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

Date: 7 June 2023

Committee:
Health and Wellbeing Board

Date: **Thursday, 15 June 2023**
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

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click here to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel Here

Tim Collard
Assistant Director - Legal and Governance

Members of Health and Wellbeing Board

Kirstie Hurst-Knight – PFH Children & Education
Cecelia Motley – PFH Health (integrated Care System – ICS) & Communities (Co-Chair)

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 – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)
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 Apologies for Absence and Substitutions

2 Disclosable Interests

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

3 Minutes of the previous meeting (Pages 1 - 12)

To confirm as a correct record the minutes of the meeting held on 20 April 2023 (attached).
Contact: Michelle Dulson Tel 01743 257719

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 9.30am on Friday 9 June 2023.

5 Healthwatch "Your Care Your Way" (Pages 13 - 68)

Lynn Cawley, Chief Officer, Healthwatch Shropshire

6 Healthier Weight Strategy (Pages 69 - 108)

Berni Lee, consultant in Public Health, Shropshire Council
Cathy Levy, Public Health Development Officer, Shropshire Council

7 Shropshire Integrated Place Partnership (ShiPP) & Better Care Fund

Report to follow.

Penny Bason, Head of Joint Partnerships (Shropshire Council/STW ICB)
Laura Tyler, Assistant Dir. of Joint Commissioning, Adult Services, Shropshire Council

8 **ICS Strategy Update - Forward Plan** (Pages 109 - 184)

Claire Parker, Director of Partnerships NHS Shropshire, Telford and Wrekin

9 **Vaping and CYP update** (Pages 185 - 188)

Gordon Kochane, consultant in Public Health, Shropshire Council

10 **Health Protection Update** (Pages 189 - 192)

Rachel Robinson, Exec. Director of Health, Shropshire Council
Sue Lloyd, consultant in Public Health, Shropshire Council

11 **Joint Strategic Needs Assessment (JSNA)** (Pages 193 - 236)

Rachel Robinson, Exec. Director of Health, Shropshire Council
Jess Edwards, Public Health Intelligence Manager, Shropshire Council

12 **Healthy Lives Update** (Pages 237 - 240)

Anne-Marie Speke, Health Protection Cell Operational Lead and Healthy Improvement Lead, Shropshire Council

13 **Chair's Updates**

Shropshire Council

Committee and Date

Health and Wellbeing Board

15 June 2023

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 20 APRIL 2023
9.30AM – 12NOON

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

Present

Kirstie Hurst-Knight – PFH Children & Education (Remote)
Cecilia Motley – PFH Health (integrated Care System – ICS) & Communities (Co-Chair) (Remote)
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention
Tanya Miles – Executive Director for People
Laura Tyler – Assistant Director - Joint Commissioning
Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)
Claire Parker – Director of Partnerships
Patricia Davies - Chief Executive, Shropshire Community Health Trust
Nigel Lee - Interim Director of Strategy and Partnerships, Shrewsbury & Telford Hospital Trust
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Shropshire Partners in Care
Stuart Bills - Superintendent, West Mercia Police

61 **Apologies for Absence and Substitutions**

Patricia Davies, SCHT
Sara Ellis, RJAH

62 **Disclosable Interests**

None received.

63 **Minutes of the previous meeting**

The Chair Summarised the follow up action and notes of highlight in the Minutes which included the following:

- The Executive Director for People had requested a report on the Oswestry Test and Learn site, which would set out the plan to roll this out across the County - this report was on the agenda for this meeting.
- A recommendation from the JCG/BCF paper that a further paper regarding risk around funding gaps for hospital discharge and social care placements be brought to a future Board meeting - this had been noted on the forward agenda plan.
- A recommendation from the Air Quality report that further reports would be presented to the Board as the project progressed - an update was scheduled to come to the June Board meeting.

- A recommendation from the Shropshire Drug and Alcohol Strategy to receive a further report on progress - this had been scheduled for the September meeting.
- Healthwatch Shropshire's Forward Plan for 2023/24 and aligning it with the priorities of the system - the Chief Officer requested that if anyone had any thoughts around some focussed work that they could undertake, to speak to her and she would take it to the Healthwatch Board to agree.
- Vaping and Children and Young People and the concerns of the Board - work was progressing well, with a Task and Finish group taking this work forward led by Public Health. A Briefing paper for schools and those who work with young people had been completed and would be circulated following final sign off. An update on this work would be provided at the June meeting.

It was noted that Lynn Cawley was in attendance in person at the previous meeting.

RESOLVED:

that the Minutes of the previous meeting held on 19 January 2023 be agreed and signed by the Chairman as a correct record, subject to the above.

64 **Public Question Time**

No public questions had been received by the deadline.

A public question had been received out of time for the previous meeting from David Sandbach.

The full question and the response provided by the Chairman was available from the web page for the meeting.

65 **Healthy Lives - Trauma Informed Approach**

The Board received the report of the Health and Wellbeing Strategic Manager – copy attached to the signed Minutes – which described what Adverse Childhood Experiences and trauma were and the potential damaging effects on learning, behaviour and health throughout a person's life and explained, as a system, what could be done about it.

The Health and Wellbeing Strategic Manager introduced and amplified the report. She also gave a presentation – copy of slides attached to the signed Minutes – which touched on the kinds of experiences that were adverse, the physical effect on people's bodies including higher healthcare use and the effects on Mental Health etc, examples of national practice, trauma informed connection to local plans, trauma informed approach, what was already happening in Scotland / Wales / Shropshire, Telford & Wrekin.

The Health and Wellbeing Strategic Manager drew attention to the film 'Resilience - the Biology of Stress and the Science of Hope' and the facilitated workshops that had been held along with the feedback received from staff. She went on to highlight the next steps which had been agreed by the Trauma Informed Steering Group.

The Portfolio Holder for Children and Education, who chaired the Multi-Agency Trauma Informed Steering Group, informed the meeting that, as a veteran herself, she was shocked that the brain activity of a child that had experienced this trauma was the same as a soldier that had experienced severe PTSD. She thanked the Health and Wellbeing Strategic Manager for her driving force and commitment in getting to this stage so that in every area of work people were aware of, and understood, how trauma could affect children. She was excited by the level of training and the offer which would benefit residents and families of Shropshire. The Board echoed these sentiments.

In response to a query, the Health and Wellbeing Strategic Manager explained the next steps in terms of staff training for 2023/24. She reported that the film and workshops would continue to be shown as an introduction to Adverse Childhood experience. It was hoped to have a training offer in place once this had been costed out, to include an in-house online resource to be used as part of induction training and/or as part of annual training. She explained that more work was required to ensure commitment throughout the system from senior management.

A brief discussion ensued and the Head of Service – Joint Partnerships stressed the importance of having a trauma package specifically for staff who see a lot of trauma, to enable them to be supported, as well as knowing how to support other people in this way. However, the system was not quite there with this.

The Chair reported that this item had been presented to the ICB meeting and it had generated a significant amount of conversation and he felt that a piece on residents' stories should be presented at the start of every ICB meeting and he committed to doing so.

In response to a query, the Health and Wellbeing Strategic Manager confirmed that an 'all-age' approach was being taken by Shropshire, including Telford & Wrekin, so it was a whole-system approach.

It was requested that this item come back to the HWBB with a really clear resource plan and commitment from partners about how to resource this going forward.

RESOLVED:

- to support a recommendation to make Board Members' workforces Trauma Informed in principle
- to focus on Early Years and Primary Education; working with partners to develop support for a 'Miss Kendra' approach in early years and primary school, where children feel valued and safe
- to produce a simple resource, that provides 'how to' information for different parts of the system (Public Sector, Voluntary sector, all services) with key trauma informed messages and tips
- to continue to work to develop a consistent training offer for the system (including evidence of implementation) which consists of:
    - Induction Tier - mandatory online training module developed as soon as possible, available to all across the Integrated Care System (ICS)
    - Awareness and Universal tier (Practitioner level)

  - Advanced and specialist tier (Train the trainer) Delivering the practitioner level for sustainability
- to work with system leadership and commissioners to determine how to embed trauma approaches in commissioning and service delivery.
- to bring back to the HWBB a proposal in terms of next steps and how this gets developed and the commitment required.
- to present residents' stories at the start of each ICB meeting.

66 **Dentistry - briefing paper**

The Board received the report of the Senior Commissioning Manager, NHS England - Midlands and the Consultant in Dental Public Health, NHS England – Midlands – copy attached to the signed Minutes – which provided an overview and scope of existing NHS Primary Care dental services in Shropshire.

The Senior Commissioning Manager and the Consultant in Dental Public Health introduced and amplified the report. The Senior Commissioning Manager highlighted the challenges due to covid and what had been done to mitigate this and to get better access for patients. The report set out the dental services that were available in Shropshire both primary care and secondary care provision and also set out examples of treatment for each treatment band and how many UDA's (Unit of Dental Activity) that equated to, with a full-time experienced dentist expected to deliver around 7,000 per annum.

The Senior Commissioning Manager explained that during Covid there was a period where all dentistry was suspended due to infection control issues and social distancing, which led to the set up of urgent Dental Centres so that strategically urgent dental treatment could be delivered for patients. He went on to explain how incrementally they had increased the delivery that dental practices should be providing (20% from 8 June 2020 to 31 December 2020 back up to 100% on 1 July 2022). This had however led to a backlog which was why patients were now struggling to get access to a dental practice.

Prior to the pandemic, approximately 55.7% of the population of Shropshire, Telford & Wrekin accessed NHS dentistry and although now on the increase, had fallen to 48.3%. The report set out how services were getting back into recovery and highlighted several initiatives that had been implemented to help restore dental access to pre-pandemic levels and the Senior Commissioning Manager drew attention, in particular, to the dental advice line and the new NHS practice in Oswestry. Finally, he highlighted the current challenges which were around the workforce and in particular recruitment and retention.

The Consultant in Dental Public Health reported that although the population of Shropshire in general had good oral health, this was not the case in the more deprived communities and the Oral Health Network were focussing interventions on those communities to reduce inequalities.

A brief discussion ensued and the Senior Commissioning Manager and the Consultant in Dental Public Health answered a number of queries from members of the Board. Lynn Cawley, Healthwatch Shropshire informed the Board that she had

shared the Healthwatch report published in September 2021 with the Senior Commissioning Manager which had identified the limits of access to NHS Dentistry, particularly in Oswestry and Market Drayton and that Healthwatch had been pleased to assist in the re-procurement of the new practice in Oswestry. She highlighted issues around the accuracy of the NHS England website.

The Senior Commissioning Manager shared the frustrations around the 'Find a Dentist' service on the NHS Website especially as services started to struggle to deliver services due to covid and were unable to accept new patients, however, this was slowly starting to open up again and the dental advice line were in constant contact with local practices and when they had the ability to take new patients they were letting the advice line know who in turn could signpost patients to the local practices.

The Assistant Director – Integration & Healthy People highlighted the work around young children and work within communities to ensure people had access to toothbrushes and toothpaste in order to develop really positive habits from an early age because one of the leading reasons why children were not in school and were in hospital was due to dental decay. She also drew attention to the work of the RESET team working within the Ark focussing on the homeless and those with substance misuse issues and felt that there was an opportunity to join up this work. In response, the Consultant in Dental Public Health reported that the local authority had been allocated £40,000 from NHS England to purchase toothbrushes and toothpaste which would be freely available and would be promoted through a range of avenues.

Concern was raised around the difficulty in finding a dentist in rural areas particularly for elderly patients if it involved having to travel to market towns as public transport was very sparse and a query was raised as to whether they could be co-located in GP surgeries. In response, it was explained that there was a difference in the way in which rent was reimbursed for GP and dental practices, which was a barrier for dental practices however they could open a branch site in rural areas.

A brief discussion ensued in relation to support for those on a low income and how to raise awareness of this. The Senior Commissioning Manager explained that dental practices should know how to direct patients as to whether they were exempt from payment or not and the dental advice line would also know how this worked however, more could be done to promote and support this. In response to support around promoting the dental health line, the Senior Commissioning Manager stated that any assistance would be greatly appreciated.

RESOLVED:

- To note the contents of the report;
- To consider how best to use the HWBB and its work around inequalities to look at the rurality challenge of dentistry along with how to ensure the commissioning of dentistry for the population and how to bring added value;
- To consider a more co-ordinated approach to communications in order to promote dentistry, the telephone helpline and other support;
- To consider the future of NHS dentistry in terms of rurality, recruitment and retention and increased access.

67 **Early Intervention/Prevention across Shropshire: Test and Learn site, Oswestry**

The Board received the report of the CYP Integration Lead, Shropshire Council – copy attached to the signed Minutes – which provided an update on early Intervention and Prevention across Shropshire and described the integration test and learn site at Oswestry, one of several projects in development alongside the draft All-Age Early Intervention and Prevention Strategy.

The CYP Integration Lead introduced and amplified her report. She gave some strategic background before going on to discuss the Test and Learn site in Oswestry. The Test and Learn site had focussed mainly on children, young people and their families with the aim of building the community-led offer and to identify and encourage children and families to tackle issues early on to prevent them from reaching a crisis point.

Oswestry was chosen as the first site using Population Health data which recognised that there were areas of deprivation in Oswestry and the work had been in two parts, first creating a multi-disciplinary team and secondly the development of a community led offer. It was noted that many of the practitioners included in the multi-disciplinary team did not know each other despite working with the same families, so one of the aims was to do joint visits which made a huge difference to the families. All practitioners were being trained to use the same system (liquid logic) which allowed them to see that holistic whole view of the family.

The CYP Integration Lead drew attention to the Community Collaborative which supported practitioners by filling in gaps that were being identified within the community and gave the example of OsNosh which was an initiative around food waste and was on a pay-what-you-can basis. So when practitioners meet families who were known to be in particularly difficult circumstances they would meet them at OsNosh and would eat with them whilst they had their meeting which has had a very positive impact for those families. Although not a new approach, best practice was being followed and built upon.

She highlighted the aims of the integration programme and explained that it was about reducing demand across the system of health, the Council and other partners. The work being done was currently being independently evaluated to evidence the results however it was felt that it was having a positive impact and she agreed to bring the results back to a future meeting. The next phase would be to roll out this approach across the County where it was hoped to have five integrated teams, the next site being North Shrewsbury followed by Ludlow and Market Drayton. She confirmed that this work was feeding into the All-Age Early Intervention and Prevention Strategy and conversations were being held around a leadership structure and how it would be delivered.

The CYP Integration Lead answered a number of queries from Board members. In response to a query about the creation of a prevention offer led by the VCSA, it was explained that they recognised the importance of the VCSA and the work they were doing to assist. There was also a crossover between the Community Connector

Network and the Community Collaborative and more work was needed across that contract to see how to make best use of resources across both of those. It was agreed to hold a conversation around this outside of the meeting.

RESOLVED:

To note the contents of the report including the further development and scaling up of the Integration programme

That a further report on the progress of the Integration Test and Learn sites be brought to a future meeting to endorse a proposed roll out plan for Shropshire

That strategic oversight of the Integration Programme be monitored by the HWBB for assurance.

To receive a report to a future meeting on the Draft All Age Early Intervention Prevention Strategy.

68 **Healthwatch report - Calling for an ambulance in an emergency**

The Board received the report of the Chief Officer, Shropshire Healthwatch – copy attached to the signed Minutes – which set out patient experiences when calling for an ambulance in an emergency. The Chief Officer thanked the Board for the opportunity to bring this report before them and she also thanked all the people who shared their experiences. She gave a presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- What we did and why
- Who we heard from
- Where they lived
- Themes of experiences
- Positive comments
- Sample negative comments
- Response from and Actions Taken by the ICS
- Response from Healthwatch England

The Chief Officer informed the Board what they did and why, how it was promoted, and the number of responses received. Of the 168 responses received, 103 of those experiences happened between October 2021 and September 2022. She reported that there was a large degree of positive feedback, particularly around staffing and the paramedics along with some very strong and powerful negative experiences, particularly where the loss of a loved one had been as a result of some delay across the system, and she gave some examples.

She was aware of the amount of work being undertaken within the ICS to try to address these challenges and had heard from the Chief Medical Officer about the complexity of the situation and the impact it was having on primary, community, secondary and social care and how as a system everyone was working together to try to resolve those challenges.

Going forward, in relation to Shropshire Community Health Trust, the Chief Officer stated that they would like to be involved in any work around getting feedback on the virtual wards, work being done to support care homes and people with mental health challenges, and she described the three pillars of improvement work currently being focussed upon by the ICS. Finally, she described the conversation that had since happened as a result of the report.

The Chair thanked the Chief Officer for the report and the work that had gone into it and recognised the work that was taking place to improve the issues. It was felt that the information contained within the report was vital and a brief discussion ensued around the issues raised.

The Head of Service – Joint Partnerships expanded on the point made around the falls pathway and the direct action as a result of the report being presented to a ShIPP meeting which was really positive and when some funding was received to deal with falls the system was ready to go with it and also addressed prevention of falls.

It was agreed to invite the Fire Service to future meetings so that they could become a part of the conversation.

The Executive Director of Health, Wellbeing and Prevention highlighted the work being done by Members through both the Health Overview and Scrutiny Committee and the Joint Health Overview and Scrutiny Committee whereby a task and finish group had been set up to look at some of these issues and some really important findings had come out of the group which would be helpful for the Board to look at.

The Chief Officer thanked the Board for their comments which would be included in the Annual Report of Shropshire Healthwatch and she commented that they had been very much supported by WMAS with this piece of work and she felt there was a piece of work to be done around communications and highlighting the availability of ambulances and that if you call one, you will get one.

RESOLVED:

- to note the content of the report;
- to note the responses from the providers and to give their support in holding system partners to account for the work they are doing to address the issue of ambulance delays and its impact.

69 **ICS Joint Forward Plan update**

The Board received the report of the Director of Partnerships, Shropshire, Telford and Wrekin ICB – copy attached to the signed Minutes – which updated the Board on progress with the Joint Forward Plan and engagement on the plan including next steps.

RESOLVED:

To note the contents of the report.

70 **Shropshire Integrated Place Partnership (ShIPP) Update including Better Care Fund (BCF)**

The Board received the report of the Head of Joint Partnerships and the Assistant Director, Joint Commissioning – copy attached to the signed Minutes – which presented an overview of the ShIPP Board meetings held in February and March 2023 and included actions, for assurance purposes, along with details of the Better Care Fund planning process.

The Head of Joint Partnerships introduced the report and highlighted the salient points. She explained that delegated authority was being sought for the Executive Director of People, Shropshire Council and the Director of Delivery and Transformation, ICB to sign off the 2022/23 End of Year return.

The Assistant Director, Joint Commissioning reported that they were currently reviewing the last year's plan and that the next two-year plan needed quite a lot of changes and that there may be some other schemes that would fit better within the plan and those conversations were yet to be had.

A brief discussion ensued and the Interim Director of Strategy and Partnerships, SaTH, felt that some of the work that had been done by SaTH could be combined with the work that was currently being done in this area and he agreed to share it with the Assistant Director, Joint Commissioning.

The Chief Executive SCHT agreed that it was the right time to review the Better Care Fund to ensure it was aligned to the priorities and focused on prevention and supporting population health and keeping people well and out of hospital but it was important that the 'where' and the 'how' that work was going to be done was known so it was open and transparent and could be signed off in the full knowledge that everybody was supportive and had inputted into it. She went on to recognise the importance for both health and social care of the core services that were supported in terms of the funding around that and therefore needed to understand the implications of any changes and how those core services were contributing to the overall benefit in the system to ensure that it met the objectives of the Board and the overall ICS priorities.

In conclusion, the Executive Director for People reassured the Board that there was a system-wide working group across the system for the last six months with representatives from SCHT, SaTH, the ICB and the Local Authority just thinking about what that review needed to look like so there was a great understanding of the current Better Care Fund and what it was delivering but also an idea about what they wanted the next two years to deliver. She asked all system partners to ensure that those people understood the timeliness now of getting the submission in and to please commit to the meetings that would be scheduled in order to work at pace as the dates were not changeable. The Chair added that it was important to ensure that the right people were in those conversations.

RESOLVED:

1. to recognise the work underway to address the key priorities of ShIPP, as well as the risks in the system, highlighted by the Board.
2. to note the Better Care Fund (BCF) planning guidance and to delegate sign off of the BCF plan to the Executive Director of People, Shropshire Council, and the Executive Director, Integrated Care Board. The detailed plan to be presented to the July Health and Wellbeing Board for ratification, subject to ratification by the Chief Executives'.
3. to delegate sign off for the 2022/23 End of Year return to the Executive Director of People, Shropshire Council, and Director of Delivery & Transformation, Integrated Care Board.

71 **Shropshire Family Carers update - All age carer strategy and updates**

The Board received the report of the Shropshire Carers Manager and Carer Lead – copy attached to the signed Minutes – which provided an update on the All-Age carer strategy.

RESOLVED:

To note the contents of the report and to support the All-Age Carer Strategy, recognising that carers were integral to any planning of services.

72 **Joint Strategic Needs Assessment - Drug and Alcohol**

The Board received the report of the Director of Public Health and the Public Health Intelligence Manager – copy attached to the signed Minutes – which provided an update on the Joint Strategic Needs Assessment for Drugs and Alcohol.

RESOLVED:

To note the contents of the report and to approve the recommendations contained therein.

73 **Health Protection update**

The Board received the report of the Consultant in Public Health – copy attached to the signed Minutes – which provided an overview of the health protection status of the population of Shropshire along with the status of communicable, waterborne and foodborne diseases.

RESOLVED:

To note the contents of the report.

74 **Armed Forces Covenant**

The Board received the report of the Armed Forces Covenant Lead – copy attached to the signed Minutes – which provided an update on the Armed Forces Covenant in Shropshire.

RESOLVED:

To note the contents of the report and to acknowledge the hard work that was ongoing for the veterans and serving members of the armed forces within Shropshire.

75 **Chair's Updates**

The Chair updated the Board as follows:

Correspondence from NHS England

Notifications had been received from NHS England about changes of pharmacy operator and ownership:

- Hills Pharmacy in Church Stretton was now operated by Gill & Nagra Ltd
- Lloyds Pharmacy in Ludlow, Shropshire was now owned by Gill & Nagra Ltd

And supplementary opening hours:

- Murrays Healthcare, Market Drayton from 40 to 49.15 hours per week
- Boots Pharmacy, Mytton Oak Road, supplementary opening hours from 40 to 44 hours per week.

A summary would be placed on the Council website.

Director of Public Health's Annual Report

The Director of Public Health's Annual Report was currently being drafted and would be brought to either the June or September Board meeting.

The Prevention Board will cease to be a separate Board, as its work was included under the Health and Wellbeing Board's Health Protection update.

Health and Wellbeing Board/ShIPP workshop

Members were reminded that this would be taking place on Monday 19 June from 10am-12noon in person. A hold the date invite had been sent to all members.

The Chairman informed the meeting that it was the Health and Wellbeing Strategic Manager's last meeting and he thanked her on behalf of the Board for the energy that she brought to the HWBB and for all the work she did behind the scenes, and they wished her a long and happy retirement.

<TRAILER_SECTION>

Signed …… (Chair)

Date:

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**15th June 2023**					
Title of report	**"Your Care Your Way" Healthwatch Report**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)		Information only (No recommendations)	
Reporting Officer & email	Lynn Cawley lynn.cawley@healthwatchshropshire.co.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	X		
	Mental Health	X	Improving Population Health	X		
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X		
	Workforce	X	Reduce inequalities (see below)	X		
What inequalities does this report address?	Access to clear and understandable information to empower people with a communication need to be central to decision making regarding their own care and treatment (including carers).					

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

1. Executive Summary

Under the NHS Accessible Information Standard Health and Social Care services should

1. Ask if you have any communication needs and how they can meet them.
2. Record your needs and highlight them in your file or notes, so staff are aware and know how to meet them.
3. Share information about your communication needs with other care services when you give your permission.
4. Deliver information in a way you can access and understand, with the option for communication support if you need it

The Standard relates to people using services and their carers.

We:

- spoke to eight groups face to face and two online, to tell them about the NHS Accessible Information Standard.
- carried out one structured focus group with people with an acquired brain injury involving four people.
- ran three discussion groups: one with carers for adults with learning disability involving five people, a carers group of six people, and a hard of hearing group with 13 people.
- spoke to a community group for older people with learning disability.
- ran a survey which was completed by 18 people

To understand their experience to date of having their communication needs met under the Standard and identify where things were working well and areas for improvement.

We are in the process of completing an Easy Read version of this report with the help of Taking Part.

2. Recommendations:

The people we heard from made the following suggestions:

- Consider print size on letters
- Display patients' names on a screen when they are called up for an appointment
- Offer the choice to have information provided via face-to-face appointment
- Offer slightly longer appointment times for those with communication needs
- Ensure staff know who in the room to provide information to (the individual and/or their carer), and what level of detail is appropriate to give

Healthwatch Shropshire recommend:

All providers:

- Review their approach to meeting the Accessible Information Standard and check that they are meeting the implementation criteria, including having an Accessible Information Policy (supporting information is available on the NHS England website) and gaining the necessary consent from service users/patients to share their personal information with other providers
- Ensure all staff are familiar with the term 'Accessible Information' and the five steps to meeting the Accessible Information Standard.
- Ensure that all staff complete Accessible Information Standard training and this is regularly reviewed.
- Develop a systematic approach to identifying if existing service users and carers have a communication need and asking them how they prefer to be communicated with.
- Find a way to ask service users and carers if they have a communication need that does not rely on them being able to read a poster or access the 'Accessible Information' page on a website.
- Consider appointing a member of staff as Accessible Information Champion, so that someone in the organisation is responsible for ensuring written information is accessible and the communication needs of all people are met
- Consider making the environment more learning disability / Dementia friendly
- Consider involving service users/carers in ensuring information is accessible for everyone, e.g., letters, emails, leaflets and posters are easy to read and understand

Some broader recommendations for the Shropshire, Telford & Wrekin Integrated Care System:

- Work to raise awareness of the NHS Accessible Information Standard to help ensure both service users, carers and staff are aware of their rights
- Ensure it is standard practice to ask people about their communication needs
- Ensure that carers are asked about their communication needs and are fully supported in their caring role
- Direct people to clear information about the NHS Accessible Information Standard that is all in one place including links to relevant support services/groups (e.g., webpage)
- Consider the impact on the mental health and wellbeing of people and their carers when they are unable to understand information from health and social care services
- Recognise that access to information digitally (e.g., websites, social media, email, text messages) is not an appropriate option or available for everyone

3. Report (See full report 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)	None	
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	ShIPP 18/05/23
	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) Portfolio holders can be found here **or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead - N/A**		
Appendices (Please include as appropriate) A. "Your Care, Your Way" Healthwatch Report		

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healthwatch Shropshire

‘Your Care Your Way’-Meeting Communication Needs

Progress in implementing the NHS Accessible Information Standard in Shropshire

A report into service users experiences

Survey period 2022
Report published 27 March 2023

Contents

About Healthwatch

Healthwatch Shropshire is your local health and social care champion

If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

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

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

We are not experts in health and social care and surveys are just one of the methods we use to put a spotlight on services and ask people to share their views with us.

We are very grateful to all those who took the time to share their experiences with us. If you have an experience to share about the issues raised in the report please do not hesitate to get in touch.

Context

Clear, understandable information is important to help you make decisions about your health and care and get the most out of services. With fewer NHS appointments taking place face-to-face and more people managing their conditions while waiting for treatment, clear information that you can understand and act on is more important than ever.

We all expect to be involved in decisions about our health, treatment and support. But information can be complex, and if you don't get clear and understandable information, you might not make decisions that are right for you.

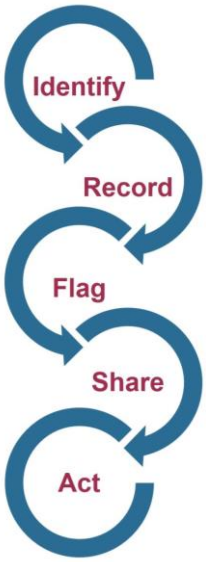
Some people have communication needs that require support. They might need to use assistive technology, a British Sign Language Interpreter or information in a format like Braille, Easy Read or large print.

- Do you understand what your treatment or support involves?
- Do you know the risks and benefits?
- Are there any alternatives?
- Do you know what might happen if you are unable to follow the advice of doctors, nurses, and other care staff?

You can only answer these questions and make choices that suit your needs if you get information in a way you can understand.

'I feel for people who are not fighters.'

Carer for an elderly father



Since 2016, the NHS Accessible Information Standard (AIS)[1] has given disabled people and people with a sensory loss (e.g. sight or hearing impairment) and carers the legal right to get health and social care information they can understand and communication support if they need it. By law, all publicly funded health and social care providers must fully comply with the Standard.

In 2017-18 Healthwatch Shropshire completed our first piece of work to find out how GP practices were using the Standard. We visited nine GP practices across Shropshire and spoke to 82 patients and 23 staff. Our main findings included:

- Most patients, carers and Patient Participation Group members had not heard of the NHS Accessible Information Standard at the time of our visits and did not know how it might affect them.
- Practice Managers had a varying degree of knowledge about the Standard and they were not all aware of the training available for staff.

To see our full report: NHS Accessible Information Standard Summary Enter & View report 2018 | Healthwatch Shropshire

Since February 2022 Healthwatch England have worked with a group of charities, such as RNIB, RNID, Mencap and SignHealth to identify improvements and actions to help services meet the legally-binding requirements and understand how it should be used. The AIS was first revised in 2017 and NHS England have recently reviewed it again, and will publish a review of the Standard taking Healthwatch England's recommendations on board. You can find out more about Healthwatch England's Campaign and recommendations here: NHS Accessible Information Standard – our recommendations | Healthwatch

As a part of their 'Your Care Your Way' Campaign, Healthwatch England submitted Freedom of Information Requests to all NHS Trusts across the Country, including

[1] https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/NHS Accessibleinfo/

Shropshire. Accessible Information Standard – findings from our Freedom of Information requests | Healthwatch

It was found that local NHS trusts are not consistently meeting the legal rights of disabled people and people with a sensory loss to accessible information and Local NHS trusts are only partially meeting their legal duty to help people with additional communication needs. Shropshire residents who have sight loss, hearing loss or have a learning disability are not being given all the support they should by local health services because of their communication needs.

This failure puts services in breach of their duty under the NHS Accessible Information Standard, and so we wanted to gather experiences of people locally, raise awareness of the Standard within the local community and shine a spot light on the impact on people who's communication needs are not being met.

Health and Social Care services should

1. Ask if you have any communication needs and how they can meet them.
2. Record your needs and highlight them in your file or notes, so staff are aware and know how to meet them.
3. Share information about your communication needs with other care services when you give your permission.
4. Deliver information in a way you can access and understand, with the option for communication support if you need it.

To watch a video that explains the NHS Accessible Information Standard, please follow this link:

NHS Accessible Information Standard - Bing video

We will also be publishing an Easy Read version of this report soon and we will publicise this as widely as possible.

What we did

We produced a survey based on Healthwatch England's 'Your Care Your Way' survey but used more open questions to allow people to describe the detail of their experiences.

Our survey could be completed either online or by calling us and we then completed the survey over the phone. This gave us the opportunity not just to gather feedback, but also to explain to people what the NHS Accessible Information Standard is whilst on the phone. We were able to answer any questions people had, further raising awareness of the Standard. This also allowed us to gain a deeper understanding of people's individual experiences.

We tried to talk to as many people as possible, as we were aware that completing a survey either online, on paper or over the phone would not be possible for everyone.

We:

- carried out a focus group with Headway Shropshire
- visited groups in the community including sight loss groups, macular groups, hard of hearing groups, and carers groups to tell them about people's rights under the NHS Accessible Information Standard and raise awareness
- attended various public and system meetings to raise awareness of the NHS Accessible Information Standard wherever possible
- attended the online Learning Disability Partnership Board and Autism Partnership Board to tell them about people's rights under the NHS Accessible Information Standard and raise awareness

Raising awareness around the NHS Accessible Information Standard and people's rights under the Standard has been a key focus of our work. In the hope that people with communication difficulties and carers in Shropshire are aware of their rights and are able to ask for information in an accessible format or for communication support from their health and social care providers.

We wanted to find out how people are being affected if they are not receiving information in a format they understand, or their communication needs are not being met. We tried to make sure that we made the survey easy to complete. We had an online survey on our website as well as a paper version that we shared with other professionals who then shared within their networks. The Learning Disability and Autism Champion for Shropshire, Telford and Wrekin focusing on Autism, helped us to reword and review our paper survey and promoted this for us.

To further promote our survey, we posted about our campaign on social media to try to encourage people to complete our survey and find out more about their rights under the Standard.

Social Media Tiles

The people we heard from

We spoke to eight groups face to face and two online, to tell them about the NHS Accessible Information Standard. We carried out one structured focus group with people with an acquired brain injury involving four people. We then had three discussion groups: one with carers for adults with learning disability involving five people, a carers group of six people, and a hard of hearing group with 13 people. We also spoke to a community group for older people with learning disability.

Eighteen people completed our online survey, 12 were women (67%) 2 men (11%) and 4 preferred not to say (22%).

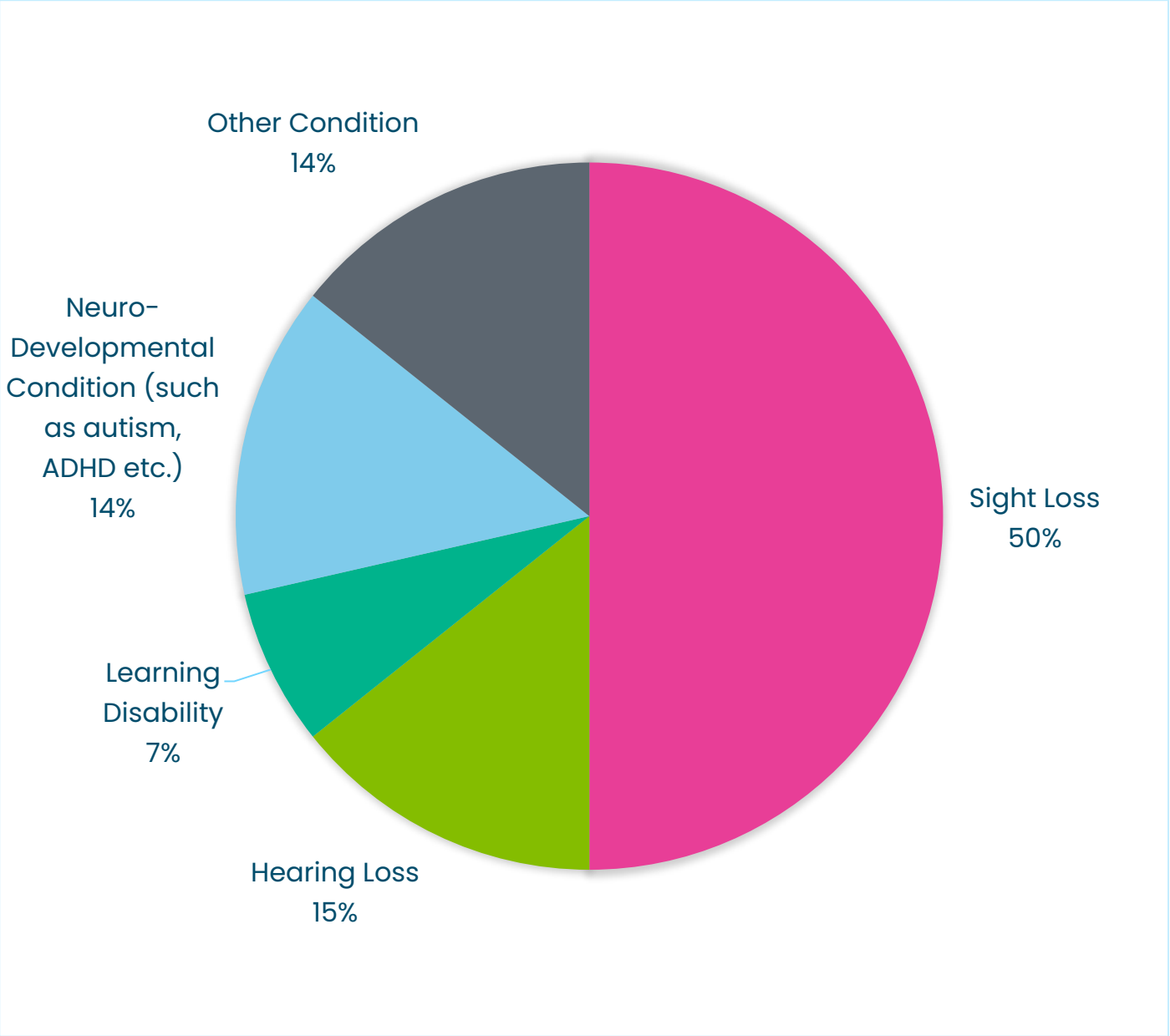
- 3 people were 80+ (17%)
- 4 people were 65 – 79 (22%)
- 6 people were 50-64 (33%)
- 2 people were 25-49 (11%)
- 3 preferred not to say (17%)

The focus group was more structured than the discussion groups and followed set questions, listed in Appendix B – focus group. This group consisted of people who had an acquired brain injury, that affected their communication skills. Their conditions included:

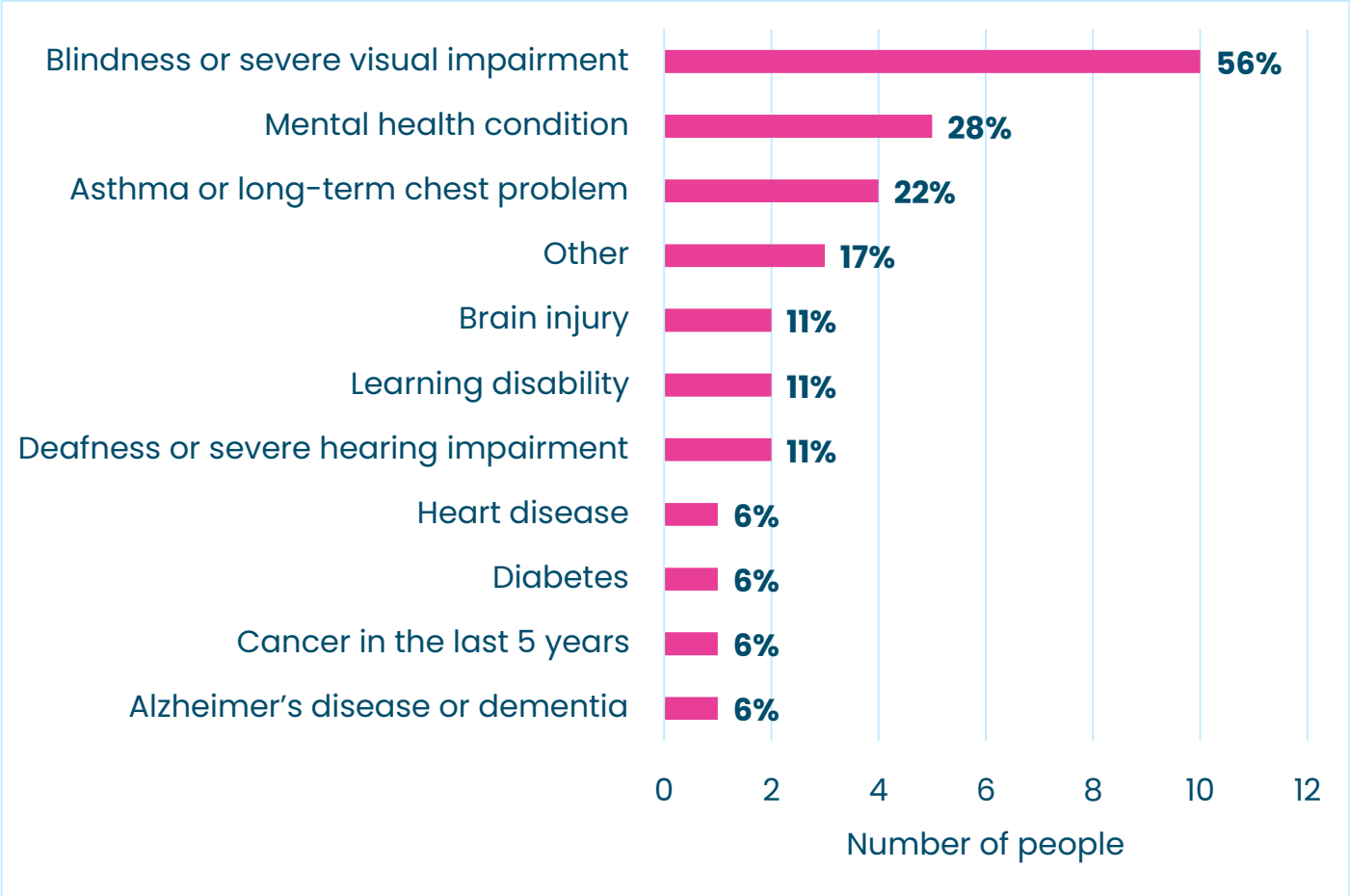
- Acquired sight loss, balance, and memory loss
- Memory loss, mobility difficulties
- Hearing loss, memory loss,
- Mental Health condition, depression
- Difficulty communicating verbally
- Short term memory loss

The people who completed our survey had various conditions that affected the way they communicate or understand information.

Do you have any of the following conditions which may affect the way you communicate or understand information?



Do you have a long-term condition?

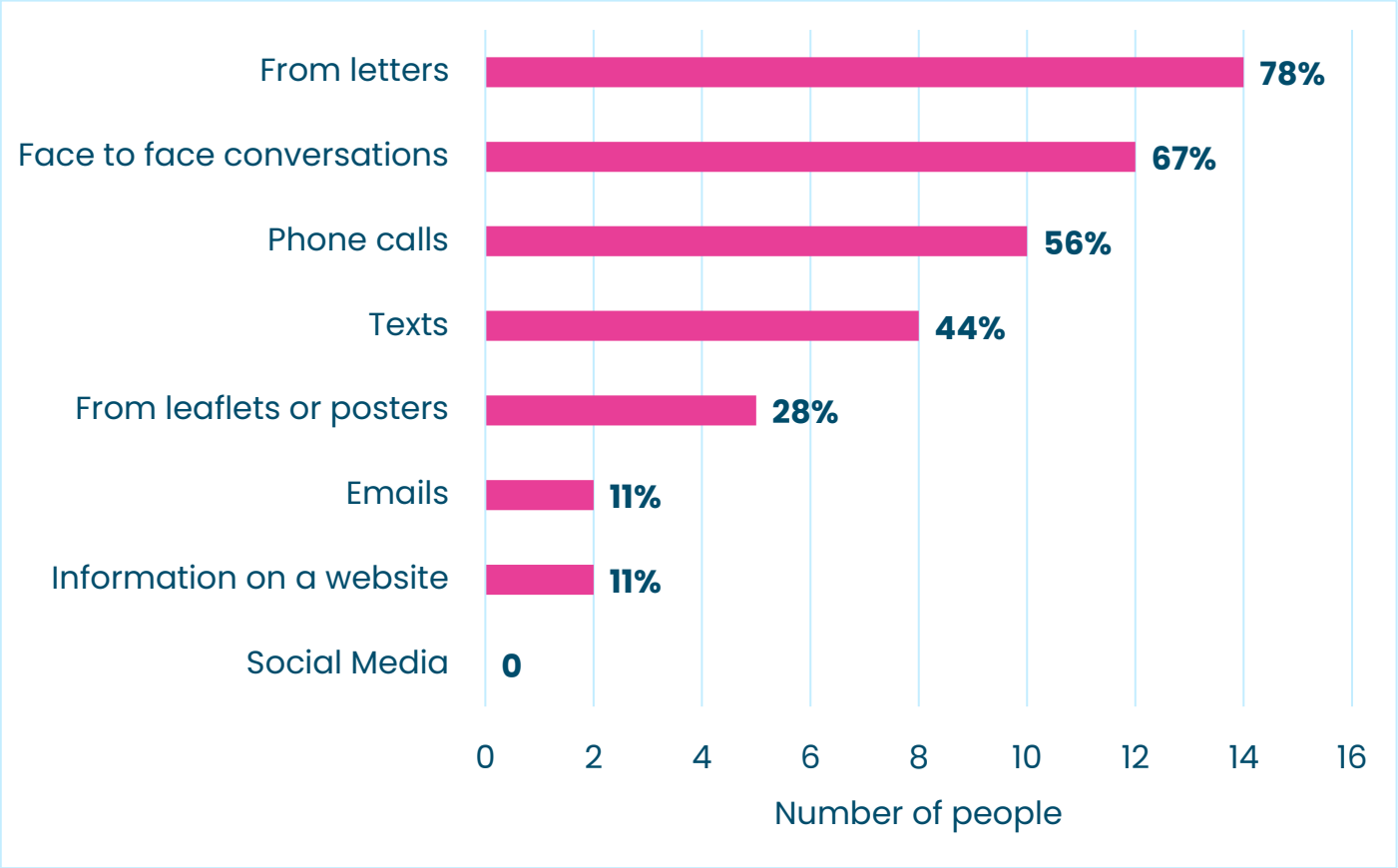


A full demographic breakdown is available in Appendix A

What people told us

The survey responses.

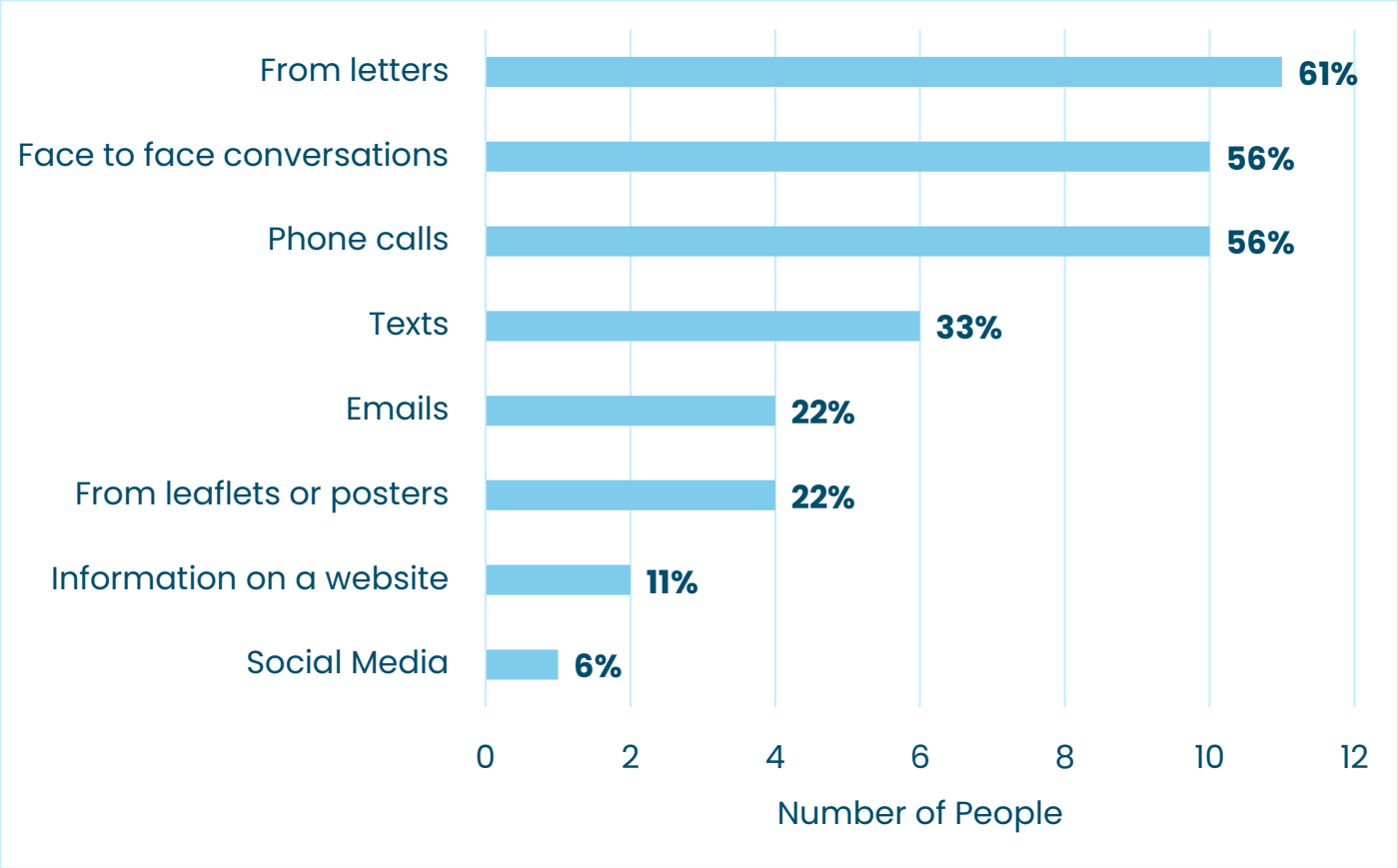
How do you receive information about your health and/or social care from different services? (Please select all that apply)



The majority of people (78%) said that they received information from letters, followed by 67% who received information from face-to-face conversation and 56% from phone calls.

