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

Date: 31 August 2022

Committee:
Health and Wellbeing Board

Date: **Thursday, 8 September 2022**
Time: **9.30 am**
Venue: **Shrewsbury/Oswestry 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/healthwellbeingboardthursday8september/

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
Assistant Director - Legal and Governance

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

AGENDA

1 Election of Chairman

To elect a Chairman for this meeting.

2 Apologies for Absence and Substitutions

3 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."

4 Minutes of the previous meeting (Pages 1 - 10)

To confirm as a correct record the minutes of the meetings held on 19 May 2022 (attached) and 14 July 2022 (to follow).
Contact: Michelle Dulson Tel 01743 257719

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 5.00pm on Friday 2 September 2022.

6 System Update

Urgent and Emergency Care Plan Update – Winter Plan

Report to follow
Contact: Sam Tilley, Director of Urgent & Emergency Care and Emergency Planning, NHS Shropshire, Telford and Wrekin

ICS Update

Report to follow

Contact: Nicola Dymond, Director of Strategy and Integration

Paper for Information - Healthy Lives Update

Report to follow
Shaping Places (Food Insecurity Update)
Contact: Emily Fay, Shaping Places Programme Manager, Shropshire Council

7 **Innovative practice - Digital report (deferred from last meeting)** (Pages 11 - 20)

Contact: Chris Westwood, Service Delivery and Improvement Manager, Customer Services, Shropshire Council

8 **Severe Mental Illness and Complex need. A Qualitative review of service user experience.** (Pages 21 - 46)

Contact: Rhiannon Worrall, Population Health Fellow, Shropshire Council

9 **The Khan review: making smoking obsolete** (Pages 47 - 58)

Contact: Berni Lee, Consultant in Public Health, Shropshire Council / Rachel Robinson, Executive Director of Health, Wellbeing and Public Health, Shropshire Council

10 **JSNA update**

Report to follow
Contact: Berni Lee, Consultant in Public Health, Shropshire Council /Rachel Robinson, Executive Director of Health, Wellbeing and Public Health, Shropshire Council / Alex McLellan, Public Health Intelligence Manager, Shropshire Council

11 **Health Protection update (including COVID-19)** (Pages 59 - 62)

Contact: Rachel Robinson, Executive Director of Health, Wellbeing and Public Health, Shropshire Council, Dr Sue Lloyd, Consultant in Public Health, Shropshire Council

12 **Chairman's Updates**

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Shropshire Council

Committee and Date

Health and Wellbeing Board

8 September 2022

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 19 MAY 2022
9.30AM – 11.50AM

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

Present
Simon Jones – PFH Adult Social Care and Public Health
Kirstie Hurst-Knight – PFH Children and Education
Cecilia Motley – PFH Communities, Culture, Leisure & Tourism and Transport
Rachel Robinson - Director of Public Health
Tanya Miles – Executive Director for People
Lynn Cawley – Shropshire Healthwatch Jackie Jeffrey – VCSA
Sonia Roberts (Substitute for Jackie Jeffrey) – VSCA
Laura Fisher – Housing Services Manager (virtual)

1 **Apologies for Absence and Substitutions**

Laura Tyler – Assistant Director for Joint Commissioning
Jackie Jeffrey – VSCA
Stuart Bills- Superintendent Stuart Bills
Patricia Davies – Chief Executive, Shropshire Community Health Trust
David Crosby – Shropshire Partners in Care
Sara Ellis - RJAH

2 **Disclosable Pecuniary Interests**

None received.

3 **Minutes of the previous meeting**

RESOLVED: that the Minutes of the previous meeting be agreed and signed by the Chairman as a correct record.

4 **Public Question Time**

No public questions were received.

5 **System Update**

Shropshire, Telford & Wrekin Urgent & Emergency Care (UEC) Improvement Plan

The report of the Director of Urgent Care & Planning, Shropshire, Telford & Wrekin CCG had been received by the Board (copy attached to the signed Minutes) which set out the context of the Urgent & Emergency Care Improvement Plan for the current financial year. She gave a summary of the plan and took the Board through the headlines of the Plan. She explained that following development of an initial improvement plan for UEC the previous year this plan built on that and set out a set of objectives and aims and deliverables for the coming financial year.

The Director of Urgent Care & Planning drew attention to the UEC Improvement Plan Review development process that had been utilised in the development of the plan and the development of its three priorities, as follows: Pre-Hospital; Hospital improvement and flow; and Discharge. She explained that they had tried to be very clear about the set of parameters they wished to focus on in order to ensure they were going to be deliverable. The crafting of the plan was very much aligned to tackling some of the most prominent issues that they had been challenged with and making some real improvements within the next financial year.

The Director of Urgent Care & Planning took the Board through the three priorities in more detail along with the range of linked programmes across the system that were being delivered that did not fall directly within the remit of UEC but were inevitably important in enabling them to deliver what was required. She explained that there was a whole programme of work looking at the whole pathway but being very distinct about the things to be focused on and the things it was felt would provide the most benefit in the next 12 months. This was a distinct part of a much longer-term journey that really focussed in on what could be achieved within that time frame.

The Director of Urgent Care & Planning explained that there was a process of this going through approvals, the Urgent and Emergency Care Board had approved it in principle as a set of priorities and a good discussion was had at the Urgent Care Delivery Group the previous day to work up the next level of detail around these plans and that would then go through the Urgent and Emergency Care Board at the end of May. This would then be monitored throughout the year and supported with data flow and communications to ensure the best results were achieved.

The Director of Public Health commented that the Board would be particularly interested in understanding the detail of the whole plan and requested that more detail be brought back to a future meeting. In response, the Director of Urgent Care & Planning agreed to bring back the next set of detail which would make it easier to see how this tracked through in terms of some of the improvement areas and how that was then monitored. She explained that there had been a lot of discussion around the ambulance piece because it had been an area of particular

concern and she stressed how interconnected all the elements were. By doing the things set out in the plan it would absolutely improve performance where it was known it needed to be improved particularly around some of the issues with ambulance delays.

Members felt this work was heading in right direction. However, some residents in rural divisions in the south of the county had great difficulty even seeing their GP just because of distance, so it was critical therefore that the client group understood how they should behave if they felt they were in need of care and how that should be conveyed to them fairly simply. Although not at that stage just yet, it was felt to be a very important part of this because then there would be a good chance that the general confusion that so often surrounds hospital admittance, treatment and discharge would be cleared up and patients would understand the process.

Lynn Cawley, Shropshire Healthwatch commented on the importance of all of this but also of importance was gathering the patient experience along the way as these things move forward. She reported that Shropshire Healthwatch was planning a piece of work to try to gather the wider experience of ambulance services and while hearing in the press of difficulties across that service, they would also expect to hear some positive comments from people as well. They hoped to understand the challenges, particularly across the rural parts of Shropshire and also ask people what they think could help while they were waiting because there did not seem to be a quick solution to those long waits.

Healthwatch were also keen to help people understand how to use the nhs in its current form as we move forward. She felt there was a huge education piece to be done around those communities of people who were relatively new to this area or even new to the country about how the nhs works and how to access it.

SHiPP update

The Head of Joint Partnerships gave a presentation (copy of slides attached to signed Minutes) which updated the Board on the position since the last meeting. She reminded the Board of the priorities and drew attention to the programmes and subgroups.

She reported that a number of presentations and discussions had taken place around inequalities and she assured the Board that work was ongoing in earnest with the development of a health and inequalities plan that was Shropshire focused and were working closely with nhs colleagues on a broader system health and inequalities plan. She explained that the Shropshire Plan was focused on the wider determinants of health thinking about all the ways in which inequalities are understood in communities and what can be done about it across all services.

The Head of Joint Partnerships drew attention to projects underway for which they had received funding from NHS England to work in partnership with the voluntary sector to deliver. She explained the Core 20 Plus 5 approach which was designed to focus care and look at inequalities for those people who were most deprived and those with particular health issues.

The Head of Joint Partnerships turned to the work being undertaken around Children and Young People, Local Care Transformation Plan and Personalisation / Personalised Care which were some of the key areas of focus. She also highlighted Involvement which was a cornerstone of all programme development and was linked to the ICS involvement work and strategy developments.

The Head of Joint Partnerships drew attention to the areas they wished to bring back to the Board, including the metrics for mental health and dementia, end of life and VCSE infrastructure and community capacity building.

Lynn Cawley, Shropshire Healthwatch informed the Board that Healthwatch ran its annual event the previous week which had a focus on end of life and they were able to launch the system end of life strategy which was really helpful. They had a great panel of speakers so people heard about the work that was currently being done about advanced care planning including the work being done in care homes.

BCF update

The Board received the report of the Assistant Director, Joint Commissioning and Head of Joint Partnerships (copy attached to the signed Minutes) which highlighted developments and system risks that had arisen over the last few months and included the 2021/22 Better Care Fund End of Year Report at Appendix A of the report.

The Head of Joint Partnerships introduced and amplified the report. The BCF End of Year report was due on 27 May 2022 and the Board were being asked to endorse it with the proviso that the admission avoidance metric be updated before it was finally signed off by the Executive Director of People as proxy.

The Head of Joint Partnerships took the Board through the key elements of the Better Care Fund final report for the year. She confirmed that all BCF metric targets had been met or exceeded except one, 14 days length of stay which had been missed by 0.4%. The report also highlighted the year-end feedback and highlighted that the greatest challenge was the local context, which included financial, demographic and rural challenges which made it more difficult to deliver services and reduce inequalities.

