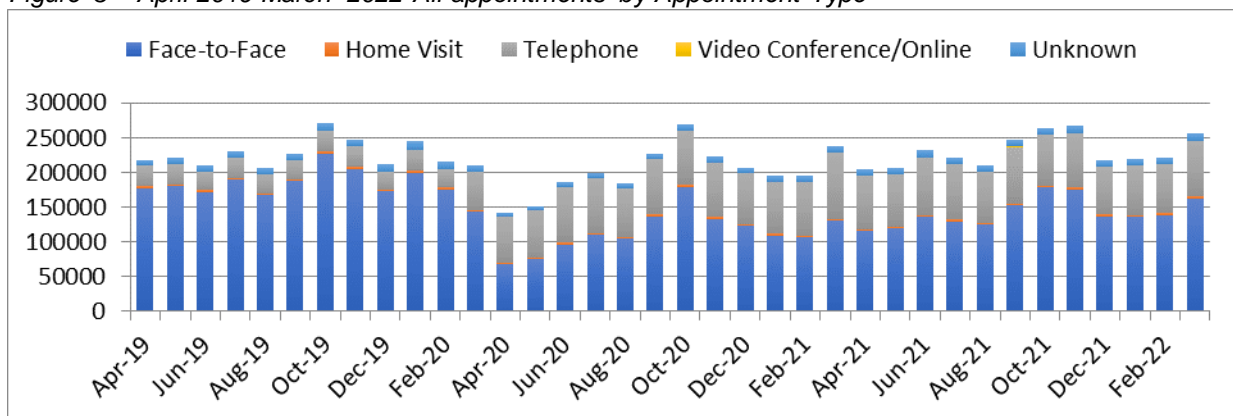
Figure 2 – April 2019 – March 2022 Attendance outcome



**Appointment Types**

As mentioned previously, one of the key changes resulting from the pandemic has been the mode by which patient consultations are undertaken where there has been a small reduction in face to face appointments, more than offset by the use of telephone and other modalities, to deliver an overall increase in the number of appointments of all types. Figure 3 below shows the proportional split and trend for appointments by type from April 2019 to March 2022.

Figure 3 – April 2019-March 2022 All appointments by Appointment Type



Key points from the data are:-

**Telephone**

- 80,366 telephone appointments were delivered in March 2022 compared to 29,643 in April 2019 (+171%)

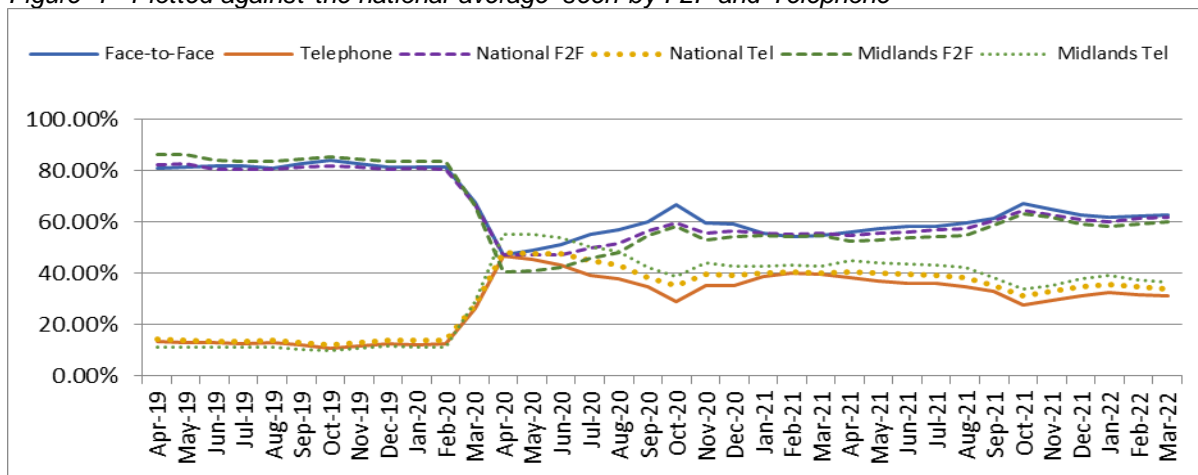
**Face to Face**

- From April 20 – Dec 21 57% of appointments were face to face.
- In March 2022, 161,391 face to face appointments were delivered compared to 176,657 in April 2019 (-9%). In STW 6 out of 10 patients are being seen face to face (63%), this is slightly higher than the Midlands regional average of 60%. (Figure 4)

**Home Visits**

- Home visits have remained stable over the period with an average of 2,700 (1.24%) each month.