No one told us that they used social media to access information about health and social care services.

Do you feel that you can understand the information available to you about your health and/or social care from different services? (Please select those you understand)



The feedback suggests that people do not understand all of the information they receive or do not receive information in a way that meets their needs.

- Letters

  10 people told us that they received their information from letters and understood the information received in this way.

  Four people who received letters told us that they did not understand them.

  'My wife reads letters for me as I can not'. (Person with sight loss – survey)

'The Eye Hospital letters do come in large print but if you get referred to other services then they don't do it.' (Person with sight loss – survey)

- Face-to-face conversations

  10 people said they receive and understand information from face-to-face conversations.

'…been very kind at the clinic. They took time to explain everything through.' (Person with sight loss – survey)

'Face to face is best - you take cues from people face to face and can ask questions.' (Carer for elderly mother with sight loss – survey)

  Two people did not understand information they received this way and so heath and care staff should check people's understanding during appointments.

'I always make sure I go in as originally, he went into appointments by himself and when he came out, he would not have a clue what was said to him. (Carer for husband with mixed dementia - survey)

- Phone calls

  Seven people told us that they receive and understand information given to them over the phone.

  Three people said they do not receive their information over the telephone but feel they would understand it if they did.

- Texts

  Six people told us that they receive information via text messages and understand the messages they receive.

  Two people receive text messages but feel that they do not understand the information they receive this way.

'...I have experienced getting texts from the GP on my mobile and I struggle to understand how to get into my phone to reads texts..' (Elderly person with sight and hearing loss – survey)

- Emails

  Two people said they receive and understand information via email.

  Two people told us that they do not receive their information from emails but would understand information via email. This would particularly support people who use assistive technology.

'I have a free phone app I can use if there is a lot of text called Seeing AI from Microsoft... The app photographs whole document and reads it to me.' (Person with sight loss – survey)

- Leaflets and posters

  Three people who received information leaflets and posters understood them. Two people did not understand information from posters or leaflets. One person did not receive information this way but felt they would understand information in a leaflet or poster if they did.

- Websites

  One person told us that they received information from websites and understood it. One person told us that they have received information online but did not understand it.

- Social media

  No one told us they received information by social media but one person said they would understand it if they did. This suggests that although social media is not used to give Health and Social Care information, some people may prefer to receive information this way.

The difficulties people have understanding the information they receive, highlights the need for services to:

- make sure they always ask people and their carers about their communication needs
- record this information in their records so it can be shared with other professionals
- act upon each individuals needs in a consistent way

This would ensure that people always receive their information in a format that they can understand.

We asked if information was provided and you did not feel you could understand it, how did this effect you?

Effects of not understanding health or social care information	Number of responses	Percentage
I did not take the right dose of my medication	2	11%
I could not understand how to take the medication I was given	3	17%
I was prescribed or given the wrong medication	3	17%
I missed my appointment	4	22%
I was not able to contact the service	4	22%
I missed out on information I felt was important about my health & social care	5	28%
I was not able to communicate with health or social care staff	5	28%
It affected my mental health and/or overall wellbeing	6	33%
I felt I was misunderstood	8	44%

Other effects were described:

When we asked people if information was provided and you did not feel you could understand it, how did this affect you, 8 (44%) of respondents described the other effect this had on them.

	‘Labels being put over Braille in the pharmacy at my GP practice. I need to know the boxes and I make sure I have the right ones by using the Braille. I told the pharmacy that they shouldn't do this and they said they would put a note on my file. I said that you should never put labels over Braille, and I said not to put it on in the first place’. (Person with sight loss – survey)
	‘Letters are always in small print from the GP and hospital so I can sometimes miss information. I am not one to ask for help, so I could miss things’. (Person with sight loss – survey)
	‘I am finding it harder to see the medication I am taking, so I might need to ask the pharmacy about blister packs soon’. (Person with sight loss – survey)
	‘With medication my mum needs me or dad to explain how to take medication. Mum has missed out on information as dad is elderly and can miss information sometimes’. (Carer for elderly mother with sight loss – survey)
	‘My husband cannot be left alone end of story and if he didn't have my help all of the above would affect him. He only wants to tell people his view and doesn't listen to what he is being told so cannot communicate with healthcare staff. He has been given someone else's medication but luckily I

noticed'. (Carers for husband with mixed dementia – survey)

'Only thing I have experienced is getting texts from the GP on my mobile and I struggle to understand how to get into my phone to read texts as I only use phone to make and receive calls. I ask my son to read my texts for me'. (Elderly person with sight and hearing loss – survey)

This highlights the wider effect of not being able to understand healthcare information has on people and the reliance on family members, friends or carers to support them, which can mean a loss of independence and privacy.

Lack of awareness and knowledge of the NHS Accessible Information Standard

We asked people, 'Have you ever been asked about your communication needs or how you communicate with others?'

Most people we spoke to told us that they have never been asked about their communication needs, and it also became clear that a lot of services in Shropshire do not know about the NHS Accessible Information Standard or what people's rights are. Also, communication preferences are not being shared between services. Issues of privacy and independence are also highlighted here.

'No never been asked. In the 3 years attending the Stroke Clinic at Princess Royal Hospital never asked, it felt more of a tick box exercise…' (Person with sight loss and acquired brain injury – survey)

‘I rang my GP and told them about the Accessible Information Standard and it was as if they hadn't been told about it. I asked for large print and they agreed to it as I told them it was the law….’ (Person with sight loss - survey)

‘I can not remember, I have had the condition for over 20 years. No one has asked me recently. People just assume you are blind.’ (Person with sight loss – survey)

‘Never been asked about communication needs. Never had any need to as all I do is ask my daughter or son to help me.’ (Elderly person with sight and hearing loss – survey)

‘The Eye Hospital letters do come in large print but if you get referred to other services then they don't do it.’ (Person with sight loss – survey)

‘No never been asked. Letters in large print would help with what little sight she has got. Dad reads letters for mum but the biggest thing sight loss has done is take away her independence.’ (Carer for elderly mother with sight loss and aquired brain injury from stroke – survey)

‘ You have to tell them they that the person you are caring for won’t understand.’ (Carer for person with learning disability – group discussion)

Some people told us that other providers, e.g. gas companies, had asked about their needs.

' Not from Government services only from Gas providers where they have asked whether I would like larger print…' (Person with sight loss – survey)

'Letters are always in small print from the GP and hospital so I can sometimes miss information. I am not one to ask for help, so I could miss things. I do get large print from my utilities, they asked me…' (Person with sight loss – survey)

Digital inequalities

Six people told us that they struggle to use technology, or don't have access to it at all, meaning that some ways of receiving health and social care information are completely inaccessible to them. They spoke of struggling to read texts and operate mobile phones, often having to ask someone else for assistance. The importance of asking people what their communication needs are and how they would like to receive their information are highlighted here:

'…I cannot use email or social media as I am awaiting support from the sensory team to use accessible apps. I have been waiting 11 months for my assessment.' (Person with sight loss – survey)

'Only thing I have experienced is getting texts from the GP on my mobile and I struggle to understand how to get into my phone to reads texts as I only use phone to make and receive calls. I ask my son to read my texts for me.' (Elderly person with sight and hearing loss)

'...We don't use the internet or mobile phones so no texts. I always make sure I go in [to face-to-face appointments] as originally, he went into appointments by himself and when he came out, he would not have a clue what was said to him. Now I go in and ask the questions and listen to what's going on.' (Carer for husband with mixed dementia - survey)

'Call from hospital to make appointment and there are lots of buttons to press and appointment went as not quick enough. It is a machine' (Person with hearing and memory loss – focus group)

'I prefer face to face as my hearing has worsened but the GP often says let's try a phone call first. Sometimes I can't hear very well on the phone.' (Person with sight loss – survey)

'I can read letters, but need help to understand. I need easy read, the pictures help me. Phone calls are hard for me, face to face conversations are much better.' (Person with learning disability – survey)

'I can use the internet but find it hard to understand.' (Person with learning disability – survey)

Privacy issues

When information is not provided in a way that is understandable to a person with communication needs, it creates issues around privacy as people may have to ask a friend, family member and/or carer to access and understand the information on their behalf. The people we heard from told us that this can limit independence. People told us that they would like clear and understandable information so that they do not have to ask other people to read their sensitive

and private information. People are not aware of their communication rights and so don't ask for their information to be in a clear understandable format or for communication support.

'… Letters in large print would help with what little sight she has got. Dad reads letters for mum, but the biggest thing sight loss has done is take away her independence.' (Carer for elderly mother with sight loss and aquired brain injury from stroke – survey)

'Mum had two strokes and lost her sight and her processing skills are not what they used to be and phone calls are not always understood - mum often passes phone to dad. Face to face is best as she needs someone to remind her. Mum has never been told staff cannot help her as she has never asked as she is unaware of her communication rights.' (Carer for elderly mother with sight loss and aquired brain injury – survey)

'Are they for me or for the carers to look at or support worker? I want the letter to be addressed to me but then have a bit where it says, 'show this to the carer'. Letters should be clearer. "It's addressed to me but to hand over to carer or support worker"' (Person with acquired brain injury – focus group)

'Takes your privacy away and carers know everything about you' (Person with acquired brain injury – focus group)

‘I want to read my result letters myself and I don't want to ask for help’ (Person with sight loss – survey)

Supportive staff

Many people told us that staff were helpful, kind and accommodating with their accessibility needs, particularly highlighting the importance of staff taking the time to explain information.

‘…people are extremely helpful when they know about my sight. At the pharmacy if I need to sign something I point my finger where the box is, and the staff will help.’ (Person with sight loss – survey)

‘…A nurse has helped me with meal choices because there are no pictures on the list. I was given leaflets from Taking Part that are easy read. Royal Shrewsbury Hospital has been very good.’ (Person with learning disability – survey)

‘… been very kind at the clinic. They took time to explain everything through. Receptionist rang for taxi to help.’ (Person with sight loss – survey)

‘Pharmacy are very kind and helpful too with any questions I have.’ (Person with sight loss – survey)

	'They always need to involve us we can then explain. My Dr is very good with me [Plas Ffynnon, Oswestry]. I've been at the surgery all my life and my daughter.' (Carer for daughter with learning disability – discussion group)
	'Went for a colposcopy at Royal Shrewsbury Hospital. Dr was very good explained the process and showed her the screen. She was very excited to see her 'parts' on the screen.' (Carer for person with learning disability – discussion group)
	'She [tried] every dentist until one showed her everything and what it did. It went really well.' (Carer for person with learning disability – discussion group)
	'…I am now at St Martins Pharmacy and they are very good and they are very helpful and community minded.' (Person with sight loss – survey)
	'…Only help has been finding seat at the outpatients department where people have been so supportive, even describing if the chair has a back on it. Good support for movement around departments from reception staff and Doctors…' (Person with sight loss and aquired brain injury)

We heard from one person who had a positive experience of a community support group. This shows how important community services are and offers the opportunity for people to seek advice and support face to face:

‘ …The sight loss club helped so much and we only discovered it by chance. It has been a massive help to us. This has made mum's life more bearable, and she is with other people who are the same as her. She was told about audio books there and now she gets lost in her audiobooks. Mum now cooks, bakes, and cleans.’ (Carer for elderly mother with sight loss and aquired brain injury – survey)

Unsupportive staff

Some people felt that staff were unsupportive and had not provided information in an appropriate way. There appears to be a breakdown in communication between staff and patients and their carers and also highlights how carers felt they should be consulted more.

‘Feels that she is very easy to 'fob off', or could be that she asks things she doesn't need to know. The consultant wouldn't tell her what had actually happened to her when she asked (and) what she had, that wasn't actually a stroke.’ (Person with sight loss and acquired brain injury- survey)

‘My daughter aged 37 was at the dentist. The dentist said it was my daughter’s choice not mine. She didn’t know what she was talking about. I should be allowed to make those decisions.’ (Carer for daughter with learning disability – discussion group)

'When I went to the eye clinic (enquiries advised me to go there) to say I was losing my vision then told me they couldn't help me and to go to A&E. They couldn't help me there. I went to my GP who emailed Welshpool, when we arrived they hadn't seen an email. I then received an appointment for the eye clinic at Royal Shrewsbury Hospital and received good support. However, they refused an injection (has Macular degeneration). My daughter

contacted PALS and I was given the injection.' (Person with sight loss – survey)

'She fell off a pony, had a spinal abscess. Dr told her all the details including 50/50 chance of recovering. Had to move the Dr out of the room and tell him I will explain in a way she understands. She couldn't feel pain, I knew when she was ill, she didn't.' (Carer for person with learning disability - discussion group)

Unsupportive services

A lot of people felt that the way services are run is not supportive for individuals with communication needs. One area that people really felt needed to be improved was in providing support for families and carers of people with additional needs.

'Well I have certainly come out of consultation and try to remember what I was told, this was more to do with the disorientation of a diagnosis and not because I didn't understand what was being said. It's probably more due to the shortness of appointment times rather than communication style. If I need to know something further, I would look at the NHS website and probably not go further!' (Person with sight loss – survey)

'There is no specific support given to any different cohorts of Carers, despite the Carers sometimes being at risk themselves, and no attempt by any other signposting organisation such as MPFT to challenge the lack of a service they are directing people to! The Carers Support Staff have not had the detailed training that was promised or had any interaction with specific carers to better understand their stresses, difficulties

and even dangers! This statutory service is failing Carers at a critical time and no-one cares! Care for the Carer if you don't want services to be overwhelmed with demand!' (Carer with Neuro-Developmental Condition – Survey)

'I can't stress enough how my mum's mental health has been affected from losing her sight. First stroke mum lost 40% of her sight and second stoke 50% and fell into a deep depression... Mental health is overlooked and nobody ever talks about feelings with sight loss and mum could not get out of bed. The best thing the GP said was that it is Ok to feel depressed. There needs to be a support group for families too... There needs to be better communication with people with sight loss to help with mental health.' (Carer for elderly mother with sight loss and aquired brain injury – survey)

What people want from services

People generally told us that they prefer face-to-face conversations and need clearer communication from services.

People (including carers) need to be asked:

- about their individual communication needs so that they can receive information in a way that is clear and accessible to them.
- if they need communication support during appointments to help them to communicate and understand, e.g. a British Sign Language Interpreter.

'I can read letters, but need help to understand. I need easy read, the pictures help me. Phone calls are hard for me, face to face conversations are much better.' (Person with learning disability -survey)

	'…I would always ask them to explain it to me. I went into hospital about my eyes and the doctor had a strong accent and I had to ask them to explain more clearly so I could understand. I prefer face to face as my hearing has worsened but the GP often says let's try a phone call first. Sometimes I can't hear very well on the phone.' (Elderly person with sight and hearing loss – survey)
	'When you ring the Dr and they ask how you are doing it is hard to describe over the phone. Face to face is easier.' (Person with hearing and memory loss – focus group)
	'Aren't they going to put it all on a website? It should be flagged.' (Person with acquired brain injury – focus group)
	[Name comes up on screen at Bishop Castle GP practice.] 'So simple to have a screen where your name comes up.' (Person with hearing loss – discussion group)
	'Would prefer face to face – I get appointments easier than my husband because of my condition.' (Person with acquired brain injury – focus group)
	'…Letters in large print would help with what little sight she has got…' (Carer for elderly mother with sight loss and aquired brain injury – survey)

'There are many eye conditions and you can't assume everyone wants large print and I wouldn't suggest departments send out large print for everyone. Some people may be happier to have their stuff read by their family or may use a scanner that is better on normal print. Large print isn't for everyone and some people don't want help and some have not accepted and come to terms with what is happening to them' (Person with sight loss – survey)

'I always go with my husband – I do find it difficult with his Alzheimer's - he is aware of what is going on. I find it hard talking in front of him and wish I could have a separate appointment' (Carer for husband with Alzheimer's – discussion group)

'They don't give enough thought of the person caring – whether they are coping or not' (Carer for elderly father – discussion group)

Community group for older people with learning disability

We also heard from a community group in Shropshire about their recent experiences of accessing information and communication in an accessible format from local services. These comments reflect ongoing issues with a local GP practice and local services in general. The difficulties in accessing services for people with communication needs are highlighted here.

'[Getting through the receptionists] You'd find it easier getting an appointment with the Pope than a doctor at [my GP practice]. They give you a list of numbers to choose from on the phone and if you've got a learning disability or

dyslexia or autism you're going to get wound up and confused before you have spoken to a receptionist.'

'They gave me a telephone appointment to ask about my hearing problems!'

'They don't have any easy read stuff, not just for people with learning difficulties but elderly people too'

'There is no ease in understanding where to go - if you don't know where you're going the signs are not easy to read and are very inaccessible'

'Doctors using medical speak unless you stop them and ask them what they are talking about and it is very hard to understand. On a Friday afternoon they tend to speed things up and it's very confusing'

'Two appointments and two letters for the same appointment but at different times. Very confusing'

'I have a trouble with receptionists when explaining I have a hidden disability. They assume you haven't got it but then they go really quiet and strange when you say you have a learning disability. I didn't realise people were looking down

on me. Talk to you as if you're a child and you have to explain all your problems'

'Hospital doctors tend to talk over you with another person that it's in the room, but not to you'

Our recommendations

Having heard from a range of people with communication needs and their families and carers, we received several suggestions to improve services, including:

- Consider print size on letters
- Display patients' names on a screen when they are called up for an appointment
- The choice to have information provided via face-to-face appointment
- Slightly longer appointment times for those with communication needs
- Staff knowledge of who in the room to provide information to, and what level of detail is appropriate to give

Healthwatch Shropshire made the following recommendations in 2018 to all GP practices in Shropshire and what people have told us demonstrates that there is more work to be done by some practices:

All practices should:

- Review their approach to meeting the Accessible Information Standard and check that they are meeting the implementation criteria, including having an Accessible Information Policy (supporting information is available on the NHS England website) and gaining the necessary consent from patients to share their personal information outside the practice.
- Ensure all staff are familiar with the term 'Accessible Information' and the five steps to meeting the Accessible Information Standard.
- Ensure that all staff complete Accessible Information Standard training and this is regularly reviewed.
- Develop a systematic approach to identifying if existing patients are carers and / or have a communication need and asking them how they prefer to be communicated with.
- Find a way to ask patients / carers if they have a communication need that does not rely on them being able to read a poster or access the 'Accessible Information' page on the website.
- Consider appointing a member of staff as Accessible Information Champion, so that someone in the practice is responsible for ensuring written information is accessible and the communication needs of all patients are met by the practice, including checking the hearing loop is working.
- Consider making the practice environment more learning disability / Dementia friendly
- Consider involving the PPG in ensuring information is accessible for patients, e.g. letters, leaflets and posters are easy to read and understand.

To see our full report: NHS Accessible Information Standard Summary Enter & View report 2018 | Healthwatch Shropshire

Some broader recommendations for the Shropshire, Telford & Wrekin Integrated Care System:

- Work to raise awareness of the NHS Accessible Information Standard to help ensure both service users, carers and staff are aware of their rights
- Ensure it is standard practice to ask people about their communication needs
- Ensure that carers are asked about their communication needs and are fully supported in their caring role
- Direct people to clear information about the NHS Accessible Information Standard that is all in one place including links to relevant support services/groups (e.g. webpage)
- Consider the impact on the mental health and wellbeing of people and their carers when they are unable to understand information from health and social care services
- Recognise that access to information digitally (e.g. websites, social media, email, text messages) is not an appropriate option or available for everyone

Suggestions from Healthwatch England: Healthwatch England – Our Recommendations

- Services should be checked more often by the government to ensure they follow the NHS Accessible Information Standard
- Every health and care service should have an Accessibility Champion to take the lead in ensuring information is provided in an NHS Accessible way
- IT systems should be improved so that patients can update services with their communication needs e.g., on the NHS app
- People with communication needs should be involved in helping to design better services
- Training on the NHS Accessible Information Standard for all health and social care staff should be made mandatory

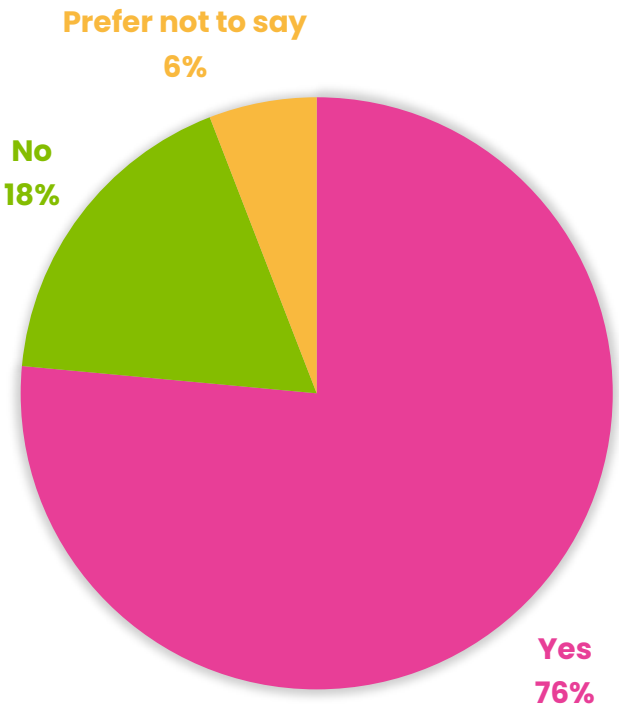
Response from Service Providers

Due to system pressures we have decided to publish this report without a response from providers and commissioners across the Shropshire, Telford & Wrekin Integrated Care System (including health and social care).

We will add responses as we receive them. Please check back to see what they have told us they are doing to support people with communication needs.

Appendix A – Demographic Information

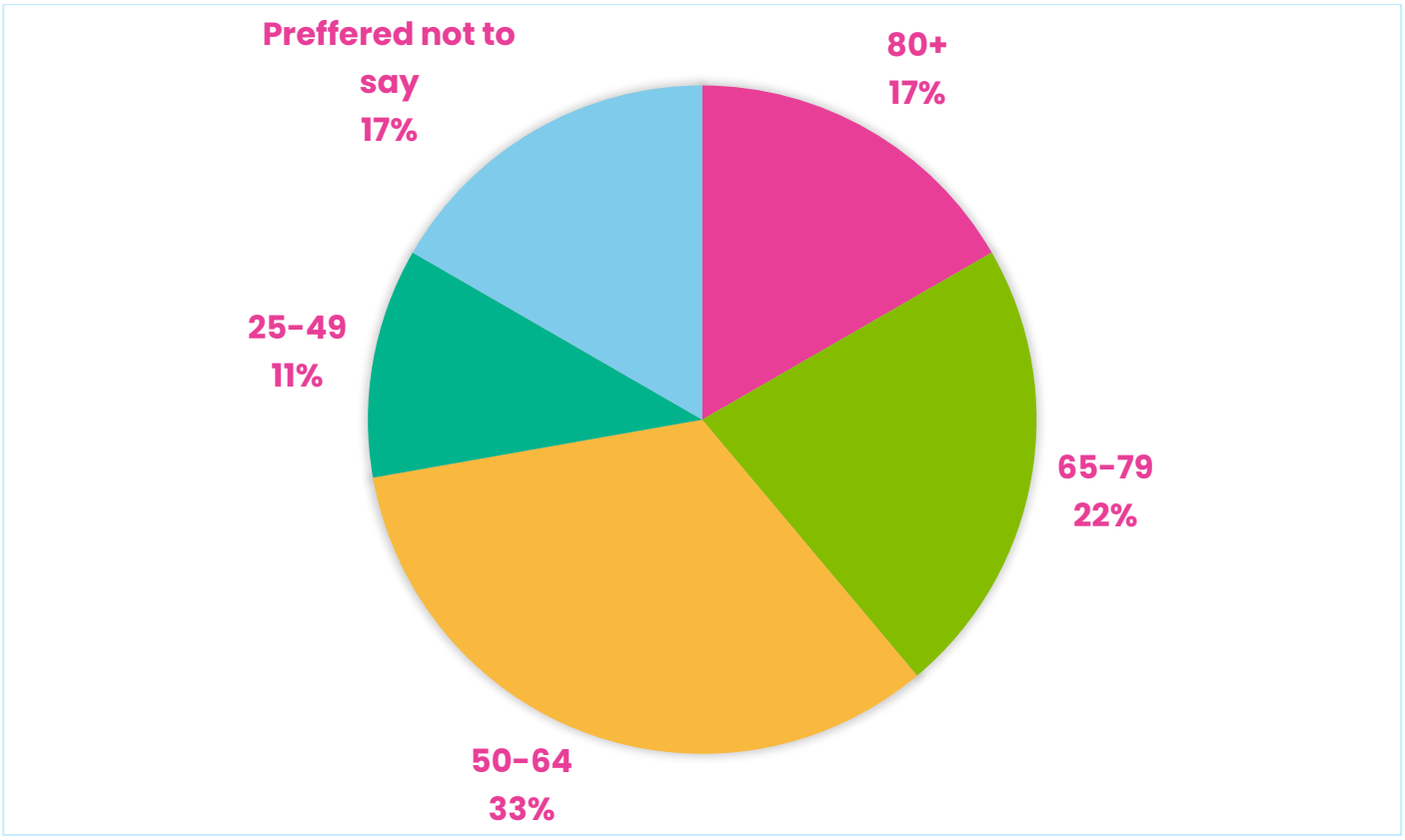
Do you have a disability?



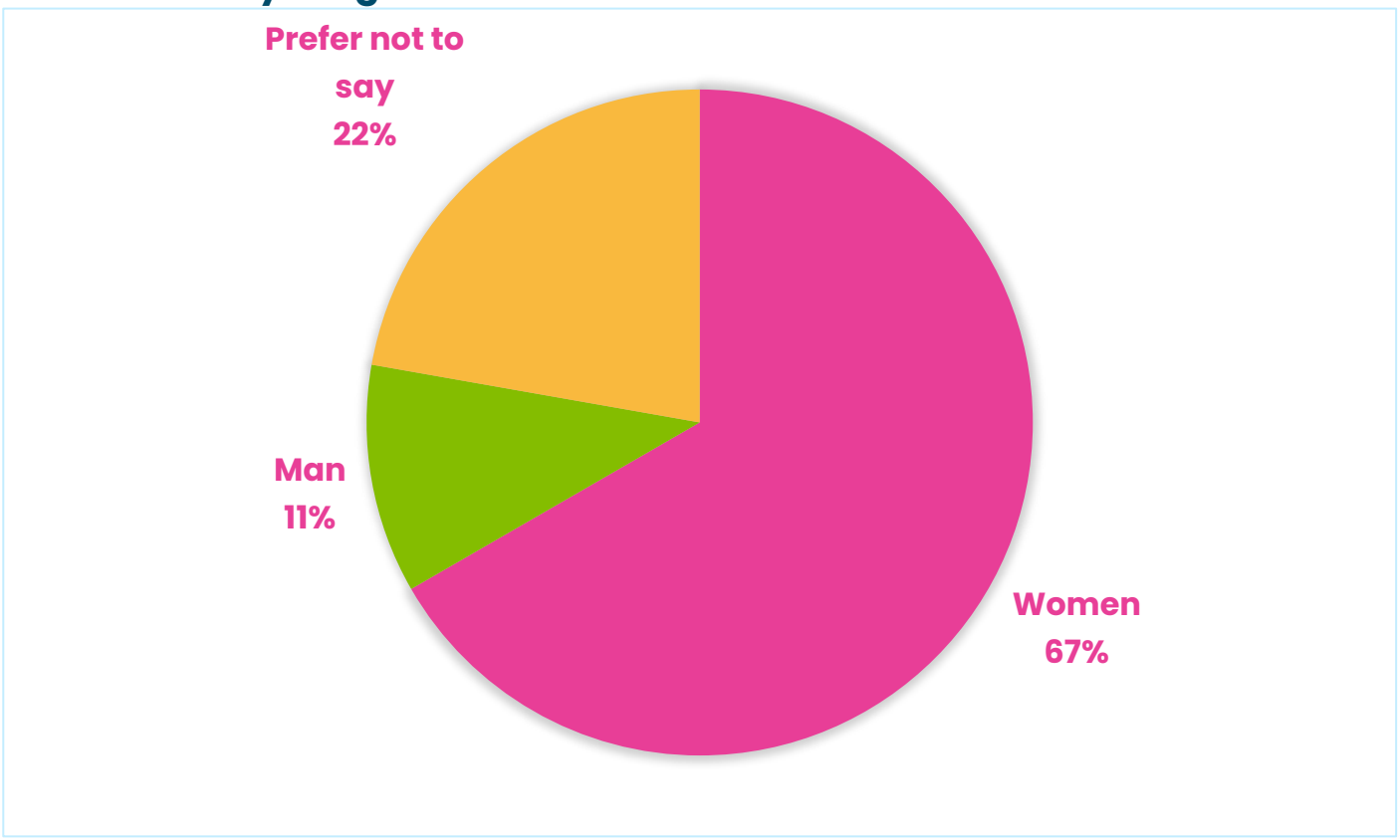
Other long-term conditions people had:

- Autism
- ME & Allied conditions
- Possible ASD

Please tell us your age

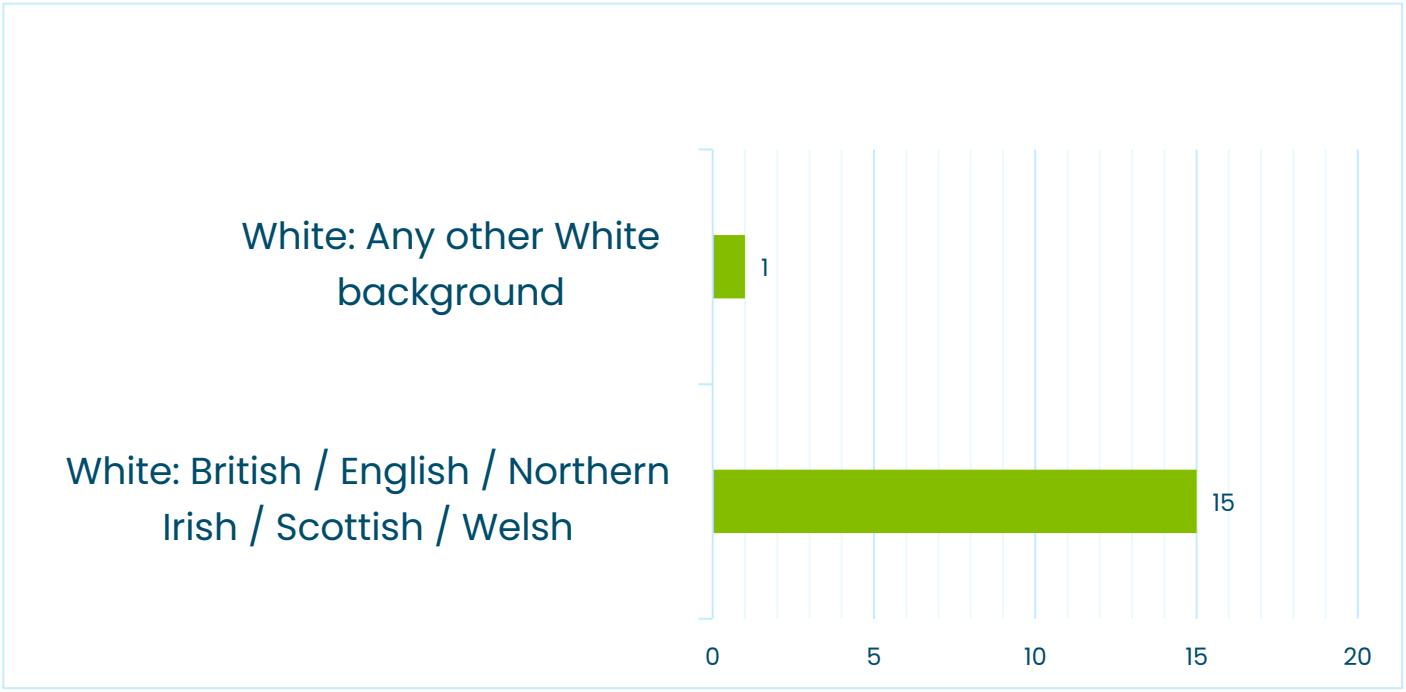


Please tell us your gender

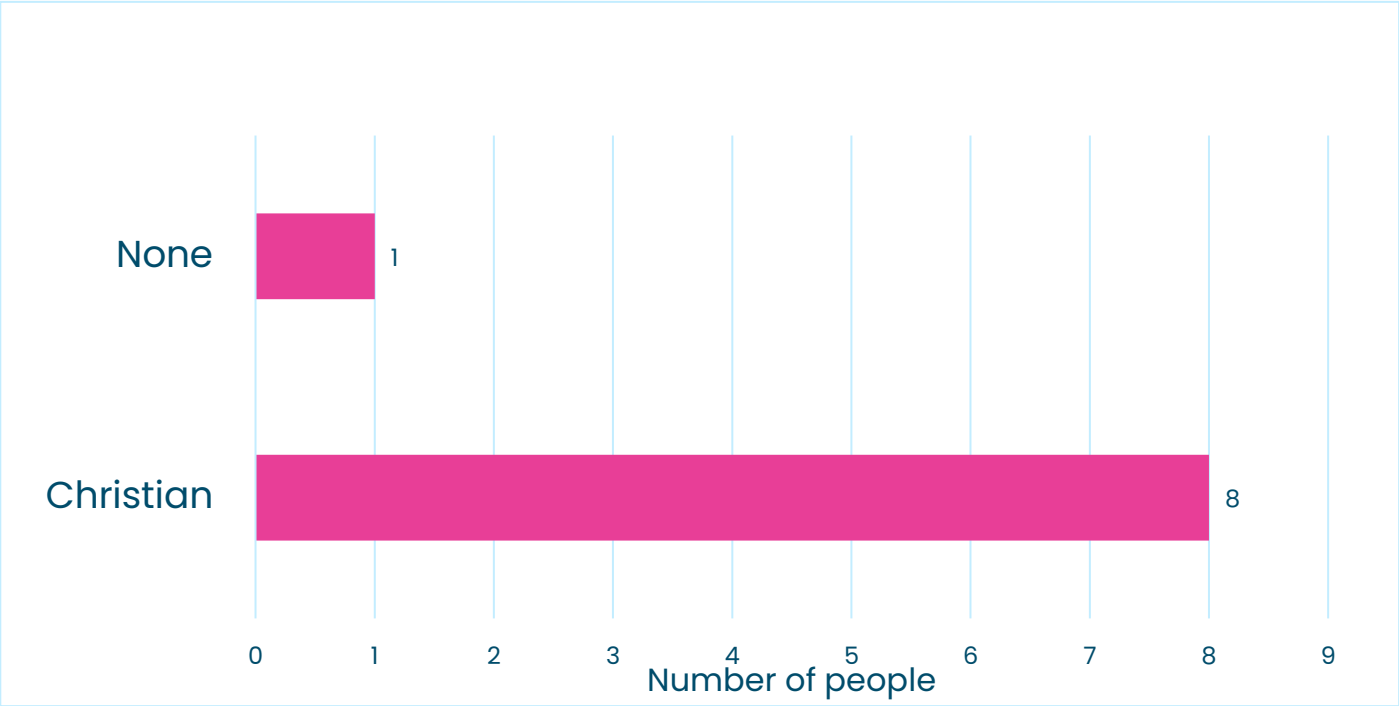


Please tell us your sexual orientation

Please tell us your ethnicity



Please tell us your religion or belief



Appendix B – All Feedback

Have you ever been asked about your communication needs or how you communicate with others?
No never been asked. In the 3 years attending the stroke clinic at PRH never asked, it felt more of a tick box exercise. Only help has been finding seat at the outpatients department where people have been so supportive, even describing if the chair has a back on it. Good support for movement around departments from reception staff and Doctors. Has mentioned she has memory loss at appointments, but often told not to worry about additional details.
Not from Government services only from Gas providers where they have asked whether I would like larger print. I get letters and text reminders from the eye clinic at the Copthorne Centre where I have had injections in my eyes. The text is slightly larger and date is in bold. I prefer font 11 or 12 and I use a magnifying glass. This works better on smaller text than larger text and Arial is better than Roman. I have a free phone app I can use if there is a lot of text called Seeing AI from Microsoft. I find if there is a lot to read then it is tiring. The app photographs whole document and reads it to me. I have not been to the doctors in such a long time and try to stay away from the hospital. When I went for my Covid jab at Gobowen I had my white cane and this is a good indicator to people that I need assistance. I don't want my sight loss to define me and I prefer to say I don't see very well instead of" I am blind."
I rang my GP and told them about the NHS Accessible Information Standard and it was as if they hadn't been told about it. I asked for large print and they agreed to it as I told them it was the law. The breast screening letter did not come in larger print and I expect to get my results in larger print and I told them they would be breaking the law if they do not send it in this format. I want to read my result letters myself and I don't want to ask for help. I can use my electronic magnifier on small print but it is annoying as it should be sent in the right format. The Eye Hospital letters do come in large print but if you get referred to other services then they don't do it. 5 years ago I attended

a Rapid Improvement Week at Shrewsbury hospital where they have different departments looking at things and we looked at appointment letters. Lots of patients we asked with sight loss did not want large print and said "what do I need that for?" There are many eye conditions and you can't assume everyone wants large print and I wouldn't suggest departments send out large print for everyone. Some people may be happier to have their stuff read by their family or may use a scanner that is better on normal print. Large print isn't for everyone and some people don't want help and some have not accepted and come to terms with what is happening to them. Sight loss is like grief where you are grieving the loss of your sight. Some people at the start of their sight loss journey have their confidence knocked and it is very sad as they feel they cannot do things for themselves anymore like reading their letters. I have been blind all my life so I am used to it.
No never been asked officially.
No
No
Sometimes
I can not remember, I have had the condition for over 20 years. No one has asked me recently. People just assume you are blind.
Yes, if hearing. I tell people that I have Learning Disabilities. I need people to explain things to me, for example, what the plastic curtains are for, why people are wearing face masks. A nurse has helped me with meal choices because there are no pictures on the list. I was given leaflets from Taking Part that are easy read. RSH hospital has been very good. PRH has not, they asked me what I came in for and told me to take a taxi home (I need E-Zec transport). I was only given tea and toast when I had a 3 hour wait. I was given an easy read leaflet for COVID that I understood. If there had been one about my mole removal it would have been less frightening for me. I can use the internet but find it hard to understand.
No never been asked. Letters in large print would help with what little sight she has got. Dad reads letters for mum but the biggest thing sight loss has done is take away her independence.

Never been asked about communication needs. Never had any need too as all I do is ask my daughter or son to help me.
Not really. I just say do it through me!

Have you ever been told by members of staff that they cannot help or support you to understand any information you have been given?
Well I have certainly come out of consultation and try to remember what I was told, this was more to do with the disorientation of a diagnosis and not because I didn't understand what was being said. It's probably more due to the shortness of appointment times rather than communication style. If I need to know something further, I would look at the NHS website and probably not go further!
Feels that she is very easy to 'fob off', or could be that she asks things she doesn't need to know. The consultant wouldn't tell her what had actually happened to her when she asked what she had that wasn't actually a stroke.
No, people are extremely helpful when they know about my sight. At the pharmacy if I need to sign something I point my finger where the box is and the staff will help.
No most staff are usually Ok and quite helpful.
No, been very kind at the clinic. They took time to explain everything and through. Receptionist rang for taxi to help.
Pharmacy are very kind and helpful too with any questions I have. I can't see texts now so I don't use a mobile phone.
No. If I don't understand something I will ask them to speak in plain English, not medical words.
When I went to the eye clinic (enquiries advised me to go there) to say I was loosing my vision then told me they couldn't help me and to go to A&E. They couldn't help me there. I went to my GP who emailed Welshpool, when we arrived they hadn't seen an email. I then received an appointment for the eye clinic at RSH and received good support. However, they refused an injection (has Macular degeneration). My daughter contacted PALS and I was given the injection.

No
Indirectly
YES!! There is no specific support given to any different cohorts of Carers, despite the Carers sometimes being at risk themselves, and no attempt by any other signposting org such as MPFT to challenge the lack of a service they are directing people to! The Carers Support Staff have not had the detailed training that was promised or had any interaction with specific carers to better understand their stresses, difficulties and even dangers! This statutory service is failing Carers at a critical time and no-one cares!! Care for the Carer if you don't want services to be overwhelmed with demand!!
No
I can read letters, but need help to understand. I need easy read, the pictures help me. Phone calls are hard for me, face to face conversations are much better. No, Always helped when I explain I have Learning disabilities. I find it hard to read names from Drs from different ethnic groups, I find it hard to understand them when they are talking, but they are very nice and helpful.
In addition to above list of questions - Phone calls: Mum had two strokes and lost her sight and her processing skills are not what they used to be and phone calls are not always understood - mum often passes phone to dad . Face to face is best - you take cues from people face to face and can ask questions. Sometimes during face to face meetings mum doesn't understand but face to face is better. Mum always wants someone there to help as she is very aware of her limitations and needs someone to remind her. Mum has never been told staff cannot help her as she has never asked as she is unaware of her communication rights.
In addition to above list of questions - Phone calls: Mum had two strokes and lost her sight and her processing skills are not what they used to be and phone calls are not always understood - mum often passes phone to dad . Face to face is best - you take cues from people face to face and can ask questions. Sometimes during face to face meetings mum doesn't understand but face to face is better. Mum always wants someone there to help as she is very aware of her limitations and needs someone to remind her. Mum has never been told staff cannot help her as she has never asked as she is unaware of her communication rights.

Letters: My husband would only understand the first few lines of a letter as they are not easy to understand for him. Leaflets and posters: No, he wouldn't understand or bother with them. We don't use the internet or mobile phones so no texts. Face to face conversations: I always make sure I go in as originally, he went into appointments by himself and when he came out, he would not have a clue what was said to him. Now I go in and ask the questions and listen to what's going on.
No but I would always ask them to explain it to me. I went into hospital about my eyes and the doctor had a strong accent and I had to ask to explain more clearly so I could understand. I prefer face to face as my hearing has worsened but the GP often says let's try a phone call first. Sometimes I can't hear very well on the phone.

Any other Effects?
I have minimal contact with the health service so the above doesn't apply to me
Labels being put over Braille in the pharmacy at my GP practice. I need to know the boxes and I make sure I have the right ones by using the Braille. I told the pharmacy that they shouldn't do this and they said they would put a note on my file. I said that you should never put labels over Braille and I said not to put it on in the first place. I moved pharmacies as they kept doing it. I am now at St Martins Pharmacy and they are very good and they are very helpful and community minded.
Letters are always in small print from the GP and hospital so I can sometimes miss information. I am not one to ask for help, so I could miss things. I do get large print from my utilities, they asked me. NHS leaflets can be hard to understand as I can't see blue writing on white backgrounds. It needs to be black print on white or yellow, yellow is much better. I have started to use google home for the internet which is useful. I am finding harder to see the medication I am taking, so I might need to ask the pharmacy about blister packs soon. The pharmacy are very helpful and if I am worried about which medication to take they will always help me. I have no family close by so I do need to ask sometimes.
I have not been effectively supported in what is a very demanding role.
I can't do weekend appointments because there is no E-zec.

With medication my mum needs me or dad to explain how to take medication. Mum has missed out on information as dad is elderly and can miss information sometimes. I can't stress enough how my mum's mental health has been effected from losing her sight. 1st stroke mum lost 40% of her sight and 2nd stoke 50% and fell into a deep depression. We took her to the GP and got help and the first year of depression was devastating. That's the other thing with sight loss caused by strokes - processing skills are not what they were and short term memory is effected and she easily forgets conversation and needs things explaining to her. She needs information simplifying. Mental health is overlooked and nobody ever talks about feelings with sight loss and mum could not get out of bed. She was only retired for 6 years before the strokes. The best thing the GP said was that it is Ok to feel depressed. There needs to be a support group for families too. The sight loss club helped so much and we only discovered it by chance. It has been a massive help to us. This has made mum's life more bearable and she is with other people who are the same as her. She was told about audio books there and now she gets lost in her audiobooks. Mum now cooks, bakes and cleans. There needs to be better communication with people with sight loss to help with mental health.
My husband cannot be left alone end of story and if he didn't have my help all of the above would affect him. He only wants to tell people his view and doesn't listen to what he is being told so cannot communicate with healthcare staff. He has been given someone else's medication by Rowlands Pharmacy in Harlescott before but luckily I noticed.
Only thing I have experienced is getting texts from the GP on my mobile and I struggle to understand how to get into my phone to reads texts as I only use phone to make and receive calls. I ask my son to read my texts for me.

Focus Group

Have you ever been asked about your communication needs or how you communicate with others?
All: No
Asked can't you come on your own but I said no.

When you ring a Dr and they ask how you are doing it is hard to describe over the phone. Face to face is easier.
I would prefer face to face – I get appointments easier than my husband because of my condition.

Have you ever been told by a member of staff that they cannot help or support you to understand any information you've been given.
All: No

Have you asked for someone else to help you (or have been offered help) when you have attended appointments or talked to staff from healthcare services?
All: No
get their quickly due to mobility issues
Takes your privacy away and carers know everything about you
Would prefer to be able to understand the information
I have missed appointments
Call from Hospital to make appointment and there are lots of buttons to press and appointment went as not quick enough. It is a machine
Are they for me or for the carers to look at or support worker. I want the letter to be addressed to me but then have a bit where it says 'show this to the carer'. Letters should be clearer. "It's addressed to me but to hand over to carer or support worker"
Husband wouldn't ask to have meds put in blister pack so he needs to ask. If I had no help I would end up taking it all.
My husband puts my tablets in my blister pack for me
My husband is my registered carer
Pharmacists are not good; they get it wrong. I am on blood thinners.
Pharmacist told my husband that if 'I am on this and that' it can lead to heart damage (medication was reviewed)I am on blood thinners too

What would you like to happen?
Something clearer for me
Aren't they going to put it on a website? It should be flagged

Hard of Hearing Group

Name comes up on screen at Bishop Castle GP Practice. So simple to have a screen where your name comes up.
When they call you from behind the door it makes it impossible sometimes.
Isn't it better to have name up instead of Dr calling name?
Doctors always call your name.
Sometimes they just call you on your mobile phone and you can't hear them.
When appointments are made, why can't they be closer to where we live? If they give you another Telford Appointment you should ring the secretary to rebook.

Carers of Adults with Learning Disabilities

My daughter aged 37 was at the dentist. The dentist said it was my daughter's choice not mine. She didn't know what she was talking about. I should be allowed to make those decisions.
We come here three days a week. Some pay more than those who come 5 days a week. I have raised this. They use you minimum income guarantee. (A discussion about paying for the time at the activity center).
Went to colposcopy at RSH. Dr was very good explained the process and showed her the screen. She was very excited to see her 'parts' on the screen.
She fell off a pony, had a spinal abscess. Dr told her all the details including 50/50 chance of recovering. Had to move the Dr out of the room and tell him I wil explain in a way she understands. She couldn't feel pain, I knew when she was ill, she didn't.
She tried every dentist until one showed her everything and what it did. It went really well.

They always need to involve us we can then explain. My Dr is very good with me (Plas Ffynnon, Oswestry). I've been at the surgery all my life and my daughter.
Every time at Dr I see a different Dr have to go through his history every time. Have to take anyone that is available.
When you talk on the phone its not the same.
I had a 7 minutes phone call from the hospital then referred back to the GP (this was after being under the hospital for support, phone call was them assessing and discharging)
My GP surgery will make you a face to face appointment
I prefer to do it the old fashioned way
As long as they will speak to you, only one dentist that wouldn't
You have to tell them they [person they are caring for] won't understand
There was an article in the paper by a journalist whose daughter has Downs Syndrome who said once his daughter was 18 it was harder to get consent. You need to use common sense.
We know our child the best. I never had support, in the end I couldn't move her. She never had rest-bite, they couldn't handle her. Only diagnosed 7 years before she died. If known earlier, we could have supported her better.

Carers Group

Always go with my husband – I do find it difficult with his Alzheimer's - he is aware of what is going on. I find it hard talking in front of him and wish I could have a separate appointment
I feel for people who are not fighters
They don't give enough thought of the person caring – whether they are coping or not

Appendix C – Paper Survey

NHS Accessible Information Standard Survey Questions

1. **Do you have any of the following conditions (which may affect the way you communicate or understand information):**
   - Sight Loss
   - Hearing Loss
   - Mental Health Condition
   - Learning Disability
   - Neuro-Developmental Condition (such as autism, ADHD etc.)
   - Other Condition

2. **Are you also a carer for another person? (This may be unpaid or provided informally)**

3. **Have you ever been asked about your communication needs or how you communicate with others?**

4. **How do you receive information about your health and/or social care from different services? For example:**

   (Please select all that apply)
   - From letters
   - From leaflets or posters
   - Information on a website
   - Phone calls
   - Emails
   - Texts
   - Social media
   - Face to face conversations

5. **Do you feel you can understand the information available to you about your health and/or social care from different services? For example:**

   (Please select those you can understand)

- From letters
- From leaflets or posters
- Information on a website
- Phone calls
- Emails
- Texts
- Social Media
- Face to face conversations

6. **Have you ever been told by members of staff that they cannot help or support you to understand any information you have been given?**

   (Please give examples if you are able to do so).