She drew attention to the Joint Commissioning update and the additional areas they were developing. She reported that the paper highlighted the reliance on grant funding to support system flow and that this remained a risk for the system.

The Director of Partnerships, Shropshire, Telford and Wrekin CCG thanked the Assistant Director, Joint Commissioning and the Head of Joint Partnerships for all their work around the BCF and joint commissioning work. She highlighted work that could be done that was linked to the place-based work as it was developed over the next 12 months around what was in the BCF and how that supported the system to function and the place to deliver eg around how much non-recurrent funding ends up in the BCF and how to get some recurrent funding to really deliver some positive changes for the population of Shropshire, Telford & Wrekin. Members were pleased to hear that the BCF had been approved nationally.

Healthy Lives

The Board received the report of the Health and Wellbeing Strategic Manager (copy attached to the signed Minutes) which provided an update on Healthy Lives, the multi-agency prevention programme of the Health and Wellbeing Board.

The Health and Wellbeing Strategic Manager informed the Board that the Healthy Lives Steering Group meetings had restarted in February 2022 and she gave an example of some of the topics that had been focussed on. She drew attention to the Governance Structure. The priorities for the group to collaborate on were discussed and would be reported to the HWBB.

In response to a query, the Health and Wellbeing Strategic Manager explained how the outcomes and impact of the Healthy Lives programme would be measured.

6 Ophthalmology Transformation Programme

The Programme Lead and the Clinical Lead for Eye Care Transformation gave a presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- Background
- Long Term Plan
- Local Requirements
- Case for change
- What the programme covers
- Completed engagement activity

- Next steps

The Programme Lead reported that the programme had started in February 2022 and would run over a couple of years. The first phase was engagement about patients' experiences of eye care in the county and their thoughts around how it could be improved. The first round of engagement had just been completed but further engagement would take place later in the year.

The Director of Public Health thanked the officers for their presentation which was helpful in understanding the process, which sounded very rigorous and she requested that an update come back to the Board in the Autumn once the proposals had been worked up. It was agreed to come back to the Board in 6 months-time with a bit more detail around the proposed future eye care model.

In response to a query, an update was given in relation to paediatric ophthalmology which was included as part of this programme, the design work for which had just begun so it was unclear what this would look like. Concern was raised about SATH's provision of paediatric eye care and the fact that they were no longer accepting any referrals as they no longer had a specialist consultant. In response, the Interim Director of Strategy and Partnerships informed the Board that SATH were looking at arrangements going forward, and in the meantime had a locum consultant. Going forward they were looking to join forces with neighbouring services.

7 **Air Quality**

The Board received the report of the Public Protection Officer (copy attached to the signed Minutes) which provided a brief update on progress with the statutory Air Quality work and improvements in air quality in Shropshire. The Public Protection Officer gave a presentation on Local Air Quality Management (LAQM) in Shropshire (copy of slides attached to the signed Minutes) which covered the following areas:

- Air Quality
- LAQM
- Monitoring
- Current levels and limits
- Air Quality Management Areas (AQMA) in Shropshire
- Current work
- Potential Interventions

The Public Protection Officer highlighted the three aspects of air quality work being undertaken in Shropshire (strategic, Local Air Quality Management and responsive).

He reported that there were two Air Quality Management Areas in Shropshire (Shrewsbury Town Centre and Bridgnorth) which were areas where the levels of pollutants exceeded those in the UK guidelines. He went on to discuss the current work being undertaken in the Air Quality Management Areas. Each AQMA was required to have an Air Quality Action Plan setting out specific measures and how it was proposed to reduce levels. The Action Plans for Shropshire had last been updated in 2008 so were currently being updated. He reported that the air quality in Shropshire's AQMAs had only come down to the national average during lockdown.

The Public Protection Officer informed the Board that a further report would be presented to the September meeting when it was hoped to have completed the work.

In response to a suggestion, it was confirmed that a green wall would be considered alongside other measures.

8 **Healthwatch Shropshire Crisis mental health services for Children and Young People**

The Board received the report of the Chief Officer, Shropshire Healthwatch (copy attached to the signed Minutes) which reported on Mental Health Crisis Services for Children and Young People in Shropshire, Telford and Wrekin. The Chief Officer gave a presentation (copy of slides attached to the signed Minutes). She firstly thanked the Board for the opportunity to present the report and she thanked the young people, parents and professionals who had shared their opinions.

She explained that all age mental health had long been a priority of Healthwatch since it was established in 2013 but that this was one of the hardest to reach groups of the population and it highlighted how much reliance was placed upon partners across the system in particular providers when doing pieces of work like this to help promote it so that as many views as possible were captured.

This piece of work was undertaken as a result of the CQC Inspection at SATH and the report in February 2021, when Healthwatch Shropshire was asked by The Director of Nursing to do a piece of work that captured the voices of the children and young people themselves. The Chief Officer gave more context on why this piece of work was undertaken.

As part of the approach and because they particularly wanted to hear from the children and young people themselves, both SATH and MPFT were asked to forward the information to the young people experiencing crisis mental health services. This was unfortunately not possible and impacted upon the number of children and young people they heard from. Instead, the usual methods of press release, poster and social media

campaign were used to reach out to children and young people, their families and professionals, some of which may not have used crises mental health services referred to in the report.

MPFT felt that there was some confusion amongst the population about which services they were actually using which highlighted the need for better information for children and their families about the services they were using and how they all worked together.

The Chief Officer then drew attention to the range and complexity of the issues and their impact on children's mental health, along with the range of services available.

One of the young people that they heard from highlighted the issue of waiting times to be seen and described the impact on their mental health but also the impact on them of seeing the psychologist and how much it helped them and enabled them to go back into school and get a place at college.

The Chief Officer explained that they were keen to understand what people felt could make a difference particularly when experiencing a long wait for that specialist provision. For a lot of young people, it was important that they could see the same person as they did not really want to have to talk about how they were feeling and what they were thinking to lots of different people. Another comment was the expectation that they would only get treatment when they reached crisis point.

Attention was then drawn to the main issues described by parents/carers, how the help could be improved and the key messages for Shropshire, Telford and Wrekin Integrated Care System.

The Board thanked the Chief Officer for her detailed report and noted that although this piece of work had been completed, the view of children and young people were still being sought. A comment was made that the report had been difficult to read due to the messages being drawn out. Board Members queried the next steps and what could be done to move this forward and help those young people who continued to need help and support A further report was requested for a future meeting.

It was confirmed that the Director of Partnerships would be requested to pick this up through the Children and Young People's and Mental Health conversations so that the 11 key points were built into the conversations being held with providers. Work would be undertaken in partnership with the local authority from an education point of view as well as a health point of view. It was suggested that the two Health and Wellbeing Boards (Shropshire and Telford & Wrekin) act as sponsors for this report and to hold the system to account in terms of what was being done to move these key points forward.

It was confirmed that work was ongoing on a Children's commissioning plan which would be central to systematically picking up these whole-system issues. A brief discussion ensued around all the issues raised within the report along with the current work being undertaken including looking at other ways to engage children and young people and gather feedback which would inform the work going forward.

It was suggested that a meeting of the Children and Young People System Partnership Board be convened to decide how the 11 recommendations in the report be taken forward and reported on delivery through the Place Based Boards.

9 **JSNA update**

The Board received the report of the Executive Director of Health, Wellbeing and Prevention (copy attached to signed Minutes) which provided an update on Shropshire's JSNA including progress to date, future direction of the JSNA and timescales.

The Executive Director of Health, Wellbeing and Prevention reported that the JSNA was a statutory requirement of the HWBB and regular reports came to the Board but as an update had not been received for some time, this was just a brief update on the work that had been happening. One of the programmes of work had been to develop a SEND Needs Assessment which she was pleased to report had been delivered. The second piece of work was around a Pharmacy Needs Assessment across Shropshire, Telford & Wrekin (although two separate Needs Assessments are required) and she assured the Board that work was progressing to deliver that and an update would be provided in the Autumn.

The other aspect was a Place-Based Needs Assessment with a web-based tool, the first stage of which was complete and gave an overview of key data, including the wider determinants of health, for Shropshire. The other piece of work was being developed in three waves, the first being a profile for Highley. The next profile to be developed would be for Oswestry.

The Executive Director of Health, Wellbeing and Prevention drew attention to other needs assessments that were being developed. In response to a query it was confirmed that it was hoped to demonstrate the interactive facility of the web-based tool at the next meeting.

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

The Board received the report of the Consultant in Public Health for noting (copy attached to the signed Minutes) which provided an overview of the

health protection status of the population of Shropshire. It addressed immunisation and screening and provided an overview of the status of communicable, waterborne and foodborne diseases.

The Consultant in Public Health introduced and amplified her report. She informed the Board that a Shropshire Health Protection Strategy was being written jointly with Telford and Wrekin. The first draft would be written by 31 July with a final draft in September 2022.

In relation to the currently reported cases of Monkeypox, it was explained that this was a virus related to chicken pox but was not easily transmissible and that sufferers generally recovered quite well. It was reported that there were no cases in the West Midlands.