Figure 4 - Plotted against the national average seen by F2F and Telephone



**Online consultations**

This mode enables patients to access an online triage service that allows them to easily seek support and self-help advice. It is accessed via the practice website. Patients can use the service to request a sick/fit note and are able to access resources that can help them manage and understand their own health.

This mode of consultation is underutilised as STW usage is 1.8 per 1,000 patients, currently the lowest in the West Midlands region compared to the highest area in the region which is 18.3 per 1,000 patients. NHS England regional digital team will be working with STW Primary Care Team to support improvement in these ratios.

The NHS Long-term plan states; *a digital-first primary care will become a new option for every patient improving fast access to convenient primary care. In other walks of life mobile phones and apps have already transformed services.*

The aim with digital access solutions is to provide patients with a menu of options for accessing their practice, as face to face is not always clinically required or convenient to the patient. It is acknowledged however that for some patients face to face is their preferred way of accessing their GP and this will only change over time as patient confidence in and experience of other modes of accessing services develops. Practices are aware that for some STW populations over reliance on digital solutions poses the risk of digital exclusion for patients where access to mobile network coverage/wifi is limited.

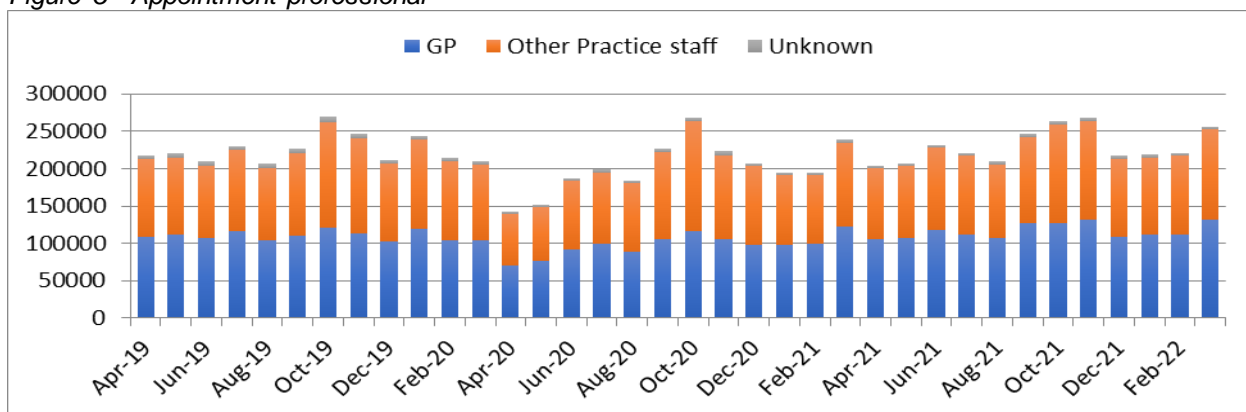
### Appointment professional

The range of staff available within GP practices to manage patient needs has increased in recent years, particularly with the introduction of Primary Care Network Additional Roles Reimbursement Scheme (ARRS). Alongside GPs there are other practice staff including, Advanced Nurse Practitioners (ANPs), Health Care Assistants (HCAs) and PCN ARRS roles including mental health practitioners, clinical pharmacists, paramedics, care co-ordinators, social prescribers and health and wellbeing coaches.

ARRS are centrally-funded roles which allow Primary Care Networks (PCNs) to establish multi-disciplinary teams (MDT) to provide more integrated health and social care services locally. They enable patients to access preventative care such as health and wellbeing support and medication reviews more easily, while reducing pressure on GPs. At the end of April 2022 there are 126 ARRS staff across the 8 PCNs in STW.

- 131,049 GP appointments were delivered in March 2022 compared with 109,453 in April 2019. (figure 5) This is a 20% increase.
- In March 2022, 47% of primary care appointments were delivered by a GP.