7. **Have you asked for someone else to help you (or have been offered help) when you have attended appointments or talked to staff from healthcare services?**

   (Please give examples if you are able to do so).

8. **If information was provided and you did not feel you could understand it, how did this affect you?**
   (Please select all that apply)

- I was not able to contact the service
- I missed my appointment
- I was prescribed or given the wrong medication
- I could not understand how to take the medication I was given
- I did not take the right dose of my medication
- I was not able to communicate with health or social care staff
- I felt I was misunderstood
- I missed out on information I felt was important about my health & social care
- It affected my mental health and/or overall wellbeing

Another effect (Please describe below)

9. **What service(s) does your experience relate to?**

Please select all that apply

- Royal Shrewsbury Hospital
- Princess Royal Hospital
- Robert Jones & Agnes Hunt Hospital
- Community hospital (please specify)
- Community Health Services (e.g. District Nursing or Health Visitors)
- Hospital Mental Health Services
- Community Mental health services
- Ambulance Services
- GP service (please specify)
- NHS Dental service (please specify)
- Pharmacy service (please specify)
- Optician (please specify)
- Social Care services
- Care home service (please specify)
- Home care service (please specify)
- Clinical Commissioning Group
- Other (please specify)

Healthwatch Shropshire would like to understand where we get our comments from so please share your postcode

Postcode: Date:

Healthwatch Shropshire
www.healthwatchshropshire.co.uk
t: 01743 237884
e: enquiries@healthwatchshropshire.co.uk
@HWshropshire
Facebook.com/Healthwatchshropshire

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**15th June 2023**					
Title of report	**Shropshire's Healthier Weight Strategy**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)		Information only (No recommendations)	
Reporting Officer & email	Victoria Stanford, Public Health Registrar Victoria.stanford@shrophsire.gov.uk Berni Lee, Consultant in Public Health Berni.lee@shropshire.gov.uk Cathy Levy, Public Health Development Officer Cathy.e.levy@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	X	Joined up working	X		
	Mental Health	X	Improving Population Health	X		
	Healthy Weight & Physical Activity	X	Working with and building strong and vibrant communities	X		
	Workforce	X	Reduce inequalities (see below)	X		
What inequalities does this report address?	Health inequalities associated with living with unhealthy weight and obesity, as well as the structural determinants of obesity.					

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

1. Executive Summary

Supporting our population to achieve a healthier weight and reducing obesity is a priority for Shropshire with commitments for healthy weight and physical activity included in the Health & Wellbeing Strategy 2022-27. Delivering and implementing a Healthier Weight Strategy aligns with the interim Integrated Care Strategy for Shropshire, Telford & Wrekin and also supports delivery of the Shropshire Plan, through its focus on early intervention and reducing inequalities. Achieving a healthier weight for our population is linked closely with food insecurity (lack of access to good quality food to meet needs), the cost-of-living crisis and children and young people's health and wellbeing.

This paper provides an overview of progress to date with development of the Healthier Weight Strategy for Shropshire.

A comprehensive health needs assessment including public and stakeholder consultation and an evidence review of the effectiveness of interventions to support obesity prevention and treatment was undertaken to inform strategy development. Key findings relate to both the scale of the issue, and factors that lead to unhealthy weight in Shropshire:

- Two-thirds of adults are overweight or obese in Shropshire, as well as almost one third of children aged 10–11-year-old.
- The majority of children who start school overweight or obese will remain that way, significantly increasing the risk of unhealthy weight in adulthood.

- Rates are particularly high among people in early pregnancy as well as the most deprived groups.
- Significant numbers of both adults and children in Shropshire are not eating enough fruit and vegetables and are too inactive for good health.

This in the context of high cost-of-living vulnerability and food insecurity as well as rising child poverty point to a need to focus on the factors that lead to unhealthy weight within our wider social, economic, political, and cultural environment. It is clear from our public consultation that people in Shropshire care about healthy weight but want to consider it within a broader view of their overall health and wellbeing. Understanding this will be crucial for reducing the harms associated with weight stigma and discrimination.

The *Healthier Weight Strategy for Shropshire* will focus on promoting healthier weight for people of all ages, tackling those broader factors that impact people's health and wellbeing through working in partnership. OHID, our national public health body, would define this as a "whole systems approach"**.** A draft strategy has been developed which identifies five key priorities as well as core underpinning principles which will be used to direct, inform, and frame actions to deliver the Strategy in a way that aligns with experiences and views on healthy weight in Shrops hire. Three delivery themes will deliver the priorities which are framed by seven strategic objectives. These themes focus on: 1) building a healthy food and physical environment, 2) prevention of unhealthy weight in the early years and 3) enabling and empowering partners across the system to use their levers to promote and enable healthy living. A high-level action plan is in development with system partners which will provide the detail of strategy implementation.

This paper sets out the progress towards the development of a Healthier Weight Strategy for Shropshire. If the draft strategy is approved for consultation, as per the recommendation below, a final strategy will be developed based on the feedback received. The final strategy, together with a high-level action plan will be presented to a future H&WBB meeting for endorsement and then to constituent partner organisation boards and council cabinet for approval.

2. Recommendations

That the Board:

1) provide feedback and comments on the Draft Strategy (attached)
2) approve the draft strategy for public and stakeholder consultation
3) contribute to the development of the action plan required to underpin delivery of the strategy
4) notes that the final version of the strategy will return to the HWBB for endorsement following the public and stakeholder consultation, prior to going to partner governing bodies and Council Cabinet for approval

3. Report

1.Introduction

Supporting our population to achieve a healthier weight and reducing obesity is a priority for Shropshire with commitments for healthy weight and physical activity included in the Health & Wellbeing Strategy 2022-27. Delivering and implementing a Healthier Weight Strategy aligns with the interim Integrated Care Strategy for Shropshire, Telford & Wrekin and also supports delivery of the Shropshire Plan, through its focus on early intervention and reducing inequalities. Achieving a healthier weight for our population is linked closely with food insecurity (lack of access to good quality food to meet needs), the cost-of-living crisis and children and young people's health and wellbeing.

Our basic biology and genetics, whilst contributors to our weight status, have not significantly changed at a population level over the last fifty years. What has changed however is the environment in which we live. We are exposed to the "obesogenic environment" from before birth. This is characterised by calorie-dense and often nutritionally deplete, ultra-processed, cheap, convenience food which is abundantly available and normalised. What

we are consuming is less and less recognisable as real food. Excess weight is the normal response to this abnormal environment. When paired with rapidly decreasing options for everyday physical activity because of more time spent sitting at work and home and built environments less conducive to commuting or travelling actively it is no surprise that population weight is going up. Most importantly, when economic stressors are increased, we are less able to afford fresh and nutritious food. When we work in unstable or low-paid jobs compounded by an increase in living costs, maintaining a healthy weight can seem like one priority too many.

When unhealthy weight occurs during childhood, it mostly persists into adolescence and adulthood. The treatment of obesity has limited effectiveness in the longer term at population level and as such, preventing the occurrence of unhealthy weight in the first place is critical. For this reason, the *Healthier Weight Strategy for Shropshire* will focus on **preventing unhealthy weight for people of all ages, tackling the broader factors that impact people's health and wellbeing through working in partnership**

2.Development of the Healthier Weight Strategy for Shropshire

2.1 Health Needs Assessment

A comprehensive health needs assessment including public and stakeholder consultation was undertaken with the specific objectives of: i) understanding the scale and impact of obesity in Shropshire, ii) understanding the health inequalities related to overweight and obesity and iii) identifying the factors that lead to unhealthy weight, as well as the barriers to achieving a healthy weight and the existing opportunities to drive improvement.

Local, national and international evidence and expertise was gathered from a range of sources, including Shropshire Council, the NHS, the Office for Health Improvement and Disparities (OHID), the Local Government Association as well as published scientific studies. Public and stakeholder engagement was conducted through a range of methods, including online consultation surveys and direct stakeholder conversations, through informal workshops, team meetings and formal partnership board presentations and discussions. A partnership with Shropshire Youth Association was established to run workshops to engage specifically with children and young people (CYP).

2.1.1 Key Findings from the Health Needs Assessment:

The scale of the problem in Shropshire and inequalities

- 67.4% of adults aged 18+ are overweight or obese in Shropshire. 32% of adults are obese-which is significantly higher than the national average for England and 2nd highest among 15 closest comparator local authorities. There is a small but steady increase over time, although this is not statistically significant[1].
- Certain areas of the county are more affected than others, with unhealthy weight rates in Gobowen, Selattyn and Weston Rhyn among the 20% highest nationally[1].
- Of people attending for NHS Health Checks, 37.8% in the most deprived group had a BMI >30 compared to 15% of those in the least deprived group[2].
- 22.1% of children aged 4-5 years old are overweight or obese, increasing to 30.7% among those aged 10-11 years. These rates are either similar to or better than the regional and national average[1].
- Bishop's castle, Whitchurch and Oswestry have higher rates of children with unhealthy weight than the rest of Shropshire and are all among the 50% most deprived areas[2].
- 24.1% (95%CI 22.4-25.8) of people in early pregnancy are obese which is higher than the national average. Rates of overweight and obese people in early pregnancy are highest in Market Drayton (58.5%) and Whitchurch (59.8%)[2].
- Hospital admissions related to obesity in women are higher than the national average at 2,312 per 100,000[3].
- Diabetes prevalence is likely underestimated, with a lower than national average diagnosis rate of 71% (95% CI 67.9,74.9) [1].

Drivers of the problem

- Unhealthy weight is inextricably linked with socioeconomic deprivation
- The food environment has a major influence-with access to affordable, nutritious food being an important barrier.
    - Around two-thirds of adults do not meet the recommended consumption of 5 portions of fruit and vegetables on a usual day (63.3%). Around half of 15-year-olds are eating 5 portions of fruit and vegetables daily in Shropshire[1].
    - More households than the national average are struggling with hunger and food poverty[4], and 16.6% of children are eligible for free school meals[5]. Shropshire is among the areas with the highest vulnerability to the cost-of-living areas nationally[4].
    - There is a price discrepancy in food retailers across the county, with inflation-related price increases seen in retailers that were formerly the most affordable options. The availability of supermarkets and low-cost food varies widely across the county[2].

- The built environment including how people travel and exercise
    - Rates of physical activity among adults is higher than the national average, although almost half of children and young people are not meeting national physical activity guidelines[1]
    - Active travel, public transport use and the use of outdoor space for health is low[1]
    - Public transport access to schools is low across the county[6]
    - There is a good supply of leisure facilities across the county, with barriers to access unclear[7]

How unhealthy weight is understood and valued by the public in Shropshire

- Healthy weight is a complex, emotional issue which people care about. Experiences and drivers of unhealthy weight vary broadly across the population.
- There is a strong sense that people want to consider healthy weight more broadly, in the context of poverty, work/life pressures and wider wellbeing. Particularly among young people, weight is considered to be too narrow and there is a sense that overall happiness is a priority regardless of weight i.e., body positivity
- There is an awareness of the harms caused by stigmatisation of unhealthy weight. Among young people there are concerns and fears around underweight and eating disorders
- Some groups are more affected than others, and an inclusive approach would consider their specific needs, including those with mental health conditions, certain physical health conditions, those with physical and learning disabilities, children and young people, women in menopause and older adults

Barriers and limitations to healthy eating and physical activity

- Top healthy diet barriers include: the amount of unhealthy food available, too many opportunities to eat high sugar/fat snacks, having time to prepare healthy food, and motivation and affordability of healthy food
- Top barriers to being more physically active: finding time, having local access and ability to travel to facilities and cost

Opportunities for action

- Few stakeholders believe pregnant women and early years children are well supported or that young people and family needs are being met. Reasons included limited preventative services, a need for specific support for young people, those with learning disabilities, and whole family lifestyle support
- Opportunities for support and influence may lie outside of the healthcare system, including internet or social media as well as apps/technology
- Stakeholders identified four main areas of opportunity: i) making best use of current support, ii) increasing awareness of existing support services, iii) opportunities to integrate into strategies and ways of working, and iv) opportunities to work differently/add support

Assets

- There are a number of existing assets in Shropshire for supporting healthier living in Shropshire. Enhancing and connecting these existing assets is fundamental to developing a whole -system approach to obesity. Assets refer to services, programs, structures, strategies and both professional and community groups which address the determinants of healthy weight and work to prevent its occurrence or consequences.

The table below is intended as an example of the assets available and as such does not represen t an exhaustive list.

Aspect of a whole-system approach to unhealthy weight	**Example Asset in Shropshire**
Support across the life course	
○ Pregnancy and post-natal period	▪ National Healthy Start Voucher Scheme and uptake campaign ▪ Healthy Pregnancy Support Service (SATH)
○ Early Years and School	▪ Early Help Family Hubs ▪ Oral Health Programme ▪ Free School Meals
Weight management	
○ Individual preventative support	▪ Social Prescribing ▪ NHS Universal prevention - Better Health https://www.nhs.uk/better-health ▪ NHS Digital Weight Management Programme ▪ NHS Diabetes Prevention Programme ▪ NHS specialist Tier 3 (specialist multi-disciplinary) programme ▪ NHS Tier 4 medical and surgical management of complex obesity
Food Environment	
○ Food poverty	▪ Shaping Places Programme ▪ Food banks
○ Community food	▪ OsNosh ▪ Hands Together Ludlow
○ Partnerships	▪ Shropshire Good Food Partnership
Built Environment and physical activity	
○ Community Sport	▪ Energise ▪ Together We Move ▪ Leisure Centre Facilities
○ Active travel	▪ School streets ▪ Improved walking and cycling routes

2.1.2 Summary of key findings of the health needs assessment

The findings of the health needs assessment highlighted that unhealthy weight is a significant concern for Shropshire, affecting both children and adults-including those in early parenthood. There is evidence that the most socioeconomically deprived groups are most affected. This is compounded by evidence that the drivers of unhealthy weight in Shropshire are complex Higher than average vulnerability to the cost-of-living crisis and food insecurity as well as rising child poverty are all indicators that the drivers of obesity are structural rather than simply individual. People in Shropshire tell us that the abundance of unhealthy food as well as a lack of affordable or easily accessible options for eating healthily or being physically active are serios barriers. This is intensified by a general increase in sedentary living, reduced amounts of time or energy available in stressful lives for healthy habits and a rural county where active travel can be more challenging.

This points to the need for a whole-system approach to preventing obesity in Shropshire whereby the factors that lead to unhealthy weight are improved by collective changes and partnership actions.

2.2 The whole-system approach to obesity

What is the rationale for taking a whole-system approach to obesity?

Rates of unhealthy weight in the population cannot simply be addressed one person at a time. Individual behaviour change has remained a central component to healthy weight strategies at national and local levels for some time. When the evidence points so clearly to the overwhelming influence of the wider environment as a driver of excess weight, it is population-level, structural changes which should take precedent in future action. Both evidence and the experience of people in Shropshire tells us that whilst weight loss support might be beneficial in the s hort-term, weight regain in the longer term limits its effectiveness and can leave people with feelings of failure, dissatisfaction and can lead to disengagement with achieving a healthier weight. Whilst providing individual support for those living with unhealthy weight will be beneficial for some, it is not a universal, sustainable or long-term solution to a problem which affects the majority of people in the population.

This is why the whole-system approach with a focus on prevention at the earliest stages is so urgently needed. The evidence for this approach is building and a focus on the broader factors which lead to unhealthy weight is recommended at UK government and international level by organisations such as the World Health Organisation (WHO). This approach means 'connecting the dots' across the system because of a recognition that unhealthy weight needs to be 'everyone's priority'. Each part of the system has a role to play, from those who support breastfeeding in new mothers to those who plan our transport system. This also means sharing good practice so that existing success stories can be learned from and replicated.

This type of approach has been shown to reduce unhealthy weight in children, improve breastfeeding rates and increase the consumption of fruits and vegetables with the largest improvement seen in the most deprived groups[8]. Prevention-focused whole-school approaches which include environmental changes with diet and physical activity aspects have been shown to be more effective than either aspect alone in improving healthy lifestyle behaviours. Programmes which involve the family and parents are particularly effective[9-13].

There is also significant building evidence of the impact of environmental interventions delivered by vario us system actors in influencing the drivers of unhealthy weight. Food environment interventions such as the soft drinks industry levy and the banning of junk food advertising on transport networks have led to measurable reductions in unhealthy food and drink consumption with significant predicted associated impacts on obesity and obesity-related disease[14,15]. Versions of these interventions have been introduced by local authorities across the country[16]. Other measures such as changing food procurement policy in hospitals as well as working with planners and the food industry (supermarkets, takeaways) could lead to improvements in healthy food choices[17-19].

Improvements to the built environment can also have significant impact, particularly on the least act ive in society. Improving walking and cycling routes and their connectivity, reducing car access, and reducing cost barriers to leisure facilities can all improve rates of active travel and physical activity which could lead to benefits in healthy weight[20,21].

2.3 Supporting individuals to achieve a healthier weight

Notwithstanding the significant evidence and need to focus on the broader factors that drive populations to become overweight or obese through a whole system approach as outlined in 2.2, our strategic approach to healthier weight needs to also continue to enable and support those individuals motivated to change their health behaviours , through supporting healthier eating and increased physical activity to do so. Individual behaviour change has remained a central component to healthy weight strategies at national and local levels for some time , and a focus on supporting early identification and prevention of overweight and obesity , particularly for those individuals most at risk, is a core principle of our proposed approach. Supporting our population to take care of their health and to recognise and seek support at an early stage aligns with the aspirations of our system Integrated Care Strategy and Health & Wellbeing Strategy. We recognise that this requires a sensitive and empathic approach; one that avoids the harms caused by weight stigma and discrimination and is founded and continues to evolve in line with the best available evidence of what works.

Informed by the rich evidence collated through the HNA process, the initial draft of the Healthier Weight Strategy for Shropshire has been developed and is attached as Appendix 1. This draft will be subject to a public consultation before a finalised version is produced along with a high-level action plan developed in line with stakeholder engagement and best practice evidence.

The following key, high-level priorities for the whole-system approach to healthier weight in Shropshire have been identified within the draft strategy

Draft Key priorities	
1	Improve the health of Shropshire's population by reducing the scale of unhealthy weight and reducing inequalities in unhealthy weight
2	Improve the environment in which Shropshire residents live so it is more conductive to healthy living
3	Increase actions aimed at preventing unhealthy weight across the life course -focusing on infants, early years, children, and families
4	Increase awareness of and uptake of universal support, available services, and resources - targeting the most vulnerable, including those with learning disabilities, special educational needs and disabilities, and those living with severe mental illness
5	Enable Shropshire's community, voluntary and public sector workforce to confidently and capably support Shropshire residents to live with unhealthy weight in a way which reduces stigma and discrimination

These draft priorities will be considered as part of the public consultation. Subject to that they will be delivered through the following draft core principles which will guide strategy implementation, reflecting the whole system approach and which align with the experience, perspectives and needs of the Shropshire population.

Draft Core principles guiding strategy implementation		
1	Change Focus	We will think about weight differently, no longer considering it in isolation and instead seeing it in the context of overall health and wellbeing. We will focus on what drives unhealthy weight, moving away from the individual and towards the environment in which we live
2	Include	We recognise the need for greater support for those experiencing health inequalities, including (most deprived groups,) those living with disabilities and people with physical and mental health conditions, to enjoy a healthier lifestyle.
3	Support	We want to support those whose health and wellbeing could be improved through healthier eating and physical activity. This means adopting an empathetic approach that also recognises the importance of appropriate messaging around weight and the harms of weight stigma and discrimination
4	Work together to join the dots	We want healthier weight to be everybody's aspiration. We recognise the importance of joining the dots to maximise the opportunities that Shropshire already has to support its population to live a healthy lifestyle. We want to be innovative in the way we connect, collaborate, and strengthen existing work
5	Lead by example	We will work in a way that exemplifies our approach by committing to changes and improvements that enable our workforce to live a healthier lifestyle
6	Use our Influence	We will recognise the importance of our voice in influencing the barriers that prevent us from enjoying a healthier lifestyle

The strategy priorities will be considered as part of the public and stakeholder consultation. Subject to that they will be delivered through the following three draft delivery themes in line with the core underlying principles:

1) Healthy Environment, 2) Prevention in Early Years and 3) Empowering System Partners. Seven strategic objectives will be delivered through these themes and a high-level action plan will be developed with partners to meet these objectives.

Key Delivery Themes and Strategic Objectives		
1	Healthy Environment	Evidence indicates that improving the food environment is key to reducing the risk of obesity, but that having a physical environment that is conducive to physical activity is also very important. *Strategic objectives include:* 1) Enable a food environment for Shropshire which promotes and provides access to healthy, nutritious, and sustainable food for all 2) Enable a physical environment that allows Shropshire residents to enjoy the benefits of active living
2	Prevention in Early Years	Prevention is key (treatment of obesity has limited success) and prevention must start pre-pregnancy where possible through the early years. *Strategic objectives include:* 3) Ensure there is opportunity for all pregnancies to be healthy 4) Support parents and families to provide infants with the best start in life
3	Empowering system partners to promote healthier weight	A whole system approach requires all partners to be enabled to play their part. *Strategic objectives include:* 5) Ensure staff have the knowledge and skills to be confident and competent in promoting healthy weight and in supporting those living with obesity. 6) Enable organisations across the system to prioritise healthy eating and active living in their specific settings: 7) Ensure the system is working together in a co-ordinated way to maximise existing assets, resources, and best practice

A high-level action plan is also currently under development and will support delivery of the strategy. The table below provides an illustrative example of potential actions which will be included.

Key Delivery Themes and illustrative high-level actions		
1	Healthy Environment	Increase procurement of healthy and sustainable food in public places, with a focus on 'whole' foods and supporting the local economy Decrease sedentary behaviour and increase physical activity at home, in schools and workplaces, with particular emphasis on those vulnerable to health inequalities and for whom access is not equitable
2	Prevention in Early Years	Provide lifestyle support for pregnant people and their families, particularly those most at risk of unhealthy weight Enable early years professionals and early years settings to promote and support healthy eating and physical activity
3	Empowering system partners to promote	Support staff knowledge and skills development, ensuring awareness of risk factors for obesity, weight stigma and discrimination, and the link between unhealthy weight, trauma, and mental well-being

	healthier weight	Ensure existing resources and assets are visible and shared across the system, focusing on those for the most vulnerable groups

References

1) *OHID Fingertips*

2) *Shropshire Council Public Health Intelligence*

3) *NHS Digital*

4) *Local Government Association*

5) *Department for Education*

6) *SHAPE Place Atlas*

7) *Shropshire Council Leisure Strategy*

8) *Amsterdam Healthy Weight Programme - Sociaal Domein*

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21) *Goodman A, Sahlqvist S, Ogilvie D; iConnect Consortium. New walking and cycling routes and increased physical activity: one- and 2-year findings from the UK iConnect Study. Am J Public Health. 2014;104(9):e38–46.*

<table>
<tr><td>Risk assessment and opportunities appraisal
(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</td><td colspan="2">There is a risk that, given competing priorities, all partner organisations may not prioritise the actions required to deliver the Healthier Weight Strategy. However, development of the strategy presents a number of opportunities, including the following:
Strengthen the approach to obesity prevention reducing the future disease burden and the need for treatment
Assist in embedding a 'Health in All Policies Approach' across the council through raising awareness of the impact of wider council policies and services on health
An opportunity to strengthen current multi-agency work focused on reducing food poverty
Alignment with carbon reduction strategies (e.g. through promoting active travel)
An opportunity to raise awareness of the drivers of obesity among the population in general and among staff groups, reducing stigma and discrimination
As indicated in this report unhealthy weight is related to inequalities and implementing an effective strategy should lead to a reduction in health inequalities</td></tr>
<tr><td>Financial implications
(Any financial implications of note)</td><td colspan="2">In the long term, preventing obesity and reducing the scale of unhealthy weight in the population will provide significant spending reductions associated with the health and care of people living with obesity-related health conditions, as well as by mitigating the wider socioeconomic impact of unhealthy weight in the population.

The financial resources required to deliver the Healthier Weight Strategy will be a point of discussion for strategic leads as the Strategy and Action Plan are developed. Partner agencies will be asked to review and consider their spending allocations to support delivery of the strategy.</td></tr>
<tr><td>Climate Change Appraisal as applicable</td><td colspan="2">There are a number of climate change co-benefits of interventions which reduce overweight and obesity in the population. For example, active travel reduces vehicle-associated emissions</td></tr>
<tr><td rowspan="3">Where else has the paper been presented?</td><td>System Partnership Boards</td><td>There have been regular updates to ShIPP</td></tr>
<tr><td>Voluntary Sector</td><td></td></tr>
<tr><td>Other</td><td></td></tr>
<tr><td colspan="3">List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
November 2020 H&WBB: Development of Shropshire's Weight Management Strategy</td></tr>
<tr><td colspan="3">Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Cecilia Motely, Portfolio Holder for Adult Social Care, Public Health and Communities</td></tr>
<tr><td colspan="3">Appendices

Appendix A – Draft Healthier Weight Strategy</td></tr>
</table>

Healthier Weight Strategy for Shropshire

2023-2028

Contents

Introduction

This 2023 –2028 Healthier Weight Strategy sets out our system-wide approach and priorities to improve health and promote healthier weight among the Shropshire population. Our ambition is to ensure Shropshire residents have the opportunity to eat healthy, nutritious food and enjoy physical activity in a way that best suits them. Evidence supports this in helping reduce levels of unhealthy weight and weight-related illness in Shropshire.

"We urgently need to respond to the problem of unhealthy weight in Shropshire to improve the health and wellbeing of the population. Levels of overweight and obesity have been rising relentlessly over recent decades and are predicted to rise even further - particularly among children and more deprived populations.*

The rise in unhealthy weight is a consequence of dramatic changes in the way we eat, live and work. Our shops are filled with unhealthy food options, and many of us are not moving enough. For an increasing number of people, a healthy lifestyle is not the easiest or most affordable option and enabling our residents to eat healthily and be physically active can only be achieved through changing our environment from one which drives overweight and obesity to one which promotes health.

We know unhealthy weight is both a major cause and a consequence of inequality. Our strategy coincides with a time of unprecedented financial hardship for many as a result of the UK cost of living crisis. This has worsened problems such as food and fuel poverty which together make healthy living less affordable. Added to this are the unique challenges Shropshire faces in being a rural county.

We know that 'prevention is better than cure'. Children who grow up with unhealthy weight are more likely to be overweight or obese as adults. Treating obesity once it has occurred is not a long-term solution. It is essential that future action focuses on preventing obesity across our life course, especially from pregnancy, during infancy and early childhood.

Appropriate messaging around healthy weight is important in reducing any potential unintended harm to those at risk of underweight or eating disorders such as anorexia. The impact of stigma and discrimination experienced by those living with obesity is well recognised, and an empathetic and inclusive approach is needed so we can focus on what matters most to the individual in terms of overall health, well-being, and weight.

The task ahead is complex and requires action by everyone. We will therefore work across the system in a co-ordinated way making reducing unhealthy weight everyone's business. A 'whole system' approach will engage leaders across the public, private and voluntary sectors to use their levers to maximise opportunities and remove barriers to achieving a healthier weight. This means improving access to healthy, nutritious food and increasing levels of physical activity to support physical and mental wellbeing.

Over two-thirds of adults and one-third of children in Shropshire are an unhealthy weight[1]. This strategy builds on a comprehensive needs assessment which describes the scale of unhealthy weight across Shropshire and its consequences on health. It also includes the findings of public and stakeholder consultations that document the perceptions, values, challenges, and opportunities to improve the weight profile of the population from the perspective of those who live and work in Shropshire. Alongside this a separate consultation exercise was undertaken with adolescents to capture their views within the Strategy.

The Healthier Weight strategy and following action plan sets out our commitment to work with partners across the system including health, education, transport, planning and businesses to support our population to live in a way which allows them to enjoy the physical and mental wellbeing benefits of eating healthily and moving more."

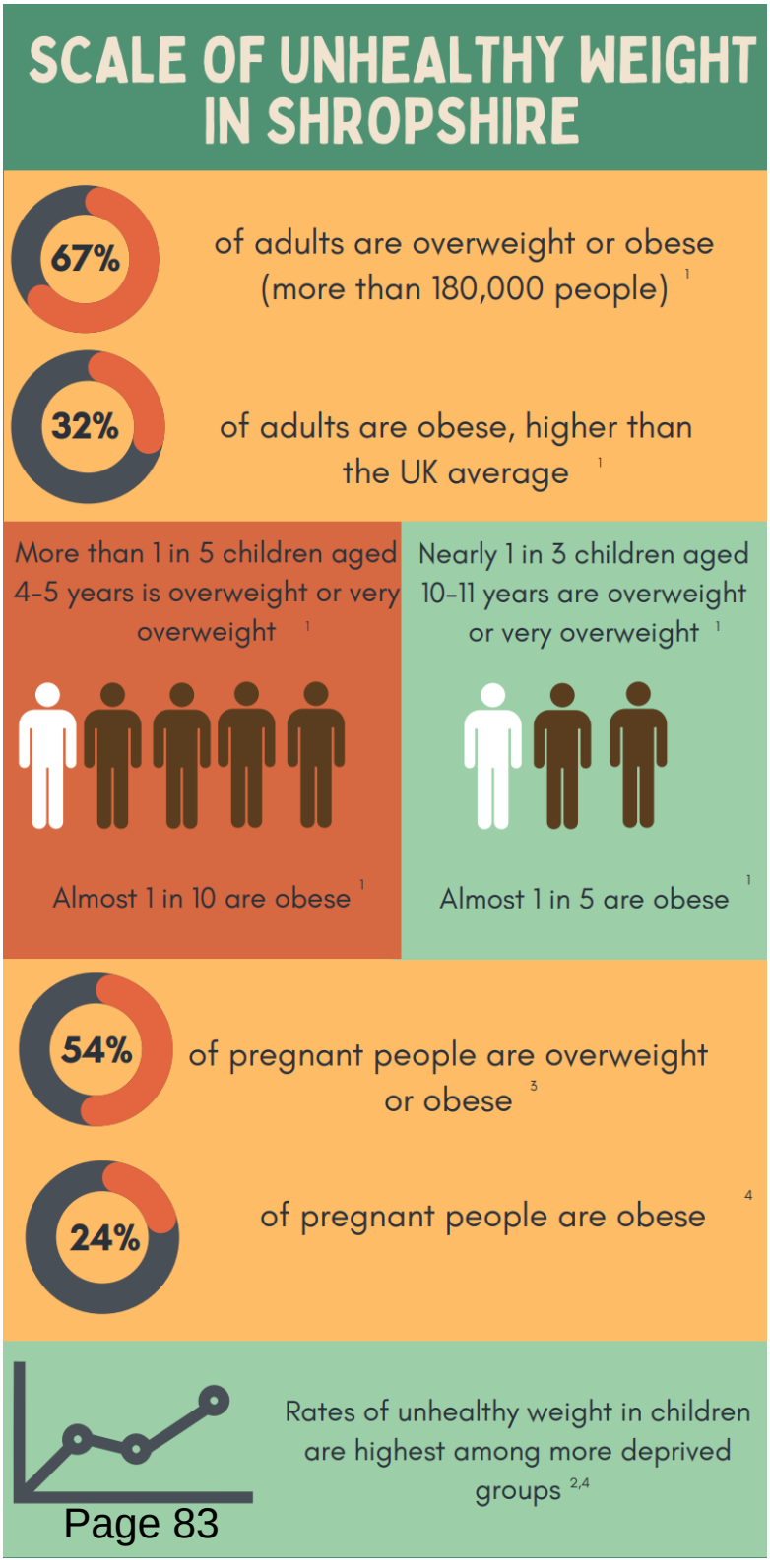
*overweight and obesity are defined as BMI >25 and BMI >30 respectively. BMI has a number of limitations when assessing an individual's weight status. It cannot distinguish between muscle mass, bone mass and body fat. It also cannot provide information about body fat content and distribution, with central body fat increasing the risk of weight-related disease including heart disease. It should not be used to diagnose obesity but can be a useful general indicator of weight status. BMI should be used in conjunction with other measures such as waist size and weight to height ratio.

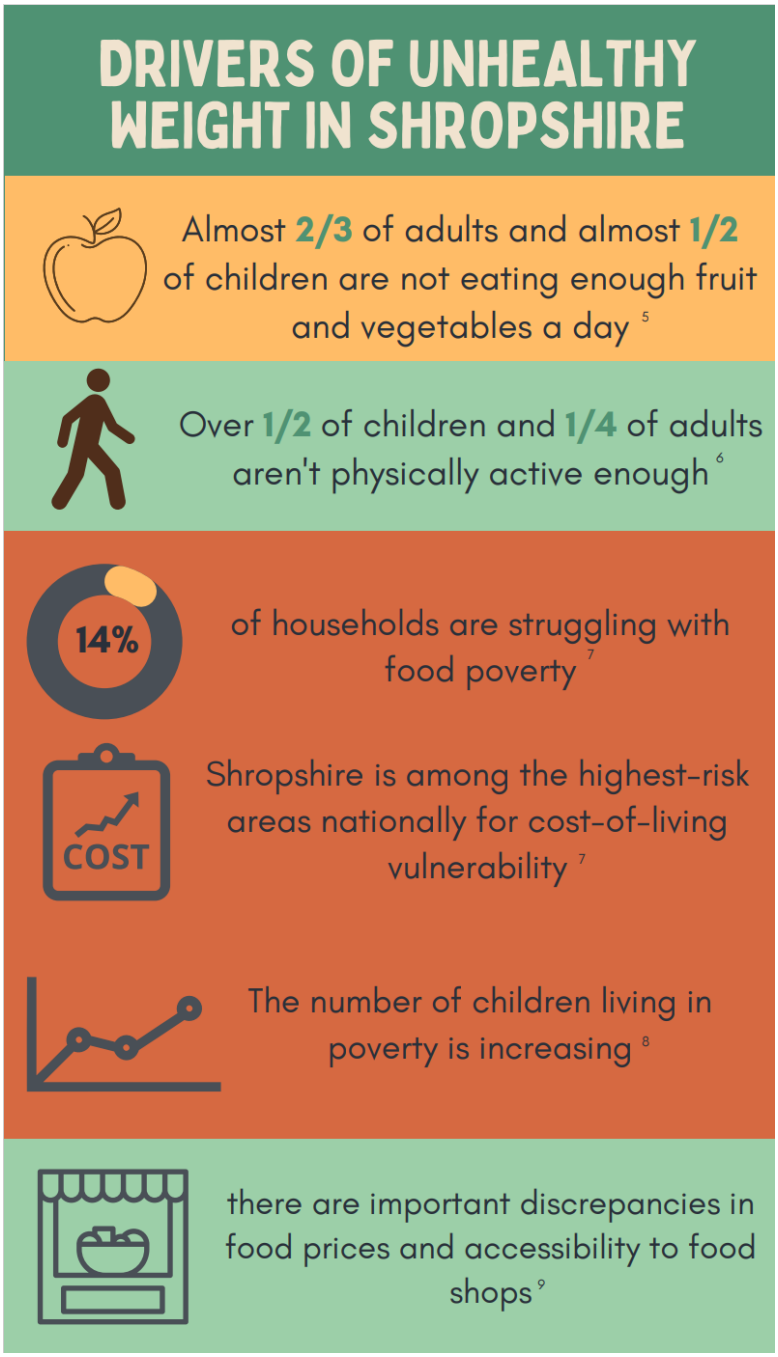
Healthier weight in Shropshire

Why healthy weight is important

Unhealthy weight, and in particular obesity, is associated with significant impacts on health and wellbeing. For example, those living with obesity are over 3 times more likely to develop colon cancer, 2.5 times more likely to develop high blood pressure and 5 times more likely to develop type 2 diabetes[2]. Obesity can harm people's self-esteem and their mental health.

There is a disproportionate impact of unhealthy weight and its consequences on the most deprived individuals and families.





What drives unhealthy weight

Being active and eating healthy, nutritious food are key to achieving and maintaining a healthy weight and these are closely linked to our wider emotional and mental wellbeing.

Weight is determined by many different and interacting factors. These range from individual biology and psychology which can be impacted by physical or mental health conditions as well as stressful life events, to the economic and political environment which affect income and prices.

The genetic and environmental causes of obesity are not widely understood by the population in general and a misplaced belief that weight is solely due to individual choices often leads to stigma and discrimination.

What our consultation and engagement told us

Through our consultation we learned the following:

- Healthy weight is a complex, emotional issue which people care about. Experiences and drivers of unhealthy weight vary broadly across the population.

- There is a strong sense that people want to consider healthy weight more broadly, in the context of poverty, work/life pressures and wider wellbeing.

- Particularly among young people, the focus on weight is considered to be too narrow and there is a sense that overall happiness is a priority regardless of weight (body positivity)

- There is an awareness of the harms caused by stigmatisation of unhealthy weight. Among young people there are concerns and fears around underweight and eating disorders

- Some groups are more affected than others, and an inclusive approach would consider their specific needs, including those with mental health conditions, certain physical health conditions, those with physical and learning disabilities, children and young people, women in menopause, and older adults

- Those working in the system want to work in a more joined-up way, making best use and raising awareness of current support options as well as integrating priorities to better work as one.

Our vision, priorities, and principles

Our vision is a future where every Shropshire resident has the opportunity to eat well, be physically active and enjoy good health, including being a healthier weight.

This strategy reflects the evidence and insights documented through the Healthy Weight Health Needs Assessment. This includes the views, needs, experiences, and values expressed through consultation from those living and working in Shropshire. These, together with an assessment of the evidence indicating which interventions are most effective have been used to inform our vision, key priorities, and underpinning core principles.

Our key priorities

Through this strategy we will strive to:	
1	Improve the health of Shropshire's population by reducing the scale of unhealthy weight and reducing inequalities in unhealthy weight
2	Improve the environment in which Shropshire residents live so it is more conductive to healthy living
3	Increase actions aimed at preventing unhealthy weight across the life course-focusing on infants, early years, children, and families
4	Increase awareness of and uptake of universal support, available services, and resources-targeting the most vulnerable, including those with learning disabilities, special educational needs and disabilities, and those living with severe mental illness
5	Enable Shropshire's community, voluntary and public sector workforce to confidently and capably support Shropshire residents living with unhealthy weight in a way which reduces stigma and discrimination

Our core principles

These key priorities will be delivered through applying a set of core principles aligned with the experience, needs and perspectives of the Shropshire population, and will guide our delivery and actions:

Through this strategy we will strive to:		
1	**Change Focus**	We will think about weight differently, no longer considering it in isolation and instead seeing it in the context of overall health and wellbeing. We will focus on what drives unhealthy weight, moving away from the individual and towards the environment in which we live
2	**Include**	We recognise the need for greater support for those experiencing health inequalities, including (most deprived groups,) those living with disabilities and people with physical and mental health conditions, to enjoy a healthier lifestyle.
3	**Support**	We want to support those whose health and wellbeing could be improved through healthier eating and physical activity. This means adopting and empathetic approach that also recognises the importance of appropriate messaging around weight and the harms of weight stigma and discrimination
4	**Work together to join the dots**	We want healthier weight to be everybody's aspiration. We recognise the importance of joining the dots to maximise the opportunities that Shropshire already has to support its population to live a healthy lifestyle. We want to be innovative in the way we connect, collaborate, and strengthen existing work
5	**Lead by example**	We will work in a way that exemplifies our approach by committing to changes and improvements that enable our workforce to live a healthier lifestyle
6	**Use our Influence**	We will recognise the importance of our voice in influencing the barriers that prevent us from enjoying a healthier lifestyle

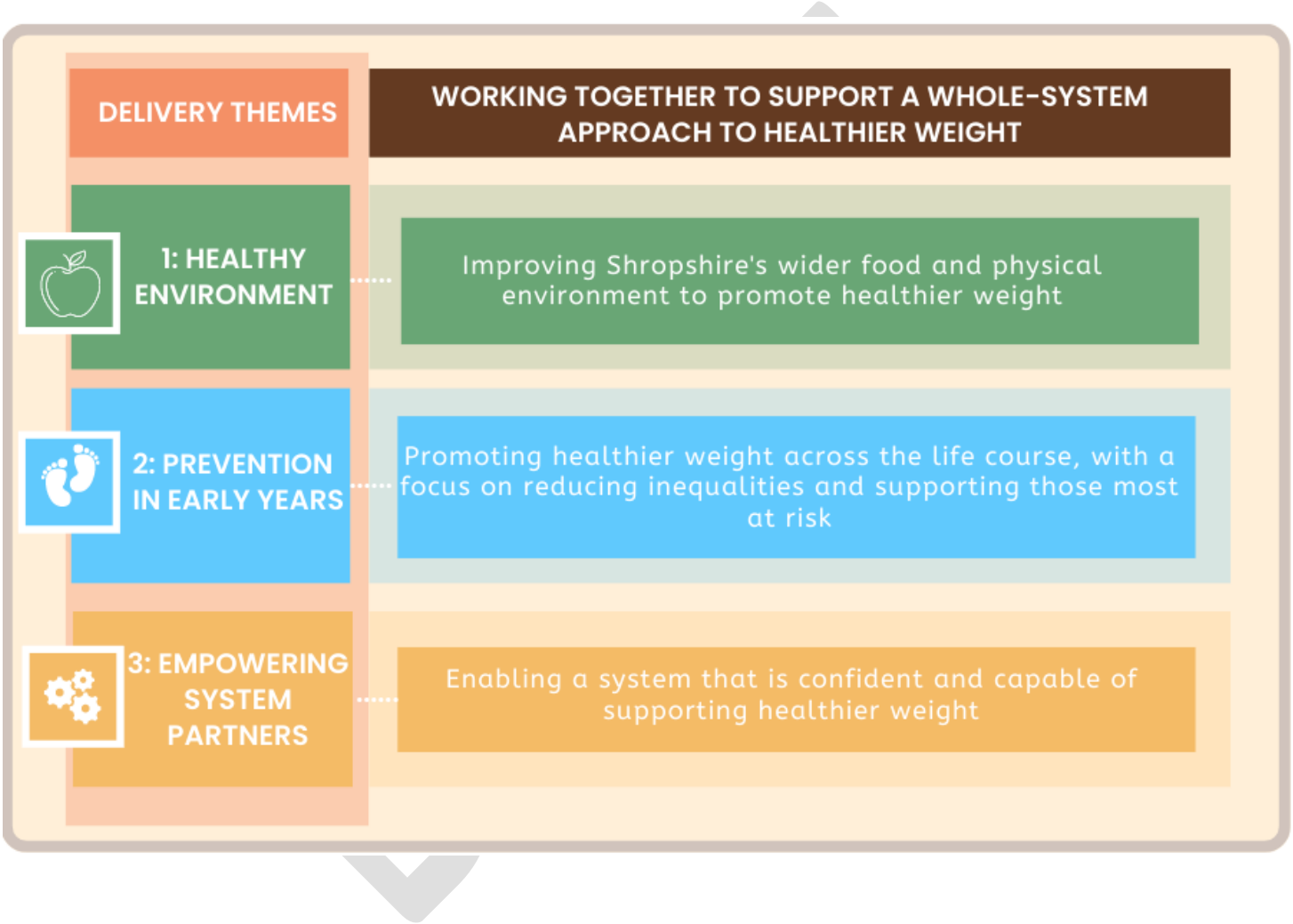
Governance

This draft strategy is supported by and reflects our local Healthy Weight Needs Assessment, which forms part of Shropshire's Joint Strategic Needs Assessment (JSNA).

Stakeholders and interested members of the public are invited to give their views on the strategy. These views will be considered and where relevant incorporated into the final Healthier Weight strategy, and a final version will be published following approval by Shropshire's Health and Wellbeing Board (HWBB).This strategy will be supported by a high-level action plan and through regular reporting of key indicators of progress.

Key delivery themes and strategic objectives

The Healthier Weight Strategy priorities will be delivered through 3 key delivery themes. Each theme identifies strategic objectives needed to achieve our vision, supported by high level actions and key indicators that will be used to monitor progress.



1: HEALTHY ENVIRONMENT

Improving Shropshire's wider food and physical environment to promote healthier weight

Why is this important?

The environment within which we live, learn, work and play dictates the lifestyles we are able to adopt and the choices we are able to make. A natural and built environment that enables people to be physically active, providing access to green and blue spaces and is supportive of active travel options is advantageous to health.

A food environment that is not dominated by unhealthy food options and where there is ready access to affordable nutritious food will best support Shropshire's population in achieving a healthy weight.

The food and physical environments are in turn influenced by planning policy, socio-economic and cultural influences as well as commercial interests. More deprived communities tend to be exposed to unhealthier food and physical environments making them more vulnerable to the risk of unhealthy weight.

Settings such as schools, workplaces and public buildings can make an important positive contribution to the environment and present opportunities to enable healthier living and healthier weight.

What is the evidence?

ACCESS TO AND AFFORDABILITY OF HEALTHY FOOD IS A BARRIER TO HEALTHY DIETS, PARTICULARLY FOR THOSE IN LOW-INCOME GROUPS

of people feel 'priced out' of buying healthy food [10]

More healthy foods are nearly **3x** more expensive per calorie than less healthy foods [11]

The least wealthy fifth of households need to spend 47% of their disposable income on food to meet government nutrition guidelines, compared to 11% for the wealthiest households [11]

THE AVAILABILITY AND PROMOTION OF UNHEALTHY FOOD DOMINATES OUR FOOD OPTIONS, ESPECIALLY IN MORE DEPRIVED AREAS

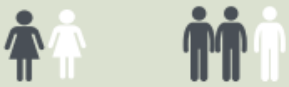
Ultra-processed foods now account for over **50%** of UK diets [12]

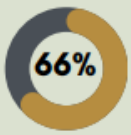
In 2017, over **£300 million** was spent in advertising unhealthy food and drink, compared to **£16 million** on fruits and vegetables [13]

In the most deprived areas, almost **1/3** of food outlets are for fast food, compared to just over **1/5** in the least deprived areas [11]

DAILY LIFE IS BECOMING INCREASINGLY SEDENTARY FOR EVERYONE

1 in 2 women and **1 in 3** men are not physically active enough for good health [14]





There has been a 30% reduction in physical activity at work since the 1960's. Today, office workers spend around 66% of their working lives sitting [15,16]

Only **9%** of people walk to work in Shropshire, and only **2%** take the bus or cycle [17]

What we were told in our consultation

- There's too much unhealthy food available and too many opportunities to eat high sugar/fat snacks
- It can be a struggle to have enough time and motivation to prepare healthy food
- Eating and preparing healthy food is unaffordable, particularly for those experiencing poverty and deprivation
- It's hard to find the time to be more physically active
- Cost of physical activity options are a barrier, as well as needing to travel far to facilities
- Caring responsibilities as well as living with illness and disability can prevent people from being active
- Safer streets, roads, cycle spaces as well as accessible green space are needed
- Top barriers to being more physically active: finding time, having local access and ability to travel to facilities and cost

Strategic objective 1

Enable a food environment for Shropshire which promotes and provides access to healthy, nutritious, and sustainable food for all

What is currently happening?

	Free School Meals (FSM) available to school-aged children in families receiving other qualifying benefits Shropshire *Holiday Activity and Food (HAF)* programme managed by Shropshire Council in partnership with schools, voluntary and community organisations, using DfE funding to support eligible families with school-aged children
	Shropshire *Shaping Places for Healthier Lives (SPHL)* partnership programme with aim of tackling rural food insecurity
	Local voluntary and community initiatives providing information, resources, and support to improve access to affordable, nutritious food: *OSNOSH* community kitchen and café and community garden in Oswestry – *Growing community through food* ~ by collecting and using surplus food from local food outlets and suppliers and creating nutritious meals for sharing *Shrewsbury Food Hub* stops good surplus food from going to waste and shares it with community groups *Hands Together Ludlow* community hub offers community support which enables access to healthy food including cooking courses and a community fridge
	Shropshire Good Food Partnership ~ working in partnership with community, business, and statutory stakeholders across Shropshire to facilitate community-based food growing, cooking and sharing initiatives, healthy food for all ,and build an enabling environment for Shropshire's food economy ~ *Shropshire Good Food Charter – creating a local food system which is good for people, place and planet*

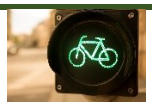
What else do we need to do?

1.1 Reduce food poverty and its impacts on health and wellbeing
1.2 Increase procurement of healthy and sustainable food in public places, with a focus on 'whole' foods and supporting the local economy
1.3 Reduce the influence of unhealthy food marketing and advertising
1.4 Strengthen the local food system to improve access to local, nutritious and affordable food
1.5 Reduce unhealthy food provision in the wider environment

Strategic objective 2

Support development of a physical environment that allows Shropshire residents to enjoy the benefits of active living

What is currently happening?

#TogetherWeMove	*#Togetherwemove* social movement to help people move more. Led by Energize Shropshire, Telford and Wrekin and including *#Togetherwemove* local champions to promote an active lifestyle and create opportunities for being active in their own communities
	Shropshire Local Cycling Walking and Infrastructure Plan (LCWIP) for delivering new or improved walking and cycling infrastructure

What else do we need to do?