11 **Chairman's Updates**

The Chairman updated the Board in relation to notifications of change of ownership and opening times for C G Murray & Son Limited (now PCT Healthcare Limited) and changes to the supplementary opening hours of Asda Stores Limited, Old Potts Way, Shrewsbury. These would be attached to the webpage for the meeting.

The Chairman made the following statement:

'This is the first board since the Ockenden Review was published (30th March 2022). I know all of our thoughts are with the families who have suffered so much distress and shared their experiences.

It is reassuring that many measures and recommendations in the report are already in place to improve services at the Trust, and it is making itself accountable to the parents and families affected, to restore public confidence and transform its culture. Our Scrutiny processes have an important role to play in monitoring outcomes, particularly in this case our Joint Health Overview and Scrutiny Committee across Shropshire, Telford & Wrekin which has responsibilities for scrutinising health services within their areas. In addition, as partners and in chairing this Statutory Health and Wellbeing Board, the Board acts to ensure that key leaders from the health and care system work together to improve the health and wellbeing of Shropshire. As Chair of the Board we make the commitment to continue to work together in this way'.

Signed ..... (Chairman)

Date:

SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	**14th July 2022**			
Title of Paper	**Report on the Shropshire Council Digital Skills Programme**			
Reporting Officer and email	Andrea Miller, Digital Champion Lead, Shropshire Council			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	
	Mental Health		Improving Population Health	
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X
	Workforce		Reduce inequalities (see below)	X
What inequalities does this paper address?	Digital inequality for older people			

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

1. Executive Summary

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.

2. Recommendations

The Board is asked to note the contents of this report, and the innovative work taking place.

3. Report

Please see the attached

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental	

consequences and other Consultation)		
Financial implications (Any financial implications of note)		
Climate Change Appraisal as applicable		
Where else has the paper been presented?	**System Partnership Boards**	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130)		
Appendices		

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.

<u>The Digital Skills Programme 2022 to 2023</u>

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.

<u>Digital Monitoring and Evaluation</u>

Case Studies
A series of case studies has been developed that demonstrate to 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.

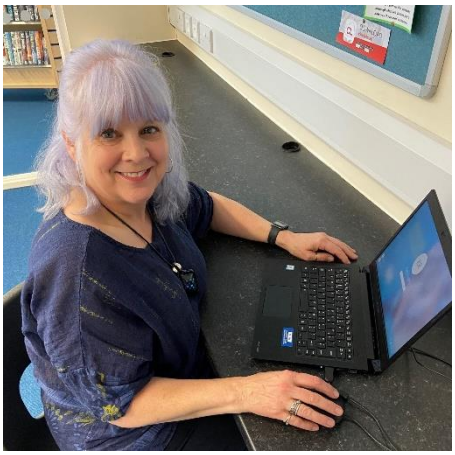
As of May 31, 2022, 45 digital volunteers (updated 08/06/2022 to 54) are delivering free digital support in libraries, the Roy Fletcher Centre and the Mayfair Community Centre as well as in the homes of learners unable to access a community setting through Age UK.

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 could 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

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				
Meeting Date	**8th September 2022**			
Title of Paper	**Severe Mental Illness (SMI) and Complex need. A Qualitative review of service user experience.**			
Reporting Officer and email	Rhiannon.worrall@shropshire.gov.uk Population Health Fellow, Shropshire Council			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	x
What inequalities does this paper address?	Mental Health			

1. Executive Summary

This work provides a qualitative review of patient experience of services in the Shropshire, Telford, and Wrekin area. This work specifically looks at patients with SMI and complex need. For the purposes of this project, SMI was defined as any psychological, behavioural and/or emotional disturbance which significantly impacted your daily life. Complex need was defined as the involved of multiple services for mental health/physical health and additional needs. Data for the project was collected by survey completion and semi-structured interviews.

2. Recommendations

- Make better use of what we have already by elevating and integrating the voluntary organisations into the health and social care sectors. Incorporate services addressing additional needs such as housing. Raise awareness of existing services available across all sectors through staff and service user education.
- Consider broadening 111 advice line to incorporate help for additional needs
- Dramatically increase the workforce to deliver the above

3. Report

Please see the PowerPoint presentation attached with this update.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities,	**N/A**

Community, Environmental consequences and other Consultation)		
Financial implications (Any financial implications of note)	**N/A**	
Climate Change Appraisal as applicable	**N/A**	
Where else has the paper been presented?	**System Partnership Boards**	SHIPP meeting
	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		
Appendices		

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Severe Mental Illness and Complex Need
A Qualitative review of service user experience

Dr Rhiannon Worrall: BSc MSc MBChB GPST2 Trainee Shropshire

Supervisors: Gordon Kochrane; Helen Onions; Emma Pearce; Penny Bason

Host Site: Shropshire Telford and Wrekin

Shropshire, Telford & Wrekin ICS

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Introduction

Host Site:
Public Health Shropshire Telford and Wrekin

Supervisors:
Gordon Kochane – Public Health Consultant
Helen Onions – Public Health Consultant
Emma Pearce – Public Health Registrar
Penny Bason – Head of Joint Partnerships

Area Covered:
Shropshire Telford and Wrekin

Definitions

1. **Severe Mental Illness:**

Refers to a mental, behavioural or emotional disorder that severely limits your usual ability to partake in daily life.

2. Complex Need:

Refers to multiple care and support for mental health, physical health and additional needs.

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SMI and complex need Project Roll out

Semi structured interviews

1. 1-1 or group discussion in 3rd sector organisations
2. Caxton GP practice – via SMI text message link

Survey Completion

1. Online
2. Paper based

Project Lead: Dr Rhiannon Worrall: BSc MSc MBChB GPST2 Trainee Shropshire.
Supervisors: Gordon Kochane; Helen Onions; Emma Pearce; Penny Bason. **Host Site:** Shropshire Telford and Wrekin

Survey Results

- Overall 49 responses (39 online and 10 paper based)
- Mostly 50/50% split between service user and carers
- 97% White British
- 80% Female
- 74% have SMI that effects their daily life

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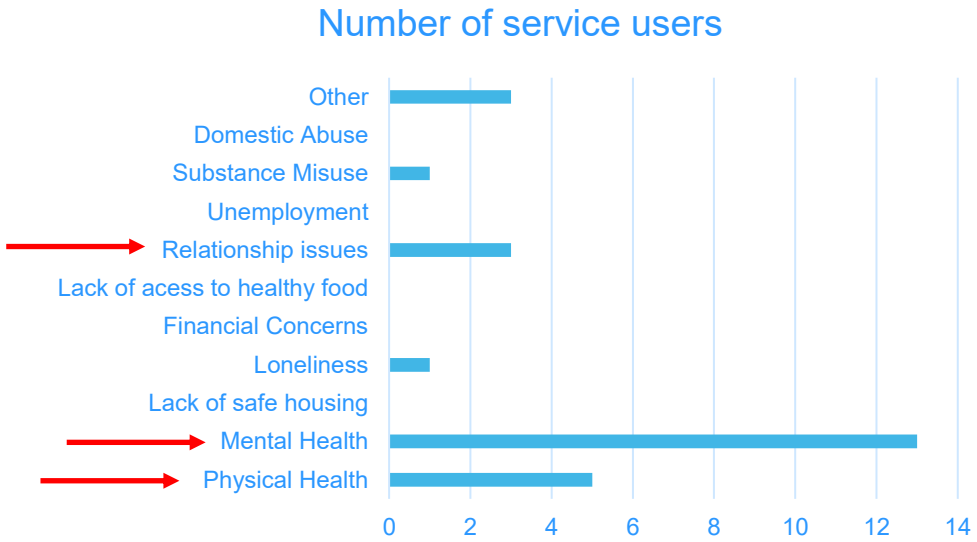
If you could pick one thing to have help with right now, what would it be?



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How easy or difficult is it for you to get help for your needs?

48% of the sample described this as either difficult or extremely difficult…

Why??

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Themes

1. **Poor understanding of what is available and how to help** ↔ Nobody knows who to talk to