Figure 5 - Appointment professional



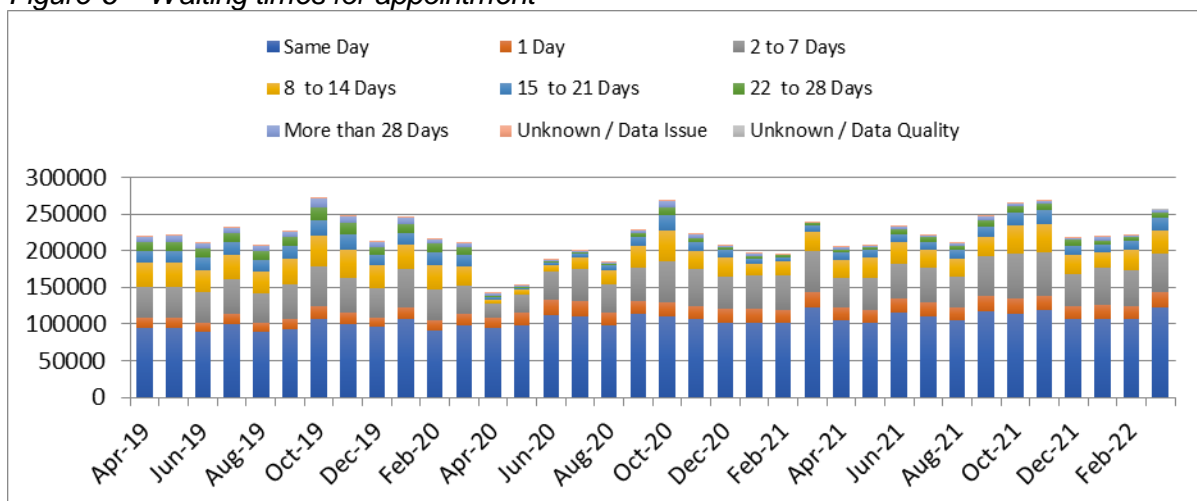
### Appointment Waits

Analysis of average waiting times for appointment indicates:-

- In March 2022, there has been a significant increase in shorter waits for appointments and a corresponding decrease in long waits (8 days and over) compared to April 2019. This means that waiting times for appointments have reduced.

	April 2019	March 2022	Variance 22 vs 19 (number)	Variance 22 vs 19 (%)
Same day	95,370	123,406	+28,036	+29%
1 day	13,490	20,658	+7,918	+53%
2-7	41,723	51,242	+9,519	+22%
8-14	33,340	32,842	-498	-1.5%
22-28	16,295	7,501	-8,794	-53%

Figure 6 – Waiting times for appointment



## Challenges for Primary Care

### Recruitment and Retention of GPs

Like most parts of the country, Shropshire, Telford & Wrekin (STW) has struggled over recent years to increase the number of GPs across our practices.

- GPs – whole time equivalent numbers have fallen from 285 in Sept 2015 to 250 in February 2022. This is a 12% reduction in overall GP workforce capacity.
- Partner GPs –whole time equivalent numbers have fallen from 229 in Sept 2015 to 168 in February 2022. This is a 27% reduction in overall GP Partner workforce capacity.

### Covid additional requirements

As well as routine appointments, practices are required to provide more services to support the pandemic response including:

- Supporting the delivery of the ongoing Covid Vaccination programme
- Providing care for patients with symptoms of Long Covid
- Ensuring clinically vulnerable patients continue to receive the care they need in a safe environment

### Managing the backlog

- Managing additional demand created by the elective backlog where patients turn to their practice for support because their elective treatment is significantly delayed.
- Deploying primary care resources to catch up with backlog primary care work:
  - childhood vaccinations and immunisations
  - screening appointments
  - reviews for long term conditions
  - Other routine GP work eg medication reviews, Severe Mental Illness, Learning Disability and Autism annual health checks, dementia reviews.
  - More patients coming forward for assessment of symptoms which they put off before because not immediately urgent. In a number of cases this has meant that their condition has become more complex as a result

### Examples of Initiatives to support GP Access

#### GP Strategy

The CCG has recently developed a new GP Strategy. In line with the STW ICS People Plan, and workforce strategies in other systems, the strategy is based around three, main elements:

- Attracting – encouraging/persuading people to become GPs
- Recruiting – enabling the recruitment of qualified GPs across STW
- Retaining – ensuring that those GPs who are recruited, choose to stay



It incorporates actions covering the following interventions:-

- Marketing the role of the GP
- Supporting the recruitment and deployment of GPs
- Engaging and networking
- Ensuring that professional development is available
- Ensuring that personal support is available
- Developing career opportunities/new ways of working

The strategy targets eight “key intervention stages” within the lifecycle of a GP’s career.