2.1 Decrease sedentary behaviour and increase physical activity at home, in schools and workplaces, with particular emphasis on those vulnerable to health inequalities and for whom access is not equitable

2.2 Increase active travel opportunities

2.3 Increase physical activity opportunities and remove barriers for those for whom access is not equitable

2.4 Encourage increased and equitable access to green space

How will we know we are making progress?

Key progress indicators:

- Proportion of the population meeting the recommended '5-a-day' on a 'usual' day
- Average number of portions of fruit consumed daily (adults)
- Average number of portions of vegetables consumed daily (adults)
- Proportion of the population meeting the recommended '5-a-day' at age 15
- Average number of portions of fruit consumed daily at age 15
- Average number of portions of vegetables consumed daily at age 15
- Proportion of physically active adults and CYP and inactive adults
- Proportion of residents visiting natural environment for health or exercise reasons
- Percentage of adults walking for travel at least 3 days per week
- Percentage of adults cycling for travel at least 3 days per week

2: PREVENTION IN EARLY YEARS

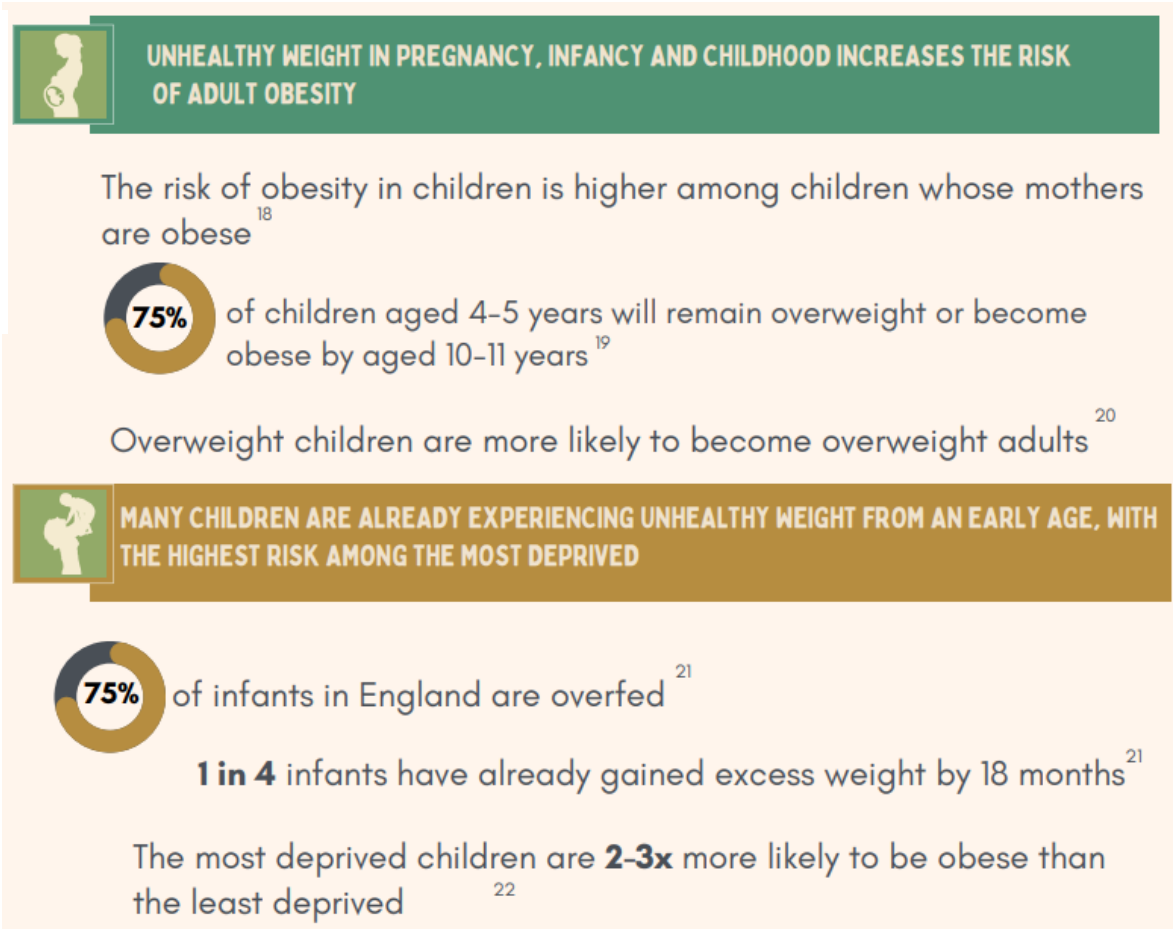
Promoting healthier weight across the life course, with a focus on reducing inequalities and supporting those most at risk

Why is this important?

The prevention of obesity is key to reducing its prevalence. Supporting pregnant people and families in understanding the importance of giving children the best start in life is key as infancy provides a critical window during which the foundations for a healthy life are set. Receiving good nutrition in the early years is vital whilst recognising that many children are born into poverty putting them at higher risk of a poor-quality diet and subsequent obesity.

Children's earliest experiences of food and their opportunities for active play can shape lifelong habits and consequently lifelong health. Children and adolescents with obesity are five times more likely to be obese as adults than adults who were a healthy weight in childhood.

What is the evidence?



What we were told in our consultation

- Receiving support for breastfeeding and early feeding is often limited
- Informal support as well as midwife and health visitor input for early years nutrition is key
- Sources of information for parents vary widely and messaging can feel judgmental
- Understanding that breastfeeding is not achievable for everyone is important
- Any information or support needs to be relevant to the individual's specific situation and needs, for example those living with disabilities
- Feeding children healthy food at home and at school is expensive

Strategic objective 3

Ensure there is opportunity for all pregnancies to be healthy

What is currently happening?

	Shropshire, Telford and Wrekin Local Maternity and Neonatal System (LMNS) commitment to protect, promote, support and normalise breastfeeding and support other feeding ~ Solihull online antenatal support ~ UNICEF Baby Friendly Initiative
	Shropshire, Telford and Wrekin Healthy Pregnancy Support Service (HPSS) offering eligible women and birthing people with advice and support about healthy weight gain and lifestyle choices in pregnancy

What else do we need to do?

3.1 Provide lifestyle support for pregnant people and their families, particularly those most at risk of unhealthy weight

Strategic objective 4

Support parents and families to provide infants with the best start in life

What is currently happening?

Shropshire together	*Healthy child programme* delivery framework ~ universal services for families from pregnancy to 19 years ~ maternity, health visiting and Family Nurse Partnership, school nursing and schools-based programmes
Shropshire Council	*Shropshire Family Information Service* (FIS) ~ information, advice, and support on all aspects of family life for parents and carers of 0–19-year-olds and practitioners supporting them

What else do we need to do?

4.1 Support and promote an increase in breastfeeding, particularly for younger and more deprived groups

4.2 Support and promote healthy weaning

4.3 Support parents and families to live healthily and introduce healthy eating and physical activity habits from early infancy

4.4 Enable early years professionals and early years settings to promote and support healthy eating and physical activity

How will we know we are making progress?

Key Indicators of Progress

- Breastfeeding initiation
- Breastfeeding at 6-8 weeks
- Child excess weight in 4–5-year-olds
- Child excess weight in 10–11-year-olds
- Proportion of physically active children and young people
- Percentage of overweight and obese people in early pregnancy

3: EMPOWERING SYSTEM PARTNERS

Enabling a system that is confident and capable of supporting healthier weight

Why is this important?

Obesity is a complex issue, with many contributing factors and there is no single solution to tackle such an ingrained problem. Local action to promote healthy weight across the life course requires a coordinated, collaborative approach with alignment of priorities across organisations so that promoting healthy weight becomes everybody's business.

The workforce across all organisations requires the knowledge and skills to promote healthy weight. They should also be able to provide empathetic support to those living with obesity, recognising the impact of trauma, stigma and discrimination. There are many evidence-based national and local resources that could help those at risk of or experiencing unhealthy weight that frontline staff need to be able to connect them to.

As part of a 'whole system approach' it is important that a wide range of organisations play their part – considering the levers they have to make their environment healthier and the opportunities they have to support those who do not have a healthy weight. This includes early years settings, schools, all public sector organisations, local employers, and voluntary and community groups, amongst others.

What is the evidence?

SYSTEMS CAN WORK WELL TOGETHER TO REDUCE UNHEALTHY WEIGHT ACROSS POPULATIONS

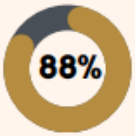
A whole-system approach to obesity has been shown to **reduce** overweight and obesity amongst young children, particularly in the most deprived groups, as well as **increase** breastfeeding rates, fresh fruit intake and exercise levels[23]

Efforts to improve obesity rates are more effective when they **combine approaches** to eating healthily, increasing physical activity and improving the environment for health[24]

Systems **work together better** when similar language and messages are used across organisations and when action is rooted in local needs and experience [25]

FRONTLINE STAFF HAVE AN IMPORTANT ROLE IN PROMOTING HEALTHY WEIGHT

Identifying those at risk of obesity and signposting them appropriately to support services can lead to **individual weight reduction**[26]



of people with obesity have felt stigmatised, including in healthcare settings. Only **1 in 4** felt they were treated with dignity when seeking support for their weight[27]

Some healthcare staff lack the confidence to discuss weight, but using the right language can be acceptable to patients and effective for supporting weight management [27]

What we were told in our consultation

- Knowledge about what services and support are available to people is one of the best ways staff can help people
- Those working with children and families often do not know about schemes such as Healthy Start
- Being joined up across the system will make lighter work for everyone
- It can feel uncomfortable and stigmatising to bring up people's weight when it is relevant to their health and wellbeing-knowing how to do this would be beneficial

Strategic objective 5

Ensure staff have the knowledge and skills to be confident and competent in promoting healthy weight and in supporting those living with obesity

What is currently happening?

Integrated Care System Shropshire, Telford and Wrekin	STW Personalised care approach ~ supporting staff to deliver personalised care and have person-centred conversations ~ training in behaviour change, health literacy and health coaching
	Creating a trauma-informed workforce supported by a system-wide training offer (*Induction - Awareness/Universal* (Practitioner) - *Advanced/Specialist* (Train the trainer)
 Shropshire Council Physical Activity in Shropshi guide for healthcare professi	*Physical Activity in Shropshire Guide for Healthcare Professionals* locally developed resource designed to help frontline practitioners discuss, encourage, and promote physical activity with those they support

What else do we need to do?

5.1 Support staff knowledge and skills development

5.2 Develop the workforce as advocates for healthy eating and physical activity

Strategic objective 6

Enable organisations across the system to prioritise healthy eating and active living in their specific settings

What is currently happening?

CREATING ACTIVE SCHOOLS	*Creating Active Schools* (CAS) framework (part of National pilot) delivered by Energize Shropshire, Telford & Wrekin ~ CAS promotes a whole system approach to school improvement, providing structure for embedding physical activity at the heart of a school's ethos.
Be Mindful Be Active Feel Good Be Informed	*Shropshire Council Workplace Wellbeing Champions* ~ employee wellbeing champions support colleagues through signposting to and promoting wellbeing resources and support available to staff ~ Healthy Lives *Social Prescribing for staff*
NHS	*Digital Weight Management programme* (DWMP) for NHS staff ~ online access to weight management support for staff living with obesity
thrive at work Foundation Award	Shropshire Council *Thrive at Work* Workplace Wellbeing Accreditation Award: focusing on key organisational enablers of health and creating a workplace that promotes employee mental and physical health and wellbeing including healthy lifestyles

What else do we need to do?

6.1 Establish a healthy settings approach across the system

6.2 Explore guidance and evidence for healthy settings with partners with a view to agreeing opportunities for change (to include early years settings, schools, hospitals and council workplaces)

Strategic objective 7

Ensure the system is working together in a co-ordinated way to maximise existing assets, resources, and best practice

What is currently happening?

COLLABORATE	NHS Shropshire, Telford & Wrekin system collaborative networking *Collaborate* Newsletter ~ Collaborate and Healthier Together free online resource to help parents and carers keep their children safe and healthy
Better Health LET'S DO THIS	Universal information and resources for the public and those who support them ~ *NHS Better Health* including free 12 week NHS weight loss plan https://www.nhs.uk/better-health ~ *All Our Health* resources *for health and care professionals* https://www/gov.uk/all-our-health-about-the-framework
NHS Shropshire Council Shropshire together	*Shropshire Social Prescribing* programme provides person-centred support for people age 11+ with a range of social, emotional, or practical needs including behavioural support with lifestyle change including weight management

What else do we need to do?

7.1 Ensure existing resources and assets are visible and shared across the system, focusing on highlighting resources for the most vulnerable groups

7.2 Align messaging and communications about healthier weight across the system

How will we know we are making progress?

Key Indicators of Progress

- Percentage of adults (aged 18+) classed as overweight or obese – current method
- Percentage of adults (aged 18+) classed as overweight or obese – historical method
- Referrals to NHS digital weight management programme
- Referrals, take-up, and completion of Diabetes Prevention Programme
- Referrals, take-up and outcome of Social Prescribing

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25. NICE: Effectiveness of whole system approaches to obesity
26. Aveyard, Paul, et al. "Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial." *The Lancet* 388.10059 (2016): 2492-2500
27. Obesity Health Alliance 10-year Healthy Weight Strategy

Appendices

The Healthier weight strategy is supported by the following:

Appendix 1 Health Needs Assessment (HNA)

Appendix 2 Shropshire Healthy Weight Research Report January 2023

Appendix 3 CYP engagement report

Appendices are available on request. Please contact *TellUs@shropshire.gov.uk*

Healthier Weight Strategy for Shropshire 2023-2028

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

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	15th June 2023			
Title of Paper	Update on the Joint Forward Plan for the Shropshire, Telford and Wrekin ICB			
Reporting Officer and email	Claire Parker Director of Partnerships and Place NHS Shropshire, Telford and Wrekin			
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	x
	Workforce	x	Reduce inequalities (see below)	
What inequalities does this paper address?				

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

Executive Summary

The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England to produce and publish a Joint Forward Plan (JFP) as the framework for the implementation of the interim Integrated Care Strategy (IC Strategy).

This report seeks to:

a) provide an update on the development of the JFP

Recommendations

The Committee is asked:

a) to note progress on the development of the JFP

Report

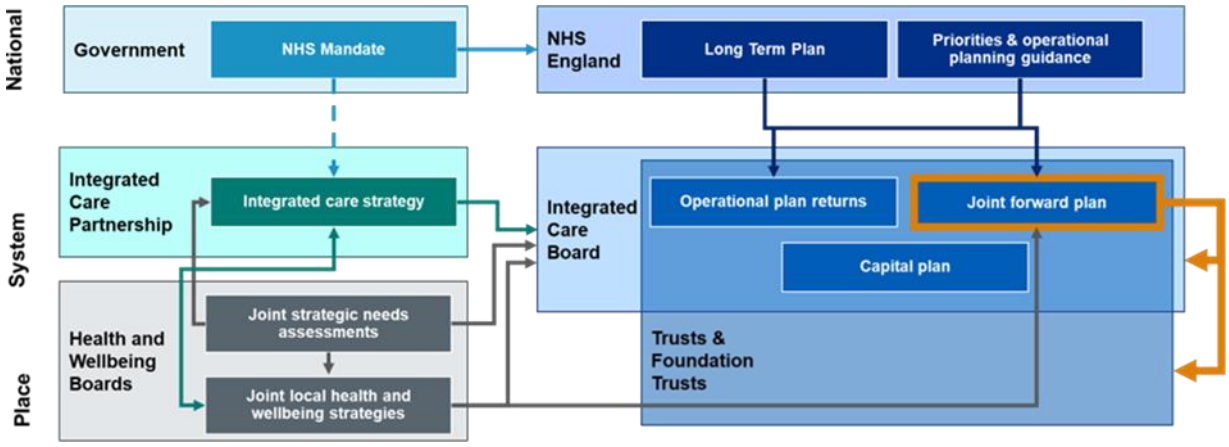
At its last meeting on 20 April 2023 the committee was informed that the interim Integrated Care Strategy (IC Strategy) for the Shropshire, Telford and Wrekin ICS had been signed off by the Board of the Integrated Care Partnership (ICP) in its meeting of 20 March 2023 and published https://www.shropshiretelfordandwrekin.ics.nhs.uk/integrated-care-strategy-and-joint-forward-plan/ .

The framework for the implementation of the interim IC Strategy will be the Joint Forward Plan (JFP).

Guidance published by NHS England in December 2022 informed ICBs and their partner trusts that

- they have a duty to prepare a first JFP before the start of the financial year 2023/23
- in the first interim year the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs), is 30 June 2023
- consultation on further iterations may continue after publication of the draft plan, prior to the plan being finalised in time for publication and sharing by 30 June
- ICBs and their partner trusts must involve relevant Health and Wellbeing Boards in preparing or revising the JFP
- the final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives – and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees

Statutory framework (not including interaction with wider system partners) relating to the JFP



In order to meet obligations set by the Health & Care Act 2022 to produce the required plan a Joint Forward Plan Working Group (including representatives from Health and Wellbeing Boards and Healthwatch) and a PMO were established. They have been coordinating the activities required to manage the JFP through its draft stages and approval process as well as ongoing engagement with key stake holders.

NHS England guidance also stipulates that close engagement with partners will be essential to the development of JFPs and recommends close working with

- the ICP (ensuring this also provides the perspective of social care providers)
- primary care providers
- local authorities and each relevant HWB
- NHS collaboratives, networks and alliances
- the voluntary, community and social enterprise sector
- people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives

In order to meet the requirements of the guidance feedback on iterations of the plan have been sought from

- Telford and Wrekin HOSC
- both Health and Wellbeing Boards
- the ICB board
- the ICB Strategy committee
- the place based Bords SHIPP and TWIPP

In addition a comprehensive programme of events and activities was undertaken to engage with key stake holders in the system and members of the public. Feedback from these events is being collated and analysed and will be reflected in the final iterations of the JFP.

During June further feedback will be sought from the Joint Health and Oversight Scrutiny Committee (HOSC), the Health and Wellbeing boards, the place based boards TWIPP and SHIPP and the Integrated Care Partnership (ICP) board.

The draft JFP was discussed in a meeting with the regional NHS England (NHSE) office in April 2023 and the project management methodology as well as the content of the plan received positive feedback. A virtually complete version was submitted for review and feedback from subject matter experts within NHS England on 22 May – see attached as Appendix A. Feedback on this version is expected for early June.

- It is anticipated that a final version of the JFP will be signed off by the ICB board in its meeting on 28 June ready for publication by 30 June 2023.

Conclusion

The Board is asked:

a) note agreement and publication of draft plan

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	None identified	
Financial implications (Any financial implications of note)	None identified	
Climate Change Appraisal as applicable	None identified	
Where else has the paper been presented?	**System Partnership Boards**	
	Voluntary Sector	
	Other	

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

Report included and attachments

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

Appendix A – Draft Joint Forward Plan Version 9.0

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Shropshire, Telford & Wrekin

Joint Forward Plan

2023 – 2028

(DRAFT MARCH 2023)

Please note this draft version for further engagement does not contain all the information collated from the 'Big Health and Wellbeing Conversation' during March 2023. However, this will be addressed as the document is developed during April to June prior to final publication.

The term 'placeholder' in the document denominates information which is currently under development and will be added in further iterations.

Foreword

Our Integrated Care Board (ICB) was established in July 2022 to support our system partners to deliver integrated care for the diverse populations across Shropshire, Telford & Wrekin (STW).

STW is a beautiful place to live and work, but we acknowledge that there is more to do to improve people's lives. We want everyone in STW to live healthy, happy and fulfilled lives, creating healthier communities and helping people to age well.

To do this, our system must work closer together to overcome disparities, reduce inequalities and ensure equity of outcomes for the communities of STW.

Our focus must be on people and place. We know that people who have jobs, and good housing in communities where they feel safe, remain healthier for longer. When people need care, services that are closer to home and are designed and delivered by neighbourhood teams, can lead to better health and wellbeing, and reduced inequalities. Therefore, we are adopting a collective responsibility approach across health and social care, the voluntary sector and other public bodies to support the people of STW to lead healthier lives.

In each of our places, our health and care services will work in partnership with people in our communities, to shape a person-centred, integrated and life course approach to preventing and living with ill health. Through this collective, holistic, asset-based approach to enabling health and wellbeing in our communities, we can minimise unnecessary pressure on NHS and social care services and achieve our ICS aims.

We hope this plan gives you a clear view of what our system is trying to achieve, and, more importantly, how it plans to do so, and the actions we will take over the next five years to ensure we deliver our goals.

Sir Neil McKay
Shropshire, Telford & Wrekin ICS Chair

The organisations who have developed this Plan are represented in the diagram below:

Executive Summary

The Shropshire and Telford & Wrekin (STW) Integrated Care System (ICS) has developed this Joint Forward Plan. The Plan outlines how our health and care system will work together to deliver the priorities we have jointly agreed over the next five years. It is not set in stone: we will continue to engage with our communities to co-produce solutions which meet their needs, while understanding the system's challenges too.

This plan has been developed through a collaborative approach with all system partners and wider stakeholders and is based on engagement with our local communities. It describes our system ambitions and demonstrates the alignment of our strategic priorities across the ICS, and more importantly, how we will deliver our priorities.

To develop a robust plan, we must acknowledge where we are currently. Since March 2020, when the Covid 19 pandemic was declared, our health and care system has come through the most challenging few years in its recent history. The pandemic changed the way we worked, lived and how our health and care was affected. As a system, as partners and as individuals we learned a lot about working together and the importance of community and wellbeing. However, there have been consequences of the pandemic, and amplifications of previous trends.

For example, we are seeing unprecedented demand for mental health and wellbeing services, particularly for our children and young people. The backlog of planned operations and medical interventions has grown. We have experienced challenges in delivering several constitutional standards. Our whole system faces significant challenges in recruitment and workforce shortages, particularly in relation to restoring Elective Inpatient and Cancer activity. In July 2021 our system was formally placed in the national Recovery Support Programme (RSP) due to serious, complex, and critical quality and finance concerns within our system that require intensive support.

We need to think differently and work differently in order to meet these challenges. We are better able to address these challenges by working more closely together, building on the good work that has already occurred in recent years.

One example of cooperation is the Office of the West Midlands – a partnership of West Midlands Integrated Care Boards. The six ICBs in the West Midlands are collaborating to establish an Office of the West Midlands which, through at scale collaboration and distributive leadership will add value and benefit to a shared set of common goals and priorities for West Midlands citizens and patients.

The three key elements of our plan are:

1. ***Taking a to all Person-centred approach we do, including proactive prevention, self-help and a population health management to tackling health inequalities.***

We are committed to working with service users, carers and partners to support our citizens to live healthy, happy and fulfilled lives. This will mean supporting people to proactively look after their own health where possible, putting a greater emphasis on preventing illness and staying well, but also providing the right care when and where they need it. We want to enable people to access an abundance of non-clinical approaches to health and wellbeing in their own communities (such as lifestyle interventions like exercise clubs and community activities).

Our place-based boards – the Shropshire Integrated Place Partnership (SHIPP) and the Telford & Wrekin Integrated Place Partnership (TWIPP) – will drive the delivery of this agenda with support from

their respective Health and Wellbeing Boards. SHIPP and TWIPP reflect the identity of each of the places and both have their own priorities and plans for delivering the person-centred approach in a way that benefits from the assets and strengths of their local communities and meets local needs. At the same time the Places ensure that standards of access and quality do not vary. They connect across STW to ensure that the evidence of the most effective prevention, population health and care models are applied in every neighbourhood.

2. ***Improving place-based delivery, having integrated multi-professional teams providing a joined-up team approach in neighbourhoods supporting our citizens and providing care closer to home, where possible.***

The STW Local Care Transformation Programme (LCTP) brings together a collection of transformation initiatives that will deliver more joined up and proactive care closer to home, supporting improved health and wellbeing for our population. This is encompassed by the Local Care vision of 'adding years to life and life to years'.

The programme consists of initiatives that will shift more care into the community achieving better outcomes and experiences for patients, while also helping to relieve pressure on our acute hospitals so that those services are able to deliver quality services when people need them. The Local Care Transformation Programme (LCTP) will support our place based boards to establish a range of community-based services, closer to home (and in home), whilst also placing greater emphasis on prevention and self-care, helping our population to live healthy and independent lives in their normal place of residence for as long as possible.

The LCTP and the place based board's programmes will also focus on improving integration across our partner organisations including GPs, community services, community mental health services, adult and children's social care, care providers and voluntary organisations.

3. ***Providing additional and specialist hospital services through our Hospital Transformation Programme (HTP).***

The HTP is putting in place the core components of the acute service reconfiguration agreed as part of the Future Fit consultation. It is helping us to address our most pressing clinical challenges and establish solid and sustainable foundations upon which to make further improvements.

In addition, our clinical priorities are:

- Urgent and Emergency Care
- Cancer
- Cardiac Pathway
- Diabetes
- Musculoskeletal (MSK)
- Mental Health

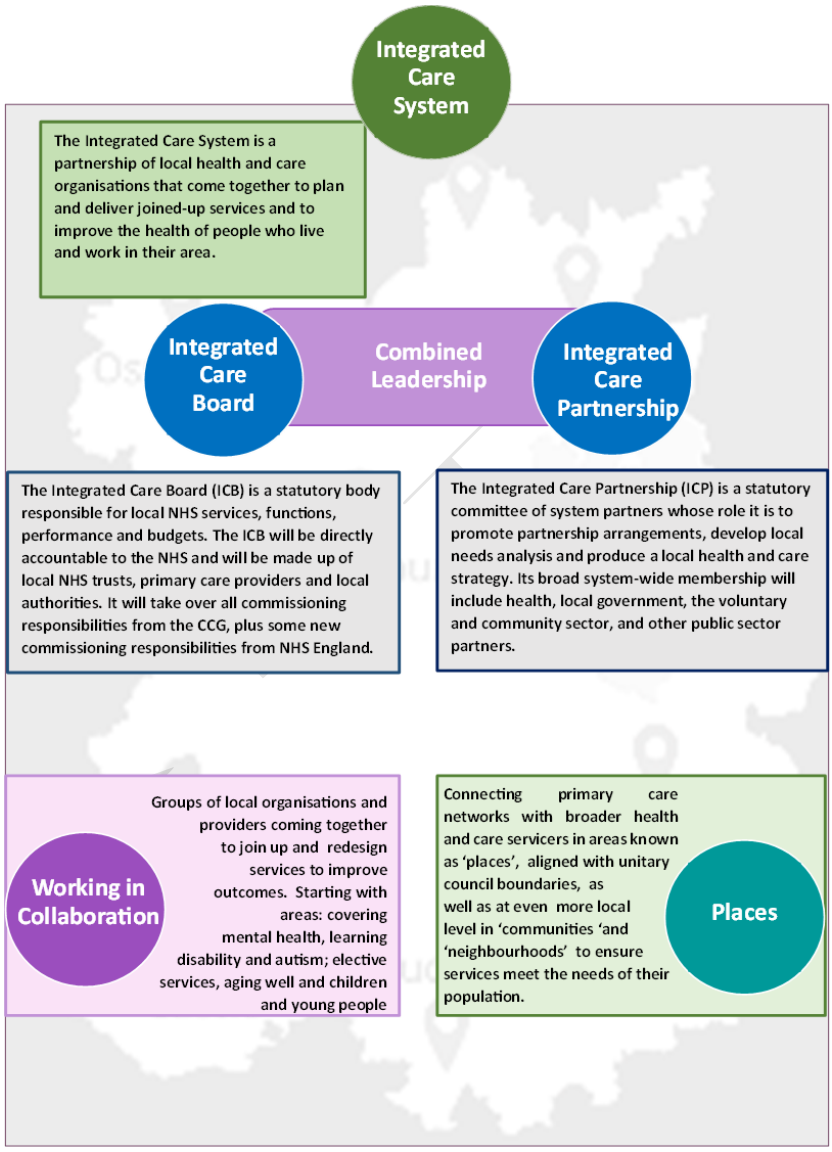
We must not forget that there are also key enabling factors that support the delivery of our plan, such as workforce, technology, research and innovation, the Green Agenda, and finance. This plan outlines the actions we will take in each of these areas.

In conclusion, this plan highlights the vast amount of work that we are undertaking across the ICS to improve the care we provide for the citizens of STW. We understand that this is an ambitious plan and that there is a lot of work for us to do, but we believe that it is achievable. All of our partner organisations are committed to pulling in the same direction in order to improve the lives of STW citizens.

Chapter 1: Our Integrated Care System (ICS)

1.1 Background

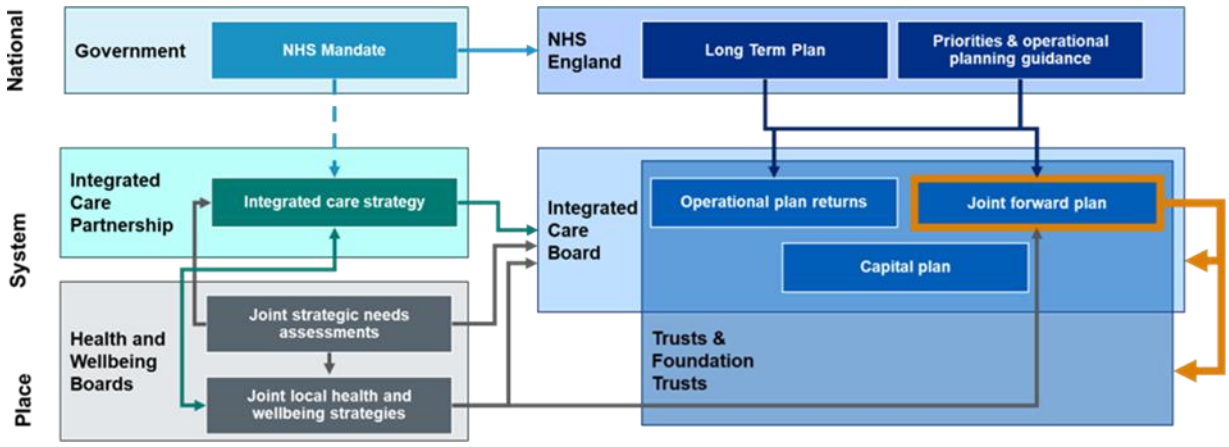
Our Integrated Care System has developed this Joint Forward Plan, which describes our system's ambitions, how our system will deliver these ambitions, and how we will facilitate joint action over the next five years. We have taken stock of the great work underway and aimed to provide a clear picture of our direction of travel and the alignment of plans across our partners and places. The different components and functions of the ICS are described in the diagram to the right.



Our Joint Forward Plan has been developed through a collaborative approach with all system partners and wider stakeholders, including our Health and Wellbeing Boards. We will be held to account for its delivery by our population, patients and their carers or representatives – and in particular through the Integrated Care Partnership (ICP), Healthwatch and the local authorities' Joint Health Overview and Scrutiny Committees.

The diagram below indicates the framework within which the plan exists:

Statutory framework (not including interaction with wider system partners) relating to the JFP



As an ICS we understand the importance of developing our health and care services based on the views of our local population, alongside the evidence on population health. As such, we have been working with organisations, in particular the two Healthwatches, to hear what our residents are telling us.

Residents have asked for 'A Person-centred approach to our care'. This is central to all the work we are doing. People are at the heart of everything we do and by delivering joined up services in both the acute and community settings we can give everyone the best start in life, creating healthier communities and helping people to age well.

1.2 Our Population

Our approach to population health and business intelligence, and our understanding of our population and their needs, will ensure that as a system we are working on the right priorities. Furthermore, it will then provide the in-depth analysis to support commissioners in facilitating work with providers, community assets and our population to find solutions to our wicked issues.

Our Councils provide the Joint Strategic Needs Analysis for the populations and communities of each of our places. These inform the Health and Wellbeing Strategies for each of our places and subsequently our interim Integrated Care Strategy, which was approved 20th March 2023 by the Integrated Care Partnership. The Strategy can be found here:
https://www.shropshiretelfordandwrekin.nhs.uk/wp-content/uploads/NHS-STW-Interim-Integrated-Care-Strategy-V-9.0-2.pdf

The population we serve is diverse, with challenges set by our geography and demography. We have an ageing population. In the Shropshire Council area, 23% of the population is 65 years and over compared to the England average of 17.6%. Telford & Wrekin Council area has a greater than proportion than average of young people, but a rapidly growing older population, with the number of people aged 85 and over forecast to double in the next decade. One of the fastest growing local authority areas outside of London, the Telford & Wrekin population is both ageing and becoming more diverse. A largely rural Shropshire in contrast with a relatively urban, deprived Telford & Wrekin provides challenges to developing consistent, sustainable services with equity of access and long drive times to access acute services.

Shropshire, Telford & Wrekin can be described as a low wage economy; consequently, the wider determinants of health including education, access to employment and housing are important issues to consider when developing services that support good physical and mental health. Significant health inequalities are clearly apparent, particularly in Telford & Wrekin, and there are also health inequalities in specific neighbourhoods across the county.

The table below shows some of the key statistics:

Deprivation

- Shropshire is a relatively affluent county which masks pockets of high deprivation, growing food poverty, and rural isolation.
- More than 1 in 4 people in Telford & Wrekin live in the 20% most deprived areas nationally and some communities within the most deprived in the country.

Ethnicity

- In Shropshire, in 2011 there were approximately 14,000 people (5.6%) from BAME and other minority ethnic groups. Data suggests this has increased particularly in Eastern European populations.
- In Telford & Wrekin 10.5 % of the population from BAME and other minority ethnic groups, however more recent estimates, including the school census and midyear estimates suggest the percentage is closer to 17%.

Access

- The access domain highlights significant areas of Shropshire, Telford & Wrekin that have the lowest level of access to key services including GP services, post office and education

Cost of Living

- The Cost of Living Vulnerability Index is 1,203 for Shropshire and 1,348 for Telford & Wrekin – both in the highest quartile of local authorities nationally

The understanding of our population as indicated in the section above has informed the development of our plan.

1.3 Opportunities, Strengths, and Challenges

Being one of the smallest ICSs in the country presents us with challenges, but also with great opportunities. These are indicated in the diagram below:

Opportunities/Strengths

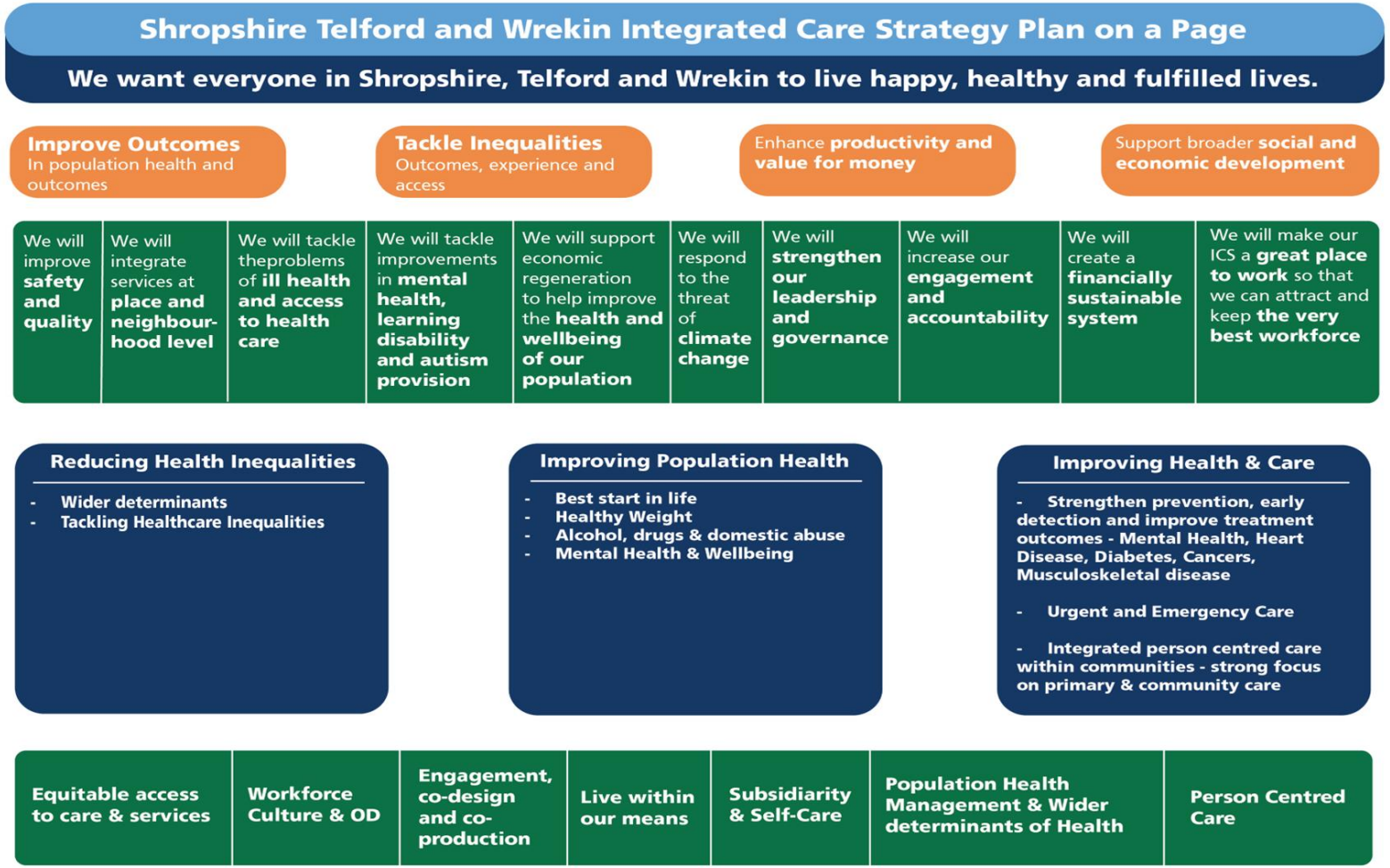
- **Our size:** We have significant opportunities to make large-scale changes, to shift our system culture and embed it in a manner that may not have been possible in a larger system.
- **Our leaders:** Leaders within the system have shown a significant willingness to rise to the challenge of being an ICS.
- **Our 'Places':** The diversity we see and understand across our two 'Places' means we are well positioned to maximise the impact on our populations.
- **Our dedication:** People both within our workforce and within our communities are actively facing up to the challenges we know we must tackle and are ready and willing to work together to do the right thing for our system.

Challenges

- **Quality:** Shrewsbury and Telford Hospital (SaTH) remains rated as 'inadequate' and is in 'special measures' for quality reasons.
- **Service Recovery:** Challenges remain in delivering several constitutional standards
- **Workforce:** Our whole system faces significant challenges in recruitment and workforce shortages creating further operating and service restoration challenges.
- **Sustainability:** On the 13th July 2021 our system was formally placed in the national Recovery Support Programme (RSP) because of being assessed at segment 4 of the NHS Oversight framework (NOF4). This is due to serious, complex, and critical quality and finance concerns within our system that require intensive support.

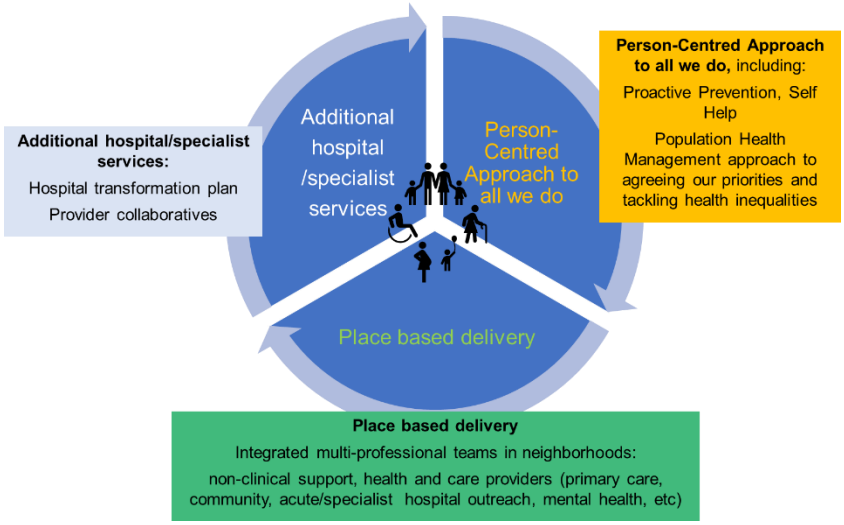
1.4 What do we want to achieve?

Within the context described above, our ICS Vision, Pledges and Strategic Priorities are summarised in the diagram below:



1.5 How we will deliver these priorities?

To achieve our priorities and our model of care there are three key components of our Plan, as shown in the diagram below:



The remainder of this plan is structured around these three components, with a chapter on each. The plan then outlines the enablers that will be required for these three components to be delivered. We want to be clear on how these three components and the priorities will be delivered. In this regard, the table below shows how the ICS priorities align with our Place priorities. We intend for our two Places to play a major role in delivery of our priorities, and therefore you will see many of the priorities delivered at Place level:

Telford & Wrekin Health & Wellbeing Board proposed Priorities	Telford & Wrekin Integrated Place Partnership (TWIPP) Priorities	Shropshire, Telford & Wrekin ICS Priorities	Shropshire Health & Wellbeing Board Priorities	Shropshire Integrated Place Partnership (ShIPP) Priorities
Population Health Priorities				
Best Start in life • Start for Life Family Hubs	Best start in life	Best Start in life	Children & Young People incl. Trauma Informed Approach	Children's & young peoples' strategy
Healthy weight	Healthy weight	Healthy weight	Healthy Weight and physical activity	Prevention/healthy lifestyles/healthy weight
Mental health and wellbeing	Mental Health, Learning Disability & Autism	Mental wellbeing and mental health	Mental Health	Mental Health
Prevent, protect and detect early	Reducing preventable diseases through early diagnosis, screening, immunisation, and improving reach of services	Preventable conditions – heart disease and cancer	-	-
Alcohol, drugs and domestic abuse	-	Reducing impact of drugs, alcohol and domestic abuse	-	-
Inequalities priorities				

Inclusive resilient communities Housing and Homelessness Economic opportunity	-	Wider determinants: • Homelessness • Housing • Cost of living	Working with and building strong and vibrant communities	Community capacity & building resilience within the VCSE
Prevent, protect and detect early Closing the gap Starting well - Living well – Ageing well	Core 20plus5 and reducing barriers to access	Inequity of access to preventative care: • Cancer and cancer screening • Heart disease & screening • Diabetes • Annual health checks for severe mental illness, learning disabilities, Autism • Vaccinations and immunisation • Preventative maternity care	Reduce Inequalities Improving population Health	Tackling health inequalities
Closing the gap – deprivation – equity – equality - inclusion	-	Deprivation and rural exclusion	• Reduce Inequalities • Improving population Health	Tackling health inequalities
-	Reducing barriers to access	Digital exclusion	-	-
Health and Care priorities				
-	Proactive prevention Local Prevention and early intervention services	Proactive approach to support & independence	-	-
Integrated neighbourhood health and care • Primary care • Closing the gap	Local Care transformation (includes neighbourhood working)	Person-centred integrated within communities	Joined up working	Local Care and Personalisation (incl. involvement) Integration & Better Care Fund (BCF)
-	Older adults and dementia	Best start to end of life (life course)	-	-
Best Start in life: Start for Life Family Hubs, social emotional & mental health, SEND	Best Start in Life SEND & transition to adulthood	Children and young people's physical & mental health and focus on SEND	Children & Young People incl. Trauma Informed Approach	Children's & young peoples' strategy
-	-	Mental, physical and social needs supported holistically	-	-
-	Accessible information, advice and guidance	People empowered to live well in their communities	-	-
-	Primary Care access and integration, place-based development in line with the Fuller report	Primary care access (General Practice, Pharmacy, Dentists and Opticians)	-	Supporting Primary Care Networks
-	-	Urgent and emergency care access	-	-
-	-	Clinical priorities e.g. MSK, respiratory, diabetes	-	-

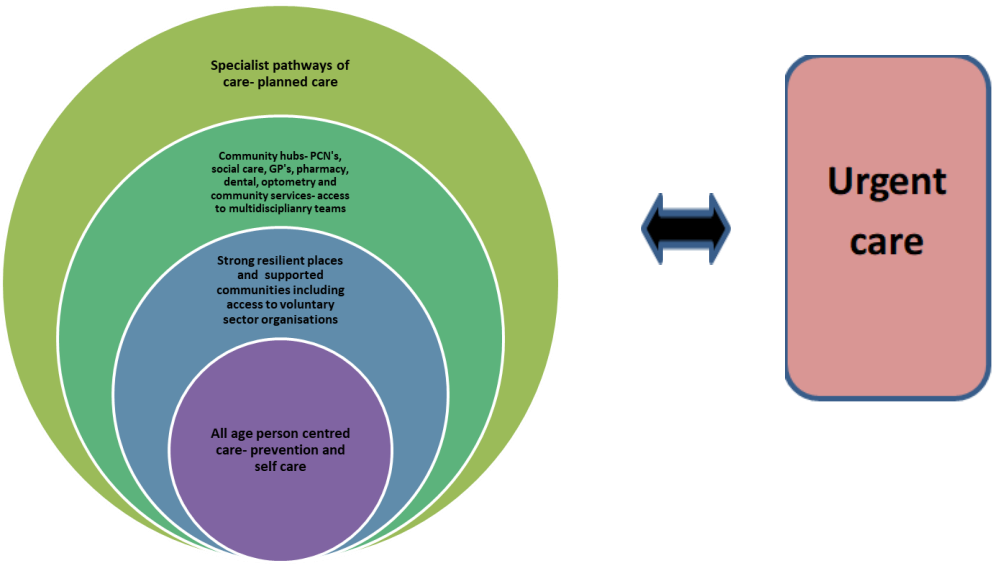
Case study – Healthy Lifestyles Service - part of the Teldoc Diabetes Pathway.

Teldoc patients are now able to book an appointment to see a Healthy Lifestyles Advisor at the Oakengates Medical Practice, Telford. Clinics are scheduled on 3 days a week for patients requiring support with pre-diabetes or who are newly diagnosed with diabetes. Being part of the Teldoc Diabetes Pathway allows patients to meet with an Advisor without using the standard referral route (online form completion or telephoning the service) making it more accessible to the patient. Co-location of the Healthy Lifestyles Service with a Primary Care provider demonstrates the joint working between these 2 organisations and makes the 2 services work seamlessly together. Patients can go on for follow-up support with their Advisor in a community clinic close to their home – removing the need to visit the GP surgery for this type of intervention.

1.6 Our proposed model of care

Although we are a challenged system, we are an ambitious one. Our public and stake holder engagement through 'The Big Conversation' have consistently told us they want more services closer to home or work , easy straight forward access and communication about onward services and referrals or support within their community for self-care.

Our proposed model of care is designed to take the views of our communities into account.



Our proposed model starts with keeping well and health, prevention and self care are at the heart of the model support by resilient strong communities that offer services to keep people happy and well, supported by our community and voluntary sector and our 'Places'.

Access to health and care will be through community based 'hubs' that deliver a range of health and care services including physical, mental and social care services and includes our primary care services, general practice, community pharmacy, optometrists and dentists. Our Local Care Transformation Programme will ensure that care is delivered through a multi-disciplinary approach and supported by our community services.

Finally, referral to planned health care or specialist services such as cancer services or orthopaedic services, for example, will be timely and well communicated. Our Hospital Transformation Programme and our providers of health and care working in 'Provider Collaboratives' will ensure that our clinical priorities are being met, but also support prevention and self-care.

1.7 Our approach to Quality

As a system we commit to using all available resources including Right Care Opportunities to deliver improved quality by removing unwarranted variation and improving outcomes at a population health level. It is our aspiration to create outstanding quality by:

- Committing to patient-centred, personalised care where patients have ownership of their own care, and routinely inform development and delivery of future services based on their lived experiences.
- Strengthening integrated multi-disciplinary working across our organisations to ensure our population receive care in the right place at the right time.
- The Health and Care Act 2022 gives the Care Quality Commission (CQC) the power to assess whether integrated care systems are meeting the needs of their local populations. Through specified ratings the CQC will be able to understand how integrated care systems are working to tackle health inequalities and improve outcomes for people and provide independent and meaningful assurance to the public of the quality of care in their area.
- We will be supporting our health and care providers to achieve best possible Care Quality Commission (CQC) ratings where possible.

There are some key areas where we need to improve the quality of services (June 2023):

- Childrens and young people's services: we want to strengthen the multi-agency approach to the prevention of poor mental health and improve access when services are needed. We also want to ensure children's acute services are safe and effective, and waiting lists are tackled in line with adult services.
- Urgent and emergency care: we want to improve timely access to urgent and emergency care and a simplified urgent care system, providing care where the person needs it.
- Diabetes care: we want to focus on prevention of diabetes and healthy lives for people with diabetes.
- Maternity care: we want to continuously improve our maternity services and sustain improvements made in response to the Ockenden reports.