2. Long waiting lists

3. Lack of Trust ↔ Passed around

4. Poor communication ↔ Repeating myself

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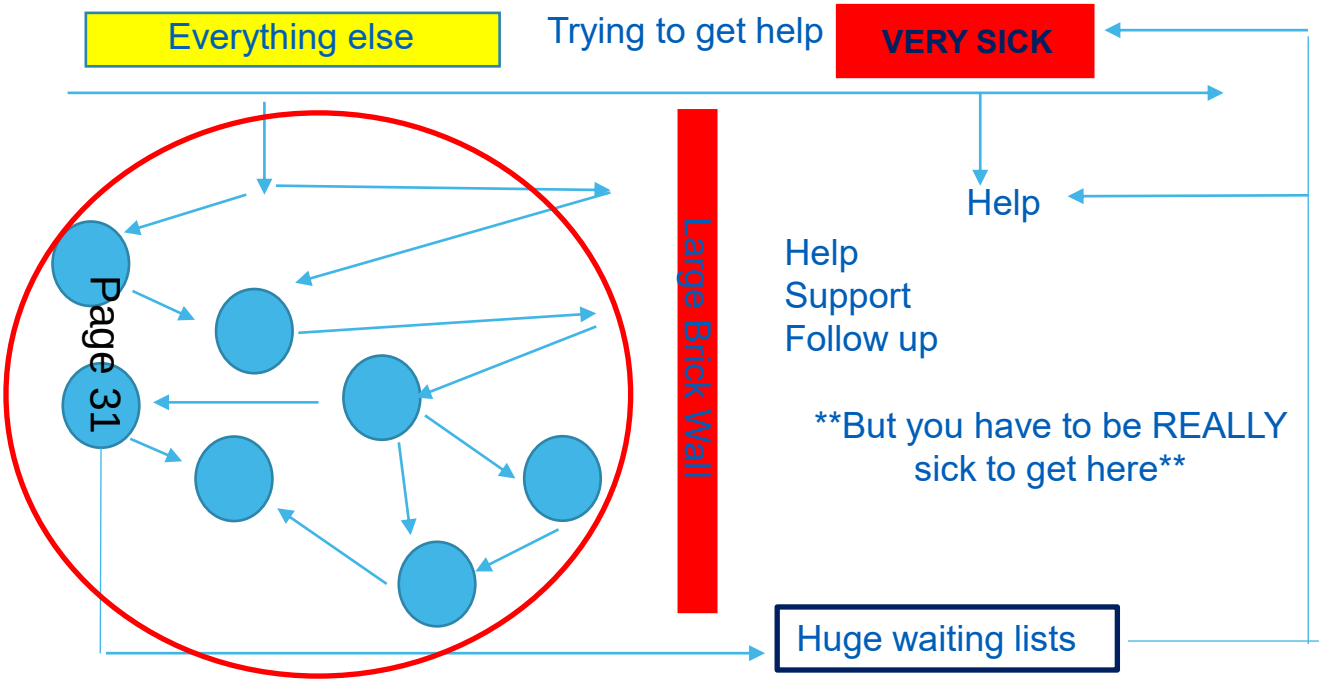
What does this look like?



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How satisfied were you with the treatment you received?

	VERY SATISFIED	SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED	NOT APPLICABL
Voluntary organisations	23.81% 5	38.10% 8	4.76% 1	0.00% 0	0.00% 0	33.33
Support for additional needs: housing/debt/foodbanks/befriending services etc	5.26% 1	15.79% 3	5.26% 1	0.00% 0	0.00% 0	73.68
Help to stop smoking	0.00% 0	5.26% 1	10.53% 2	0.00% 0	0.00% 0	84.21
Alcohol liaison support	0.00% 0	0.00% 0	5.26% 1	0.00% 0	5.26% 1	89.47
Substance misuse support (substance misuse refers to the use of alcohol, illegal drugs or over the counter or prescription medications in a way that they are not meant to be used)	0.00% 0	0.00% 0	5.26% 1	5.26% 1	10.53% 2	78.95
GP	30.43% 7	26.09% 6	17.39% 4	17.39% 4	0.00% 0	8.70
NHS talking therapies such as IAPT services, counselling, CBT	5.00% 1	15.00% 3	10.00% 2	0.00% 0	30.00% 6	40.00
Specialist Mental Health support from Nurse or Doctor (e.g., Mental health nurse, psychiatrist)	19.05% 4	19.05% 4	14.29% 3	9.52% 2	19.05% 4	19.05
A&E	10.00% 2	10.00% 2	15.00% 3	10.00% 2	20.00% 4	35.00
Crisis team	0.00% 0	9.52% 2	4.76% 1	0.00% 0	38.10% 8	47.62
Other (needs option to be able to name the service)	7.14% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	92.86

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How satisfied are you that the treatment was tailored do your individual needs?

	VERY SATISFIED	SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED	NOT APPLICABL
Voluntary organisations	28.57% 6	42.86% 9	4.76% 1	4.76% 1	0.00% 0	19.05
Support for additional needs: housing/debt/foodbanks/befriending services etc	5.56% 1	22.22% 4	5.56% 1	0.00% 0	0.00% 0	66.67
Help to stop smoking	0.00% 0	5.56% 1	11.11% 2	0.00% 0	0.00% 0	83.33
Alcohol liaison support	0.00% 0	0.00% 0	5.26% 1	0.00% 0	5.26% 1	89.47
Substance misuse support (substance misuse refers to the use of alcohol, illegal drugs or over the counter or prescription medications in a way that they are not meant to be used)	0.00% 0	0.00% 0	5.00% 1	5.00% 1	10.00% 2	80.00
GP	21.74% 5	39.13% 9	17.39% 4	17.39% 4	0.00% 0	4.35
NHS talking therapies such as IAPT services, counselling, CBT	0.00% 0	21.05% 4	10.53% 2	10.53% 2	26.32% 5	31.58
Specialist Mental Health support from Nurse or Doctor (e.g., Mental health nurse, psychiatrist)	19.05% 4	14.29% 3	14.29% 3	14.29% 3	19.05% 4	19.05
A&E	5.00% 1	5.00% 1	20.00% 4	5.00% 1	20.00% 4	45.00
Crisis team	0.00% 0	9.52% 2	4.76% 1	0.00% 0	33.33% 7	52.38

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Supervisors: Gordon Kochane; Helen Onions; Emma Pearce; Penny Bason. **Host Site:** Shropshire Telford and Wrekin

Positive Themes

1. Voluntary organisations: Friendly, approachable, caring and supportive
2. Quick Response
3. Consistency
4. Information sharing

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Negative Themes

1. Service delivery concerns:
   - Over capacity
   - Long waiting lists
   - **Inappropriate service for my needs**
2. Staff concerns:
   - Poor communication ('I have to repeat myself over and over again')
   - **No-one cares, lack of listening/empathy/compassion/understanding**

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The Stories

‘’If your a child you get lots of help. If your really elderly or severely disabled you get lots of help. However, there is nothing in-between to address my needs as an adult. I can wash, dress and feed myself but I needed help managing my finances and taking public transport. These are things which help maintain my independence”

‘’I was homeless and needed safety, so I called Crisis. They gave me information for voluntary sectors but I didn’t find it helpful. They were helpful with my mental health concerns but I wasn’t suicidal or anything at the time. My mental health was not the key issue. My key issues was that I needed help to be safe as a vulnerable person”

‘’I called access and crisis team because I felt suicidal. They told me to have a bath or go for a walk”

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Supervisors: Gordon Kochane; Helen Onions; Emma Pearce; Penny Bason. **Host Site:** Shropshire Telford and Wrekin

Semi-structured Interview Results

- 44 discussions (43, 1-1 discussions and 1 group discussion)
- 29 respondents recorded demographic data:
- Predominately:
  - Female
  - white British
  - Telford, Woodside and Wellington
  - 56% reported Anxiety and Depression
  - 30% reported one or more of the following: Schizophrenia, Bipolar, Psychosis, Personality disorder
  - **65% reported one or more additional need**

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Themes

1. Difficult to get help
   - Co-occurring mental health and substance misuse
   - Autism
   - Criminal Justice system
   - Housing
2. Long waiting lists
3. Lack of knowledge of services available
4. Confidentiality
5. Lack of support:
   - **After being discharged from services**
   - **Whilst on waiting list for service**

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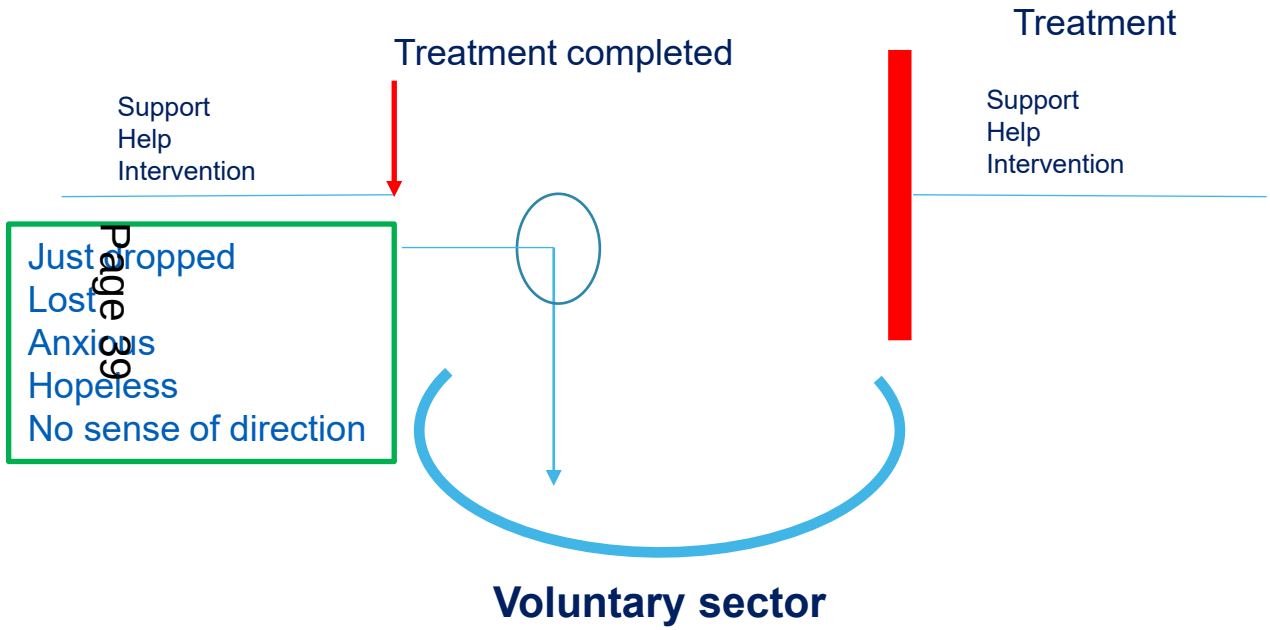
What does this look like?