1. School/sixth-form students choosing medicine courses at universities
2. Medical Students
3. Foundation Year Doctors
4. GP Trainees
5. Newly-Qualified GPs
6. First5 GPs
7. Mid-Career GPs
8. Late-Career GPs

### **Primary Care Network recruitment to additional roles**

Expanding the workforce is one of the top priorities for primary care networks. PCNs are required to plan their future workforce requirements and can receive additional funding under the Additional Roles Reimbursement Sum (ARRS). There are a specified range of roles which can be funded and include clinical pharmacists, dietitians, OTs, first contact physios, paramedics, podiatrists, physician associates, care co-ordinators, health and wellbeing coaches, social prescribing link workers and nursing associates. The addition of these posts increases the multi-disciplinary offer available from general practice increasing the number of clinicians and non clinicians able to meet patient’s needs thus increasing the number of appointments available.

Recruitment of staff continues steadily across all eight of our PCNs with over 130 ARRS-funded staff currently in post.

### **Professor Claire Fuller’s National Stocktake Report ‘Next Steps for Primary Care Integration’ May 2022**

In November 2021 Amanda Pritchard asked Dr Claire Fuller, CEO designate Surrey Heartlands ICS and GP, to undertake a stocktake on integrated primary care, looking at what is working well, why it’s working well and how the implementation of integrated primary care (incorporating the current 4 pillars of general practice, community pharmacy, dentistry and optometry) across systems could be accelerated. The review report was published at the end of last month.

The report indicated that a consensus emerged from the review - what is not working is access and continuity, with frustrations shared by both patients and staff alike. The report also confirms a consensus on what can be done differently.

- Integrated neighbourhood ‘teams of teams’ need to evolve from Primary Care Networks (PCNs) and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. They should promote a culture of collaboration and pride, create the time and space within these teams to problem solve together, and build relationships and trust between primary care and other system partners and communities.
- Streamlined access to urgent, same-day care and advice from an expanded multi-disciplinary team, using data and digital technology to enable patients to quickly find the right support to meet their needs.
- Ensuring those who would most benefit from continuity of care in general practice (such as those with long term conditions) can access more proactive, personalised support from a named clinician working as part of a team of professionals

- Taking a more active role in creating healthy communities and reducing incidence of ill health by working with communities, making more effective use of data and developing closer working relationships with local authorities and the voluntary sector.

All 42 ICS Chief Executives signed a letter of support for submission with the review report and a commitment to implement the necessary changes. STW is beginning this work and a joint development workshop between the Clinical Directors of our 8 Primary Care Networks and senior clinical leaders in Shropshire Community Health NHS Trust is being planned. The aim is through clinically led conversations to start to shape and build on what has already been done and identify where things can be done differently.

### Community Pharmacy Consultation Service

This national initiative enables practices to make a direct referral for appropriate patients to a same day minor illness appointment with a trained community pharmacy. This improves access to timely care and frees up a practice appointment. There are currently 19 practices that have implemented this service and are referring patients to the service. Support is available to practices to set up and increase referrals including the ability to make e-referrals.

### Enhanced telephony

Feedback from patients is that it is not just access to timely appointments that has caused a poor patient experience of primary care. They have also experienced significant problems getting through to the practice on the telephone in the first place. This has largely been down to the functionality of the practice telephone systems to deal with the volume of calls.

The majority of STW practices utilise one telephone system provider. In order to help with the issues, the CCG has commissioned the company to provide an enhanced telephony support package for practices to have an improved understanding of their phone systems. It will provide the practices with the tools to understand call flows and how to record relevant messages (comfort messages); to review patient excessive queue lengths, average call handling times. Two practices have sessions booked this month with the remainder scheduled over the summer months.

<b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	The risks associated with improving access to General Practice are as set out in the 'challenges' section of this report	
<b>Financial implications</b> (Any financial implications of note)		
<b>Climate Change Appraisal as applicable</b>		
<b>Where else has the paper been presented?</b>	<b>System Partnership Boards</b>	
	<b>Voluntary Sector</b>	
	<b>Other</b>	CCG Governing Body Telford Health and Wellbeing Board
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		

**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>)

Director Lead Claire Parker Director of Place and Partnerships

**Appendices**

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