Our specific plans to continuously improve the quality of our services are outlined in the table below:

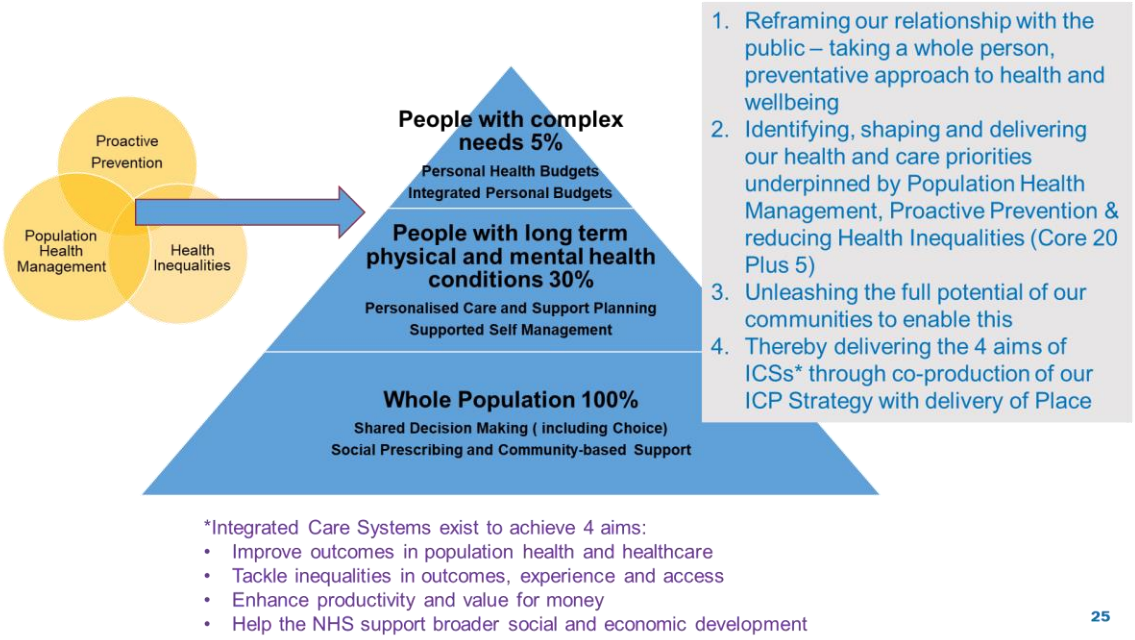
How will we monitor quality?	How will we measure and sustain quality?	How will we improve quality?
• Listening to those with experience of care. • System Quality Risk Register. • System risk escalation.	• Executive champions of quality health and social care coming together at System	• Integration of quality improvement expertise into system priority programmes. • Research and innovation.

• System Quality Group and Regional Quality Group. • The Quality and Performance Committee seeks assurance. • Learning from deaths, CDOP, infant mortality & LeDeR. • The co-ordinated introduction of PSIRF and learning from incidents, driven by Patient Safety Specialists and Patient Safety Partners. • ICB receives exception reports.	Quality Group to drive quality services. • System Quality Metrics. • Contracts and local quality requirements. • Themed quality visits. • Partnering with Healthwatch and the voluntary sector. • Co-production with those who experience care. • Feedback from our residents. • Quality accounts. • Rapid learning from incidents and themes across partners.	• Finding out what works through Quality Improvement Projects. • Focus on personalised palliative and end of life care. • Aging well though support of care homes and domiciliary care. • A focus on early years. • Ensuring quality care is accessible to all, no matter background, creed or location though strategic integration of quality and Core20PLUS5.

Chapter 2: Delivering Person-centred care

2.1 How we will implement a Person-centred Care approach

The diagram below summarises how we will implement our person-centred approach, which is the first component of our plan.



We will take the following actions to deliver this approach:

Action	Owner	Timescale
Identify our priorities through a population health management approach, identifying health inequalities and taking a proactive prevention approach	Clinical Lead for Personalised Care	2023/24
Establish our Person-Centred Facilitation Team to coordinate and enable this approach.	Clinical Lead for Personalised Care	2023/24
Involve the full range of people who can contribute from the outset – including but not limited to, people in our communities and those enabling their voice including Healthwatch; representatives from non-clinical provision including VCSA and Social Prescribing; multi-Professional Clinical and Care Leads; Health and Care Managerial Leads, and Representation from Person-Centred Facilitation Team.	Clinical Lead for Personalised Care	2023/24
Develop and mandate a structured person-centred approach to wrap around each ICS priority workstream: realising opportunities for using non-clinical community resources (including via social prescribing), choice, shared decision making, supported self-care, personalised care planning and personalised health and care budgets.	Clinical Lead for Personalised Care	2023/24
Inspire, equip and support our leadership and wider workforce in this approach	Clinical Lead for Personalised Care	2023/24
Agree 5-year plan to shift resource towards person-centred, preventative services & action, including support for VCSA development as a provider collaborative	Clinical Lead for Personalised Care	2023/24

2.2 Joint Commissioning and delivering integration

Joint commissioning refers to arrangements in which public bodies look to undertake the planning and implementation cycle collaboratively; this could be for a whole population or in relation to people with particular needs (such as those with a complex disability). We believe that commissioning collaboratively as a system enables benefits to be realised for everyone, including improved outcomes and experiences for people, reduced duplication, best use of resources and improved access to services.

In particular we will use joint commissioning to deliver integrated services.

Integration focuses on the strengths of people and communities as a cornerstone of how we will work. The core of our model is people and communities, with public services working together to support people to build the foundations for a healthy and fulfilling life.

The model on the right demonstrates this people and community centred approach that is echoed throughout all the Integrated Care System's work.

Specifically, we will seek jointly to design and invest in pathways which are person-centred and hold organisations jointly accountable for the overall experience of individuals and families. We will also engage people with lived experience, communities, and professionals in setting the overall priorities for an area and designing pathways which reflect local needs and opportunities. We will develop performance management frameworks which consider not only quality of individual services, but also the extent to which people experience integrated, high-quality care. We will use the financial and workforce resources available across our organisations to support local populations in the most effective means possible. The Better Care Fund (BCF) enables this joint working and a focus on local priorities at place-based level.

2.3 Provider Collaboratives

Provider Collaboratives are under development and have been referred to in various sections of this plan. The main focus is how a provider collaborative will drive patient outcomes and quality and support the following areas:

- How we tackle unwanted variation
- How we improve resilience on delivery
- How we improve productivity
- Governance accountability
- Leadership development

2.4 Proactive Prevention

The individual, social, and economic impacts of preventable ill health are extensive. Our system is unified in our vision to improve prevention for people living in Shropshire, Telford & Wrekin. By working together at Place, with Primary Care, the voluntary and community sector, community services, care and council services, business and people themselves, we can take a proactive approach to identifying risk in the population and supporting people to reduce their risk.

Proactive prevention begins in childhood. We must recognise the cumulative effect of the impact of Adverse Childhood Experiences (A.C.E.'s) and trauma which are causally and proportionately linked to poor physical, emotional and mental health and have a significant impact on social, educational and health outcomes. Proactive prevention through the life course can be threaded through our place-based programmes of work and developing resilient communities.

In this context, the system wide Proactive Prevention approach builds on what is already in place across Shropshire and Telford & Wrekin. It will provide:

- A common vision of Proactive Prevention that is centred around a person's strengths and community assets, self-care and early intervention and advice (preventing escalation of needs).
- Common language and clear communication messages.
- A shared culture with a shared set of values, standards, and beliefs.
- Consistent ways of working and consistent decision making.
- Multi-agency intelligence from a variety of sources to support and inform decision making.

Through this work we aim that communities will be connected and empowered, with services available closer to home, based on the health and care needs of the person. People will stay healthy for longer, and clinical and care outcomes will be optimised, and people will feel supported throughout their lives. Services will be responsive and innovative, engaging with local people, and making use of technology. The following actions will be taken:

Action	Owner	Timescale
Agree a set of values, standards, beliefs and ways of working	TBC	TBC
Agree and implement an effective method to gather and use multi-agency intelligence across the system	TBC	TBC
Engagement/Consultation with internal and external stakeholders for each of the priority programmes	TBC	TBC
Identify the opportunities for proactive prevention, reducing inequalities, and increasing self-management for each of the priority programmes	TBC	TBC
Ensure all information is accessible	TBC	TBC
Agree a communications strategy to ensure messaging is consistent and clear across the system	TBC	TBC
Make best use of available technology to improve coordination of care, communication, understanding and monitoring of health.	TBC	TBC
Workforce development through education and training and development of new roles and new ways of working.	TBC	TBC

2.5 Our approach to tackling Inequalities

Our Proactive Prevention approach defined above will help us to tackle inequalities. We know that there are differences in services across the county which we need to reduce. Together we want to tackle the causes of the problems such as loneliness, poverty and obesity, and work differently so that services are joined up, making the most of new digital technology and using buildings that are fit for the modern day.

The nationally mandated priorities as a minimum requires the ICB to ensure the ICB are addressing the following areas:

Healthier Choices (Delivering of commitments and targets in the LTP)

- Weight Management
- Physical Exercise
- Health Eating
- Tobacco Dependency
- Alcohol Dependency

National Key Lines of Enquiry for Reducing Health Inequalities (Operational Planning Requirements)

- HI KLOE 1: Restoring inclusive recovery.
- HI KLOE 2: Complete/timely datasets.
- HI KLOE 3: Mitigating digital exclusion.
- HI KLOE 4: Accelerated Programmes
- HI KLOE 5: Leadership/Accountability

Core20PLUS5 Clinical Areas of Required Acceleration for Adults (Operational plan and NHSE Priority)

- Early Cancer Diagnosis
- Hypertension/Lipids
- Vaccine uptake
- SMI Health checks
- Continuity of Carer for BAME

Core20PLUS5 Clinical Areas of Required Acceleration for CYP (Operational plan and NHSE Priority)

- Continuous Glucose Monitoring
- Asthma
- Access to MH Services
- LDA access to Epilepsy Nurses
- Oral extraction backlog U10s

In January 2023, STW undertook an evaluation to provide an early and detailed assessment of how well the dispersed approach to the implementation of the priorities is working at this stage, from an NHS perspective. STW's evaluation has provided an opportunity to encourage cross-system learning to improve the current approach to health inequalities at both topic and system level. Significant progress has been achieved during the first year of implementation and the process of evaluation in itself, has helped to focus minds providing additional opportunities to improve knowledge, increase coordination, accountability and commitment.

The following recommendations and actions were agreed and will be delivered over the next 12 months:

Recommendation	Actions	Owner	Timescale
Strengthen the consistency of governance arrangements for reporting HI.	• Reaffirm system leadership which champions HI improvement. • Secure additional PMO resource to drive progress. • Develop a re-focused 2023/24 HI Implementation Plan which focuses on key areas of improvement and identifies strong impact outcomes.		

	• Develop a consistent monitoring framework which links through local governance and feeds into the quarterly NHSE stocktake reports, highlighting any areas that require regional/national support (i.e. shared learning). • Explore how we can assist our Providers to take forward the HI asks within the Operational Plan. • Ensure CYP Core20PLUS5 Objectives are embedded through governance.		
Assess how dedicated HI roles contribute to success.			
Identify baseline staff competencies and capacity to rapidly increase knowledge and skills on HI.	• Collate HI, health literacy and population health training and resources. • Create a central 'resource directory' on local Intranet. • Work with our People Team to develop a HI training module/workshop and embed HI and health literacy training within staff competencies/inductions. • Share best practice locally, regionally and nationally.		
Confirm baseline data, available intelligence and analytical requirements for each priority HI area.	• Explore data resources to identify a core set of metrics. • Develop a HI Dashboard which can support impact and outcomes monitoring at a granular level.		

Case Study: The Power of 10

This project forms part of an 'Early Intervention' Pilot aimed at developing more effective collaborative working between the statutory and community sector to improve outcomes for local people. Delivered from the vibrant community wellbeing centre in Oswestry, ten young people on the verge of exclusion are invited to join a ten week programme which, led by The New Saints FC Foundation in partnership with Marches Academy Trust and West Mercia Local Policing Team, is based on a central theme of sport/physical activity as the 'hooks' to engagement

Case Study: Outreach vaccination service – reducing inequalities

A collaboration was formed between both local authorities (Telford & Wrekin and Shropshire Council) providing operational support for the NHS to deliver an outreach COVID 19 Vaccination programme focussed on reducing inequalities. Over 10,000 people have been vaccinated on the mobile bus referred to as Bob or Betty which was loaned by Shropshire Council, along with a driver to make the service as accessible as possible.

Using a community-centred and intelligence-led approach, our most deprived, rural and ethnically diverse communities have been able to access a vaccination on their doorstep, protecting and preventing further ill health. Team Bob or Betty has played an important part in the COVID 19 vaccination programme, making Shropshire, Telford & Wrekin one of the top performing vaccination programmes for reducing inequalities nationally.

2.6 Duty to address the particular needs of victims of abuse

We have a duty to address the needs of victims of abuse in our area. People can be victims of a range of different types of abuse, such as Domestic Abuse; Sexual Abuse; Child Sexual Exploitation; Criminal Exploitation; Financial or emotional abuse. The table below summarises our approach and actions to delivering this duty.

Preventing abuse	Supporting those who have suffered abuse	How will we know our approach is working?
• Effective multi-agency working though Safeguarding Partnerships. • Delivering the requirements of the Serious Violence Duty. • Commissioning services based on existing resources and robust population information. • Linking with the voluntary sector. • Linking local and NHSE commissioned services. • Participation in the Criminal Justice Partnership. • Engaging those with lived experience in our plans and actions including co-production. • Implementing the Liberty Protection Safeguards in line with national timescales. • Engaging children and young people and their carers in our plans and actions.	• Listening to victims and their needs • Implementing a trauma-informed approach to relevant commissioned services. • Building pathways based on knowledge and information about the effectiveness of interventions. • Focussing on prevention of mental ill health. • Working with schools and education establishments. • Meeting the needs of looked after children. • Engaging CYP in our plans • Delivering the actions required in the Independent Inquiry into Child Sexual Exploitation in Telford (IITCSE).	• Robust multi-agency data sets to triangulate crime, social care and health data. • Working with Healthwatch and those with lived experience. • Working in safeguarding partnerships to gain intelligence on changing themes in abuse and the prevention measures needed as a dynamic process. • Benchmarking with other areas and engagement in regional and national improvements.

We will take the following actions:

Action	Owner	Timescale
Complete IITSCE health actions	ICB Chief Nursing Officer	31.12.24
Implementing the Liberty Protection Safeguards	ICB Chief Nursing Officer	in line with national timescales
Implementing the requirement of the Serious Violence Duty in line with Safeguarding Partnerships	ICB Chief Nursing Officer	in line with national timescales
Build pathways for supporting victims, based on knowledge and information	TBC	TBC
Working with schools and education establishments regarding abuse	TBC	TBC
Engage with Children and Young people in our plans	TBC	TBC

Chapter 3: Place-Based Delivery

3.1 Our Places

Role of Place

Place is defined by NHS England as being a geographic area that is defined locally. In Shropshire, Telford & Wrekin Integrated Care System we define 'place' as the areas coterminous with the two local authorities: Telford & Wrekin, and Shropshire. Both places have strong place-based integration boards – Shropshire Integrated Place Partnership (SHIPP) and Telford & Wrekin Integrated Place Partnership (TWIPP). Both SHIPP and TWIPP are accountable to their local Health and Wellbeing Boards as well as the STW Integrated Care Board (ICB). Through the Health and Wellbeing Boards, SHIPP and TWIPP are accountable to, and rooted in, communities.

The role of SHIPP and TWIPP is to implement proactive prevention, reduce health inequalities, and improve outcomes for the local population: therefore being the delivery function of much of what is described in Chapter 2 above. They will also progress the delivery of integrated care through provider collaboration and developing new models of provision to meet the needs of the population in a sustainable way.

SHIPP and TWIPP reflect the identity of each of the places and benefit from the assets and strengths of the communities within place. At the same time, however, they ensure that standards of access and quality do not vary. They connect across STW, therefore, to ensure that the evidence of the most effective prevention, population health and care models are applied in every neighbourhood.

As our system matures the role of place will also further develop. Over the next three years the following development plan has been identified to ensure that place is able to achieve its role:

	Year 1 (2023/24)	Year 2 (2024/25)	Year 3 (2025/26)
System/Place developments	Align the place boards as committees of the ICB		
	Confirmation of place-based structure to support place function		
	Development of place-based branding that all partners, and residents, can identify with and agree to use (e.g. Stronger Together,)	Place-based branding in place	
		Developing and agreeing a model of delegation from system to place	
			Financial delegation model in place (Health and LA)
			Resources are allocated to place to support the delivery of priorities
Changes residents will experience	Strategies and plans are integrated at place		
	Residents start to have one conversation about their health and care concerns		
	Residents are more involved in developing their health and care system/services		
	All partners working together to resolve system and place challenges		
		Residents start to see more opportunities to prevent escalation of need	

		Residents start to see more integrated services delivered at place, and sub-place depending on need.
		Residents start to see more health and care resources allocated to address specific health inequalities

3.2 Telford & Wrekin

Telford & Wrekin Health and Wellbeing Strategy

Telford & Wrekin Health and Wellbeing Board is refreshing its priorities and the updated strategy will be approved in June 2023. The priorities as shown in the table below, are based on engagement and insight with our residents and intelligence from the JSNA on local health and wellbeing outcomes and inequalities gaps. As well as key local health and wellbeing challenges, the priorities recognise the wider determinants of health, including housing and homelessness, economic opportunity - poverty, employment and the cost of living, and the impact of living in our communities. Our life course approach provides the opportunity to identify key improvements needed to improve outcomes for residents at all stages in their lives. Delivery of these health and wellbeing strategy priorities is steered and overseen by the TWIPP, the Best Start in Life Board and the Community Safety Partnership.

Telford & Wrekin Integrated Place Partnership

The Telford & Wrekin Integrated Place Partnership (TWIPP) has been in its current format since March 2019 and comprises of senior officers from Telford & Wrekin Council, NHS Shropshire, Telford & Wrekin, Primary Care Networks, Midlands Partnership Foundation Trust, Shropshire Community Health Trust, Shrewsbury and Telford Hospital Trust, Healthwatch, Shropshire Partners in Care and the Voluntary Sector. TWIPP's strategic priorities are aligned to the Integrated Care Strategy as well as the Telford & Wrekin's Health and Wellbeing Strategy. It is worth noting that whilst the priorities, and associated deliverables, are looking to be delivered at place currently no delegation of budget or resources from the system is in place to enable this to happen. This is an identified risk to delivery. The below table demonstrates the alignment of priorities:

Shropshire, Telford & Wrekin ICS Priorities	Telford & Wrekin Health & Wellbeing Board proposed Priorities	Telford & Wrekin Integrated Place Partnership (TWIPP) Priorities
Wider determinants: • Homelessness • Cost of living Deprivation and rural exclusion People empowered to live well in their communities	Inclusive resilient communities Housing and Homelessness Economic opportunity Green and sustainable borough Closing the gap – deprivation – equity – equality - inclusion Starting well - Living well – Ageing well	
Best Start in life Children and young people's physical & mental health and focus on SEND	Best Start in life • Start for Life Family Hubs • Healthy weight • Social emotional & mental health	Best start in life SEND & transition to adulthood

	SEND	
Mental wellbeing and mental health	Mental health and wellbeing	Mental Health Learning Disability & Autism
Healthy weight	Healthy weight	
Reducing impact of drugs, alcohol and domestic abuse	Alcohol, drugs and domestic abuse	
Preventable conditions – heart disease and cancer Inequity of access to: • Cancer screening • Heart disease • Diabetes • Health checks SMI & LDA • Vaccinations • Preventative maternity care	Prevent, protect and detect early • Closing the gap	Reducing preventable diseases through early diagnosis, immunisations, screening and improving the reach of services Core 20plus5 and reducing barriers to access
Proactive approach to support & independence Primary Care Access Person-centred integrated within communities Urgent & Community Care access Clinical priorities e.g., MSK, diabetes, heart disease, cancer, mental health and UEC. Best start to end of life (life course)	Integrated neighbourhood health and care • Primary care • Closing the gap	Proactive prevention Accessible information, advice and guidance Local Prevention and early intervention services Older adults and dementia Local Care transformation (includes neighbourhood working) Primary Care access and integration, place-based development in line with the Fuller report

Supporting the implementation of the Strategic Plan is a set of actions for the ICB and Place, as indicated in the table below:

Action	Owner	Timescale
Delivery of 'Live Well' programmes aimed at encouraging healthy lifestyles and improving mental wellbeing	Service Delivery Manager: Health Improvement, TWC	April 2024
Development of a Healthy Weight Strategy		April 2024
Delivery of the place-based elements of the system wide strategy for cancer (including early cancer diagnosis)	Deputy Director: Partnership and Place, NHS STW & Deputy Director: Public Health, TWC	April 2024
Delivery of programmes to improve awareness of and reduce inequity of access to vaccination, screening and health checks	Service Delivery Manager: Health Improvement, TWC	April 2024

	& Deputy Director: Public Health, TWC	
Deliver Start for Life and Family Hub transformation programme	Deputy Director: Public Health, TWC & Group Specialist, Family Hubs, TWC	April 2024
Deliver improved social, emotional and mental health services for TW children and young people	TBC	April 2024
Consult on the draft co-produced SEND and Alternative Provision Strategy for 2023-2028 and implement final strategy	Director: Education and Skills, TWC	April 2024
Delivery of TW Learning Disability Strategy objectives (including for example reducing the number of people with learning disabilities in In-Patient Care and increasing the number of people with learning disabilities who have had an annual health check)	Learning Disability Partnership Assistant Director, Adult Social Care, TWC	April 2024
Delivery of TW Autism Strategy objectives (including for example increasing the number of autistic people who have had an annual health check and reducing the number of people awaiting an autism assessment, and the time between referral, diagnosis and support)	Autism Partnership, Assistant Director: Adult Social Care, TWC	April 2024
Development of a place-based Mental Health Strategy, co-producing it with people with lived experience (including for example supporting the Mental Health Alliance to continue to help shape multi-disciplinary mental health support)	Mental Health Alliance, Assistant Director: Adult Social Care, TWC	April 2024
Development of a place-based Ageing Well Strategy, co-producing it with people with lived experience (including for example developing a new integrated dementia model of care)	Service Delivery Manager: Community Specialist Teams, Adult Social Care, TWC	April 2024
Implementation of Local Care Transformation Programme workstreams at place	LCTP Programme Director, NHS STW	April 2024
Support with developing integrated neighbourhood teams linked to the Local Care Transformation Programme's Proactive Care Workstream	Integration Programme Manager, TWC & PCN CDs	April 2024
Support Primary Care to meet their 2023-24 access requirements	PCN CDs & Associate Director of Primary Care, NHS STW	April 2024
Support Primary Care to meet their target to recruit to additional roles by March 2024.		April 2024

Case Study: Telford and Wrekin Schools Health and Wellbeing Programme

The Schools Health and Wellbeing Programme supports local early years settings and primary schools to enhance their health and wellbeing offer. With a focus on reducing excess weight and obesity, a tiered approach has been used to target children and families across Telford where there are higher than average levels of obesity and deprivation. A Health and Wellbeing Toolkit for schools has been launched to provide access to resources and training, as well as a support package to help achieve a Healthy Schools Rating. Wrockwardine Wood Junior School is one of the schools that has taken part in an enhanced package of support and has recently been awarded a Gold Healthy Schools Rating. Staff CPD and parent engagement has been a key focus and the school has taken part in many activities to promote physical activity and healthy eating such as the Eat Well Project. This is where children received education sessions on sugar awareness and family cooking on a budget. The school has also incorporated active learning and getting children moving throughout the day, for example, times table recall is done in an active manner. Through this, the school have recognised an increase in confidence and enjoyment of physical activity and pupils have said: "We love it when we get up and move when we are learning. It helps us remember things better".

3.3 Shropshire

Shropshire Health and Wellbeing Strategy

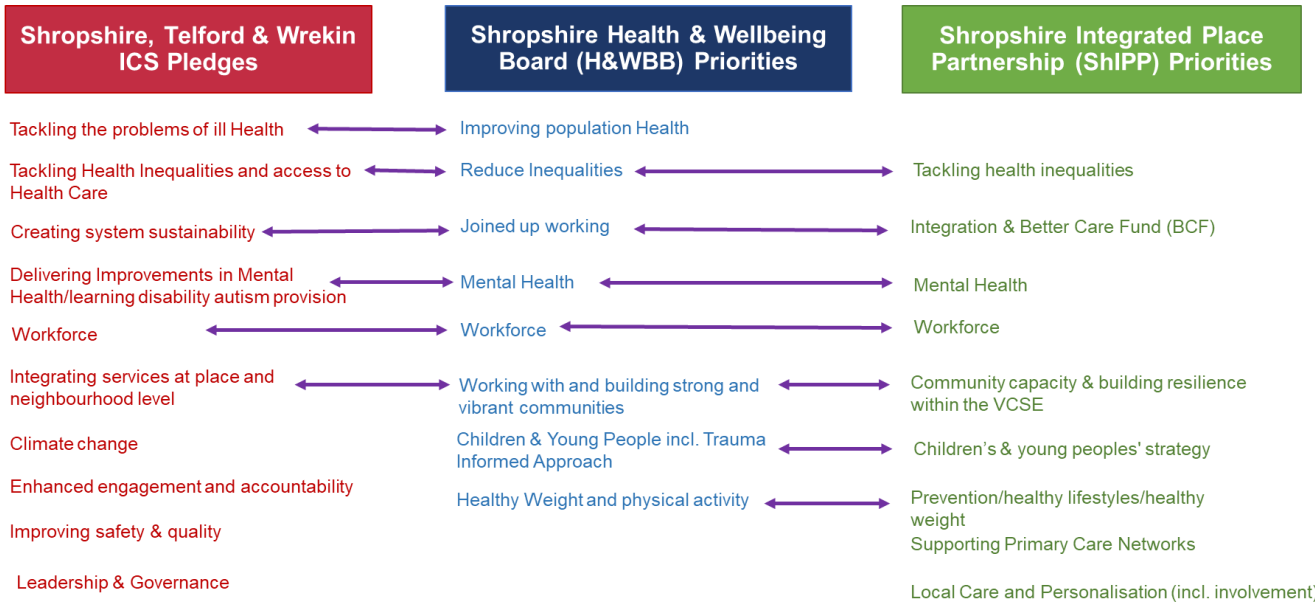
The Shropshire Health and Wellbeing Board acts to ensure that key leaders from the health and care system work together to improve the health and wellbeing of Shropshire residents. Board members collaborate to understand their local community's needs, agree priorities and work together to plan how best to deliver services. Shropshire's Health and Wellbeing Board has produced its Joint Health and Wellbeing Strategy (JHWBB) based on the needs of local people, setting out the long-term vision for Shropshire and identifying the immediate priority areas for action and how the Board intends to address these. The JHWBB can be found at the following link: The JHWBB strategy 2022-27.

The priorities of Joint Health and Wellbeing Strategy are developed in response to the Shropshire Joint Strategic Needs Assessment (JSNA). The Needs Assessment fulfils a statutory duty to identify areas of health and wellbeing need through the examination of national and highly localised data. In Shropshire the JSNA is considered a dynamic assessment that is regularly updated as new understanding and data come to light. In addition to thematic assessments, we are working towards the development of Locality Needs Assessments, which demonstrate the need in our very local communities (18 Place Plan areas).

Shropshire Integrated Place Partnership

As a subgroup of the Health and Wellbeing Board and the Integrated Care Partnership, SHIPP aims to work collaboratively to deliver the system priorities. It does this by working in partnership with shared collaborative leadership and responsibility. Clinical/care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities. It is expected that through the programmes of SHIPP, and routine involvement and coproduction, local people and workforce can feed ideas and information to inform and influence system strategy and priority development.

The table below shows the alignment of priorities across Shropshire:



The table below indicates the actions that will be taken to deliver these priorities:

Action	Owner	Timescale
Deliver the all-age Local Care Programme across communities in Shropshire	TBC	TBC
Expand CYP integration test and learn sites to become all age delivery in North Shrewsbury, Ludlow, Market Drayton, and develop roll out plan for rest of county.	TBC	TBC
Develop more Health and Wellbeing Centres; Oswestry, Highley, Ludlow, Shrewsbury, that include MDT approaches.	TBC	TBC
Develop a Neighbourhood Model – to connect with Health and Wellbeing Centres – that includes PCNs being supported by joint working and integrated approaches for Proactive Care, Neighbourhood, Integrated Discharge and Social Care Hubs (including reablement), and Rapid Response	TBC	TBC
Social Prescribing expansion into A&E, midwifery, children, young people and families and local health and wellbeing centres.	TBC	TBC

3.4 Local Care Transformation Programme (LCTP)

The Local Care Transformation Programme (LCTP) is one of the system's two major transformation programmes. The LCTP brings together a collection of transformation initiatives that will deliver more

joined up, integrated and proactive care in peoples' homes and local communities, supporting improved health and wellbeing for our population. This is encompassed by the Local Care vision of 'adding years to life and life to years'.

The programme consists of initiatives that will deliver more care into the community achieving improved outcomes and experiences for patients, while also helping to relieve pressure on our acute hospital services so that those services are able to deliver quality services when people need them.

The programme was established in 2022 and to date has focused on three key critical initiatives:

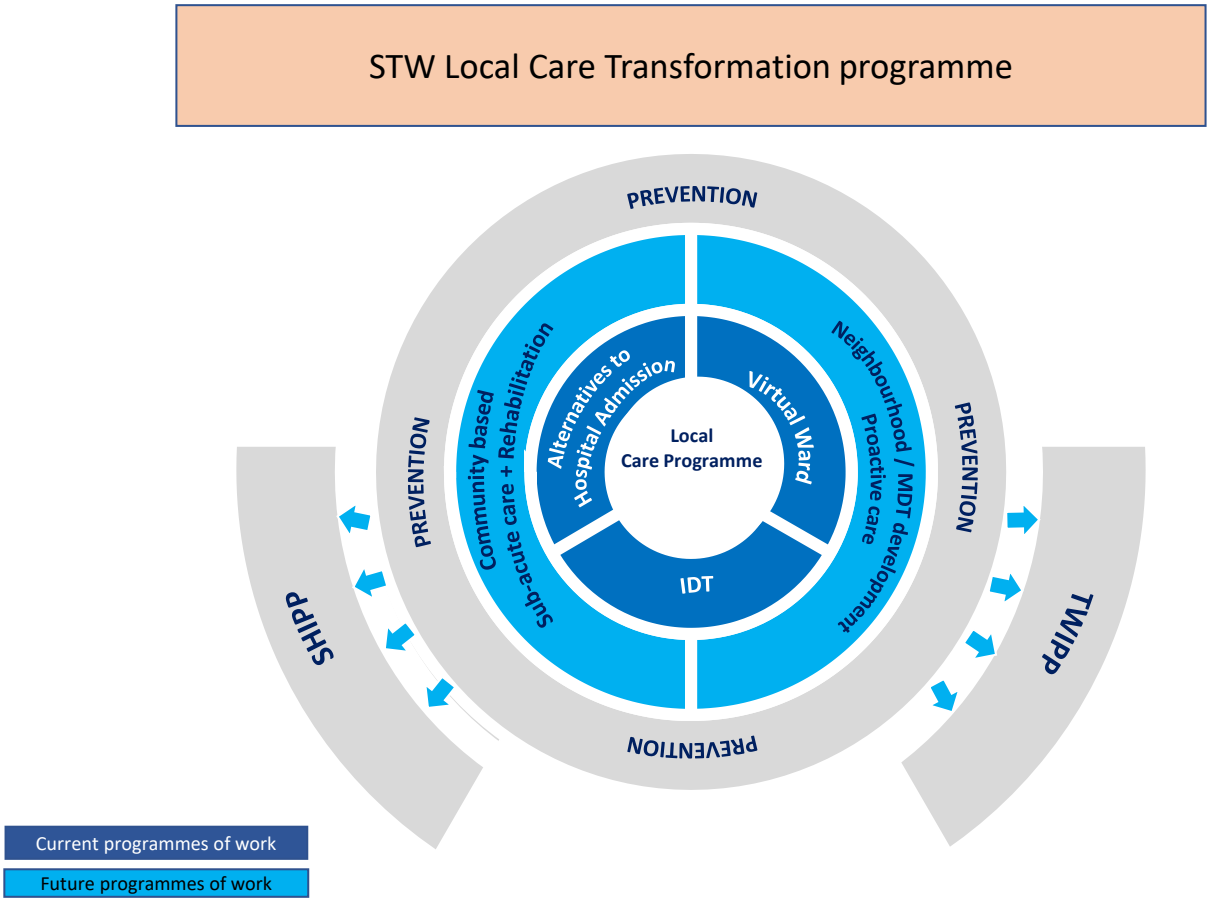
- **Implementing alternatives to hospital admission**, providing 2-hour rapid response in the community
- **Setting up of a Virtual Ward** providing sub-acute care in the place people call home that would otherwise need to be provided in an acute hospital, thereby providing an improved experience for patients. Initially, there has been a focus on the frailty pathway including enabling referral to the Virtual Ward from care homes and rapid response teams.
- **Implementing an integrated discharge team (IDT)** to support timely and appropriate discharge from hospital with the necessary community support in place

In 23/24 and beyond, the programme is anticipating to focus on the following:

- **Virtual ward phase 2** - Expanding the Virtual Ward to further pathways including respiratory and cardiology in 23/24 and supporting more people to return home from an acute hospital sooner to receive sub-acute medical care at home
- **IDT phase 2** - Implementing a Discharge to Assess model to support patients to safely return home where any ongoing care needs can be assessed (this is distinct from sub-acute medical care and may involve discharging home to identify rehabilitation and reablement needs or ongoing care needs).
- **Sub-acute care and rehabilitation** – reviewing and where appropriate redesigning some of our models of sub-acute care (above and beyond the Virtual Ward) and rehabilitative care models to complement the strategic direction of the Hospital Transformation Programme. This will involve looking at how we make best use of our community assets including our community bed base capacity.
- **Neighbourhood multi-disciplinary team working** – working with our two places, we will develop a strategy and framework for developing neighhourhood based multi-disciplinary teams providing joined up, proactive and preventative care to cohorts of people based on population health management approaches and data. This will enable STW to target support to individuals and families that will help to tackle inequalities and drive improvements in health and wellbeing. The implementation of neighbourhood based multi-disciplinary teams will be a multi-year programme of change. One example of MDT working include supporting people with frailty and multiple long term conditions to manage their conditions as best as possible, to maintain independence for as long as possible, to tackle loneliness, to support overall mental health and well-being, and to avoid preventable exacerbations that could otherwise lead to a hospital admission.

The scope of the programme is summarised in the diagram below, noting the importance of place based delivery for many of the Local Care initiatives, in particular for neighbourhood multi-disciplinary team working. The transformation initiatives within Local Care are inextricably linked with our intentions for a

more proactive approach to prevention (see section 2.2). Work is underway with system partners to refine our priorities and assign clear responsibilities for the delivery of future programmes of work. Our goal is for the Local Care Programme to provide strategic direction and support to a range of staff working hard across our system to implement more systemised, integrated and preventative models of care. The Programme will focus on creating the necessary levers and enablers, unblocking barriers to change, and promoting lasting change. The system is actively working with NHSEI to help provide the necessary infrastructure to enable the programme to achieve this strategic role.



The LCTP will deliver on its' ambition to deliver more joined up and proactive care closer to home through six critical programmes of work, as described within the table below:

Action	Owner	Timescale
Local Care programme refresh – reviewing the scope of future programmes of work to ensure clear priorities and assigned responsibilities across system partners	Interim STW LCTP Programme Director	Q3
Programme 1: Avoiding hospital admissions through provision of wider services including rapid response	Complete	Transfer to BAU
Programme 2: Implementing a 'discharge to assess' model to support patients to safely return home where any ongoing care needs can be assessed	SRO for community transformation	Ongoing D2A implementation complete by Q4
Programme 3: Opening 250 'Virtual Ward' beds to enable more patients to return to the place they call home to receive medical care that would otherwise be delivered in an acute hospital.	SRO for community transformation	Ongoing Expansion complete by end of Q3 - 250 beds
Programme 4: Employing a proactive care approach focused on keeping people well and preventing avoidable health issues for those at high-risk of a non-elective hospital admission.	Director of Strategic Commissioning ICB	Ongoing
Programme 5: Developing our approach to neighbourhoods to bring together multi-disciplinary teams of staff from across primary care, community care, social care and the voluntary and community sector to work together to deliver joined up, person-centred and proactive care.	Place based delivery Development framework to be in place by end of Q4	Ongoing
Programme 6: Reviewing community-based services for sub-acute care and reablement to make best use of our available resources, including our staff and our physical assets including community care settings.	Director of Strategic Commissioning ICB	TBC

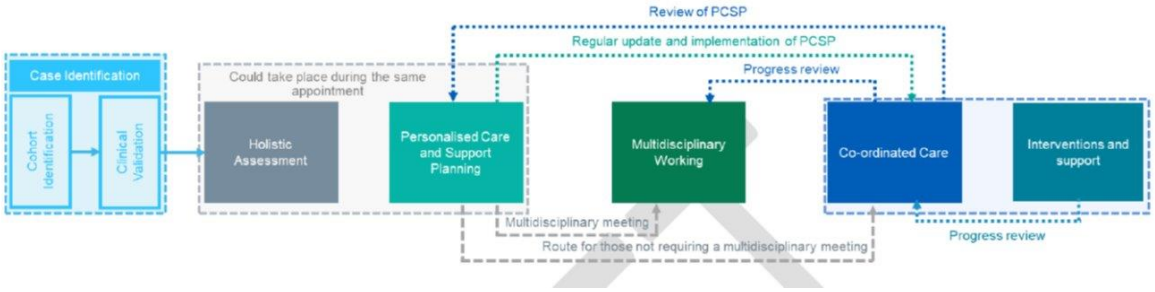
By delivering these six critical programmes of work we will:

- Expand community based services and provide suitable alternatives to hospital based care
- Support people with long-term conditions and those with a range of health and wellbeing needs to be empowered in the delivery of their care
- Respond swiftly to those in crisis to avoid unplanned hospital admissions
- Ensure a focus on proactive care and early intervention that promotes good health and wellbeing

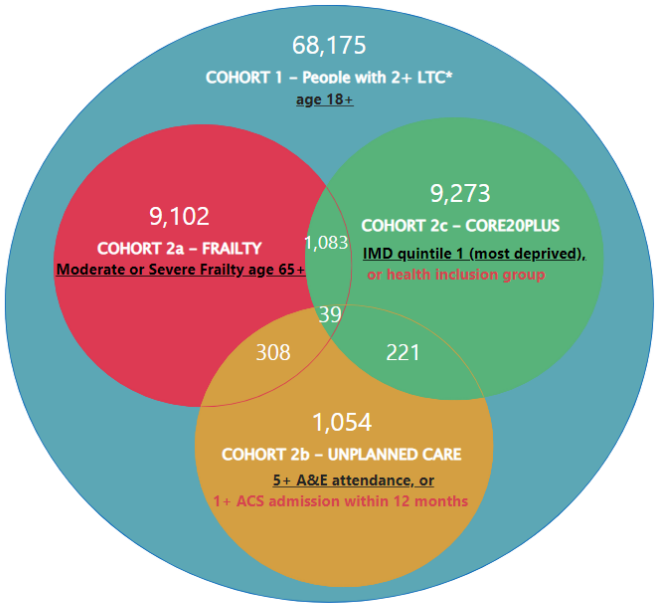
- Develop a deeper understanding of the needs of our population and make demonstrable progress in tackling health inequalities
- Focus rehabilitation services to help people maximise their functional outcomes and independence, focusing on the personal goals that matter most to patients
- Enable our staff to work flexibly across organisational boundaries in more integrated and joined up ways that enables staff to deliver high quality care for their patients; thereby supporting staff wellbeing and job satisfaction

3.5 Proactive Care (Previously Anticipatory Care)

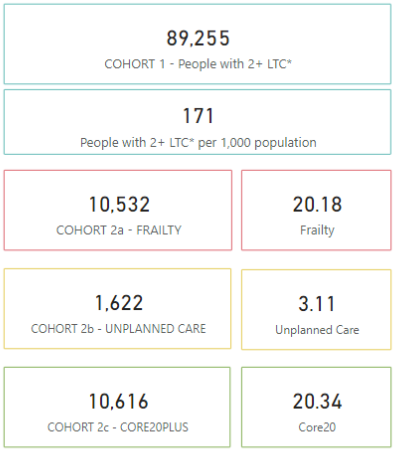
Proactive Care is a key workstream of the Local Care Transformation Programme (linked to programme 4). It is a model of care, delivered in the community, to a targeted cohort of patients with multiple long-term conditions who would benefit from integrated care to support management of their conditions. A successful model will result in reductions in use of unplanned care, reductions in morbidity, addressing health inequalities, improved patient experience and supporting people to stay well for longer. The key components of the model are as follows:



Working in partnership with system providers, the voluntary and community sector, public and patients, the project aims to embed a system-wide model that is flexible enough to meet the needs of the population for delivery at a local level. The scale of the target cohort across Shropshire, Telford & Wrekin can be seen below in the diagram:



figures **included**/tbd



Data exclusions*	Data-driven exclusion applied
Individuals requiring specialist palliative care (these individuals should be identified through clinical validation so as not to exclude those receiving routine end of life care).	No
Individuals living in care homes	Yes
Individuals with mental health conditions but without physical health needs	Yes

Work is taking place with two PCNs to develop existing MDT arrangements to align more closely with the key components of the Proactive Care model.

During Q2 and Q3 2023/24, colleagues across the system including PCN clinical directors, social care, voluntary sector and place colleagues will be coming together to develop a framework for the further roll out and implementation of the proactive care model, supported by a strategy for expanding the roll out of neighbourhood based multi-disciplinary teams. The development of strong neighbourhood based multi-disciplinary teams is critical to the delivery of proactive care for people with frailty and multiple long-term conditions.

Action	Owner	Timescale
Framework to guide the further roll out and expansion of proactive care delivery across STW	Director of Strategic Commissioning	Q3 2023/24

3.6 Primary Care Networks and General Practice

The current model of contracting for and providing General Medical Services has not changed in decades, yet the way modern healthcare is accessed and delivered has changed. There have been increasing levels of dissatisfaction in primary care access and care for both patients and staff, and these challenges are now threatening the sustainability of our primary care services.

In May 2023, a delivery plan for recovering access to primary care was published by NHS England. The aims of this plan are to tackle the 8am rush in general practice, to enable people to know their needs will

be met when they contact the practice and to widen the scope of services available from community pharmacy. There are four areas this plan focusses on:

- Empowering patients
- Implementing Modern General Practice Access
- Building capacity
- Cutting bureaucracy

There is a need for evolution in the way primary care is delivered, protecting its core strengths, such as continuity of care, and placing it at the heart of new health and social care systems. We propose to have an integrated primary care service, providing streamlined access to care and advice; more proactive, personalised care and support from a multidisciplinary team based around neighbourhoods; and help people to stay well longer.

Primary care cannot achieve this alone - it will need system support to provide the conditions for locally led change, and a supporting infrastructure to implement change. GPs must lead and support any changes proposed, ensuring we maintain stability in primary care.

Key actions are laid out in the table below:

Actions	Owner	Timescale
Develop an action plan to deliver the recovering access to primary care delivery	Associate Director of Primary Care	Summer 2023
Enabling PCNs to develop integrated neighbourhood teams (INT)	Associate Director of Primary Care	Summer 2023
Develop and deliver with the GP Board the 'Fuller recommendations' as a clear set of system actions	Associate Director of Primary Care	Summer 2023
Work with Primary Care networks to deliver the contract DES	Associate Director of Primary Care	Ongoing
Deliver the Local care programme integration with neighbourhood teams and primary care networks	Associate Director of Primary Care Director of Strategic Commissioning	In line with LTCP timescales
Deliver the actions from the Primary Care Strategy (under development)	Associate Director of Primary Care	Action plan by Autumn 2023
Co-design and put in place infrastructure and support for integrated neighbourhood teams	Associate Director of Primary Care	Action plan by Autumn 2023
Supporting a primary care forum and representation	Associate Director of Primary Care	Action plan by Autumn 2023
Primary care workforce planning embedded in system workforce plans	Associate Director of Primary Care	Action plan by Autumn 2023

Developing a system-wide estates plan for primary care	Associate Director of Primary Care	Action plan by Autumn 2023
A development plan to support the sustainability of primary care	Associate Director of Primary Care	Action plan by Autumn 2023
Consider how to take the Fuller recommendations forward	Associate Director of Primary Care	Action plan by Autumn 2023

3.6.1 Our approaches to Medicines

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that patients get the best quality outcomes from the medicines that they are prescribed.

Our vision for medicines optimisation within STW ICS operates a patient-focussed approach to getting the best possible outcomes for patients from the investment made in medicines. This requires a holistic approach, an enhanced level of patient centred professionalism, and partnership between clinical professionals and patients. Our aim is to ensure that the right patient gets the right medicine, at the right time. We will focus on wider health outcomes including improved clinical outcomes for patients, reducing avoidable hospital admissions related to medicines (HARMs), reducing health inequalities & utilising a population health management approach. A patient centred approach will in turn ensure we get the best from our investment in medicines, patients live longer, healthier lives. It will also support the system to achieve its aims in transforming care by improving capacity through admission avoidance, earlier discharge and supporting high quality access to care in alternative settings.

Over the next five years our strategy [link will need to be added to updated strategy – aim for this end Jun 2023] will focus on six key themes:

Theme	Focus
Person Centred Care	• Holistic approach to shared decision making • High quality prescribing to improve patient outcomes and reduce health inequalities – currently we have a focus on cardiovascular, diabetes and respiratory disease, • Equity of access to medicines and a standardised approach with shared guidelines to best practice in all settings • Supporting patients to self care where appropriate
Delivering Best Value	• Making best use of available resources by: • Shared system evidence based and cost-effective formulary – 90% adherence in all settings • Best value biologics (high cost drugs) – 90% use of best value biologics • Reduce prescribing of low priority medicines Reduce waste • Reduce environmental impact of medicines and inhalers (working towards NHS net-zero in 2040)

Medicines Quality and Safety	• System approach to improving medicines safety across primary and secondary care. Aim to align incident report system across all providers, improving safety by reporting and learning from medication errors whilst encouraging an open culture • Reducing hospital admissions related to medicines (HARMS) – WHO challenge to reduce this by 50% • Improving performance against national and local targets – currently our focus is anticoagulation, sodium valproate in pregnancy and prescribed dependence performing medicines (opioids) Deprescribing to reduce inappropriate polypharmacy • System Antimicrobial Resistance Stregy by July 2023

3.7 Community Pharmacy, Optometry and Dental

In April 2023 the contractual services for Pharmacy, Optometry and Dental services were delegated to ICB's. The management of the contracts will be undertaken in partnership with the West Midlands Office through joint governance arrangements.

These primary care services are becoming increasingly important, never more so than through the Covid-19 pandemic.

Community Pharmacy services will expand through the Recovering Access to Primary Care published in May 2023. There are opportunities to deliver services to alleviate pressure in general practice but there are challenges. Workforce in community pharmacy is under the same challenges as other health care services. There is a national lack of NHS dentists, this is particularly an issue for STW. In Shropshire, many of our rural communities do not have access to a pharmacy and therefore some of the options to access the proposed services will be a challenge.

Action	Owner	Timescale
Work with the West Midlands Office to ensure contractual changes, quality and challenges are addressed for STW POD services	Office of the West Midlands and AD Primary Care	Ongoing
Develop and deliver an action plan for Community Pharmacy services set out in the Recovering Access to Primary Care Delivery Plan	Community Pharmacy ICB lead	Summer 2023

3. Community and Voluntary Sector

Our system has a wealth of experience via the CVS. During the Covid-19 pandemic the CVS delivered an unprecedented level of services to our communities. However, as a system we need to support the CVS ambition to deliver well resourced services to our places, neighbourhoods and communities.

Action	Owner	Timescale
Include the CVS at the earliest opportunity of development of our health and care pathways- co-production	Director of Partnerships and Place	Ongoing
Agree longer term contracts with the CVS to enable sustainability, delivery and assessment of impacts and outcomes	ICB Contracts team	
Use the expertise of CVS when developing our person-centred approach and training to health and care staff	Director of Partnerships and Place	April 2024
Use the CVS knowledge and experience to transform services within our communities, so they deliver the model of care	Director of Partnerships and Place	April 2025
Work to support the CVS Alliance	Director of Partnerships and Place	Ongoing

Case Study: OsNosh CIC

OsNosh is an initiative which brings the community together in all aspects of the food cycle, for example; building community gardens with the help of local growers, using creative cooking to educate and inspire, creating a space to learn, grow and belong, fighting food poverty, promoting food equality and preventing waste through surplus food recycling.

Starting with community meals, providing a "pay as you can" offer to a handful of people this initiative is now supporting over 200 people, offering share tables, takeaway hot meals and community events and regular community meals with the help of a workforce of over 180 volunteers.

This sustainable community project has had an overwhelmingly positive and heart-warming response from local charities and businesses. Every week they deliver dishes to a wide range of people in the local community, including those in need, saving food going to waste, and sharing their culinary knowledge with ways to cook up tasty and nutritious food for pennies.