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Would this be acceptable if service users were presenting with physical symptoms?

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If you could tell the health and well-being board one thing to improve your experience of care for your needs – what would it be?

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Overview

- Voluntary Sector and GP tend to get more positive feedback than other services
- Crisis and Access tend to get more negative feedback than other services

HOWEVER…

- There are a lot of great services. The lack of connection and knowledge of these services seems to limit positive outcomes
- Mismatch between services provided and needs of our population is contributing to negative experiences

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Key Recommendations

1. **Make the best use of what we have currently:**
    - Elevate and integrate the voluntary organisations into the health, social care sectors
    - Incorporate sectors supporting additional needs
    - Raise awareness of existing services available across all sectors

Strong marketing strategy

2. **Consider broadening 111 advice line to incorporate help for additional needs?**
3. **Dramatically increase workforce to deliver the above.**

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Questions

1. Do we view Mental Health and Physical Health equally?
2. Do we view Mental Health as a long-term chronic condition?
3. What does a vulnerable person look like to you?
4. What does a needs driven service look like and do we currently offer that?
5. **Are these findings a result of years of inequality in physical and mental health funding?**

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Thank You

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Supervisors: Gordon Kochane; Helen Onions; Emma Pearce; Penny Bason. **Host Site:** Shropshire Telford and Wrekin

SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	**8th September 2022**			
Title of Paper	The Khan Review: making smoking obsolete - implications for Shropshire			
Reporting Officer and email	Berni Lee, Consultant in Public Health Berni.lee@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	
	Mental Health	X	Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	X
What inequalities does this paper address?	Health and wellbeing inequalities			

1. Executive Summary

Smoking is the single biggest cause of preventable illness and death. Between 2017-2019 there were 191, 900 deaths attributable to smoking in England and smoking results in over 500,000 hospital admissions each year. Smoking is also the single most important cause of health inequalities. Smoking is associated with almost every indicator of deprivation and marginalisation, including sex, employment, gender identity, education, country of birth or housing status. The cost of smoking to society of smoking is approximately £17billion, higher than the £10 billion income from taxed tobacco products.

Smoking prevalence in Shropshire is 13.7%, matching the national average of 13.9%. In Shropshire, smoking rates are disproportionately high among pregnant mothers, those working in routine and manual occupations, and among those with certain mental health conditions. Smoking-attributable hospital admissions also remain high in Shropshire. It is estimated that 8,101 households with a smoker in the county fall below the poverty line, with 1,232 people out of work due to smoking. The wider costs of smoking in Shropshire are estimated at over £92 million in health and social care, loss of productivity and fire services costs.

The Khan Review: making smoking obsolete published on 9 June 2022 is an independent review of the 'smokefree 2030' ambition. This was set out by government in 2019 as an objective to reduce smoking rates in England to 5%. The review concludes that the government will miss the smokefree 2030 objective by at least 7 years, with the most deprived in society projected to not reach it until 2044. A number of key recommendations for accelerated action in tackling tobacco are therefore put forward:

1. Invest in smokefree 2030
2. Reduce the number who start to smoke, particularly young people
3. Encourage and support smokers to quit for good
4. Enable the NHS to both prevent smoking and provide treatment and support to smokers to quit

Action to tackle smoking in Shropshire currently consists of:

1.Tobacco Control through the Council's Trading Standards Team which prioritises enforcement activities aimed at tackling the illegal tobacco trade, including the supply of illegal nicotine inhaling products (vapes), and preventing the sale of all types of tobacco products to children (under 18 years).

2.Tobacco Dependency Treatment (TDT) services co-ordinated by NHS partners which is offered to patients admitted to hospital/maternity bookings on an opt-out basis as part of the NHS Long Term Plan. The expectation is that ongoing support (to total 12-weeks support) will be provided on discharge – either through a local public health commissioned stop smoking service or through a new service now being provided through community pharmacies (i.e. those that elect to provide the service). Support in pregnancy and for patients from mental health services are identified as priority areas for developing further community services.

3. Pharmacy smoking cessation support is offered to patients discharged from acute inpatient or mental health services through the new National Community Smoking Cessation Pharmacy Scheme which has been commissioned by NHSEI. This enables community pharmacies to deliver 12 weeks of follow up support from discharge (inclusive of behavioural stop smoking support and supply of Nicotine Replacement Therapy (NRT) for patients who have initiated a smoking cessation quit plan whilst in hospital. Pharmacies can register to deliver the service and in Shropshire a small number have signed up to date.

4. Shropshire Council does not commission a dedicated stop smoking service; the Community stop smoking service (Help2Quit) was decommissioned in 2019. However, there is support available through the social prescribing service. In addition, prior to COVID and as a response to this independent review there is a commitment to review service provision in Shropshire. As part of this, funding has been identified from Public Health reserves to prioritise provision of behavioural smoking cessation support for patients discharged from mental health inpatient care. Work is now underway to develop the specification for a local authority service that can operate alongside the community pharmacy offer in providing post-discharge support. The intention is that any community provision provided through public health will be restricted to behavioural support only, with NRT/pharmacotherapy either being prescribed (at the discretion of GPs) or self-funded. In this context it is important to note the significant contribution vaping can make in successfully supporting quit attempts and potentially presents a more affordable option for patients.

Shropshire Council has committed to reducing health inequalities in the Shropshire Plan 2022-2025. In light of this and the Khan Review, the recommendations below are suggested.

- Note the findings and recommendations made in the review, and the significant health social and economic benefits associated with making smoking obsolete

- The Board acknowledges that while the recommendations are primarily nationally focussed, the local need for investment in a tobacco control programme and smoking cessation services will need to be reviewed in light of the report

- The Board recognises the implications of the recommendations in relation to vaping and the extent to which local 'smokefree' policies should differentiate between smoking and vaping

2. Report

1.Introduction

This paper provides a brief summary of the Khan review: making smoking obsolete. This independent review concludes that the government target for 'smokefree 2030' i.e. smoking prevalence of less than 5% by 2030 will be missed by at least 7 years and longer in areas of deprivation.

This report also outlines the burden on smoking and smoking-related ill health and health inequalities in Shropshire. It summarises the current tobacco control efforts in Shropshire and provides

recommendations for increasing action to tackle smoking as a major public health risk factor, in line with the findings of the Khan review.

2.Background

As of 2019, approximately 6.9 million people aged 18years and above still smoke in England. This is equivalent to 14.1% of people aged 18 and above[1].Smoking is the single biggest cause of preventable illness and death. Between 2017-2019 there were 191, 900 deaths attributable to smoking in England[2]. Smoking is related to 500,000 hospital admissions every year, with smokers 36% more likely to be admitted[3]. All smoking deaths and admission rate are higher in the most deprived groups.

In the UK, smoking is the single largest cause of health inequality, accounting for 50% of the difference between the most and least deprived groups[4]. Smoking is associated with almost every indicator of deprivation and marginalisation, including sex, employment, gender identity, education, country of birth or housing status[5]. Those aged 25-34 years have the highest proportion of current smokers at 19%, and 2.5 times as many people working in routine and manual occupations smoke (23.4%) compared to people in managerial and professional occupations (9.3%)[1]. Whilst tobacco control policy has led to a significant reduction in smoking prevalence, the benefit is seen mostly among the most affluent with higher quit rates.

The cost of smoking to society of smoking is approximately £17billion, higher than the £10 billion income from taxed tobacco products[6]. The cost of smoking to the NHS was estimated at £2.6 billion in 2015[7].

The NHS Long Term Plan recognises smoking as the modifiable risk factor which accounts for more years of life lost than any other. This Plan therefore sets out a significant new contribution to making England a smokefree society, by supporting tobacco treatment and smoking cessation as part of NHS core services. This commitment to reducing smoking as a priority for health is mirrored in the Core20PLUS 5 approach set out by the NHS to enable integrated care systems (ICSs) to focus on key areas that would provide the most heath benefit in reducing health inequalities. This includes targeting resource on the most deprived 20% of the population as well as tackling inequality in 5 clinical areas. These key areas include maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding. As shown in **Figure 1**, smoking cessation impacts on all 5 key clinical areas.

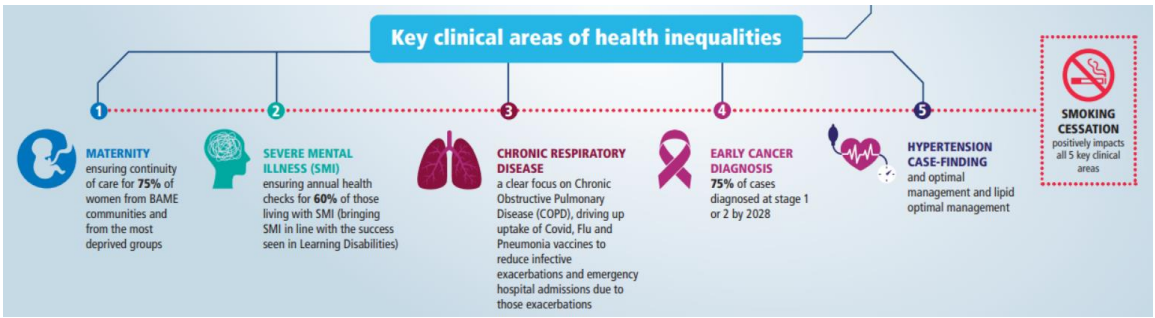


***Figure 1[8]** Key clinical areas of health inequalities in CORE20PLUS5 approach*

2.1 Smoking in Shropshire

Table 1 sets out the data for smoking in Shropshire compared to the national average in England and 15 comparable local authorities[9]. Smoking prevalence in Shropshire is similar to the national average and particularly higher in pregnant mothers, those working in routine and manual occupations, and among those with certain mental health conditions. Smoking-attributable hospital admissions also remain high in Shropshire.