Chapter 4: Hospital/Clinical services

4.1 Hospital Transformation Programme (HTP)

Our Hospital Transformation Programme is a key part of the bigger picture for our patients and communities. We are trying to address the following challenges:

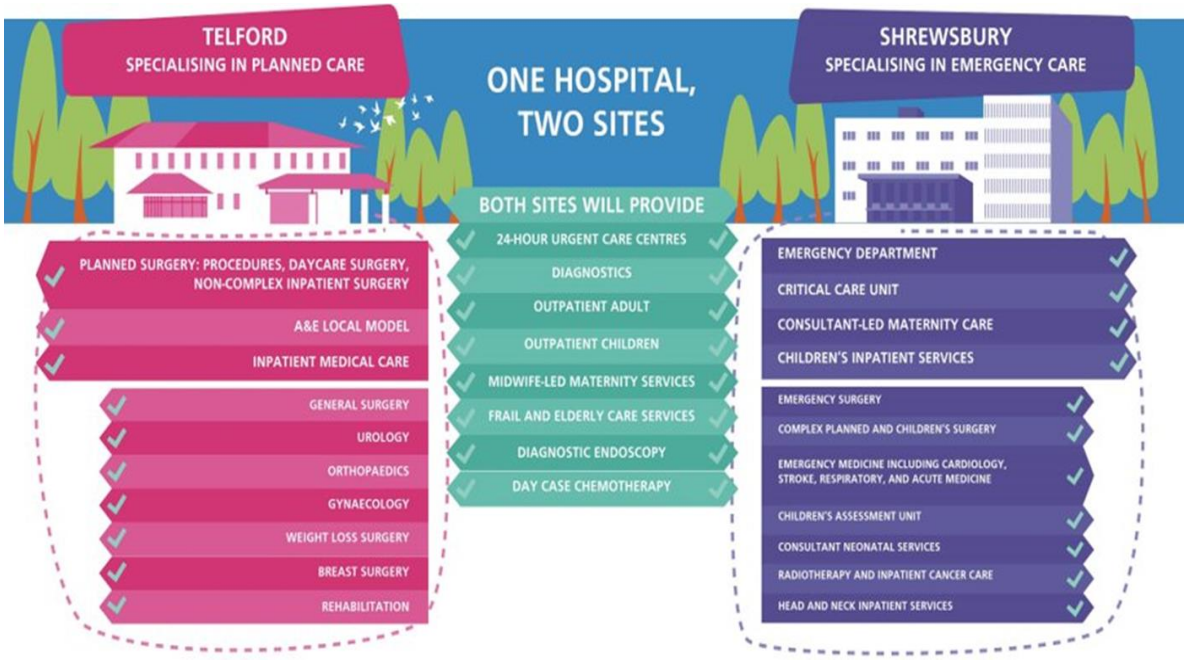
- We have two inadequately sized emergency departments, split site delivery of key clinical services (including critical care), insufficient physical capacity (particularly affecting planned services), mixing of planned and unplanned care pathways, and poor clinical adjacencies.
- The current clinical model is not fit for purpose for the current population due to an outdated service configuration
- Our workforce situation is not sustainable if we continue to duplicate services across both sites
- The needs of our population are changing

- Our buildings do not give us the capacity, space or layout we need for modern healthcare
- The local health system has one of the largest financial challenges in the NHS

To address these challenges, the Hospital Transformation Programme is transforming services across our acute hospital sites and putting in place the core components of the acute service reconfiguration agreed as part of the Future Fit consultation. Key benefits include:

- A dedicated Emergency Department with immediate access to medical and surgical specialities
- Ring-fenced planned care services supporting the needs of our population
- A much better environment for patients, families and staff
- Improved integration of services for local people

The diagram below demonstrates what we are moving towards:



To deliver the programme our next steps are as follows:

Action	Owner	Timescale
X	TBC	TBC

4.2 Elective Care

At the beginning of 22/23 financial year our providers developed a 3-year plan in alignment with the NHS England Long Term Plan on how to rise to the challenges of addressing the elective backlogs that had grown during the pandemic. These plans, including a number of large-scale transformation programmes of work on pathways and how services are provided, form part of the system-wide elective recovery deliverables as a key enabler for being more efficient and thereby releasing capacity that can be freed up to recover waiting lists.

Outpatients – Service provision

New approaches and ways of providing Outpatient services to help recover some of the post-Covid long waiting lists include:

- addressing health inequalities as part of waiting list recovery
- increased used of Advice and Guidance (and preventing some face-to-face appointments)
- virtual consultations (and preventing some face-to-face appointments)
- patient-initiated follow-ups (and preventing some routine follow ups)
- improved capturing and reporting of the above in system data
- validation and review of waiting lists
- one stop clinics
- nurse-led telephone follow ups
- remote reviews
- looking at ways of reducing missed appointments

The development of Community Diagnostic Centres (CDC's) is a central pillar of the ICS strategy for integrated care and core to restoration and recovery of the NHS across the county. The first CDC in the county will be in Telford (TF1)

- the facility is expected to be operational during 23/24
- additional MRI capacity will be introduced as part of the CDC from October 2023
- additional CT capacity will be introduced as part of the CDC from May 2023
- the CDC's also contribute to providing certain services in communities rather than general hospital settings, as part of moving towards more locally available services where clinically appropriate

Funding was also approved during 22/23 for an Elective Hub at SaTH to increase capacity and deliver activity to help reduce the surgery backlog. Within the Hub there will be two theatres and an associated recovery area. This scheme will create a ring-fenced elective day-case facility bed base 52 weeks a year.

In addition, the creation of an additional theatre and associated recovery and facilities at The Robert Jones and Agnes Hunt Orthopaedic Hospital was also approved, with plans including:

- Construction planned to be completed by October 2023.
- The Theatre will be operational by January 2024. This capacity will enable RJAH to deliver an additional approximately 282 elective cases in 2023/24 and 1,200 elective cases recurringly thereafter.
- This will deliver 9% increase in elective activity for the delivery of additional spinal disorders and orthopaedic activity.

Linked to the NHS Long Term Plan, the broader programme of Elective Care Transformation is to lead and oversee transformative change on areas of elective care that will ensure individuals needing planned care see the right person, in the right place, at the right time (first and every time), and get the best possible outcomes, delivered in the most efficient way, whilst also enabling elective recovery through being more innovative, effective & efficient.

Outpatients Transformation

This 5 year programme of work running until 2026 is to transform the provision of Outpatient services in the county to be more effective & efficient, whilst generating efficiencies that help enable recovery of long elective waiting lists and waiting times through reutilisation of freed up capacity.

The ambition of the programme is to:

- review and redesign services with service users and providers around patients' needs
- provide high quality citizen-centred services
- ensure timely, safe, effective, and sustainable care
- provide a seamless care experience
- ensure 'right time, right location, right person'
- ensure integration across primary, community and secondary care
- reduce duplication and improve resource efficiency, ensuring value for money

High-level benefits expected from this programme of work are as follows:

Patients & Carers	Safer and quicker care Better experience Seamless communication Care that fits around you Reduced travel/stress
Primary Care & GP's	Manageable demand Ability to target available resources Supported, sustainable teams Seamless communication
Secondary and Hospital Colleagues	Safe care Manageable demand Ability to target resources Supported, sustainable teams Seamless communication
Integrated Care System	Improved health & wellbeing of the local population Better outcomes Increased value Less waste More resources

With alternative approaches and ways of providing Outpatient services that mean you may no longer need to visit a hospital, this is also generating a number of other more environmental benefits that will contribute to the system Green and Net Zero plans including:

- Reduced miles travelled by patients, and their family and carers
- Reduced CO_2 emissions

- Reduced hospital car park use
- Reduced time needed for appointments (for virtual/telephone consultations)

Action	Owner	Timescale
Optimised use of Advice & Guidance as a new way of providing Outpatient services, preventing some unnecessary face to face hospital appointments	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Optimised use of Virtual Consultations as a new way of providing Outpatient appointments, preventing a number of face to face hospital appointments and preventing travel for patients	Programme SRO, Clinical Lead and Programme Lead Programme SRO, Clinical Lead and Programme Lead	2021-2027
Optimised use of Patient Initiated Follow Up discharges, maximising patient involvement in their own care and preventing a number of routine follow up appointments	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Optimised use of one stop clinics and remote reviews to minimise the number of appointments needed	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Redesigned and improved pathways and processes to ensure they are efficient and effective	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Improve patient experience – right appointment, in the right place, with the right person, at the right time, first time	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Reduce travel requirements and disruption for patients by providing some services closer to home or in your own home/environment	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Improve staff experience	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Reduce hospital car park occupancy	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Reduce CO2 emissions through reduced travel to appointments	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Reduce waiting lists, waiting times and delays for elective services through more efficient ways of working	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Improve communication with patients, carers and guardians	Programme SRO, Clinical Lead and Programme Lead	2021-2027

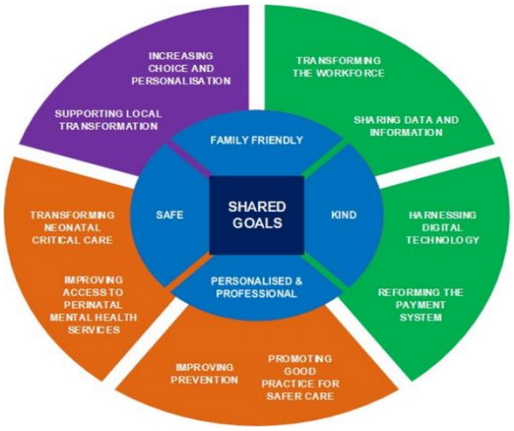
Maximised use of new technologies, approaches and innovation	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Optimise use of available resource and value for money, including staffing, time, and clinic space	Programme SRO, Clinical Lead and Programme Lead	2021-2027
Contribute to system workforce transformation through improvements to recruitment & retention from new and different ways of working, and types of role	Programme SRO, Clinical Lead and Programme Lead	2021-2027

4.3 Maternity Services

Maternity Transformation was highlighted as a key area at the establishment of the ICB in our System Development Plan based on the findings of the first Ockenden report. We have already made significant improvements in the quality and safety of maternity care since then.

In March 2023 NHS England produced a three-year delivery plan for local maternity and neonatal services. The plan encompasses four themes:

- Listening to and working with women and families with compassion
- Growing, retaining and supporting our workforce
- Developing and sustaining a culture of safety, learning and support
- Standards and structures that underpin safer, more personalised and more equitable care



Based on this vision we will, together with local transformation and partners across the system such as providers, commissioners and system users, deliver a plan to transform Local Maternity Neonatal System (LMNS).

Action	Owner	Timescale
Develop an LMNS Maternity transformation plan for 2023 – 2026 with system partners	Local Maternity and Neonatal System (LMNS) Programme	3 year phased approach

4.4 End of Life Care

It is the commitment of Shropshire Telford & Wrekin Integrated Care System that people nearing the end of their life receive high quality and compassionate care and are supported to live well and to die with dignity in a place of their choosing. In Shropshire Telford & Wrekin we know that for the majority of people we do this. However, we also know that we can do more, particularly for those that do not access or have

difficulty accessing services. We want to identify people in their last journey of life earlier and anticipate care needs that can be planned for in advance. Actions we propose to take are as follows:

Action	Owner	Timescale
Better support people to live as well as possible by identifying people earlier in their last journey of life and to anticipate care needs that can be planned for.	STW Senior Responsible Officer, Clinical Lead and Commissioning and Contracting Lead	April 2025
People in the last year of life to be systematically identified and offered an assessment and advance care plan.		April 2024
All people on an end-of-life care register will have an identified coordinator.		April 2025
Everyone will have access to the care they need at any time of the day.		April 2024
People their families and loved ones will have access to 24/7 advice and guidance.		April 2024
Build a workforce with the knowledge skills and confidence to deliver compassionate care.		April 2025
Address inequalities to ensure that access to care is available to all.		April 2025
Localities to work together for people, their families and loved ones.		March 2026
Develop an enhanced service to provide an additional level of care for those with more complex needs.		April 2025
Digital enhancement to support, electronic shared care records, centralised information to support care delivery and monitor progress	ICB Deputy Medical Director	In line with digital strategy
Palliative and end of life care is to be seen as everyone's responsibility	STW Senior Responsible Officer, Clinical Lead and Commissioning and Contracting Lead	March 2026
Offer support for families and loved ones in the care of someone that is dying and after their death		April 2025
Babies, Children and Young People Palliative and End of Life Care Strategy will be developed in 2023.	Chair Childrens and Young Person's PEoLC Working Group	December 2023
Hope House Children's Hospice will be working with Shropshire Community Health Children's Nursing Team to establish joint working arrangements and the role of specialist nurses.		September 2023
For 2023 people have told us that they would like to understand more about Advance Care Planning for people living with dementia, what dying looks like, and what to expect if you are caring for someone in the last weeks and days of life. We will work with people and	STW Commissioning and Contracting Lead System Communications and Engagement Lead	April 2024

the public to shape how we might deliver these subjects.		

Babies Children and Young People with Life Limiting or Life-Threatening Conditions

The number of Babies, Children or Young People (BCYP) with life limiting / life threatening conditions in our region is, thankfully, low, with an average of 11 BCYP who might be expected to die each year. The specific and often very complex needs for BCYP who require palliative, and end of life care means that an all-age strategy is not appropriate, and the Shropshire Telford & Wrekin Integrated Babies, Children and Young People Palliative and End of Life Care Strategy will be developed in 2023.

In addition, over the next 12 months, Hope House Children's Hospice will be working with Shropshire Community Health Children's Nursing Team to establish joint working arrangements and the role of specialist nurses. It is anticipated that evaluation of this work will evidence a sustainable workforce model that will enable learning in practice for nurses that do not have a specialist qualification and a more sustainable model of 24/7 care for those BCYP who will die at home.

4.5 Clinical Strategy and Priorities

In response to the national and system context, the Shropshire, Telford and Wrekin Clinical Strategy 2023-2025 sets out six priority health improvement pathways which are:

- Urgent and Emergency Care (UEC)
- Cancer
- Cardiac
- Diabetes
- Musculoskeletal (MSK)
- Mental Health

In addition to the above, the ongoing programmes of work in relation to maternity and neonatal services will continue. Other priority areas such as Respiratory, Urology and Gynaecology will be monitored and included in further phases of the clinical improvement programme.

Clinical Priority 1 - Urgent and Emergency Care

Across NHS STW our levels of emergency admissions are broadly flat, if not slightly reducing compared to pre-pandemic levels, mostly within the GP direct admissions cohort. Our A&E attendances have grown since the levels in 19/20 but have remained flat since 21/122, however with Type 3 (Minors e.g. minor injury/minor illness)attendances increasing at a faster rate than our Type 1 (Majors e.g. chest pain).

In line with national and local requirements we plan to:

Action	Owner	Timescale
Reduce the number of proportion of patients with no criteria to reside who are not discharged (phased trajectory totalling a reduction in delayed discharges of 75 a day by April 2024, In addition this will achieve 15-20% improvement in 4 hr target,	Clinical Strategy Lead	April 2024

reduction of 12hr waits by 50 per day and a reduction in ambulance delays by 10 per day)		
Expand community services and reduce unwarranted demand. This will be achieved through • improvements in long term conditions and frailty pathways, • adult and young persons asthma (reduction of admission rate from 108 per 100k to 90 by April 2024 and 75 by April 2025) and • increased use of virtual wards (reduction in admissions by 20% or 30 – 40 per day by April 2025)	Clinical Strategy Lead	Ongoing April 2024 April 2025 April 2025
Improve Health Inequalities by reducing the number of emergency admissions of patients with long term conditions by 20% by April 2025 and undertake further assessment of inequalities in A&E due to deprivation and ethnicity	Clinical Strategy Lead	April 2025
Through the Social Care Discharge Improvement plan we will deliver 20 additional discharges per day into social care rising to 30	Clinical Strategy Lead	April 2023/24
Through the Acute Discharge Improvement Plan we will ensure discharge planning is within 2 days of admission and full utilisation of criteria led discharge, same day emergency care, continue to embed the home first principles, increase virtual ward capacity (predicted circa additional 40 discharges per day by April 2024)	Clinical Strategy Lead	April 2024
Through the Local Care Transformation Programme we will Improve utilisation of community services including virtual wards (phased roll out commencing 2023)	Clinical Strategy Lead	Commencing 2023

Clinical Strategy Priority 2 – Cancer

We plan to work collaboratively to implement changes to make significant improvements in the lives of people diagnosed with cancer and enable more people to live full lives beyond cancer.

As a system we want to ensure that people understand when to go and seek advice from their GP, or other health professional, as we know how much early diagnosis can impact on the long-term prognosis for people living with cancer. However, we know that once a cancer has been diagnosed there have to be high quality services available to ensure that people get the best treatment at the right time. In some cases this will mean that people may have to travel further for surgery or other treatments to ensure that they get the high quality care and treatment needed to improve their outcome. That is not to say people should not receive high quality care and treatment as close to home as possible but is a recognition that to maximise survival and outcomes we may not be able to provide everything within Shropshire, Telford & Wrekin (STW). This is particularly relevant to some childhood and rare cancers where specialised care needs to be centralised in larger cancer units.

We have significant variation in both early diagnosis and outcomes for our population. We need to work in partnership to ensure that we provide the right information for our population to enable people to understand the risks they are taking with their health in the short, medium and long term. This includes advice on what alterations that they can make to their lifestyle that will enable them to live longer happier and healthier lives thereby reducing the rates of cancer and the impact on the individual.

In line with national and local requirements we plan to:

Action	Owner	Timescale
Meet the Faster Diagnosis standard by April 2024 with the opening of a Community Diagnostic Centre and rapid diagnostic service to achieve the 75% faster diagnosis standard by April 2024.	Clinical Strategy Lead	April 2024
Increase the number of patient diagnoses at stage 1 and 2. Improvement trajectory to be developed and agreed to achieve 75% of cancers diagnosed at stage 1 or 2 by March 2028.		Ongoing improvements until Match 2028
Restore and transform acute services and increase cancer treatment capacity by 13% from 2019/20 baseline. For colorectal, skin and prostate implement best practice pathways and achieve a median day of 28 days for each pathway by April 2025. Increase elective cancer capacity with a focus on lower GI, gynaecology and urology, engage with specialised commissioning to increase treatment capacity by 13% based on 19/20 baseline for chemotherapy, radiotherapy and the specialised surgery population of STW.	Clinical Strategy Lead	April 2025
Reduce health inequalities in bowel cancer and cervical screening coverage	Clinical Strategy Lead	TBC
Enhance personalised care by a 25% increase in September 2022 baseline by April 2025 April 2024/25and the roll out of patient stratified follow ups which will be in place for 10 cancer pathways by April 2024 and April 2025.	Clinical Strategy Lead	TBC

Clinical Strategy Priority 3 – Cardiac Pathway

In line with national and local requirements we plan to:

Action	Owner	Timescale
Increase the rates of early detection and treatment to reduce the proportion of undiagnosed patients for three metrics; hypertension, coronary heart disease and heart failure.	Clinical Strategy Lead	TBC

Restore inpatient and outpatient care through transformation and increase capacity to meet the elective target of 130% or pre-covid baseline by April 2025	Clinical Strategy Lead	April 2025
Improve discharge and ongoing patient management and support	Clinical Strategy Lead	TBC
Clinical initiatives established to support include: • Early detection and treatment • Acute restoration and transformation • Enhancement of discharge and ongoing management • Improved pharmacological treatment and management	Clinical Strategy Lead	TBC

Clinical Strategy Priority 4 – Diabetes

In line with national and local requirements we plan to:

Action	Owner	Timescale
Increase the proportion of patients achieving all eight care processes initially focussing on two care processes, foot care (improve standard by 10% September 2023 and a further 15% by April 2024) and urinary albumin (5% by September 2023 and a further 5% by April 2024) as these are the biggest outliers for type 2 diabetes.	Clinical Strategy Lead	September 2023 April 2024
Work with 9 outlying practices to achieve the national average for all eight care processes by April 2024	Clinical Strategy Lead	April 2024
Reduce hospital spells for diabetic foot issues to 15 per 100k population by April 2024 and the relative number of diabetic lower limb amputations by 11 per 100k population by April 2024	Clinical Strategy Lead	April 2024
Reduce hospital spells for diabetic foot issues and the relative number of diabetic lower limb amputations by 15 per 100k population by April 2024 and the number of lower limb amputations by 11 per 100k population by April 2024	Clinical Strategy Lead	April 2024
Clinical initiatives established to support include: • Review of care and treatment across primary care and community car settings • Lower limb care management	Clinical Strategy Lead	TBC

Clinical Strategy Priority 5 – Musculoskeletal (MSK)

The population of STW continue to experience variation within the system and in comparison, to other regions. For instance, a person from the most deprived quintile is 41% more likely to be readmitted as an emergency following surgery than a person from the most affluent quintile. We also know that there is an

underrepresentation of specific population groups on our waiting lists and our rates for diabetic amputations are significantly higher than other regions. We have ambitions to improve safety and quality, integrate services, tackle health inequalities and access to care, and create a great place for staff to work. The ICS has an opportunity to demonstrate an efficient and sustainable way to fulfil these ambitions by taking a population-based approach to meet the needs of patients facing musculoskeletal (MSK) concerns. Through our evidence-based understanding of the current challenges, we identify the following actions:

Action	Owner	Timescale
Reduce referral rates per 10k population with the aim of moving into the 3rd quartile for activity with a referral rate reduced from 11.9 to 8.2 or 167 referrals per week by April 2024	Clinical Strategy Lead	April 2024
Reduce outpatient activity levels to national average rates this equates to a 25% reduction by March 2024	Clinical Strategy Lead	March 2024
Restore inpatient activity levels and eradicate 52ww with a total activity requirement increasing to 228 per week from April 2025. Phased trajectory in place	Clinical Strategy Lead	April 2025
Reduce expenditure on MSK by £15m per year by April 2025	Clinical Strategy Lead	April 2025
Clinical initiatives established to support include: • Demand analysis and referral reduction • Outpatient transformation Inpatient restoration and redesign	Clinical Strategy Lead	TBC

Clinical Strategy Priority 6 – Mental Health

Our priorities include an ambition to prevent mental disorders in young people (and by default adults) through effective mental health promotion and prevention as well as transforming current services to ensure they are accessible, integrated and reflect the best available evidence.

Adult Mental Health

Community mental health transformation programme:

- Over the next two years we will continue to develop and increase our support offer closer to general practice and to reduce gaps in service. Our ambition is to improve access times to 4 weeks from referral to assessment for all. We will develop robust pathways between primary care services and NHS Talking therapies and crisis teams.
- We will also focus on the physical health needs of those with severe mental illness ensuring that the GP registers are accurate and that all those individuals are invited for an annual health check. Our ambition is that equivalent of 70% of those on GP registers will have an effective annual health check with follow on activities to improve outcomes with a focus on health inequalities and access to services. We will increase near patient testing to provide a one stop shop approach and will work

with third sector to support those individuals who require it to attend for the checks. If some individuals are unable to attend, we will offer an outreach service.

- With communities facing a cost-of-living challenge, we will through the charitable sector, embed designated roles to support people living with SMI to easily access housing and debt advice.
- For those individuals who need to develop their skills to live in the community, our community rehabilitation team is developing and will support the repatriation of individuals who are at this time being supported away from their family and home area. We are working closely with LA colleagues to ensure we have robust care providers and accommodation to meet the needs of individuals.
- Adult eating disorders services have seen a huge increase in referrals since the pandemic and we will focus on providing support earlier for people. Our early intervention FREEDS model will be developed in 2023 and we will also develop SEEDs for more complex longer-term individuals.

Action	Owner	Timescale
Implement the Community mental health transformation programme	Clinical Strategy Lead	TBC
Increase the proportion of ED patients seen within the standard timescale. Initial focus to ensure national average of 85% urgent and 64% routine is achieved by April 2024. Further plans to be developed to increase the proportion to 95% by April 2025	Clinical Strategy Lead	April 2024 April 2025
Increase the number of patients accessing IAPT services by 11.6% April 2024 and a further 10% by April 2025 taking the total number of people accessing IAPT services to 2600 (increase of 560 patients)	Clinical Strategy Lead	April 2024 April 2025
Reduction in out of area placements by 30% by April 2024 and a further 20% by April 2025 whilst irradicating inappropriate out of area breaches by April 2024	Clinical Strategy Lead	April 2024
Increase dementia diagnosis rate to 66.7% by April 2024	Clinical Strategy Lead	April 2024
Clinical Initiatives to support include: • Detection and early intervention of dementia • IAPT development • CYP mental health transformation plan • Out of area review • Eating disorder service development Neurodevelopment service	Clinical Strategy Lead	TBC
Increasing our emphasis on recovery and on positive risk-taking supporting the work on suicide prevention, stepped care rehabilitation pathways, reducing out of area placements and strengthening the overall community services.	Clinical Strategy Lead	TBC

Crisis support

Over the next two years we will:

Action	Owner	Timescale
Undertake a demand and capacity review to determine our local needs		TBC
Implementing 111 Option 2 for all urgent calls being directed to our local 24/7 access professionals	TBC	TBC
A robust offer to reduce suicide and a robust pathway for bereavement support	TBC	TBC
Increase our offer to support individual prior to reaching a crisis.	TBC	TBC
Develop robust pathways into VCSE support with a focus on Twight 6pm-2am shift including closer working with urgent and emergency care (ambulance and police).	TBC	TBC
Develop nonhospital crisis beds with the third sector to reduce hospital admissions	TBC	TBC
Extend our offer to the homeless community and ensure robust pathways into substance misuse and secondary mental health services.	TBC	TBC
Develop an all age HBPOS offer with staff skilled in both adult and Children mental health.	TBC	TBC
Continue to work with West Midlands ambulance service to develop mental health support within their offer. Including mental health clinicians working in the control room, increased mental health training for all ambulance staff and a mental health response vehicle to support those who require crisis support their mental health.	TBC	TBC

Children and Young People's (CYP) Mental Health

During 23/24 we will be engaging on a Children and Young People's (CYP) Local Transformation Plan (LTP). The plan will capture the current levels of need, and the work undertaken in recent years to develop a 0-25 years emotional health and wellbeing service as well as the future improvements that still need to be undertaken. In common with CYP mental health services nationally we know there has been a step increase in the number of referrals received, in particular for core mental health services and autism assessments. Urgent demand and capacity modelling is underway to understand the new levels of service provision needed and the extra services needed to restore waiting lists back to target.

The process of jointly developing the CYP LTP will assist in improving our collective understanding of the strengths across our system, as well as the important and distinct roles of the various statutory and voluntary and community sector colleagues in delivering it. The overall shift has been to move to a greater understanding of the importance of prevention and early intervention. Key to this is improving our system understanding of the impact of adversity on the developing brains of our young people, and of the negative impact of adverse childhood experiences (ACEs) in later life.

Action	Owner	Timescale
Develop the Children and Young People's (CYP) Local Transformation Plan (LTP)	TBC	TBC
Demand and capacity modelling to understand the new levels of service provision needed and the extra services needed to restore waiting lists back to target.	TBC	TBC
Run a pilot service in Telford & Wrekin - aims to develop a small caseload with strong multi-disciplinary teams (MDTs) around the families to reduce the number of children entering care. The MDT will focus on substance misuse, adult mental health and CYP mental health and domestic violence.	TBC	TBC

Older People's Mental Health Services

We wish to see older people having access to the same services, or services of equivalent quality, to those for adults of working age. The principles set out above for community, crisis, and rehabilitation services should therefore all be read as also applying to older people, within an all-age service model. Effective care and treatment mean managing the process of increasing frailty over as long a period as possible, and whilst maintaining the highest possible quality of life – for the person with dementia, and for their carers and family. This process needs to begin with post-diagnostic support and continue through to end-of-life care. Effective support for families and carers is essential.

Actions	Owner	Timescale
Review our core offer to ensure that the full continuum of mental health conditions is reflected and understood. This will include a review of the numbers, function and location of beds as well as the crisis and community models, which help to keep people at home and avoid hospital admission.	TBC	TBC
Work more closely with the acute general hospital care system to ensure high quality, timely discharges for people experiencing mental health problems.	TBC	TBC
Continue to work up the actions from the existing dementia strategy to meet the rising demand for older people's mental health services which are inextricably linked to our aging population.	TBC	TBC

Learning Disabilities and Autism

Collectively as a system we have an ambition that children and young people with Special Educational Needs and Disabilities (SEND) should be supported and enabled to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. Over the course of the next 2 years we aim to develop a system wide SEND outcomes framework, coproduced by all partners including CYP and their families STW has a strong history of parent / carer representation who have already commenced work around exploring what this could mean based on work developed previously. We will:

Actions	Owner	Timescale
Reduce unwarranted lengthy inpatient stays for those with LD&A by: – Delivering the inpatient target by robust management of these patients when they are in beds but also by using the Dynamic Support Registers to identify those at risk of admissions and then provide an integrated system response. – Focusing on accommodation which continues to be an issue for this LDA cohort, we will work with housing providers, landlords and care providers to ensure we have a robust local offer to meet people's needs; including for people with the most complex behavioural needs.	TBC	TBC
Reduce health Inequalities for those individuals on the LD&A General Practice registers: – We will review the accuracy and size of registers in General practice with a real focus on 14–25-year-olds many of whom have not been picked up since the changes in SEND policy. The system will map the present process of diagnosis for LD and develop a plan to close the gaps. We will review the quality and impact of the AHC and implementation of Health Action Plans.	TBC	TBC
Undertake a review impact of changes in MHA and the effect these have on the LDA cohort of individuals.	TBC	TBC
Develop integrated pathways with an integrated workforce and ensure a seamless high quality offer to the LDA community in STW.	TBC	TBC
Focus on health inequalities for this cohort of people not only reviewing their physical health needs but also support in the community and in employment.	TBC	TBC
Continue to run our key-workers project to support CYP and their families who are struggling and find navigating our complex system of support difficult.	TBC	TBC
Develop an integrated offer around the reduction of inappropriate prescribing for adults and children (STOMP/STAMP) and bring organisations together.	TBC	TBC
Develop robust pathways from referral to assessment within 18 weeks for adults with Autism Spectrum Disorder (ASD).	TBC	TBC
Raise the awareness of autism and what issues people may have as well as continue to expand the use of the Autism passport.	TBC	TBC
Develop services (which may include 3rd sector) for autistic people who don't meet current criteria for secondary mental health services.	TBC	TBC

Case Study: Integration and Transformation Programme

The Integration and Transformation Programme's is working to prevent escalation of need and to reduce the long-term impacts and effects that the pandemic has had on local people in Shropshire.

The approach aims to create a more positive and promising future for people of all ages and builds on the Strengthening Families approach to Early Help. The programme is based on evidence, data, insight and learning regarding local need and from successful integration programmes nationally, where a similar approach has been adopted. It is intended to reduce inequalities in our population and poverty in all its forms; providing early support and interventions that reduce risk and enable children, young people, adults, and families to achieve their full potential and enjoy life.

See Appendix …… for full case study

Specialist Mental Health Services

Perinatal Outcomes: As a system we will work towards achieving:

- 10% of all those giving birth having the opportunity to be supported by a specialist perinatal mental health team
- Support where required for those impacted by the Ockenden review

To achieve this, we will:

Action	Owner	Timescale
Continue to increase our offer with our very successful specialist perinatal services to ensure they continue to meet access targets and widen scope to ensure access to support for 2 years where required and interventions for partners.	TBC	TBC
We will review the demand and capacity of this service as access rates far exceed the national targets.	TBC	TBC
Ensure that the longest wait for Tokophobia and bereavement and loss are 4 weeks from referral to assess and treat.	TBC	TBC
We will work with West Mercia police to consider how we can support any individuals and families affected by Operation Lincoln.	TBC	TBC

IAPT Outcomes: As a system we will work towards achieving:

- As a minimum 12,948 individuals commencing treatment within the service during 23/24 with a commitment to continue to meet the national targets set on an annual basis

To achieve this, we will:

Action	Owner	Timescale
Rebrand our local service into NHS Talking therapies	TBC	TBC
Building pathways with Diabetes, respiratory and cancer teams, recognising the important connections between physical and mental ill health.	TBC	TBC

Dementia Outcomes: - As a system we will work towards achieving

- The diagnosis target of 66.7%
- Delivering the coproduced vision for dementia support across STW

To achieve this, we will:

Action	Owner	Timescale
meet diagnosis prevalence by providing assessment in primary and secondary care	TBC	TBC
deliver the dementia vision and strategy including some reconfiguration of workforce and introduction of some new roles across STW, for example Dementia Link Workers and Shropshire Admiral Nurses	TBC	TBC
Work with Primary Care (and then expand to all communities) to support them in becoming more Dementia aware	TBC	TBC
Provide a co –produced 'Living Plan' upon diagnosis	TBC	TBC
Develop peer support groups across the county which will be co-ordinated/facilitated by the dementia link workers	TBC	TBC
Undertake meaningful annual reviews where everyone involved in the persons care has the opportunity to contribute	TBC	TBC
Develop a respite offer for unpaid carers and increase awareness of dementia across the county.	TBC	TBC
Create virtual teams aligned to Primacy Care Networks so that people living with dementia and their unpaid carers feel well supported.	TBC	TBC

ADHD pathways Outcomes: - As a system we will work towards achieving

- An adult assessment service across STW with waiting times at 18 weeks form referral to treatment
- Robust Shared care arrangements with primary care
- Effective review and support for all those diagnosis with ADHD

To achieve this, we will:

Action	Owner	Timescale
Develop a robust assessment, diagnosis and treatment pathway and reduce the waiting list to 18 weeks for ADHD		2 years

Ensure there are clear shared care agreements in place and that there are processes for reviewing prescribing		
Mainstream services will be trained to ensure reasonable adjustments are made for those with ADHD		

We commit to adopting Trauma informed approaches

In STW there is a desire for services to be more trauma-informed and for the overall model of care to be a balanced bio-psycho-social approach with the need for a workforce that is much more psychologically minded, which supports individual recovery.

The main focus of all these developments is to encourage a profound culture change in services, towards an emphasis on what has happened to a person and not what is wrong with the person. Specifically, we will:

Action	Owner	Timescale
Support staff to help them focus on trauma.	TBC	TBC
Support the workforce with a culture change – shifting thinking from "what is wrong with you" to "what happened to you".	TBC	TBC
Integrate Trauma information into treatment plans and offer trauma-specific services.	TBC	TBC
Actively reduce or eradicate coercion and control, including medication as restraint, verbal coercion, threats of enforced detention etc.	TBC	TBC

Mental Health Provider Collaborative

We will explore the development of a local Provider Collaborative for Mental Health across Shropshire, Telford and Wrekin for all mental health transformation, developing effective partnerships and working collaboratively to provide seamless, well integrated services whilst bringing the design and provision of care closer together for the benefit of our communities. Increasingly over the 5 years covered by this plan we will seek to ensure that the provider collaborative works across statutory and non-statutory organisations alongside co-production with the wider communities involved with upon by service delivery.

Chapter 5: Enablers

5.1 People

Context

Our system workforce has been working collaboratively for many years, an approach underscored during the system's response to the Covid-19 pandemic. During this time relationships have formed between

NHS, Local Authority, ICB (formerly CCGs), Primary Care, Social Care and Voluntary sector partners to tackle the workforce pressures at a system level.

Our ICS People Committee draws its membership from a broad range of stakeholder organizations and continues to build on our collaborative approach towards delivering the National guidance for ICB People Functions to support a sustainable "One Workforce" within Health and Care - creating a compassionate and inclusive culture and working collaboratively as a system to address our workforce challenges.

People Strategy 2023 - 2027

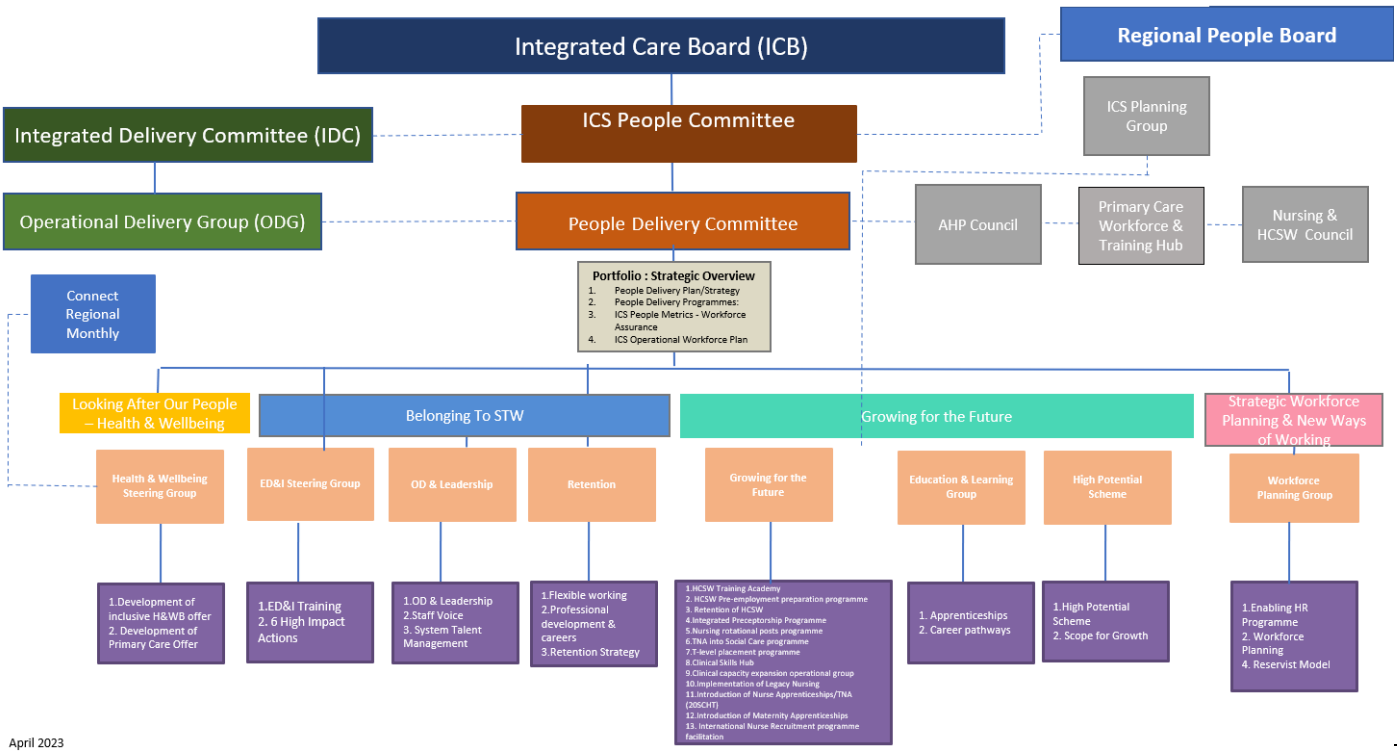
Recently our People Committee members and senior stakeholders have come together and co-created our People Strategy. This is a positive step towards working together with a shared strategic direction, underpinned by consistent and aligned organisational People delivery plans.

Our People Strategy sets out our ambition for the next 5 years for the circa 23,000 people who work with us across health & social care and is structured around the four core pillars of the NHS People Plan, underpinned by the NHS People Promise and the ambitions set out in The Future of NHS Human Resources & Organisational Development. Our four ambitions are set our below and describe what we want to do – and can be flexible to accommodate changing demands.

We are now working across our system with our partners to jointly agree the delivery plan and priorities for the next 5 years.

Alignment to Portfolios and People Operating Model

We have retained most of our previous NHS STW Local People Plan portfolios to enable strategic consistency, and so we can continue to see the golden thread of strategic connection with national NHS People priorities. Our current programmes, and the governance structure within which they sit, are set out in the diagram below:



Action	Owner	Timescale
Focusing on the recruitment, attraction and retention of staff from a range of diverse backgrounds to reduce agency spend and the workforce impact of high vacancy levels. This will be done through raising the profile and identity of working in Shropshire, Telford & Wrekin and promoting and offering transparent career pathways.	Chief People Officer	ongoing
Development and implementation of a Workforce Plan - addressing all areas of workforce including training and development and being focused in our pursuit of supporting, growing and seeking out talent and will explore opportunities across the system to share learning through talent management processes and the development of shared or rotational posts.	Chief People Officer	2023/24

5.2 Digital as an Enabler of Change

As an ICS we place our people at the heart of our digital journey and work together as a system to manage health and wellbeing services for our population. We promote a digital first, not digital only approach to improving care. Shropshire, Telford and Wrekin ICS are currently moving through the process of digitally transforming, to 'level up' and align with both ICS and national objectives. This means putting in place the right infrastructure that our impacted users expect. It means providing digital access to medical and care records. And it means ensuring information can be shared easily between our different care settings.

We have a portfolio of programmes, reflecting the key digital challenges identified across the ICS and solidifying our overarching vision. We are committed to enhancing our digital capabilities and maturity, through the effective management of data and the implementation and convergence of systems across all organisations affiliated with the ICS.

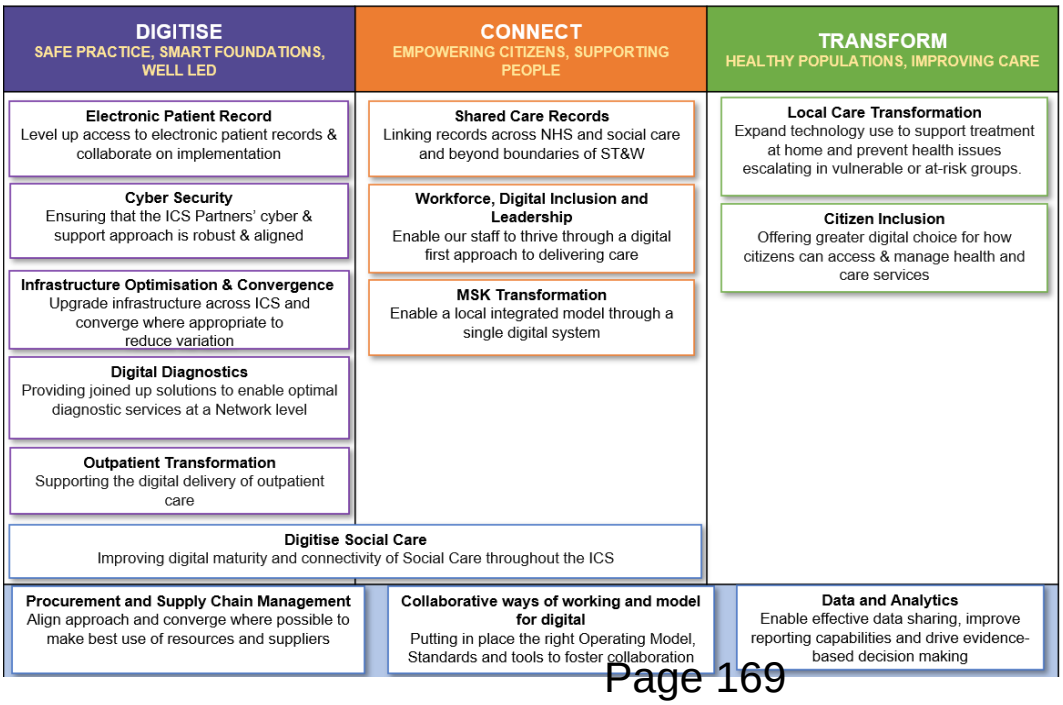
We recognise that there is a long way to go in our ICS digital journey, but by taking the initial steps to digitally transform and improve our technological capabilities, we are solidifying our commitment to excellence, and are aligned to the national focus to provide high quality care to patients, improving accessibility and consistency of services through digital innovation.

5.2.4 Our current and future position

The table below shows our as-is position and the future desired state of our ICS:

Current	Future
• A 'digitally immature' system • Digital inclusion across communities is worse than the national average. • Ageing estate across the system – community hospitals, primary care, SaTH, Local Authorities • Silos based with digital services and digital management being delivered out of each organisation	• Build upon collaboration to date and focus on how we can support our organisations to meet national expectations and deliver against local priorities. • put coordination and structure around the digital portfolio thus protecting the time of our staff by prioritising their workload and sharing the resources we have. • Combine the needs of our citizens, staff and organisation with the expectations of national bodies and regional partners to prioritise focus for investment and effort in digital transformation.

5.2.5 Our Digital Pledges



In order to deliver our ambitions and pledges we will embed sustainable ways of working to ensure we are best set up to successfully delivery our digital portfolio. Also, we will:

Action	Owner	Timescale
Embrace Digital into our culture	Digital Transformation Lead	2023/24
Learn and converge as an ICS	Digital Transformation Lead	2023/24
Streamline procurement across the ICS	Digital Transformation Lead	2023/24
Upskill workforce and communities in data literacy • Support the workforce through training modules to increase data literacy • work with the communities to increase digital health literacy • Provide a Digital resource to support and improve staff digital literacy skills	Digital Transformation Lead	2023/24
Work for patients collectively focusing on citizen inclusion in all digital decisions • Seek community feedback on existing digital functionality for managing own health, and input into digital developments • Include citizen engagement groups in the development of the ICS digital inclusion strategy • Identify the needs and preferences of the population across STW to inform and develop digital strategies	Digital Transformation Lead	2023/24
Govern and manage our digital portfolio together • Clinical input in digital transformation • Coordinated sharing of resources • Optimise digital services through engagement with strategic partners • Joined up approach across the system	Digital Transformation Lead	2023/24

5.3 Population Health Management (PHM) as enabler of Population Health

Population Health Management (PHM) is a person centred, data driven approach that seeks to improve the physical and mental health of people over their lifetime. PHM allows the system to use all the digitally collated data, intelligence and insight from our area to make collective decisions and prioritise key issues and specific populations of people, depending on need and equity. It requires clinicians, professionals, frontline workers to expand their focus from treatment / assessment to considering the whole person and

their health risk. It is a proactive approach that enables people who are healthy and well to remain healthy and well; as well as monitoring people who have increasing risk of ill health, and to support people to mitigate this risk.

System leaders in conjunction with local stakeholders and the public have set our ambitions and priorities for PHM over the next five years. We expect our priorities to evolve and respond to conversations with the public over the next five years. Our six population health priorities are:

Give every child the best start in life (including healthy pregnancy)	Encourage healthier lifestyles with a priority focus on unhealthy weight	Cancer survival, hypertension and heart disease
Improving peoples' mental wellbeing and mental health	Dementia	Reduce the impact of drugs, alcohol, domestic abuse on our communities

These priorities will largely be delivered at Place level and more detail is provided on this in the next chapter.

5.4 Estates - System Estates Strategy and planned delivery

Update due Tuesday 26 May

We aim to deliver an estate which is fit for purpose and providing high quality care environments which enable the safe delivery of services for our communities. This means an estate which is in compliant and functionally suitable, is environmentally sustainable, is accessible to local people and which is flexible and designed around changing service needs.

Priority areas of development identified for STW include:

- Re-provision of The Elms
- Redwoods C&YP S136 Suite
- Alternative estates for BEEU Services
- Some environmental changes to wards to improve safety, e.g. carriage of restricted items, fire safety

Action	Owner	Timescale
TBC	TBC	TBC
TBC	TBC	TBC

5.5 Financial Sustainability & Productivity

The Shropshire, Telford and Wrekin system has a significant underlying financial deficit which is one of the reasons that we are part of the Recovery Support Programme (RSP). The system and ICB is therefore subject to significant scrutiny around finances and financial decisions, with a specific requirement to develop an approach to recovering and making sustainable the financial position.

A system financial framework was therefore developed in 2020/21 and agreed by all organisations and all system partners work closely together to deliver a roadmap for financial recovery.

All organisations have:

- approved the approach of 'one model, one consistent set of assumptions' and recognise that the position of each organisation will evolve and change transparently
- agreed to mobilise and deliver the plan to enable the development and delivery of the financial strategy and Financial Improvement Framework as part of an Integrated System Strategy
- ensured that the transparent and agile approach to financial planning and management continues across the system
- recognised the initial financial control totals in the Financial Improvement Framework with a commitment to agree organisational control totals within that (noting that this framework is now due a refresh in 2023/24 given the deterioration in the 2022/23 outturn compared to plan).
- agreed to work together to use our resources flexibly and effectively, to deliver the system vision.

To ensure that all decision-making is open and changes are understood and approved by all, the system has been operating under the 'triple-lock' process and using a principle of 'moving parts.' This means that decisions are made at local, ICS and regional level (triple lock) and that new expenditure can only be committed if it is backed by new income or efficiency ('moving parts'). The principles are designed to ensure decisions are owned by each organisation and at system level, with oversight from NHSE. All investment decisions are made using a system wide prioritisation framework/scoring mechanism to ensure that decisions take into account the triple aims of the system – health and wellbeing of the population, quality of service provision and sustainable and effective use of resources.

A system wide approach to efficiency, productivity and transformation is in place. This includes ensuring effective financial governance and controls, improving productivity through a system wide focus group, driving efficiency through consolidation and collaboration, improving use of NHS estate and focussing on system wide priorities for transformation eg the Local Care programme and MSK.

The recent Hewitt review of Integrated Care Systems outlined the need to focus on the creation of health value and implementation of innovative financial flows and payment mechanisms. As the system matures, opportunities to understand the cost of whole care pathways and intelligence through population health management approaches will allow consideration of resource allocation to provider collaboratives and places.

ICBs have been notified that baseline running cost allowances (allocations to fund the running costs of an ICB) will reduce by 30% in real terms by 2025/26, with at least 20% to be delivered by 2024/25. This provides us with an opportunity to review how we deliver the core business of the ICB alongside the development of our models for provider collaboratives and place.

Action	Owner	Timescale
Development of system wide medium to long term financial plan with consistent assumptions and clear deliverable recovery trajectory	Director of Finance	September 23
As system matures and population health information is available, development of resource allocation methodology to provider collaboratives and 'place'	System	ongoing

5.5 Our Commitment to Communication & Engagement

(update is being reviewed by Director of Comms and Engagement)

Communication and engagement are critical to the success of Shropshire, Telford & Wrekin joint forward plan. Only by working together as one with partners, key stakeholders, colleagues and the general public will we be able to achieve our ambitious plans. Good communications, engagement and involvement with stakeholders will mean:

- Increased awareness of STW as a system and our direction of travel.
- Involvement of all key stakeholders in shaping the services we plan, commission and deliver.
- Regular, clear communication about our plans that are easy to understand and access.
- Sharing system successes and opportunities across our workforce.

Our approach is to collaborate extensively with local people who use health and care services, their families and any carers, local political stakeholders as well as members of the public, including seldom heard groups to ensure that our residents help inform our decisions. Will inform our stakeholders, engage with them in open discussions and co-design/ co-produce our services with them.

How we engage our different stakeholders:

Staff engagement - We work with communications and engagement leads in our different partner organisations to keep staff updated about ICS developments and to obtain their views. We use organisational communications channels including staff newsletters, intranets and face-to-face-staff briefings. We provide communications materials and templates to ensure that all staff across the ICS are receiving the same key messages. We encourage feedback and provide this to system leaders for them to take the views and suggestions of staff into account and inform their decision making.

Clinical engagement - (NW/AB to advise) We are committed to a clinically led system, by this we mean in its widest sense, including all health and care professionals across every discipline. We have a clinical prioritisation and design group as part of our system governance structure to ensure priorities are developed and delivered with those who best understand requirements.

Community and voluntary sector engagement - Working alongside local communities, voluntary and community organisations is essential if we are to fully understand and develop the services we offer. We work closely with the voluntary and community sector through the Shropshire Voluntary and Community Sector Assembly in Shropshire, the Chief Officers Group in Telford & Wrekin and groups who are the voice of people in local communities. We also continue to work alongside our two Healthwatch organisations to draw on their expertise, knowledge and insight into working closely with this sector.

Political involvement - Our local MPs and councillors have and do continue to have an interest in local health and care services. They are keen to be actively involved in order to share progress with their constituents and gather their views and also be informed for their conversations at a national level.

Co-production - Co-production is integral to the success of our system and our Joint Forward Plan. To continue to embed a culture of co-production across Shropshire, Telford & Wrekin co-production will need to be delivered at all levels (System, organisational, service delivery) and review the effectiveness of the co-production approach.

To read our system's communication and engagement strategy please see appendix X

How we have engaged to inform our Joint Forward Plan
Placeholder "Big Conversation Feedback- you said we did"

Case Study: Black & Asian Community Health and Wellbeing project

After listening to community leaders and analysing data, several health concerns were identified for Black and Asian communities across Telford and Wrekin, making it clear that to tackle health inequalities, we needed to work more closely to understand what solutions and community-led activities would improve their health, wellbeing and prevent ill health now and in the future. Funding was utilised for an Asset Based Community Development project, involving seven community organisations representing a wide range of our target residents. This project has enabled these groups to work together for the first time, leading to new positive working relationships, the achievement of shared goals and a greater level of community cohesion, to make a real difference to their health and happiness. Local people have had the opportunity to attend training courses including Making Every Contact Count, walk leader training, healthy eating and cooking sessions, mental health 1st aid, suicide prevention and physical activity courses. Community workshops and health and wellbeing activities have engaged over 3500 participants and have included cricket, football, netball, community cooking sessions, fitness classes, martial arts and mental health sessions, craft and chatter groups, music and mindfulness, swimming, walking groups and seated exercise.

5.6 Our commitment to research and innovation

Research

Each ICB must facilitate or otherwise promote (a) research on matters relevant to the health service and (b) the use in the health service of evidence obtained from research.

It is our ambition to support all of our colleagues across the ICS to get involved in research, working collaboratively with HEI/commercial/non-commercial. SSHERPa brings together all partners across the ICS to develop collaborative approaches to enabling involvement in research across commercial/non-commercial – sharing resources/skills/knowledge; developing and expanding research capability.

Further, we are planning to promote engagement with the citizens of STW and encourage them to get involved and take part in research through sharing of opportunities/knowledge; REND SCOPE, touchpoints study – working closely with NIHR CRN, who have a strong track record in research recruitment primary/community and strong delivery teams across patch.

Action	Owner	Timescale
Identify research needs and shape plans – REND developing VCS engagement and engaging with diverse communities	TBC	TBC
Consider skill mix at board level and across registered healthcare professionals		
Collaborate with local research infrastructure and stakeholders including industry where appropriate - NIHR CRN, WMAHSN, ARC, BRC, IAA capital bids etc.		
Ensure research support and delivery posts are sustainably funded where appropriate so everyone can play a role.		
Consider the role of RCF - joint appointments; strategy highlights workforce plans; shared posts across SSHERPA footprint.		

Innovation

We want to be an innovative and learning healthcare system, taking the best practice from around the world and applying it to services within Shropshire, Telford & Wrekin to improve the lives of patients. On this basis we will work with a range of partners, including primarily the local Academic Health Science Network (AHSN), which is the innovation arm of the NHS. We will work with the AHSN on the adoption of new medicines, technologies (including digital delivery and the use of artificial intelligence), and diagnostic methods. The AHSN can provide access to proven innovation, but we will also looking for innovation from other sources – including our partners. The voluntary and community sector can be a particularly rich source of innovation and new ideas.

Action	Owner	Timescale
Undertake horizon scanning across the ICS to identify opportunities for innovation, then consider scaling cost effective or cost-saving innovation in order to drive economic development.	TBC	TBC
Ensure that our people and our communities are involved in innovation. Engage with stakeholders for innovative idea generation.	TBC	TBC

5.7 Our commitment to Green Sustainability

(Update due Tuesday 23 May)

In October 2020, NHS England published 'Delivering a Net-Zero National Health Service', a report that details the scale of the environmental problems faced by the NHS and the country. This report sets ambitious targets requiring all NHS Organisations to become Net zero by 2040 for the NHS Carbon Footprint and by 2045 for the NHS Carbon Footprint Plus.

Both Telford & Wrekin, and Shropshire Councils have a target to be 100% net zero carbon by 2030. The journey to net zero has already started at system organisational levels. Examples of what we have achieved so far are:

An overall system reduction in reliance on fossil fuels of circa 1,066,000 kWh for PV arrays - achieved by the installation of renewable on site energy.

Around £2.98m saved from reduction in journeys - Achieved and quantified by MPFT, by moving outpatients clinics to telephone/video calls, delivering over 80,000 virtual consultations and by adapting agile (hybrid) working for our colleagues.

Adapted our sites to accommodate local wildlife – achieved by installing swift and bat boxes, sited beehives on some of our hospital sites, encouraged a diverse range of plants and fauna in our green spaces.

Completely eliminating desflurane from our clinical practices – achieved by adopting alternative methods such as less environmentally harmful anaesthetic gases and total intravenous anaesthetics (TIVA).

Diverting around 440 tonnes of waste from landfill each year - Achieved by RJAH in the period April 2020 – March 2021 where 100% of RJAH waste was diverted from landfill.

There is, however, much more work to be done. STW ICS has created a Green Plan which outlines the key actions to identify opportunities in the system where we can share learning, optimise efficiencies, and capitalise on collaborative working:

Action	Owner	Timescale
Establish our system baseline positions	TBC	TBC
Ensure that we have the right people delivering our net zero agenda	TBC	TBC
Consider how we can deliver care in a sustainable, balanced way	TBC	TBC
Harness digital technologies to approach a multifaceted challenge of delivering quality care outcomes, improving the	TBC	TBC

quality of our care and diagnostics, reducing waste, and optimising our building services		
Encourage our communities to avoid contributing to our carbon output	TBC	TBC
Focus on our supply chain's commitments to achieving net zero	TBC	TBC
Develop decarbonisation plans, continuing our transition to renewable energy, and in the interim making every kilowatt of fossil fuel energy count	TBC	TBC
Adopt practices to avoid creating waste that persists in nature, and recycling those we cannot.	TBC	TBC
Adapting our services to meet the challenges of climate change and extreme weather events	TBC	TBC
Encourage biodiversity	TBC	TBC

Appendix Item A: List of Acronyms

Acronym	Meaning	Acronym	Meaning
BAF	Board Assurance Framework	NHSE	National Health Service England
BAME	Black, Asian and minority ethnic	NHSI	National Health Service Improvement
BAU	Business as Usual	NQB	National Quality Board
BI	Business Intelligence	ORAC	Ockenden Report Assurance Committee
BTI	Big Ticket Items	PCN	Primary Care Network
CCG	Clinical Commissioning Group	PHM	Population Health Management
CDH	Community Diagnostics Hub	QIP	Quality Improvement Plan
CEO	Chief Executive Officer	QSC	Quality & Safety Committee
CQC	Care Quality Commission	RJAH	The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
CYP	Children and Younge People	ROS	Readiness to Operate Statement
DHCS	Department of Health & Social Care	ROP	Recovery Oversight Programme
DTOC	Delayed Transfers of Care	RSP	Recovery Support Programme
G2G	Getting to Good	SaTH	Shrewsbury & Telford Hospital NHS Trust
HTP	Hospital Transformation Programme	SDP	System Development Plan
ICB	Integrated Care Board	SFH	Sherwood Forest Hospitals NHS Trusts
ICP	Integrated Care Partnership	ShIPP	Shropshire Integrated Place Partnership
ICS	Integrated Care System	ShropCom	Shropshire Community Health NHS Trust
IG	Information Governance	SOAG	SaTH Safety Oversight and Assurance Group
JSNA	Joint Strategic Needs Assessment	SOF4	Segment 4 of the System Oversight Framework
LMNS	Local Maternity and Neonatal System	SOP	Standard Operating Protocols
LTP	Long Term Plan	SRO	Senior Responsible Officer
MDT	Multi-Disciplinary Team	TWIPP	Telford & Wrekin Integrated Place Partnership
MIU	Minor Injury Units	UEC	Urgent and Emergency Care
MOU	Memorandum of Understanding	UHNM	University Hospitals of North Midlands
MPFT	Midlands Partnership Foundation Trust	UTC	Urgent Treatment Centres
MSK	Musculoskeletal	VCSE	Voluntary, Community & Social Enterprise
MTAC	Maternity Transformation Assurance Committee	WMAS	West Midlands Ambulance Service

Appendix Item A: Action Plan

	Action	Owner	2023 - 2024	2024 - 2025	2025 - 2026	2026 - 2027	2027 - 2028
Person Centred Care	Identify our priorities through a population health management approach, identifying health inequalities and taking a proactive prevention approach	Clinical Lead for Personalised Care	→				
	Establish our Person-Centred Facilitation Team to coordinate and enable this approach.	Clinical Lead for Personalised Care	→				
	Involve the full range of people who can contribute.	Clinical Lead for Personalised Care	→	→	→	→	→
	• develop and mandate a structured person-centred approach • wrap around each ICS priority workstream: planning and personalised health and care budgets.	Clinical Lead for Personalised Care	→	→			
	Inspire, equip and support our leadership and wider workforce in this approach	Clinical Lead for Personalised Care	→	→	→	→	→
	Agree 5-year plan to shift resource towards person-centred, preventative services & action	Clinical Lead for Personalised Care	→				

Pro active prevention	Agree a set of values, standards, beliefs and ways of working	TBC	TBC				
	Agree and implement an effective method to gather and use multi-agency intelligence across the system	TBC	TBC				
	Engagement/Consultation with internal and external stakeholders for each of the priority programmes	TBC	TBC				
	Identify the opportunities for proactive prevention, reducing inequalities, and increasing self-management for each of the priority programmes	TBC	TBC				
	Ensure all information is accessible	TBC	TBC				
	Agree a communications strategy to ensure messaging is consistent and clear across the system	TBC	TBC				
	Make best use of available technology to improve coordination of care, communication, understanding and monitoring of health.	TBC	TBC				
	Workforce development through education and training and development of new roles and new ways of working.	TBC	TBC				

	Recommendation	Action					
Tackling Inequalities	Strengthen the consistency of governance arrangements for reporting HI.	• Reaffirm system leadership which champions HI improvement. • Secure additional PMO resource • Develop a re-focused 2023/24 HI Implementation Plan • Develop a consistent monitoring framework which links through local governance and feeds into the quarterly NHSE stocktake reports • Explore how we can assist our Providers to take forward the HI asks within the Operational Plan. Ensure CYP Core20PLUS5 Objectives are embedded through governance.					
	Assess how dedicated HI roles contribute to success.						
	Identify baseline staff competencies and capacity to rapidly increase knowledge and skills on HI.	• Collate HI, health literacy and population health training and resources. • Create a central 'resource directory' on local Intranet.					

		• Work with our People Team to develop a HI training module/workshop Share best practice locally, regionally and nationally.					
	Confirm baseline data, available intelligence and analytical requirements for each priority HI area.	• Explore data resources to identify a core set of metrics. Develop a HI Dashboard which can support impact and outcomes monitoring at a granular level.					
	Complete IITSCE health actions	ICB Chief Nursing Officer	31.12.24				
	Implementing the Liberty Protection Safeguards	ICB Chief Nursing Officer	in line with national timescales				
Victim Abuse	Implementing the requirement of the Serious Violence Duty in line with Safeguarding Partnerships	ICB Chief Nursing Officer	in line with national timescales				
	Build pathways for supporting victims, based on knowledge and information	TBC	TBC				
	Working with schools and education establishments regarding abuse	TBC	TBC				
	Engage with Children and Young people in our plans	TBC	TBC				

	Delivery of 'Live Well' programmes aimed at encouraging healthy lifestyles and improving mental wellbeing	Service Delivery Manager: Health Improvement, TWC	April 2024				
	Development of a Healthy Weight Strategy		April 2024				
	Delivery of the place-based elements of the system wide strategy for cancer (including early cancer diagnosis)	Deputy Director: Partnership and Place, NHS STW & Deputy Director: Public Health, TWC	April 2024				
	Delivery of programmes to improve awareness of and reduce inequity of access to vaccination, screening and health checks	Service Delivery Manager: Health Improvement, TWC & Deputy Director: Public Health, TWC	April 2024				
	Deliver Start for Life and Family Hub transformation programme	Deputy Director: Public Health, TWC & Group Specialist, Family Hubs, TWC	April 2024				

Appendix Item C: References – to be completed and turned into formal reference formatting

- Integrated Care Strategy
- Clinical Strategy - status: signed off
- SATH Hospital Strategy
- CVD Stratey
- Operating Plan
- HTP strategy
- People Strategy
- Mental Health, Learning Disabilities and Autism
- Children and Young People
- Urgent and Emergency Care
- Strategic Intentions
- Elective Care
- STW Improvement Plan
- Financial Plan

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**15th June 2023**					
Title of report	**Vaping and Children & Young People**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	X	Information only (No recommendations)	
Reporting Officer & email	Gordon Kochane, Public Health Consultant, Gordon.kochane@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	X	Joined up working	X		
	Mental Health		Improving Population Health	X		
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities			
	Workforce		Reduce inequalities (see below)			
What inequalities does this report address?	Health inequalities related to smoking and the use of vapes					

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

1. Executive Summary

A Position Statement on vaping amongst children and young people has been produced by the recently formed Task & Finish Group on Underage Vaping. This is aimed at those working in education, professionals and others who work with children and young people who vape to address concerns, present current evidence, summarise legality of underage vaping and highlight potential links with exploitation.

The Shropshire stance is that vaping is not for children and the safest, healthiest option is not to vape or smoke.

The Position Statement has been finalised and shared with networks connecting to the target audience. The intention will be to create a series of further communications as additional evidence and updates (both national and local) become available. A copy of the Position Statement is attached to this report.

Further work on designing communications aimed at children and young people and parents/carers is also being progressed, with input from the voice of the young person and referencing national available resources.

An initial review of current intelligence on underage vaping in Shropshire has identified there is currently no single systematic method of capturing this information. The Task & Finish group has sought to address this through:

- A plan to capture market research with local children and young people on vaping via the use of focus group/conversation (linking with existing forums, groups, and outreach links)
- Inclusion of vaping questions within Shropshire's Public Health Nursing Service school health survey
- Inclusion of vaping questions within the forthcoming children and young people Joint Strategic Needs Assessment (JSNA)

2. **Recommendations (Not required for 'information only' reports)**

The HWBB is recommended to receive this report for information, to raise awareness and share the Position Statement on Underage Vaping for those working in education establishments, professionals and others working with children and young people who vape.

3. Report

The earlier two Task & Finish groups set up with a focus on understanding -local data on underage vaping and communications about underage vaping have been combined. This provides opportunity to ensure communications are guided by local understanding of underage vaping and to shape our information collection approaches.

A joint Position Statement presenting the facts on current evidence and known risks on vaping amongst children and young people has been produced by the Task & Finish group. This position statement is aimed at those in education establishments, professionals and others who work with children and young people who vape. The purpose is to clarify messages which may be mixed or confusing depending on the source and provide opportunity to raise awareness of additional considerations such as legality of selling to or purchasing vapes for underage young people, the Trading Standards role as well potential links to exploitation.

We promote the message that vaping is not for children and the safest, healthiest option is not to vape or smoke.

The Position Statement includes a section on key messages for action should there be specific concerns related to vaping, along with contact details for Trading Standards, or concerns about exploitation. The Position Statement is endorsed by the Shropshire Council Director of Public Health, Director of People, and the Chief Medical Officer from NHS Shropshire Telford & Wrekin.

This document has already been shared with a wide number of networks however, we would welcome the Board's support to raise the profile of this Position Statement. A copy of the Position Statement can be found embedded below.

Shropshire Position Statement on Underag

The Task & Finish group is currently working on an approach for communications aimed at children and young people. The voice of the young person is at the core of this work, and an initial exercise to work with and collate the views on vaping of young people in Shropshire is currently underway. This includes working with partners to connect with our children and young people to both help define what questions should be asked and to gather this market research, which will be used to shape the messages used within communications. It is recognised that different approaches may be needed for different cohorts of children and young people and also the need for their support in understanding where best to place these messages for optimum impact.

A national suite of resources has been made available. These include posters designed to present the facts about vaping to children and young people and a leaflet aimed at parents and carers which includes tips on having conversations about vaping with a child. The Task & Finish group is in the process of reviewing these resources including any potential to localise them for Shropshire.

The national resources also include a PHSE resource. In Shropshire, a PHSE resource on vaping is currently being designed by the Public Health School Nursing service for delivery in schools, with the support and input from the Task & Finish group.

There is ambition to develop a dedicated section on the Shropshire Council webpage to host the communications and resources about underage vaping and ensuring links to other local webpages within the system to centralise resources for easier access and wider reach.

An initial exercise to review local data and intelligence to inform a Shropshire narrative on underage vaping identified limited systematic collation. Information is available via Trading Standards however is reliant on reporting of concerns about underage sales or illegal vapes being sold. A health survey delivered by the Public Health School Nursing service includes specific questions on vaping, and feedback from this should be available shortly. Questions around vaping will also be included within the forthcoming CYP Joint Strategic Needs Assessment (JSNA) and will provide an opportunity to compare Shropshire findings with the national picture. Shropshire is also co-ordinating a response to the Smokefree 2030 youth vaping Call for Action. Its purpose is to identify opportunities to reduce the number of children accessing and using vape products, while ensuring they are still easily available as a quit aid for adult smokers. The Call for Action is asking local areas to share insights, evidence or data that could support regulatory compliance, appeal of vapes, marketing and promotion of vape products, role of social media, effective educational approaches to prevent the uptake of vaping by children, the impact on the environment and understanding the vape market. If anyone would like to contribute towards the call for evidence please contact Gordon Kochane, Public Health Consultant, and for further details please visit Youth vaping: call for evidence - GOV.UK (www.gov.uk).		
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	There is risk that the decline in smoking rates could be replaced by an increase in vaping, whether that is nicotine or non-nicotine-based vapes. Whilst there is currently no specific research focusing on the health impact of vaping on young people's development and long-term respiratory system impacts; evidence supports, and locally it is agreed, that vaping is not for children and the safest, healthiest option is not to vape or smoke. Vapes can be purchased online often with relative ease and are more challenging to regulate. There has been a large rise in sales of non-compliant vapes (with risks around product safety requirements such as chargers and batteries). This is compounded by worrying indications that the supply of vapes may be linked to child exploitation and serious organised crime. Tobacco smoking is the most important cause of health inequalities. Vaping and tobacco smoking are linked given vaping is a recognised and encourage smoking cessation tool. Reducing vaping among children and young people is important for reducing the impact of both known and unknown health risks of vaping (precautionary principal). Communicating the relative and absolute risks of vaping adequately are essential to minimising the significant risks of tobacco smoking in children and young people, as well as adults. Shropshire supports the Local Government Association's call for action to central government for vapes to be in plain packaging, be kept out-of-sight, for mandatory age-of-sale signage on vaping products and a ban on free samples as tools that can help achieve this.	
Financial implications (Any financial implications of note)	There are no current financial implications to be noted. However, the progress of this work and final outcomes are currently being defined and therefore financial implications continue to be under review.	
Climate Change Appraisal as applicable	Disposal vapes are a particular environmental pollutant and increasing in popularity. Action to reduce vaping, particularly of disposal vapes which are popular among young people, will reduce the environmental impact of these products.	
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) Portfolio holders can be found here **or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead** **Cllr Cecilia Motley** – *Portfolio Holder for Adult Social Care, Public Health & Communities* **Rachel Robinson** – *Executive Director, Health, Wellbeing and Prevention*
Appendices (Please include as appropriate)

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**15th June 2023 – 09:30am – 12:00pm**					
Title of report	**Health Protection Update**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)		Information only (No recommendations)	**x**
Reporting Officer & email	Susan Lloyd, Consultant in Public Health Susan.Lloyd@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report 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 report address?	Health Inequalities specific to screening and vaccination					

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

1. **Executive Summary**

This health protection report to the Health and Wellbeing Board provides an overview of the health protection status of the population of Shropshire. It 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.

2. **Recommendations (Not required for 'information only' reports)**

3. **Report**

Part One

1. **Overview of health protection data and summary of risks**

1.1 - Immunisation Cover Shropshire

- Immunisations Childhood – 0-5 vaccination in-line or above West Midlands (WM) average.
- There is continued local push on Measles, Mumps and Rubella (MMR). Being pushed with GPs to ensure current vaccine and dates are being recorded
- Immunisations Adolescent – cover in-line with West Midlands average.
- Immunisations Adult Pneumococcal Polysaccharide Vaccine (PPV) – cover in-line with West Midlands average.
- Covid Immunisation - The Spring campaign runs to 30 June. A smaller plan for those that are most vulnerable. We have been able to set up our local targets and we are looking at vaccination sites.

1.2 - Screening uptake Shropshire

- Breast – recovery is back on track and in a stable position.
- Bowel – as part of the Early Cancer Diagnosis Group it has been raised that SaTH are having issues with its colonoscopy provider and cannot use them for screening at all. This has jeopardised bringing in the extension to 58-year-olds being implemented, increased waiting and diagnostic times for those that are symptomatic and delayed restoration. The issue has been raised with SaTH at the highest level, they are having regular meetings and a focussed paper is being written as needs to be taken in the round as a quality issue. on. The issue with the bowel screening provider has also been escalated to high levels in the Trust. Cervical - delays in waiting times for colposcopy patients, due to staffing issues, and impacting quarter 4 onwards.

1.3 - Communicable disease

- Flu – recent surveillance data from UKHSA confirms that circulation of influenza in the community has returned to baseline levels.
- Covid - recorded cases are decreasing in Shropshire. Outbreaks are still occurring in care homes and are being risk managed.
- Government guidance changed on 3rd April 2023 the full details are available here: Infection Prevention Control Adult Social care: COVID 19 Supplement adult social care: COVID 19 supplement- GOV.UK (www.gov.uk)
- Testing regimen changed full details are available here: COVID-19: testing from 1 April 2023
- Tuberculosis - tuberculosis is the focus for review in-line with the Shropshire Health Protection Strategy 2023
- Group A Streptococcus - Group A Streptococcus (GAS) is a bacterium which can colonise the throat and skin.
- Since the last report the number of GAS and IGAS notified continues to be low with only a small number of education settings requiring support.
- Avian Flu - Confirmed Avian Influenza cases in birds have been diagnosed in Shropshire in a small domestic flock and in neighbouring counties since the last health protection report. Additionally, a small number of wild birds along the River Severn were confirmed Avian Influenza and individuals with direct contact given prophylactic antivirals as required.
- Foodborne and waterborne disease – Campylobacter - numbers remain largest reported foodborne bacteria.
- Other foodborne and waterborne - case numbers overall remain low. Since the start of 2023 1 case of E Coli 0157 has been reported.

Part Two

2. **Health Protection Developments relevant to the system**

2.1 - Avian Influenza

An Avian Flu pathway for testing and antiviral prophylaxis have been agreed by the Integrated Care Board (ICB). The service has been commissioned from ShropCom. Additional guidance has been produced for as a result of learning from outbreaks in the East of England. The main recommendation changes for H5N1 strain only are that if appropriate PPE is worn by individuals coming into contact with infected birds, then no swabbing or antivirals are required.

2.2 - Infection Prevention Control (IPC)

IPC approach will be collaborative (joint ownership of funding across the commissioner and RJAH). The IPC support for Care Homes work is ongoing to include but not limited to:

- Quarterly self-audits
- Reporting of themes
- Pilot with Coverage Care
- Potential to sample audit

- Recruitment
- 3 modules of training to be offered online - basic, catheter care and managers modules. Further modules may be added
- Quarterly newsletter for care homes with themes and training information

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)	**There are no financial implications**	
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	**Health Protection Quality Assurance Board *(HPQA)***

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) Portfolio holders can be found here **or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead**

Cllr Cecilia Motley – *Portfolio Holder for Adult Social Care, Public Health & Communities*
Rachel Robinson – *Executive Director, Health, Wellbeing and Prevention*

Appendices
(Please include as appropriate)

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	15 June 2023					
Title of report	JSNA Update					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)		Information only (No recommendations)	x
Reporting Officer & email	**Jessica Edwards** Public Health Intelligence Manager Jess.edwards@shropshire.gov.uk					

Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x
	Workforce		Reduce inequalities (see below)	x
What inequalities does this report address?	Inequalities in health outcomes, service provision/access			

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

1. Executive Summary

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

2. Recommendations **(Not required for 'information only' reports)**

The Health and Wellbeing Board:

- Note the update to work programmes and timescales

3. Report

Joint Strategic Needs Assessment (JSNA)

Work continues on the JSNA development programme subsequent to standing down of parts of Omicron reporting. The JSNA has been managed as separate workstreams; a place-based approach and development of web-based media (Power BI interactive reports) to present needs assessments. We aim to draw these two workstreams together to create web-based interactive profiles for Place Plan areas in Shropshire. The third element comprises the thematic based JSNAs.

Place-Based Needs Assessment (PBNA)

Profiles for Highley and Oswestry, the first of the "Wave 1" priority Place Plan areas, have been published on the Council website (also attached as Appendix A & B) and include the Place Plan Area profiles developed from the data and engagement work in each area. Following the local community stakeholder engagement events, an action plan for each area has been produced and both are in the process of being implemented in partnership with community groups (Appendix C Highley Action plan). The first and second profiles (Highley and Oswestry) have already been used by system partners to identify and address Health Inequalities in the South-East and North-West of the County.

The remaining "Wave 1" priority Place Plan areas of Bishop's Castle and Whitchurch are in their final draft, following insightful community stakeholder events and will be published shortly.

"Wave 2" profiles have also commenced, with the Shrewsbury Profile currently in production. This is being developed concurrently with preliminary engagement, the results of which will be analysed and taken to the local community engagement event in June 2023. The production of profiles for Ludlow, Market Drayton and Bridgnorth (the remaining "Wave 2" Place Plan areas) will follow, with the aim to publish all "Wave 2" profiles by Autumn 2023.

Our ambition is to publish all 18 Place Plan Area profiles by Autumn to 2024.

In addition, work is beginning on high level profiles spanning a multitude of health and wellbeing outcomes and causal factors for all 18 Place Plan areas in Shropshire. We will report back to the Board with details of these as prototype products are created.

Web-Based Needs Assessment

Substantial content has been added to WBNA. As well as the overview of key demographic data for Shropshire overall and (where available) its communities, several sections have been added taking a life-course approach focusing on particular cohorts and wider determinants of health. To date the following sections have been added:

People – population, ethnicity, life expectancy and population density.
Starting Right - conception, perinatal measures, and family environment/vulnerability at birth
School Years - educational attainment, provision, SEND, FSM
Adult Wellbeing - currently predominantly behavioural measures; obesity, physical activity, drug and alcohol
Ageing Well – Health checks, outcomes associated with older populations
IMD – Deprivation indices
Employment and Economy – Activity, occupations, qualifications, business health, earnings.
Quality of Life – Crime, measures of social fabric communities, franchise etc.

Further content and narrative sections are in the progress of being added, including updating data using the 2021 Census. Subsequent to these reports being developed and signed-off the dashboard will be implemented into the Shropshire Council public facing webpage in a similar way to how traditional static reports have been published. This new way of presenting information will allow audience to explore and appropriate the information for their own uses beyond what traditional reporting allows. In addition, as part of developing these tools many of the underlying data retrieving has been automated, with the intention that the data that audience access in the web-based needs assessment is always the latest available independent of any need for manual updating.

Thematic Joint Strategic Needs Assessments

Pharmaceutical Needs Assessment (PNA)

This consultation period for the draft PNA closed on 30th September and the final PNA was published on 1st October. Any substantial changes to the provision or need for pharmacy services will be brought to the Board and supplementary publications to reflect said changes considered.

Other ongoing and significant workstreams in the coming period

- Annual Public Health Report (APHR)- draft under review
- Children and Young People Needs Assessment (0-19s)

Summary of key milestones completed and forthcoming in Public Health Intelligence

October 2022 – Publication of Pharmaceutical Needs Assessment.
October 2022 – Profiling to support Dental Programme Targeting.
October 2022 – Alignment of WBNA and PBNA through initial high-level profile for Highley Place Plan
November 2022 – Refinement and initial publication of Web-Based Needs Assessment tool.

December 2022 – First stages of APHR initial development.
January 2023- Planning and commencement of the Comprehensive Children and Young's People's Needs Assessment (Project plan attached).
February 2023 – Autism strategy evidence review.
May 2023 - Publication of the Drug and Alcohol Needs Assessment
Summer 2023 - Ongoing refinement, data acquisition and analysis in relation to Place Plan indices for Place-Based Needs Assessments.
May to December 2023- Production of the Children and Young's People's JSNA (six chapters: Maternity, Early Years, School Aged Children (5-11 and 12-16) and Young People)
December 2023- Presentation of Children and Young's People's Service User Survey (as part of the Children and Young's People's JSNA)
January 2024 – Publication of the Comprehensive Children and Young's People's Needs Assessment
July 2024- Publication of all 18 Place Plan Area Profiles.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	A single, coordinated approach continues to be supported in the development of place-based profiles and needs assessments which in turn support place-based working. This will take time to develop and is intrinsically linked to the refresh of the HWB Strategy. Therefore, this report seeks agreement to the approach and ongoing work programme in terms of the development of a coordinated evidence base for the whole system, delivered under the JSNA umbrella.	
Financial implications (Any financial implications of note)		
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	Regular updates have come to ShIPP, HWBB and Healthy Lives Steering Group.
	Voluntary Sector	
	Other	

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Cllr Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health & Communities
Rachel Robinson – Executive Director, Health, Wellbeing and Prevention

Appendices
(Please include as appropriate)
Appendix A & B- Place Plan profiles: Highley & Oswestry
Appendix C- Place Plan Action Plan for Highley

Published thematic JSNAs can be found here, including the Drug and Alcohol JSNA:
https://www.shropshire.gov.uk/public-health/joint-strategic-needs-assessment-jsna/

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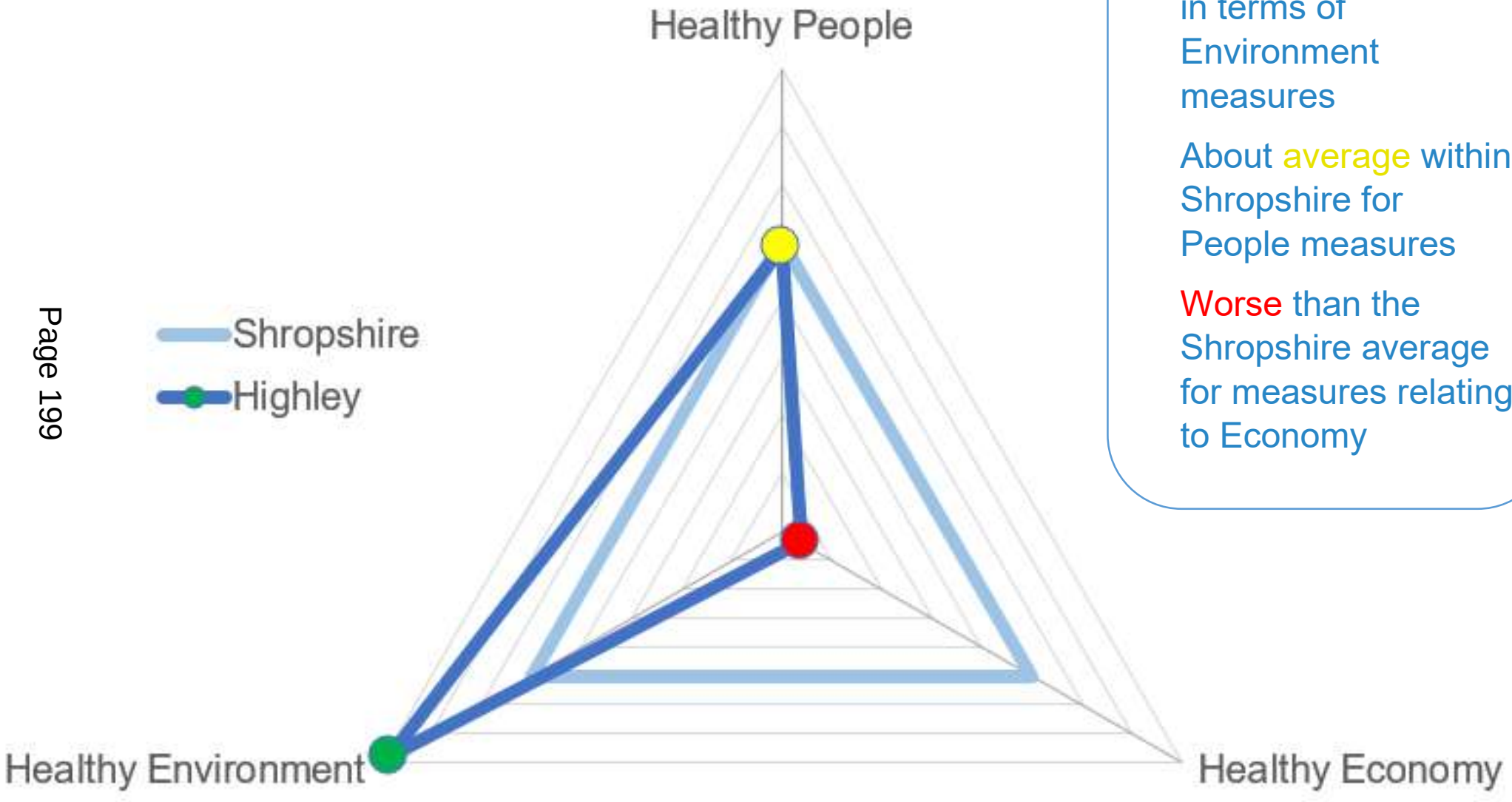
Shropshire Council

Highley Place Plan Area

Highley Key Facts

- Highley is in the Southeast of Shropshire and is one of the smallest communities in terms of area at under 2,000 hectares and in terms of a population of around 4,400 citizens. Despite this, Highley actually has a population density of 2.2 persons per hectare – only the Shrewsbury place plan area has a higher ratio.
- Between 2001 and 2020, the population grew by 15.6%. The average age of residents is 46.
- In the 2020 population estimates, 16.9% of Highley PPA were aged 0-15, compared to 17.5% in Shropshire, whilst 27.5% of Highley PPA were aged 65+, which is higher than the 25% in Shropshire, compared to the 55.6% who are aged 16-64 (58.7% in Shropshire).This gives a ratio of 0.8 in Highley for those dependent (0-15 and 65+) on those considered independent (16-64) and this is above Shropshire (0.7).
- Based on data between 2013 and 2017, Highley has the lowest life expectancy for both males (78.7) and females (82.6) of the 18 place plan areas, compared to Shropshire (80.5 and 84.1 respectively)
- Of the 18 place plan areas, Highley has the 7th highest overall deprivation score,
- According to Household income data for 2020, Highley has a significantly higher percentage of households in the lower income bands (up to £30,000) compared to both Shropshire and England. The data also shows that Highley has the lowest median gross household income levels and median affordability ratios.
- Between 2001 and 2019, there were 900 births in the Highley place plan area.
- Due to only 194 deliveries between 2016/17 and 2020/21. Highley was statistically similar to Shropshire for a number of indicators, although these were actual worse than Shropshire in reality for breastfeeding initiation and smoking at time of delivery, and similarly it was worse than Shropshire for percentage of mother's whose BMI at booking in this cohort was of a healthyweight, or overweight, or obese.
- In terms of childhood obesity, 242 reception children were measured who live in the Highley place plan area between 14/15 and 18/19, with Highley's results statistically similar to Shropshire's, while the same was true for the 235 year 6 pupils measured, although there were a higher percentage of children who were healthy weight in Highley (73.6% compared to 68.2%).
- While the majority of Highley place plan area's residents are registered at the Highley Medical Practice (56%),

Highley Health and Wellbeing Index Overview

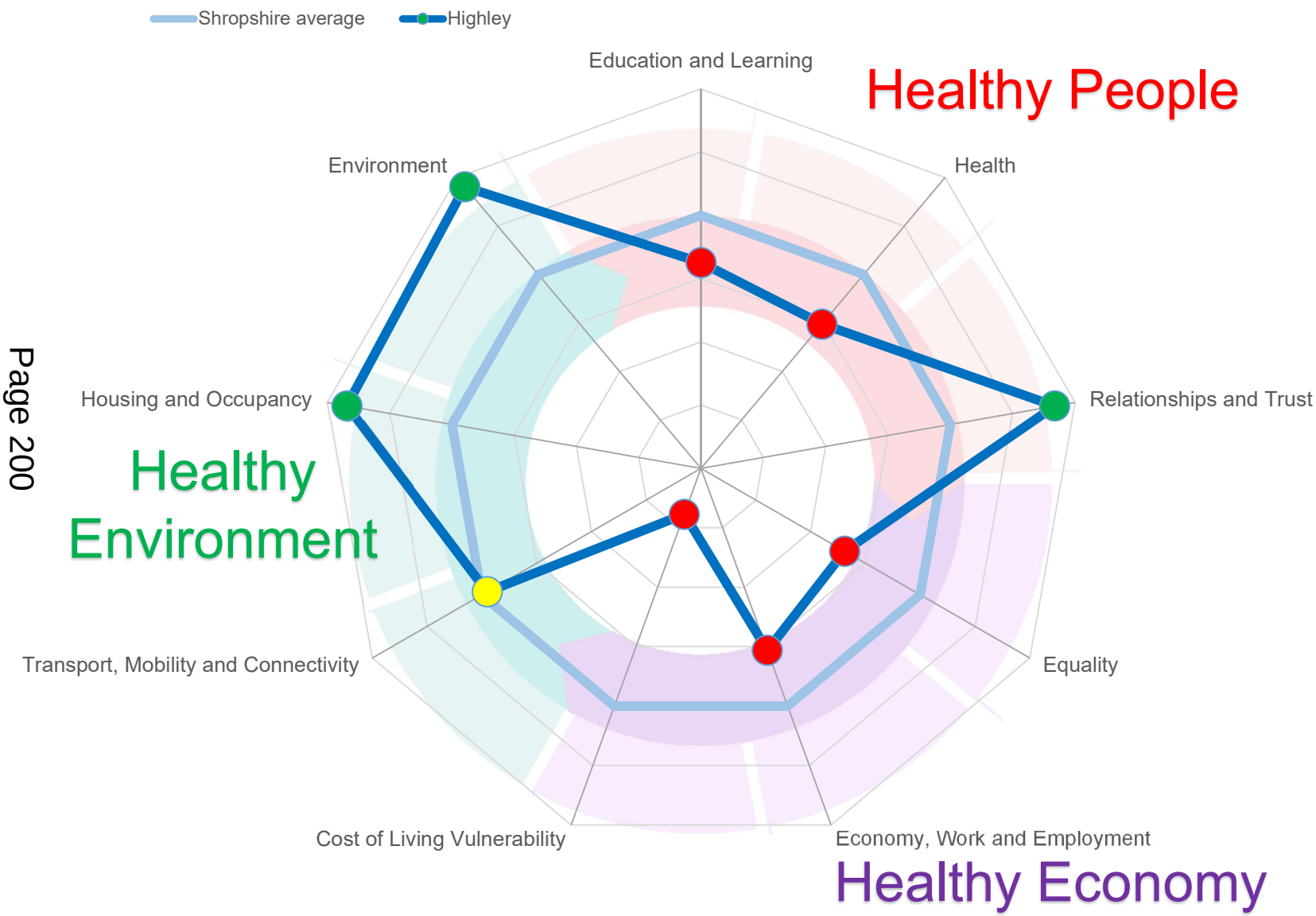


Better than the Shropshire average in terms of Environment measures

About average within Shropshire for People measures

Worse than the Shropshire average for measures relating to Economy

Highley Health and Wellbeing Index Detail



Description

Rank of Highley compared to Shropshire's 18 Place Plan Areas (1 = best, 18 = worst)

Healthy People	Healthy Economy	Healthy Environment
11 Education and Learning	17 Equality	9 Transport, Mobility and Connectivity
15 Health	13 Economy, Work and Employment	2 Housing and Occupancy
2 Relationships and Trust	18 Cost of Living Vulnerability	5 Environment

Top Strengths:

Housing and Occupancy
e.g. Affordability

Relationships and Trust
e.g Crime Rate

Environment
e.g Air Quality

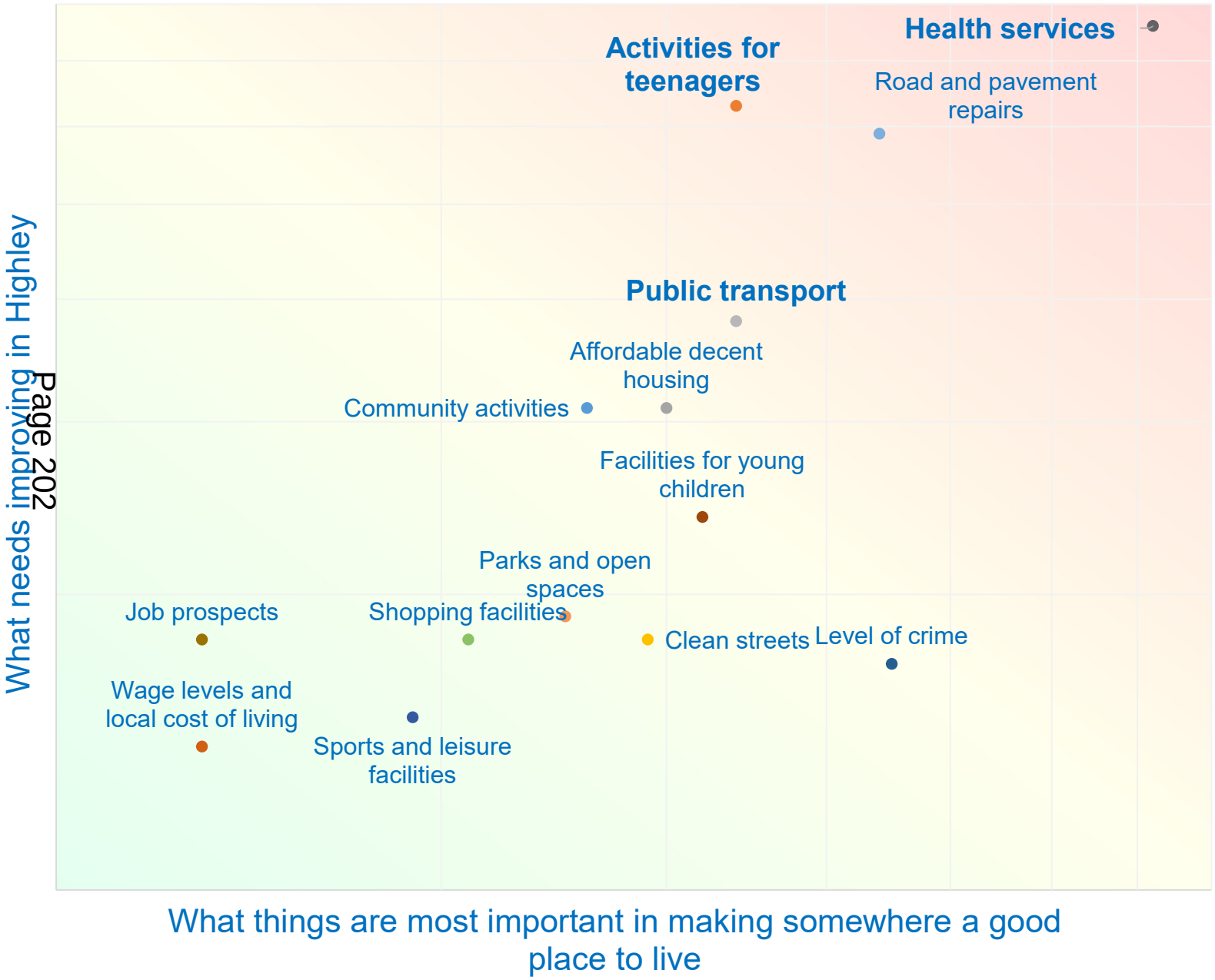
Top Challenges:

Cost of Living Vulnerability
e.g. Fuel Poverty

Equality
e.g Ratio in earning of top/botto 10%

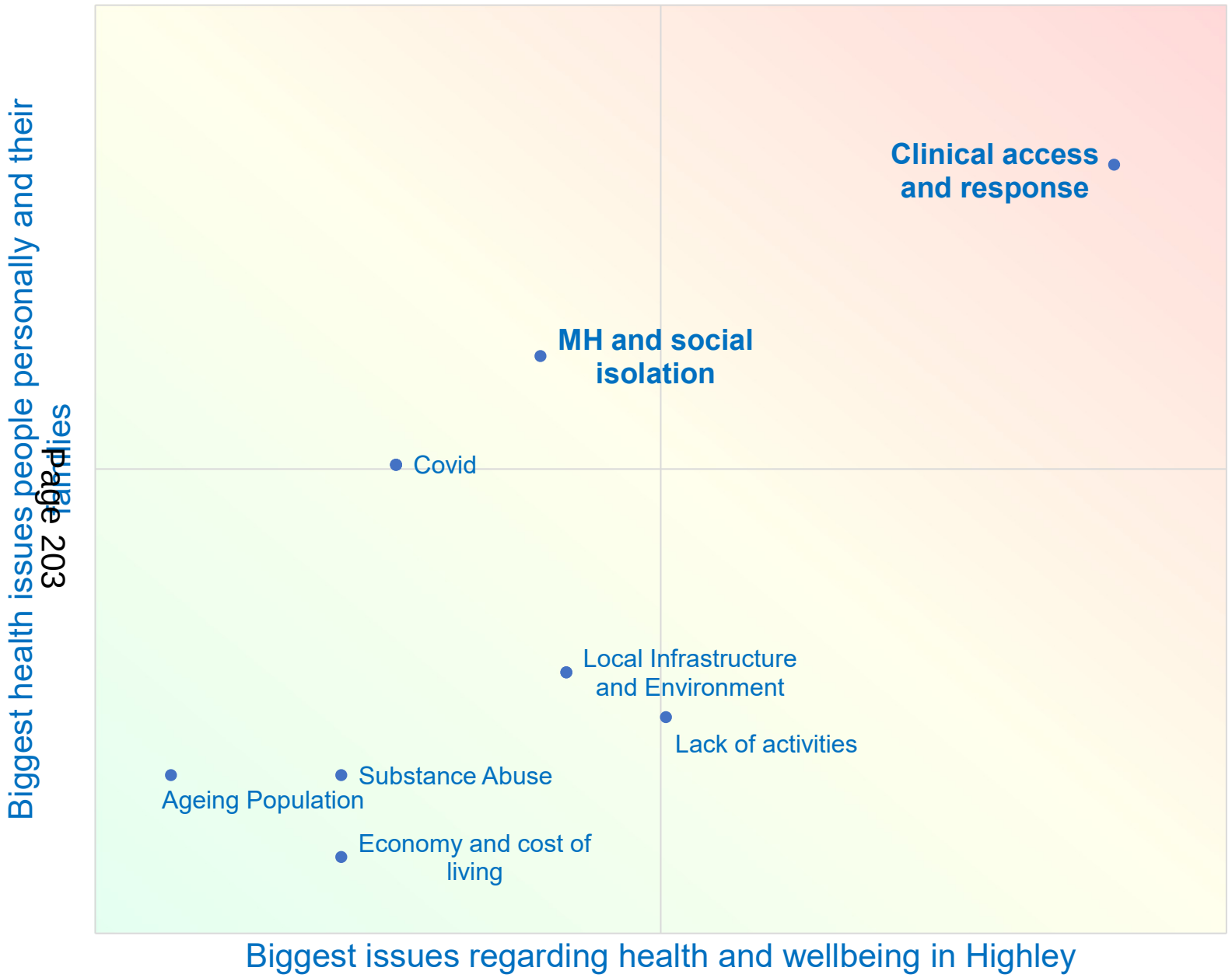
Health
e.g. Life Expectancy

What makes a good place to live vs What needs improving in Highley



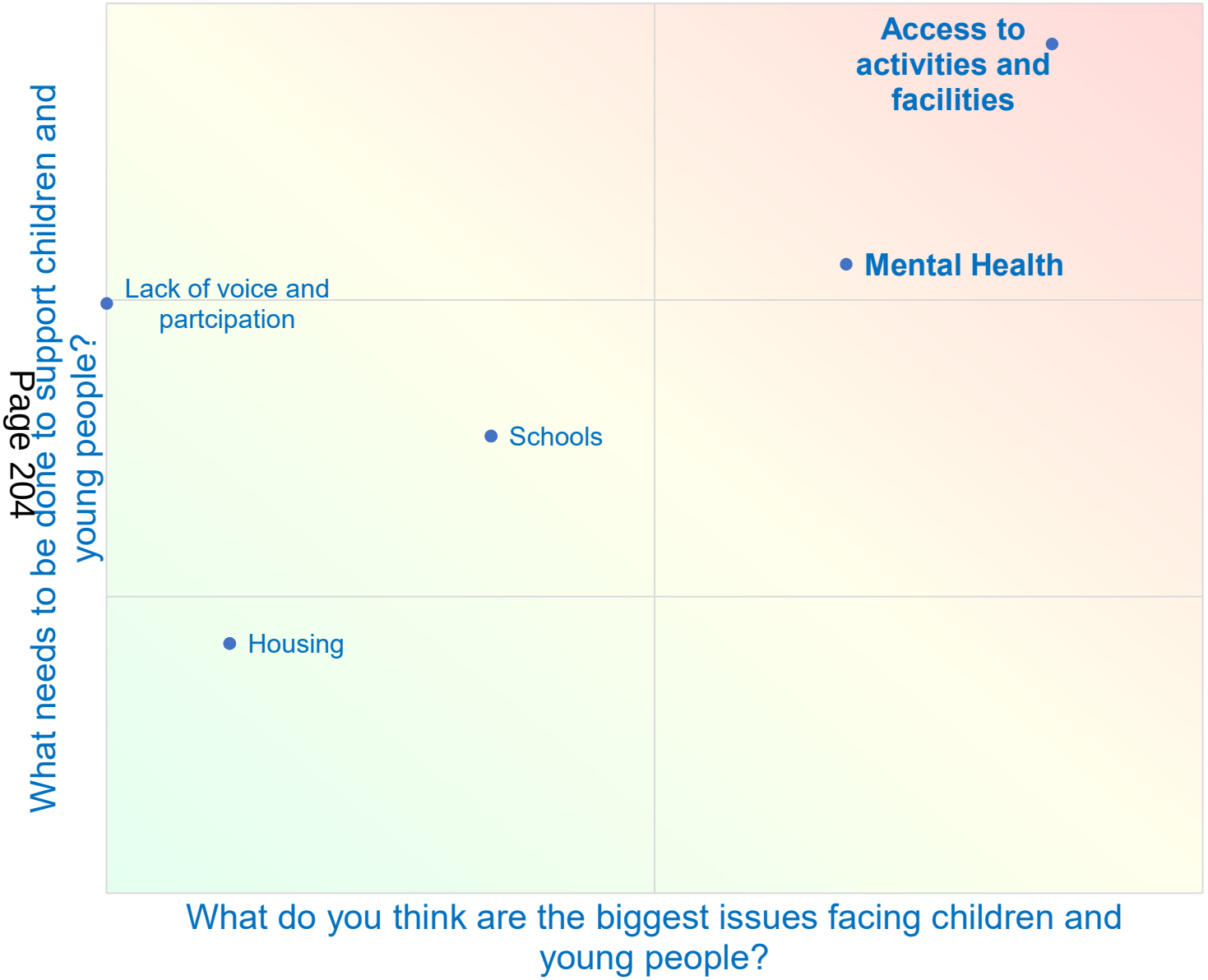
HIGHLEY FOCUS THEMES IN **BOLD**

Biggest health and wellbeing issues – Highley area vs personally and for family



HIGHLEY FOCUS THEMES IN **BOLD**

Biggest issues facing Children and Young People vs What needs to be done



HIGHLEY FOCUS THEMES IN **BOLD**

Focus Theme 1 - Access to services and capacity

- The top theme of what is important to Highley residents in terms of making an area a good place to live in, and in term of what can be improved in Highley was “Health Services”.
- Also, overwhelmingly the consistent issue raised around needs at both a community and personal/family level was access to health services (GP & Specialist Care).
- Whilst Highley has above average geographical access to a GP via public transport/walking, cycling and car, it has below average access to a major town centre, with associated limitation in terms of employment and shopping (something mentioned as a characteristic of a “good place to live” by Highley survey respondents).
- While the majority of Highley place plan area’s residents are registered at the Highley Medical Practice (56%), there are a large number who are registered practices that are based in other place plan areas.