Smoking is a cause of health inequalities in Shropshire. Approximately half of smokers will die on average 10 years earlier than non-smokers; 409 people in Shropshire die as a result of smoking every year. It is estimated that 8,101 households with a smoker in Shropshire fall below the poverty

line, with 1,232 people out of work due to smoking. The majority of smokers in Shropshire live in social housing (41%), only 7% are outright owners. It is estimated that 15,025 children in Shropshire live in smoking households-these children are four times more likely to become smokers than children in a home without a smoking parent.

Table 1. Smoking burden in Shropshire

Indicator	Shropshire LA	National average (England)	Rank out of 15 'nearest neighbours' (1) 1=worst, 15=best
Smoking burden			
Smoking prevalence (18yrs+) (2019 data) (2)	13.7%	13.9%	5
Smoking attributable mortality (directly standardised rate per 100,000) (2017-2019)	*173.7 per 100,000*	*202.2 per 100,000*	9
Smoking attributable hospital admissions (directly standardised rate per 100,000) (2019/20)	***1,475 per 100,000***	*1,398 per 100,000*	4
Mortality rate from lung cancer	*39.8*	*53.0*	12
Mortality rate from COPD (directly standardised rate per 100,000) (2017-2019)	*44.4 per 100,000*	*52.8*	7
Specific population groups			
Smoking status at age 15 (proportion % 2022) (modelled)	*4.7%*	*5.4%*	12
Smoking status at time of delivery (proportion %) (2020/21)	***11%***	*9.6%*	5
Smoking status at early pregnancy (proportion %) (2018/19)	***14.2***	*12.8*	-
Smoking prevalence in adults in routine and manual occupations *(proportion %) (2019)*	***25.6%***	*24.5%*	8
Odds of current self-reported smoking among adults aged 18-64 with a routine or manual occupation, compared to all other occupations (ratio) (2020) (3)	***3.1***	*2.1*	2
Smoking prevalence in adults with a long-term mental condition (proportion %) (2020/21)	23**%**	*26.3%*	10
Smoking prevalence in adults with anxiety or depression (proportion %) (2016/7)	**27%**	*25.8%*	3
Smoking prevalence in adults admitted for alcohol misuse (proportion %) (2019/20)	38.5	*43.9*	-
Smoking prevalence in adults admitted for treatment for opiate misuse (proportion %) (2019/20)	**83.3**	*70.2*	-

(1) 'Nearest neighbours' are determined based on the CIPFA model which is used to identify local authorities with similar geographies, resources and populations for more meaningful comparison

(2) The 2019 prevalence is displayed here rather than the 2020 estimate of 7.6%. It is estimated that this is not an accurate representation of true smoking prevalence for Shropshire. This is likely due to a change in data collection methods as a result of the Covid-19 pandemic.

(3) This estimate should be interpreted with caution. This is based on survey data affected by the COVID-19 pandemic.

NB: The emboldened values are where the value for that indicator for Shropshire is worse than the national value

2.3 Wider costs of smoking in Shropshire

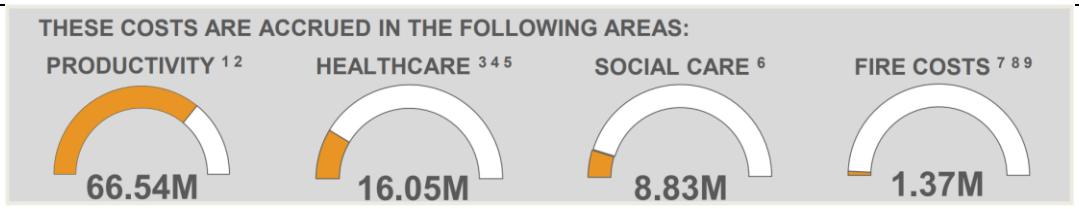


Figure 2: Costs of smoking per year in Shopshire[6] ASH Ready Reckoner 2022 - Action on Smoking and Health

Smoking represents a high level of cost to Shropshire's wider society as outlined in **Figure 2**. This is a total of £92.79 million every year. This compares with the £14 million that Shropshire council spends on Health & Wellbeing[10]. In Shropshire, £70.19 million is spent on tobacco (legal and illicit), with the average smoker spending £1,945 every year[6]. Cigarette butts are also an important pollutant, representing 66% of litter[11] and resulting in 17 tonnes of waste per year in Shropshire.

3.The Khan Review

The Khan Review: making smoking obsolete published on 9 June 2022 is an independent review of the 'smokefree 2030' ambition[12]. This was set out by government in 2019 as an objective to reduce smoking rates in England to 5%. The purpose of the report is to inform government action by setting out key recommendations for reaching this target.

3.1 Khan Review Findings

Main finding: The government will miss the smokefree 2030 objective by at least 7 years, with the most deprived in society projected to not reach it until 2044. A significant acceleration in the rate of decline of smoking prevalence is required if the target is to be reached. This will need to be supported by ambitious action at national and local level.

As a result of this review, Dr Khan calls on a new target to:

1. Ensure smoking prevalence in every community in every area is below 5% by 2035
2. Make smoking obsolete by 2040

Other important findings:

Crises such as the COVID-19 pandemic and the cost-of-living crisis exacerbate smoking-related inequalities. The proportion of young adults (18-24 years) who smoke rose from a quarter to a third during the COVID-19 pandemic. People in social housing are three times as likely to smoke than those with a mortgage. It is often the most deprived who spend most on smoking-thus reducing smoking prevalence in these groups would lift 2.6 million adults and 1 million children out of poverty. Over the past 10 years, public support for government action to limit smoking has increased, with 46% of people thinking the government is not doing enough to reduce smoking.

Out with the Khan Review, there is also concern of the wider association of smoking with other important modifiable risk factors. Evidence that those who smoke cigarettes at a young age are more likely to misuse alcohol or drugs are reported by some studies[13-14]. The reason for this remains unclear, with certain behavioural factors (likely socially mediated) potentially able to explain some of this association[15-17]. Understanding smoking initiation in young people as a risk factor for later drug and alcohol use may help to target those most at risk. Actions to prevent smoking and help smokers quit is likely to be of benefit to those who also seriously misuse alcohol or drugs given smoking prevalence in these groups is higher.

3.2 Khan Review Recommendations

*NB: See **Appendix 1** for a visual summary of the Khan Review recommendations*

The main recommendations made by the Khan Review focus on strengthening tobacco control by:

Investing in smokefree 2030

Reducing the number who start to smoke, particularly young people

Encouraging and supporting smokers to quit for good

Enabling the NHS to both prevent smoking and provide treatment and support to smokers to quit

Recommendation 1: (critical intervention): Urgently invest £125 million per year in interventions to reach smokefree by 2030.

This should be provided as ringfenced, targeted funding from government. If this is not possible, a tobacco industry levy placing a charge on tobacco company profits should be introduced.

Recommendation 2: (critical intervention): Raise the age of sale of tobacco from 19, by one year, every year

This will lead to a smokefree generation where young people below a certain age are legally prevented from becoming smokers throughout their entire lifetime.

Recommendation 3: Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately.

This should include increasing tobacco duty on cheaper tobacco products (e.g. hand-rolled tobacco), and banning tobacco sales at duty-free entry points

Recommendation 4: Introduce a tobacco licence for retailers to limit where tobacco is available, and limit illicit sales.

This should include banning online and supermarket tobacco sales. This should also include disallowing new tobacco products into the market.

Recommendation 5: Enhance local illicit tobacco enforcement by investing additional funding of £15 million per year to local trading standards.

This means giving trading standards the authorities to close down retailers selling tobacco products illegally and should include higher enforcement on products such as shisha and nicotine-containing products. Trading standards found that one third of retailers were found to be willing to sell to under-18s.

Recommendation 6: Reduce the appeal of smoking.

This means both preventing new smokers and helping current smokers to quit. This should include reducing smoking media content and changes to cigarette packing, colour and form.

Recommendation 7: Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke.

This should include increasing smokefree public places such as hospitality, hospital grounds and outside public spaces, but also in social housing.

Recommendation 8: (critical intervention): Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.

This should include both: 1) accelerating the uptake of Swap to Stop packs particularly in deprived communities, and 2) preventing the uptake of vaping by young people by reducing child-friendly packaging and presentation

Recommendation 9: Invest an additional ringfenced £70 million per year into stop smoking services

The numbers accessing Stop Smoking Services has reduced by 80%. Locally commissioned services based on targeted support for those most in need are an effective way to help people quit smoking and reduce inequalities. These services should be complemented by a national helpline and the availability of safe stop smoking medications.

Recommendation 10: Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media

This should include nationwide, frequent stop smoking campaigns and messages across media outlets

Recommendation 11: (critical intervention): The NHS should prioritise smoking prevention, and provide support and treatment for smokers to quit across all its services including primary care

The NHS should uphold commitments made in the Long-Term Plan to reduce smoking in pregnant women and those with mental health conditions. Healthcare professionals should implement the 'very brief advice' method and offer medication rather than counselling support only. Hospitals should offer 'opt out' support for smokers in routine care

Recommendation 12: Invest £15 million per year to support pregnant women to quit smoking

This could include financial incentives and enhanced clinical support including a designated 'stop smoking midwife'.

Recommendation 13: Tackle the issue of smoking and mental health

This could include public-facing campaigns correcting the misperceptions of cigarette smoking as a stress reliever, as well as making smoking cessation part of mental health treatment in primary care as well as acute and community mental health services.

Recommendation 14: Invest £8 million to ensure regional and local prioritisation of smoking interventions through ICS leadership

This should include co-ordinated action and 'place-based partnerships' targeting a range of interventions including stop smoking services and trading standards. This should also include pharmacies supplying pharmacotherapy and behavioural support to the wider community, not only those discharged from hospital.

> *"ICSs and directors of public health must set, and annually report against, clear targets to reduce smoking prevalence in their areas and commission services to allow that reduction to be achieved."*

Recommendation 15: Invest £2 million per year in new research and data.

This should include efforts to identify evidence-based interventions for tobacco control, and further understand smoking-related health disparities particularly on ethnic disparities and young people

4.Tobacco control and smoking cessation in Shropshire

4.1Tobacco control

The Council's Trading Standards Team has and continues to prioritise enforcement activities aimed at tackling the illegal tobacco trade, including the supply of illegal nicotine inhaling products (vapes), and preventing the sale of all types of tobacco products to children (under 18 years).

Work is being undertaken to tackle the illegal tobacco trade with funds provided by HMRC to National Trading Standards (NTS) to carry out this focused work. Co-ordination is carried out through

regional Trading Standards groups and in Shropshire the Trading Standards Team is part of the Central England Trading Standards Authorities (CEnTSA) group. The HMRC funded work commenced in the latter part of 2020/21 and will continue with funding that has been agreed by HMRC until the end of 2024/25. This work has focused on disrupting supply chains through detection and seizure of illegal and illicit tobacco products with investigations and legal action taken where perpetrators are identified. Further operations are being planned, the details of which need to remain confidential.

Visits (currently 17) have been undertaken across the county to a range of retail premises where 1044 illegal vaping products have been identified and seized. Underage test purchasing operations are undertaken every year for tobacco products, this means a volunteer minor attempts to purchase tobacco allowing a council officer to provide evidence of underage tobacco sales activity. In 2022/23 the focus is on vapes with 32 visits planned and to date 7 visits have resulted in one underage sale being made.

A number of the visits relating to vapes were conducted as part of a proactive intelligence gathering exercise. The project was implemented through the local Trading Standards tasking process in response to national, regional and local emerging trends, which had been identified through the Trading Standards tactical assessment. The intelligence gathering exercise has enabled Trading Standards to develop a greater understanding of the local market and this is ongoing.

4.2 NHS Tobacco treatment services

As mentioned above, tackling tobacco dependency is part of the NHS Long Term Plan with the aim that by 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services, including pregnant women and their partners and high-risk mental health outpatients. The TDT programme is based on learning from the Manchester CURE model[18] and the Canadian Ottawa model[19] for smoking cessation which provides evidence of the effectiveness of behavioural support and pharmacotherapy interventions for smoking.

The TDT service requires that patients who smoke are identified on admission/at maternity booking and are offered counselling support and pharmacotherapy on an 'opt out' basis to support a quit attempt. The expectation is that ongoing support (to total 12-weeks support) will be provided on discharge – either through a local public health commissioned stop smoking service or through a new service now being provided through community pharmacies (ie those that elect to provide the service).

To support local implementation a system Steering group was established in 2021 chaired by Shropshire CCG with representation from Shrewsbury and Telford Hospitals (SaTH), Midland Foundation Partnership Trust (MPFT), Local Authorities and NHSEI Leads. The programme's planned implementation was delayed until 2022-23 due to operational challenges from winter and the covid pandemic.

The maternity element is implemented as part of Shropshire's LMNS Healthier Pregnancy Programme. There is no requirement for community step down smoking cessation support as it provides behavioural support and Nicotine Replacement Therapy (NRT) for the full 12-week duration of smoking cessation support.

The acute in-patient element is an adaptation of the previous in-house smoking cessation service provided within SaTH, with step down smoking cessation support available via community pharmacies (i.e. those signed up to new advanced pharmacy service (see section 4.3 below).

The mental health in-patient element involves the introduction of a new service within MPFT and Shropshire Council is currently working with the trust to establish public health funded community step down support (see section 4.4 below).

4.3 Pharmacy smoking cessation support

The new national Community smoking Cessation Pharmacy Scheme has been nationally commissioned by NHSEI to enable community pharmacies to deliver the 12 week follow up at discharge (inclusive of behavioural stop smoking support and supply of NRT) for patients who have initiated a smoking cessation quit plan whilst in hospital.

Pharmacies can register to deliver the service and in Shropshire a small number have signed up to date. The original specification for the pharmacy service restricted the support to patients being discharged from acute inpatient services. Very recently the service specification has changed, and they can now receive referrals for patients discharged from mental health inpatient care as well.

4.4 Local authority smoking cessation support

Shropshire Council does not commission a dedicated stop smoking service; the Community stop smoking service (Help2Quit) was decommissioned in 2019. The service included smoking in pregnancy support, which has been maintained and this is now delivered by Shrewsbury and Telford Hospitals (SaTH) maternity as a core part of its Healthy Pregnancy Support Service. Local Support is available through the social prescribing service whereby one-to-one stop smoking behavioural support can be provided by a trained Advisor or patients can be supported to access universal information and app-based support available online via Better Health[20].

In addition, prior to COVID and as a response to this independent review there is a commitment to review service provision in Shropshire. As part of this, funding has been identified from Public Health reserves to prioritise provision of behavioural smoking cessation support for patients discharged from mental health inpatient care (as until recently pharmacies were not commissioned to provide this support). The cost of pharmacotherapy is being met by NHS Shropshire, Telford & Wrekin.

Work is now underway to develop the specification for a local authority service that can operate alongside the community pharmacy offer in providing post-discharge support. Whilst this was originally focused on providing support for mental health patients, the provision can be extended to include acute discharges and possibly wider community smokers (including the partners of maternity smokers). This will depend on further assessment of the number of smokers in the context of the limited resources. The intention is that any community provision provided through public health will be restricted to behavioural support only, with NRT/pharmacotherapy either being prescribed (at the discretion of GPs) or self-funded. In this context it is important to note the significant contribution vaping can make in successfully supporting quit attempts and potentially presents a more affordable option for patients.

5. Conclusion

Smoking accounts for more years of life lost than any other modifiable risk factor. It is also the single largest cause of health inequality. In Shropshire, smoking prevalence remains above the national average for key groups most affected by health inequalities, including pregnant women, those living with mental health conditions and people in routine and manual professions. Hospital admissions due to smoking are also high in Shropshire. Smoking currently costs the county over £92 million per year in productivity loss, health, social care and fire service costs. Shropshire council currently does not have a tobacco control strategy and following a 2019 service decommission there is limited funding for community smoking cessation services.

The Khan Review concludes that England is currently at least 7 years behind its target of making smoking obsolete by 2030, with more deprived groups much further behind. The review strongly recommends a new, accelerated commitment at national and local level to tackle smoking as a major cause of health inequalities. This will mean preventing people from starting to smoke, and helping smokers quit for good. The implications of this review for Shropshire is that smoking remains a problem for the local population, and investment into tobacco control and smoking cessation should be recognised as a key priority for achieving the objective of reducing health inequalities as set out in the 2022-2025 Shropshire Plan.

3.Recommendations

Shropshire Council has committed to reducing health inequalities in the Shropshire Plan 2022-2025. In light of this and the Khan Review, the recommendations below are suggested.

- Note the findings and recommendations made in the review, and the significant health social and economic benefits associated with making smoking obsolete

- The Board acknowledges that while the recommendations are primarily nationally focussed, the local need for investment in a tobacco control programme and smoking cessation services will need to be reviewed in light of the report

- The Board recognises the implications of the recommendations in relation to vaping and the extent to which local 'smokefree' policies should differentiate between smoking and vaping

References

1. Office for National Statistics (2020) Adult smoking habits in the UK:2019 Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk)
2. Public Health England (2021) Local tobacco control profiles for England: short statistical commentary July 2021 Local tobacco control profiles for England: short statistical commentary, July 2021 - GOV.UK (www.gov.uk)
3. Royal College of Physicians (2018) Smoking cessation is not just about prevention. For many diseases, smoking cessation represents effective treatment
4. Agrawal, Sanjay; Royal College of Physicians (2020) Health Inequalities and Tobacco Health inequalities and tobacco | RCP London
5. Office for Health Improvement and Disparities Tobacco Control Dashboard. Crown copyright 2022. Accessed 24 August 2022. Microsoft Power BI
6. Action on Smoking and Health (ASH) Ready Reckoner. Accessed 24 August 2022. ASH Ready Reckoner 2022 - Action on Smoking and Health
7. Public Health England (2017) Cost of smoking to the NHS in England:2015 Cost of smoking to the NHS in England: 2015 - GOV.UK (www.gov.uk)
8. NHS England; Core20Plus5-an approach to improving health inequalities NHS England » Core20PLUS5 – An approach to reducing health inequalities
9. Office for Health Improvement & Disparities; Fingertips Local Tobacco Control Profiles; Local Tobacco Control Profiles - Data - OHID (phe.org.uk)
10. Shropshire Council-Your Guide to your Council Tax bill 2022-2023 Your Guide To Your Council Tax Bill 2022 to 2023 (shropshire.gov.uk)
11. Keep Britain Tidy. Litter Composition Analysis- Summary Report. 20200330 KBT Litter Composition Report - FINAL.pdf (keepbritaintidy.org)
12. Khan, Javed (2022) The Khan Review: making smoking obsolete Making smoking obsolete (publishing.service.gov.uk)
13. Chen X, Unger JB, Palmer P, Weiner MD, Anderson Johnson C, Wong MM, et al. Prior cigarette smoking initiation predicting current alcohol use: evidence for a gateway drug effect among California adolescents from eleven ethnic groups. *Addict Behav*. 2002; 27: 799– 817.
14. Haug S, Núñez CL, Becker J, Gmel G, Schaub MP. Predictors of onset of cannabis and other drug use in male young adults: results from a longitudinal study. *BMC Public Health*. 2014; 14:1202.
15. Reed ZE, Wootton RE, Munafò MR. Using Mendelian randomization to explore the gateway hypothesis: possible causal effects of smoking initiation and alcohol consumption on substance use outcomes. Addiction. 2022 Mar 1;117(3):741-50.
16. Korhonen T, van Leeuwen AP, Reijneveld SA, Ormel J, Verhulst FC, Huizink AC. Externalizing behavior problems and cigarette smoking as predictors of cannabis use: the TRAILS study. *J Acad Child Adolesc Psychiatry*. 2010; 49: 61– 9.
17. Korhonen T, Levälahti E, Dick DM, Pulkkinen L, Rose RJ, Kaprio J, Huizink AC. Externalizing behaviors and cigarette smoking as predictors for use of illicit drugs: a longitudinal study among Finnish adolescent twins. Twin Res Hum Genet. 2010 Dec;13(6):550-8.
18. The CURE project-curing smoking addiction in Greater Manchester The CURE Project – Curing Tobacco Addiction in Greater Manchester

19. Ottawa Model for smoking cessation; University of Ottawa Heart Institute About OMSC | Ottawa Model for Smoking Cessation (ottawaheart.ca)
20. NHS Better Health https://www.nhs.uk/better-health/quit-smoking/

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	It is expected that health inequalities will persist in Shropshire between smokers and non-smokers, and particularly smokers in the most deprived groups if the action recommended in the Khan review is not taken. The significant health, social and economic costs will also persist, which threatens the extent to which communities will be able to thrive and reach their full health and wellbeing potential.
Financial implications (Any financial implications of note)	There are no immediate financial implications arising from this report. However, if the implications of this report lead to decisions on strengthening tobacco control and smoking cessation services provision then a financial cost (as well as wider savings) should be expected.
Climate Change Appraisal as applicable	This report anticipates no immediate impact on renewable energy use or carbon offsetting. There is also no direct impact on energy and fuel consumption predicted. However, the NHS currently accounts for 5% of the UK's total carbon emissions. Given the significant impact of smoking on NHS services it is likely that by reducing morbidity and mortality from smoking there will be an indirect reduction in associated NHS carbon emissions. Further, the clinical management of smoking-related respiratory disease most often involves the use of inhalers. Hydrocarbon inhalers have a significant impact on carbon emissions, accounting for 3% of total NHS emissions. As mentioned in this report, cigarette butts are the most common item found in rubbish bins (66% of total items). This causes both local and global pollution through plastic and landfill waste, as well as deforestation impacts related to tobacco production.
Where else has the paper been presented?	**System Partnership Boards** | **Voluntary Sector** | **Other**

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

The Shropshire Plan 2022-2025, Shropshire Council

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 Adult Social Care and Public Health

Appendices

Appendix 1 Visual summary of the Khan Review recommendations

The Khan Review: Independent review into smokefree 2030 policies

Four critical recommendations are boxed in red. These are 'must dos' for the government to achieve a smokefree England by 2030 , around which all other interventions are based.

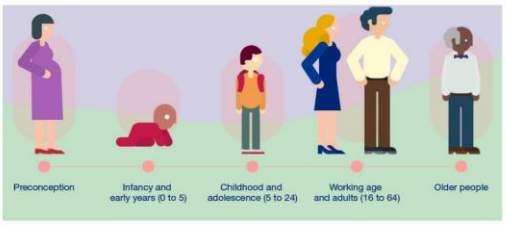
Part 1: Invest Now

REC 1: Urgently invest £125m per year in interventions to reach smokefree 2030.

Option 1: Additional funding from within government
Option 2: A 'polluter pays' industry levy
Option 3: A corporation tax surcharge

Part 2: Stop the Start

REC 2: Raise age of sale of tobacco by one year, every year.



The image above shows **the lifecycle of a smoker**. From smoking in pregnancy and the impact on the unborn baby, to old age, where 2/3 lifetime smokers will likely die from smoking. Interventions are needed at all stages of a person's life.

REC 3: Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately. Abolish all duty free entry of tobacco products at our borders.

REC 4: Introduce a tobacco licence for retailers to limit where tobacco is available.

REC 5: Enhance local illicit tobacco enforcement by dedicating an additional funding of £15 million per year to local trading standards.

REC 6: Reduce the appeal of smoking by radically rethinking how cigarette sticks and packets look, closing regulatory gaps and tackling portrayals of smoking in the media.

REC 7: Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke.

Part 3: Quit for Good

REC 8: Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.

REC 9: Invest an additional £70 million per year into 'stop smoking services', ringfenced for this purpose.

REC 10: Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media.

Part 4: System Change

REC 11: The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care

REC 12: Invest £15m per year to support pregnant women to quit smoking in all parts of the country.

REC 13: Tackle the issue of smoking and mental health.

REC 14: Invest £8m to ensure regional and local prioritisation of stop smoking interventions through ICS leadership.

REC 15: Invest £2 million per year in new research and data, including investing £2 million in an innovation fund.

SHROPSHIRE HEALTH AND WELLBEING BOARD Cover Sheet for submissions				
Meeting Date	**8th September 2022**			
Title of Paper	**Health Protection Report**			
Reporting Officer	**Susan Lloyd, Consultant in Public Health**			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	X
	Mental Health		Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	X
What inequalities does this paper address?	**Health inequalities specific to screening and vaccination.**			
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	**This paper is a summary of the health protection report for Shropshire.**			
Financial implications (Any financial implications of note)	**There are no financial implications**			
Climate Change Appraisal as applicable	**Not applicable**			
Where else has the paper been presented?	**System Partnership Boards**			
	Voluntary Sector			
	Other		**Health Protection Assurance Board**	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)				
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr Simon Jones, Portfolio holder for Adult Social Care and Public Health Rachel Robinson – Executive Director, Health, Wellbeing and Prevention				
Appendices None				

Report to Health and Wellbeing Board

Health Protection Report

Recommendation: That the Board note the contents of this report

Introduction

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

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

Immunisation Cover Shropshire

The Health Protection Assurance Board has not met in this quarter. Immunisation cover will be reported next HWB meeting.

Screening uptake Shropshire

The Health Protection Assurance Board has not met in this quarter. Screening uptake will be reported next HWB meeting.

Communicable disease

Flu- low and not beyond expected levels, we expect to see increasing numbers of cases as we move into autumn/winter.

Covid- recorded cases are decreasing in Shropshire. Outbreaks are still occurring in care homes and are being risk managed. The numbers of outbreaks have decreased in the last two weeks, but this has positively affected the number of beds available in system. Asymptomatic testing is paused from August 31st, 2022.

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

Tuberculosis - A cross ICS TB meeting is planned in September 2022 to co-ordinate the response to TB locally across the ICS.

Monkeypox (MPX) - Currently the pathway for Monkeypox testing is via MPFT Sexual Health services, the tests are undertaken in Stafford. A triage call is made to all patients before they travel to Staffordshire to prevent unnecessary travel for residents.

Pre-exposure vaccination pathways are in place and currently being offered to eligible groups through clinics in T&W.

Foodborne and waterborne disease

Campylobacter- numbers remain largest reported foodborne bacteria. The number of cases has increased in Q2. This is expected and is normal.

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

Health Protection Developments

In July 2022 the draft Shropshire, Telford and Wrekin Health Protection Strategy 2022 – 2025 was circulated to Health Protection Assurance Board members, and to stakeholders. Comments were required by 3rd September 2022. The next stage is to analyse the comments, make edits to the strategy and send the final version to the Health Protection Assurance Board for sign off. Implementation will be cross ICB.

In partnership and in response to learning from emergence of Monkeypox. A decision has been made to propose a cross ICB rapid response infectious disease team. It is proposed that the team meet once a year and is stood up in response to emergent diseases in the system, as and when necessary.

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