“Many patients go to Cleobury. The main hubs for Highley residents are Bridgenorth and Kidderminster due to where children and young people attend school.”

– the Place Plan Team

“Health services should come first; particularly the capacity of the system in Highley.

Shrewsbury is 20 miles away and there is no direct service to this location – Highley is served by Diamond Buses which are based in the West Midlands – it is easier for residents to travel out of the county than it is to travel within Shropshire for healthcare, education and employment.”

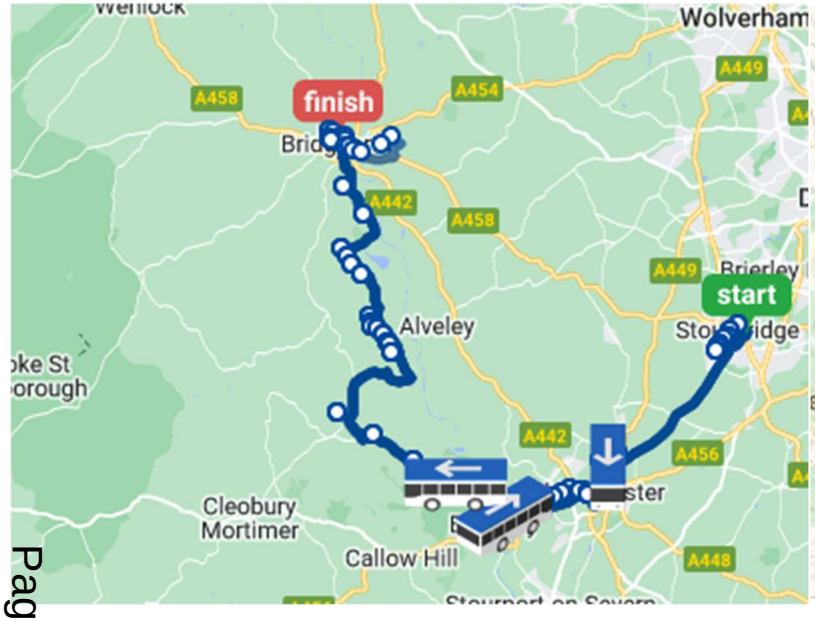
- Cllr Williams

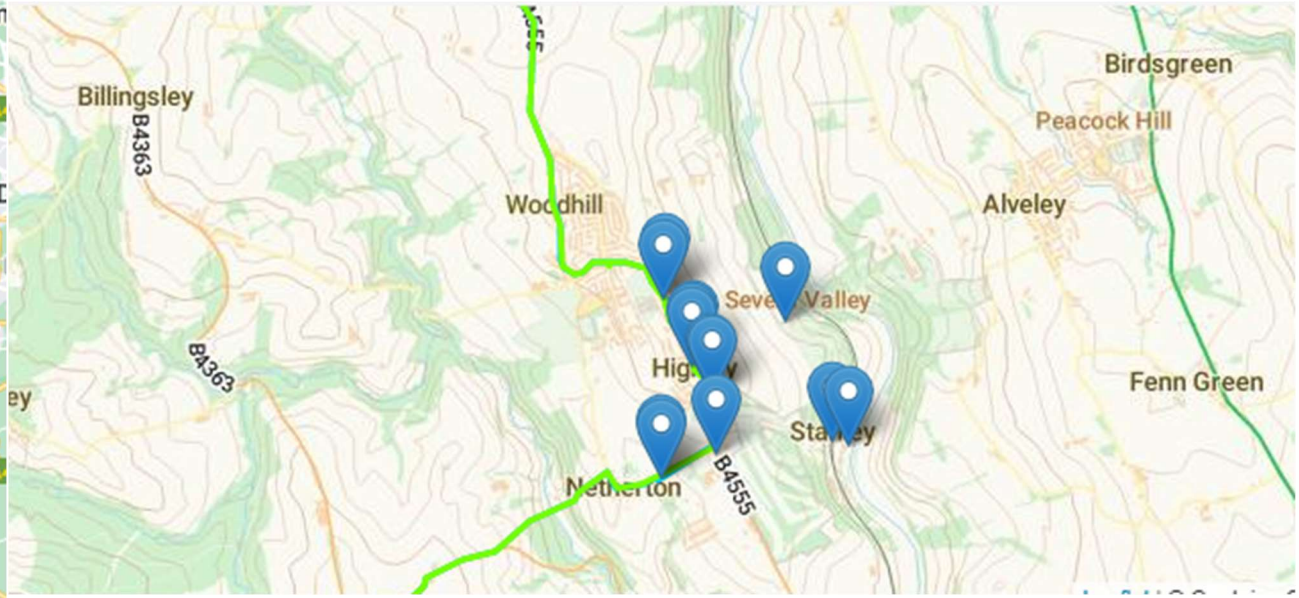
“Access to Emergency services when needed needs improvement.”

“Doctors’ surgery with adequate parking“

"Believe we could do with a larger Doctor's surgery as the village has grown so big and the one we have does not suffice "

"The surgery is too small for the village with poor access for wheelchair users, other nearby practices will not take on Highley residents."





Monday to Friday

Stourbridge to Bridgnorth

Show all stops

Stourbridge Interchange (Stand A)			08:05	09:10		15:10	16:20	17:20	18:25
Broadwaters Drive (adj)			08:23	09:25		15:25	16:35	17:35	18:40
Kidderminster Bus Station (Stand 6)			08:33	09:35		15:35	16:45	17:45	18:50
		07:27	08:37	09:37		15:37	16:47	17:47	
Kidderminster, adj General Hospital		07:34	08:44	09:44		15:44	16:54	17:54	
Bewdley Load Street (Westbound)	06:30	07:45	08:55	09:55		15:55	17:05	18:05	
Buttonoak, adj Wyre Cottage	06:36	07:51	09:01	10:01		16:01	17:11	18:11	
Kinlet, adj Hall	06:43	07:58	09:08	10:08	then hourly until	16:08	17:18	18:18	
Highley, adj Bache Arms	06:53	08:08	09:18	10:18		16:18	17:28	18:28	

Bridgnorth to Stourbridge

Show all stops

Stanmore Industrial Estate (adj)	07:24							
High Town, adj Sainsbury's		08:40			14:40	15:45	16:45	18:05
Low Town, adj Falcon Hotel	07:32							
Eardington, adj Post Office	07:37	08:49			14:49	15:50	16:50	18:10
Chelmarsh, adj Church	07:42	08:54			14:54	15:55	16:55	18:15
Woodhill, opp Castle Inn	07:47	08:58			14:58	16:00	17:00	18:20
Highley, opp Bache Arms	07:51	09:01			15:01	16:04	17:04	18:24
Kinlet, adj Eagle & Serpent Inn	08:01	09:11	then hourly until		15:11	16:14	17:14	18:34

Highley has one bus route, the 125, which goes between Bridgnorth and Stourbridge. This is about an hourly service, finishing at 6.30pm.

Focus Theme 2 – Mental Health

- The next highest issue in Highley was Mental Health, at both community and personal level.
- In our engagement survey mental health was mentioned as one of the top 3 issues raised by respondents. The other 2 were social media influence and lack of groups and things to do, themselves being upstream factors for mental health issues.
- Highley has a prevalence rate for depression amongst over 18's of 15.8% - the 4th highest of communities in Shropshire and significantly higher than the county average.

"Social Media issues and Mental Health for C&YP go hand in hand – many YP's mental health is impacted by their engagement with social media, however they are more likely to become dependent on social media if the provision of alternative activities is inadequate."

- *Cllr Williams*

"For the past 2 years the school has bought into external services that offer mental health help & advice and can fast track some issues to be able to access specialist services. We also have a trained mental health lead that deals with low level mental health issues. We feel that this is very important, especially in the teaching sector where stress is the highest factor for absence."

- *Highley Primary School*

"WMP are aware of the increased need to support our community with MH related issues and are aware that this demand puts a strain on agencies in Shropshire."

- *Highley Safer Neighbourhood Team*

Focus Theme 3 – Children and Young People

- The second highest theme when citizens where asked where Highley can improve “Activities for Teenagers”

Areas of concern were split into some key themes

Lack of groups & things to do

- Overwhelming response identified a need for more affordable activities.
- Whilst 64% of respondents do not face challenges to being active in their daily life, Highley Primary School said that “Children need to get outside more, but there needs to be activities & facilities available to them to allow this”.

> *“We have a big leisure centre that isn't used to its full potential. After school clubs could be held here in the same way the nursery walks the kids round for after school club. More clubs could be offered to school children and they could work closer with the school”*
>
> *“Teenage boredom can lead to disruptive behaviour… …though those responsible are a very small minority. Highley lacks safe places for young people to relax, be themselves and just hang out”*
>
> - *Cllr Williams*

Improving Public Transport

Highley has the 3rd highest average journey time (19.5 minutes) to a primary school in Shropshire and the 4th highest (36.5 minutes) to a secondary school.

> *“The main hubs for Highley residents are Bridgenorth and Kidderminster due to where C&YP attend school”*
>
> - *The Place Plan Team*

Social Media Influence and Mental Health

“Youth ASB issues can be perceived issues, based on the mere presence of youths rather than their behaviour.”

- *Highley Safer Neighbourhood Team*

“Services for young children are overwhelmed and it is difficult to get immediate advice. Waiting lists are getting longer & longer & therefore the children & parents are not getting the help they need.”

- *Highley primary School, regarding Mental Health*

"There is a lack of parenting and family support, with little Health Visitor time and no support for the Children's Centre initiative"

“(we need) Help and guidance towards children’s stages of developments to prevent issues. Who to go to for help in different situations."

“More training for teachers and official councils and government staff is needed in all aspects of mental health and physical disabilities to help them understand and to give dignity in all aspects of everyday life"

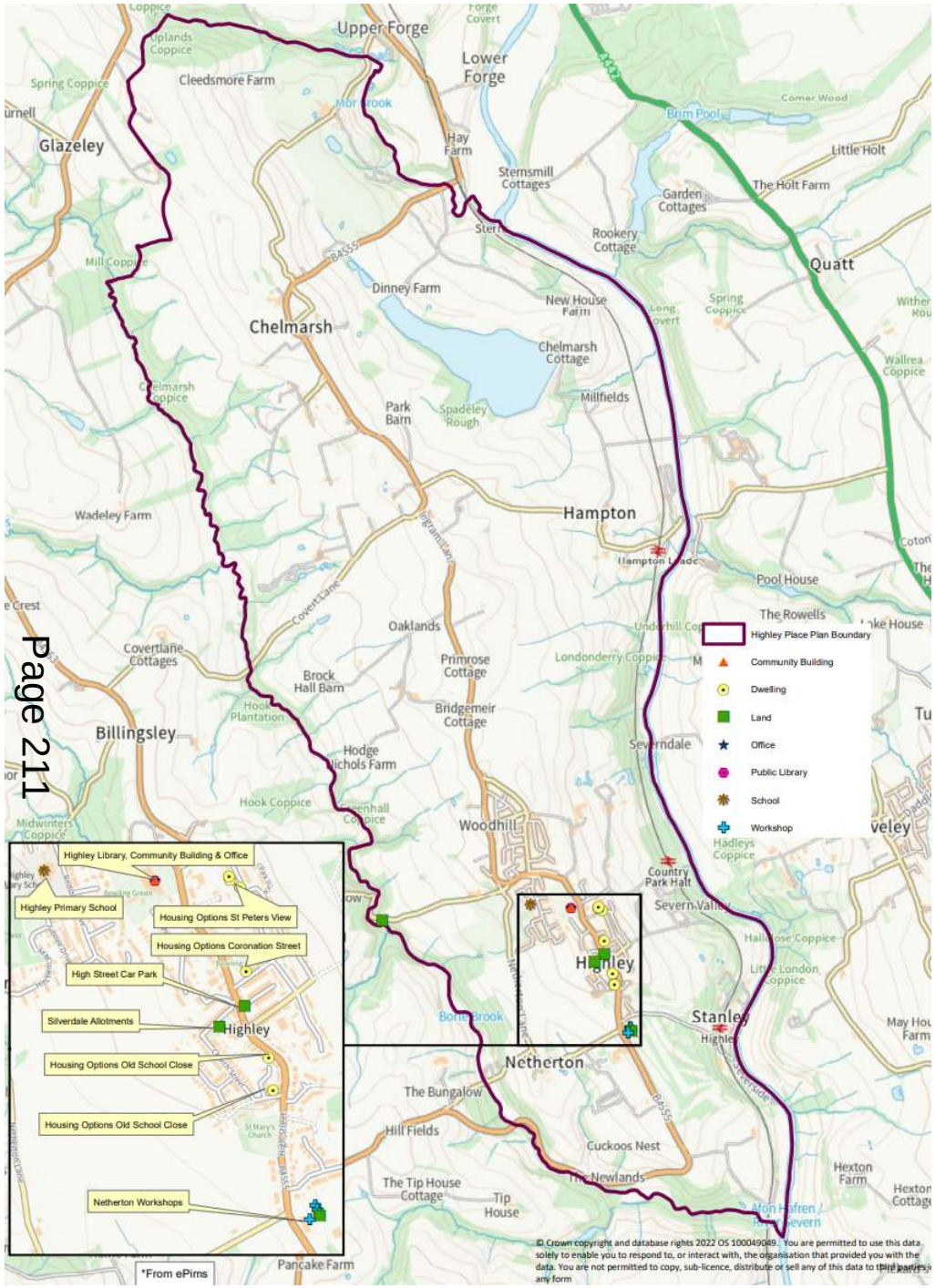
Opportunities for engagement

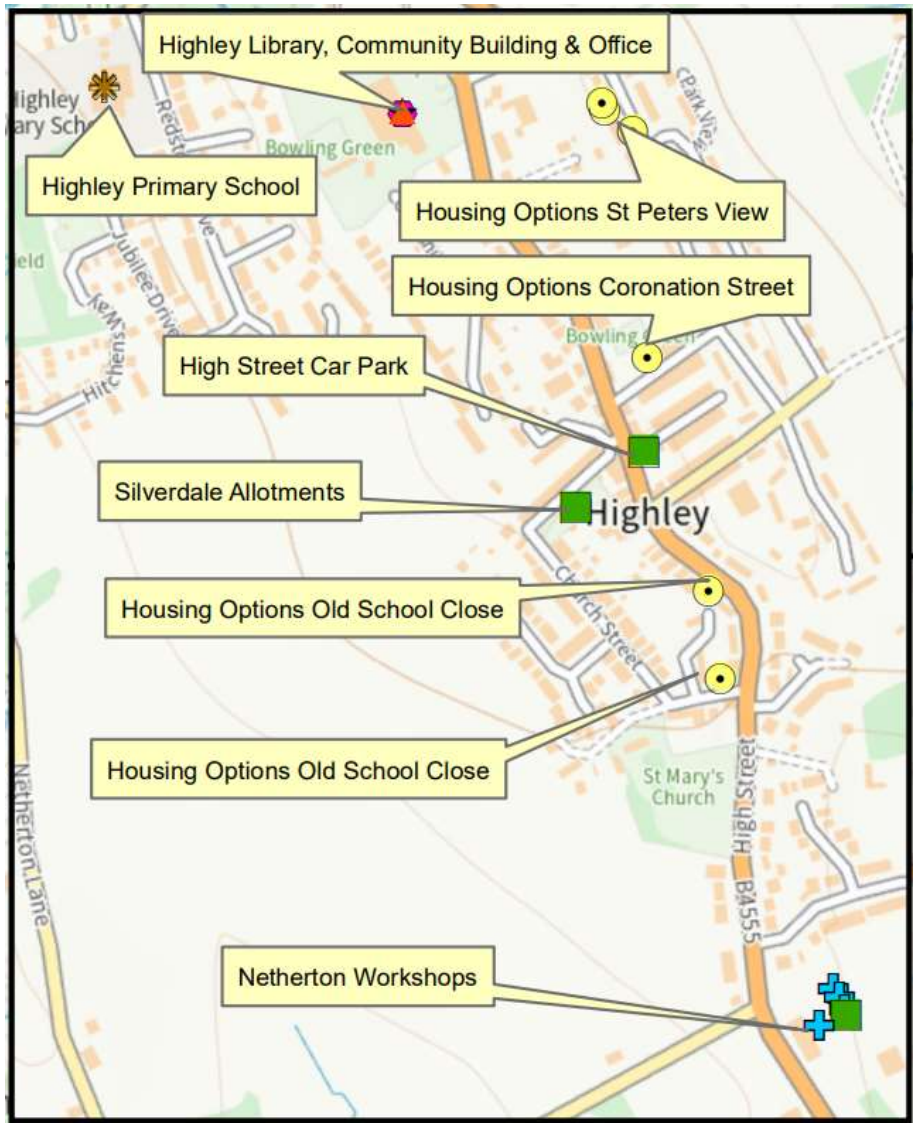
Focus Theme 4 - Cost of Living

- Highley has the lowest median and lower-quartile household income level of all Shropshire's communities (£29,679 and £17,186 respectively).
- The community also has the highest proportionate claimant in Shropshire, with 4.8% in receipt of benefits principally for the reason of being unemployed, based on administrative data from the benefits system. This is primarily Jobseeker's Allowance but will also include certain Universal Credit claimants as the new benefit is introduced.
- Highley has the 5th highest proportions of households who are fuel poor, based upon data from the Department for Business, Energy and Industrial Strategy. These are households with an energy efficiency rating of D or lower and who are left with an income below the poverty line after spending the amount required to heat their home.
- Highley has the highest proportion of its children and the second highest proportion of its older people in income deprivation.
- Whilst our engagement work showed little difficulty for people eating healthily, local pressures in terms of access to cheaper food and special dietary requirements maybe compounded by cost of living pressures – in our survey the overwhelming reasons for not eating healthily were access and lack of choice, and cost.

> *"Being vegan, I have to travel all the time to buy my supplies "*
>
> *"Cost of healthy food has always been far too expensive. Junk food has been cheap and easily accessible for low-income families "*
>
> *"Fruit goes off quickly, easier to purchase the not so healthy items that keep longer"*

HIGHLEY ASSET MAP





NEXT STEPS……

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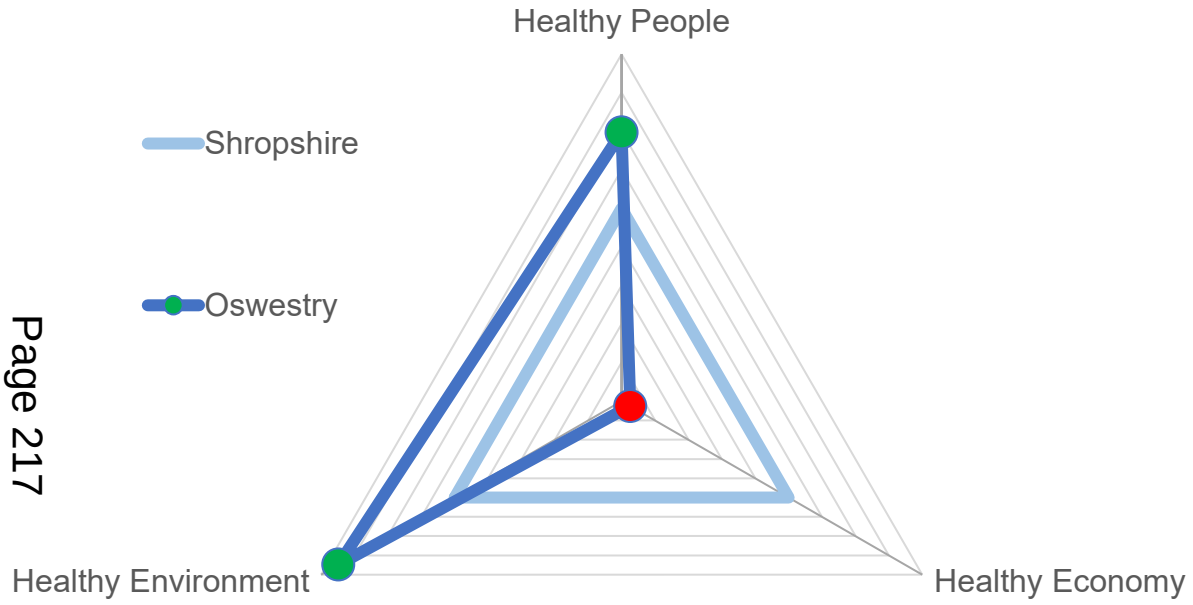
Shropshire Council

Oswestry Place Plan Area

Oswestry Key Facts

- Oswestry is in the Northwest of Shropshire and is one of the largest communities in terms of area at over 25,000 hectares and in terms of a population of around 43,000 citizens. Despite this, Oswestry actually has a population density of 1.7 persons per hectare – only the Shrewsbury and Highley place plan area have a higher ratio.
- Between 2002 and 2020, the population grew by 21.5%. The average age of residents is 44.
- In the 2020 population estimates, 16.9% of Oswestry PPA were aged 0-15, compared to 16.3% in Shropshire, whilst 24% of Oswestry PPA were aged 65+, which is higher than the 25% in Shropshire, compared to the 59.1% who are aged 16-64 (58.7% in Shropshire).This gives a ratio of 0.69 in Oswestry for those dependent (0-15 and 65+) on those considered independent (16-64) and this is just below Shropshire (0.7).
- Based on data between 2013 and 2017, Oswestry has a lower life expectancy for both males (80.0) and females (83.4), compared to Shropshire (80.5 and 84.1 respectively)
- Of the 18 place plan areas, Oswestry has the 6th highest overall deprivation score,
- According to Household income data for 2020, Oswestry has a significantly higher percentage of households in the lower income bands (up to £30,000) compared to both Shropshire and England. The data also shows that Oswestry has the 4th lowest median gross household income levels and the 2nd lowest median affordability ratios.
- Between 2001 and 2019, there were nearly 7,500 births in the Oswestry place plan area, 352 in 2019.
- As of July 2021, the majority of Oswestry residents are registered at Oswestry medical practices, but there are a small number registered at practices that are based in other place plan areas. For this reason, a calculation was devised to aggregate out practice-based information to place plan areas. This can’t be done for the several thousand people who appear to be registered at practices in Wales.

Oswestry Health and Wellbeing Index Overview



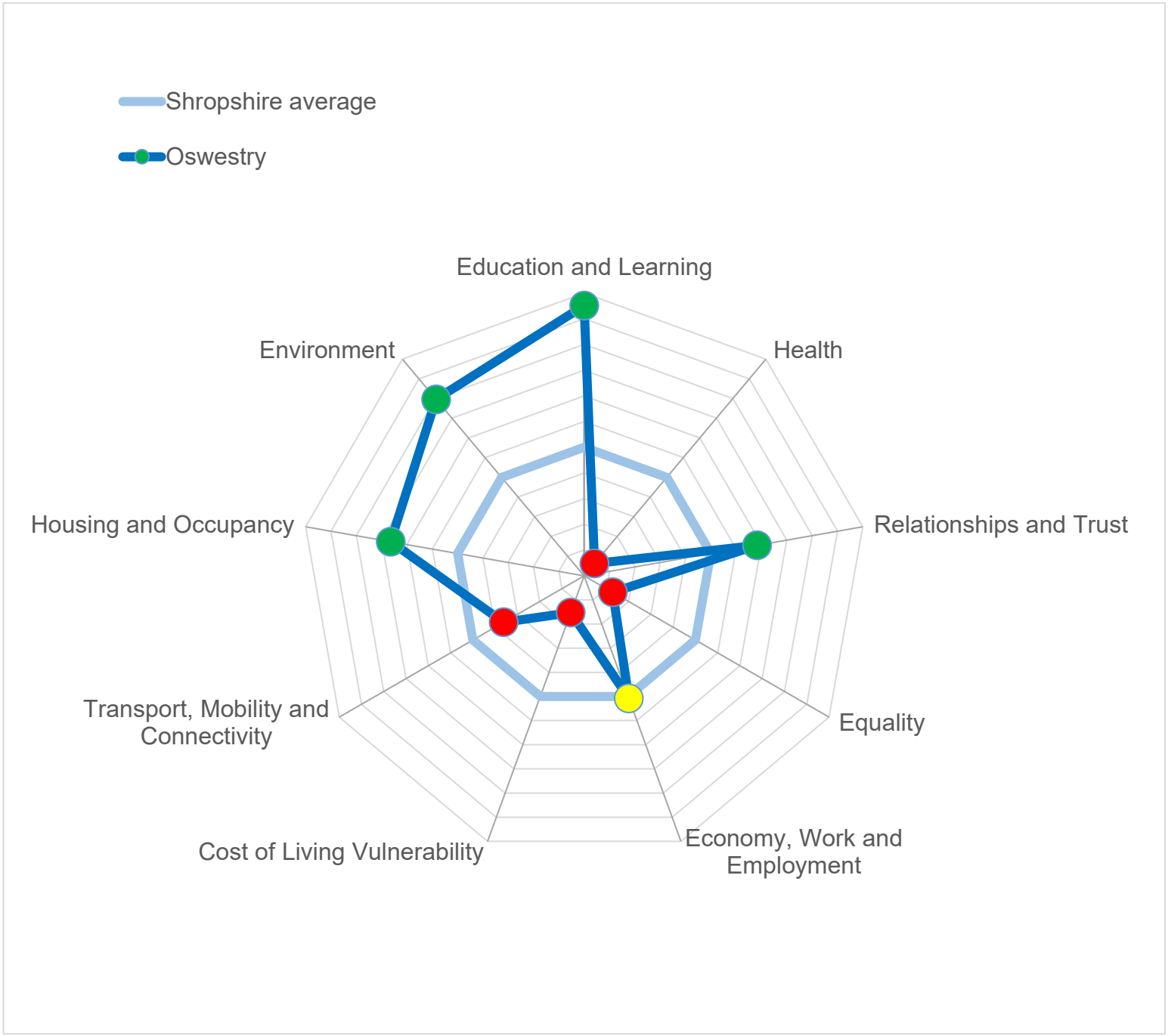
Better than the Shropshire average in terms of **Environment** measures and **People** measures

Worse than the Shropshire average for measures relating to **Economy**

This graph provides more detail to the previous slide.

This shows where Oswestry is stronger or weaker in terms of specific themes within the high-level categories.

For example, whilst overall Oswestry is around average for measures of economy, work and employment, it is weaker specifically in terms of Transport, Mobility and Connectivity, **health**, equality, and cost of living vulnerability and stronger in measures of **education and learning, relationships and trust, housing and occupancy and environment**.



Oswestry Health and Wellbeing Index Detail

Rank of Oswestry compared to Shropshire's 18 Place Plan Areas (1 = best, 18 = worst)

Healthy People	Healthy Economy	Healthy Environment
2	11	11
Education and Learning	Equality	Transport, Mobility and Connectivity
14	5	5
Health	Economy, Work and Employment	Housing and Occupancy
12	13	9
Relationships and Trust	Cost of Living Vulnerability	Environment

Top Strengths:

Education and Learning
e.g Air Quality

Economy, Work and Employment
e.g. Median Income

Housing and Occupancy
e.g. Affordability

Top Challenges:

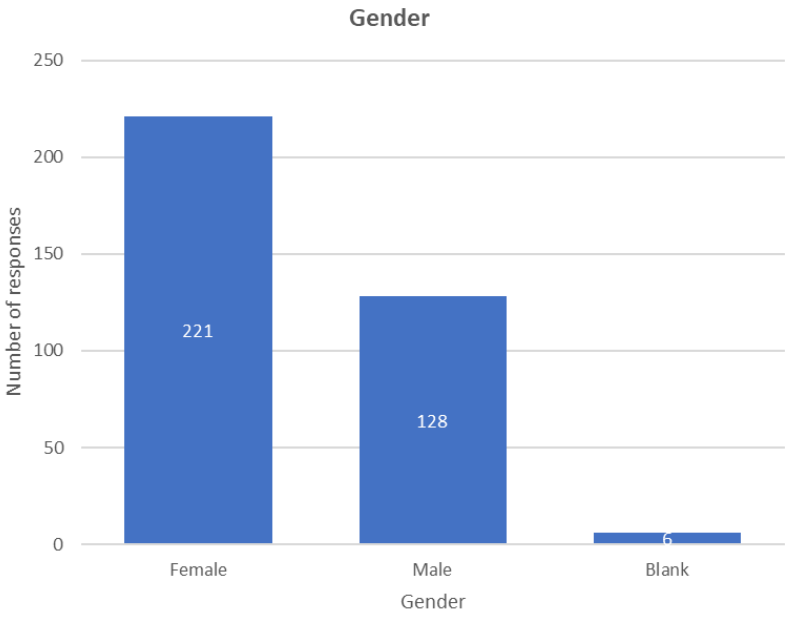
Health
e.g. Life Expectancy

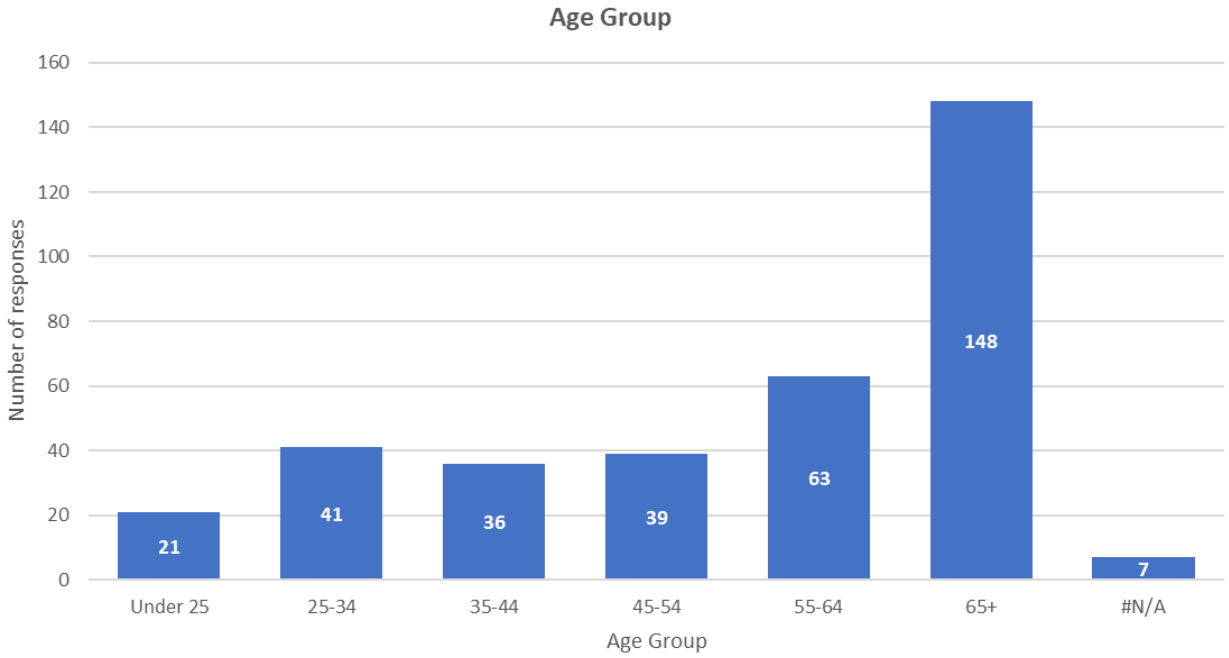
Relationships and Trust
e.g Crime Rate

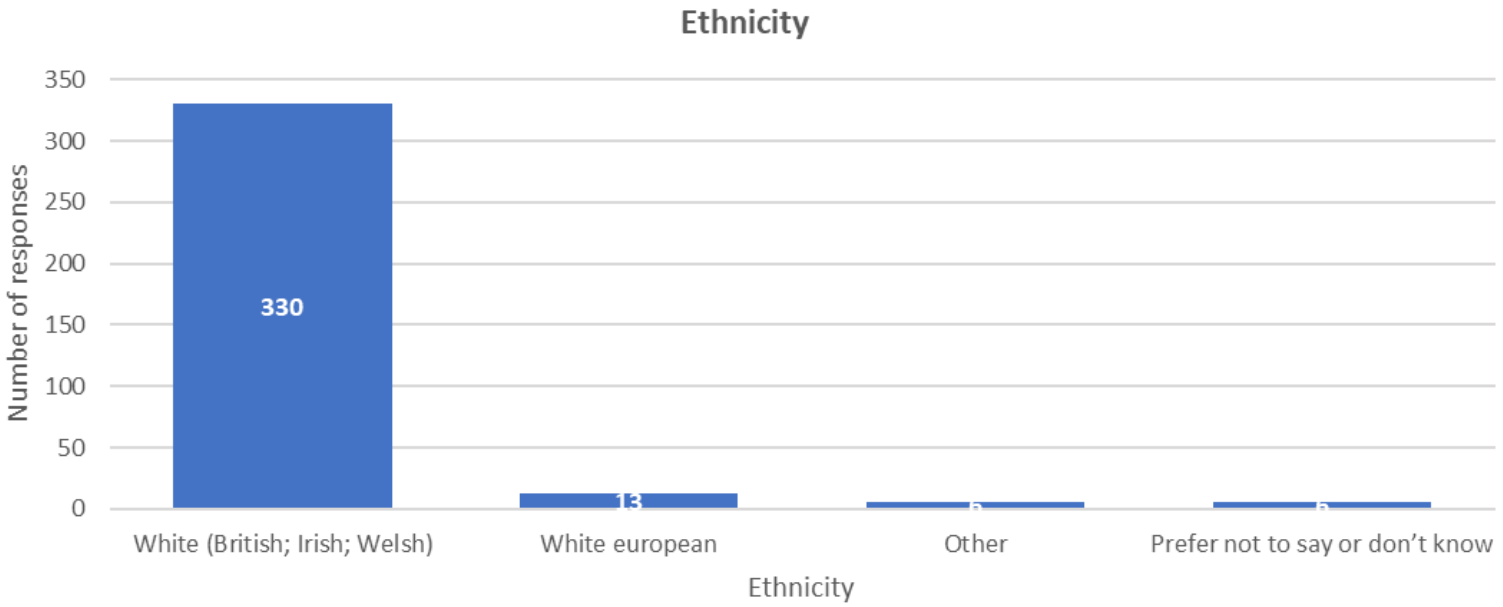
Cost of Living Vulnerability
e.g. Fuel Poverty

Overview of Survey Results

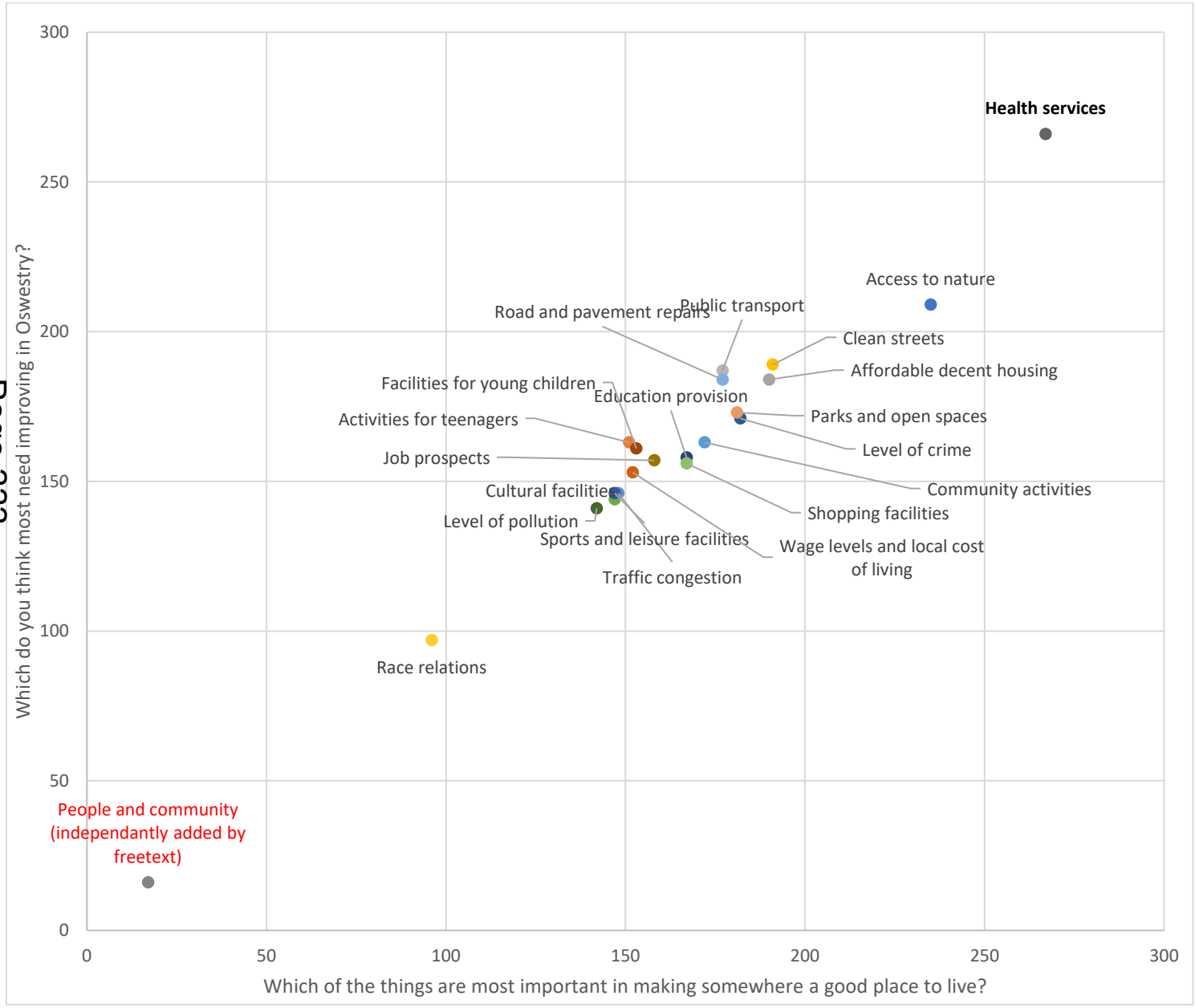
Ward based on the postcode supplied	
Chirk North (Wrexham)	2
Chirk South (Wrexham)	1
Ellesmere Urban	2
Gobowen, Selattyn and Weston Rhyn	38
Ketley & Overdale	1
Llandysilio (Powys)	4
Llangyniew and Meifod (Powys)	1
Llanrhaeadr-ym-Mochnant and Llansilin (Powys)	1
Llanymynech	22
Loton	1
Oswestry East	25
Oswestry South	15
Oswestry West	18
Ruyton and Baschurch	3
St Martin's	89
St Oswald	25
Tern	1
Whittington	22
Wrenbury (Cheshire)	1
#N/A	83
Grand Total	**355**


Gender
250
200
150
100
50
0
Number of responses
221
128
6
Female
Male
Blank
Gender


Age Group
160
140
120
100
80
60
40
20
0
Number of responses
21
41
36
39
63
148
7
Under 25
25-34
35-44
45-54
55-64
65+
#N/A
Age Group

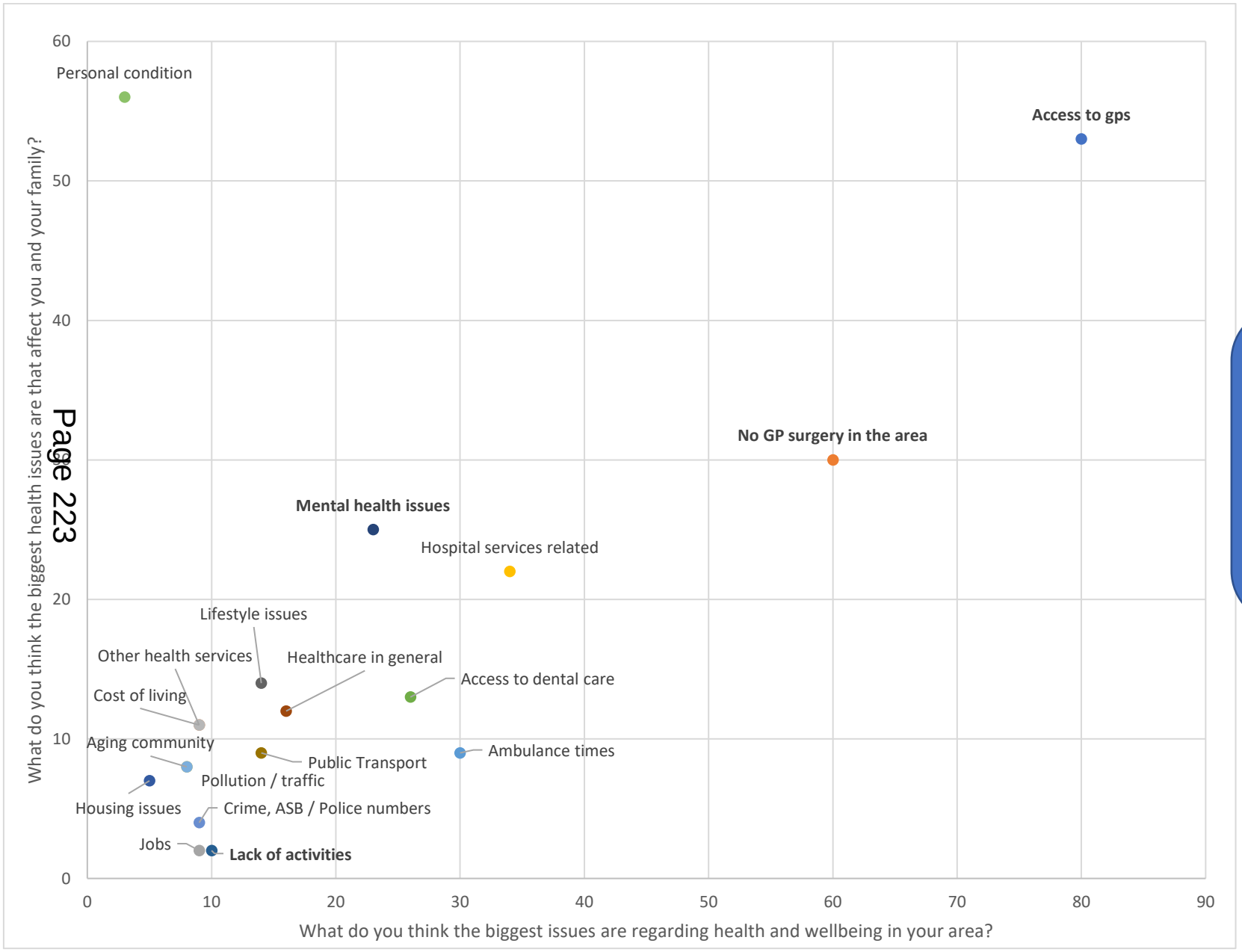

Ethnicity
350
300
250
200
150
100
50
0
Number of responses
330
13
5
5
White (British; Irish; Welsh)
White european
Other
Prefer not to say or don't know
Ethnicity

What makes a good place to live vs What needs improving in Oswestry



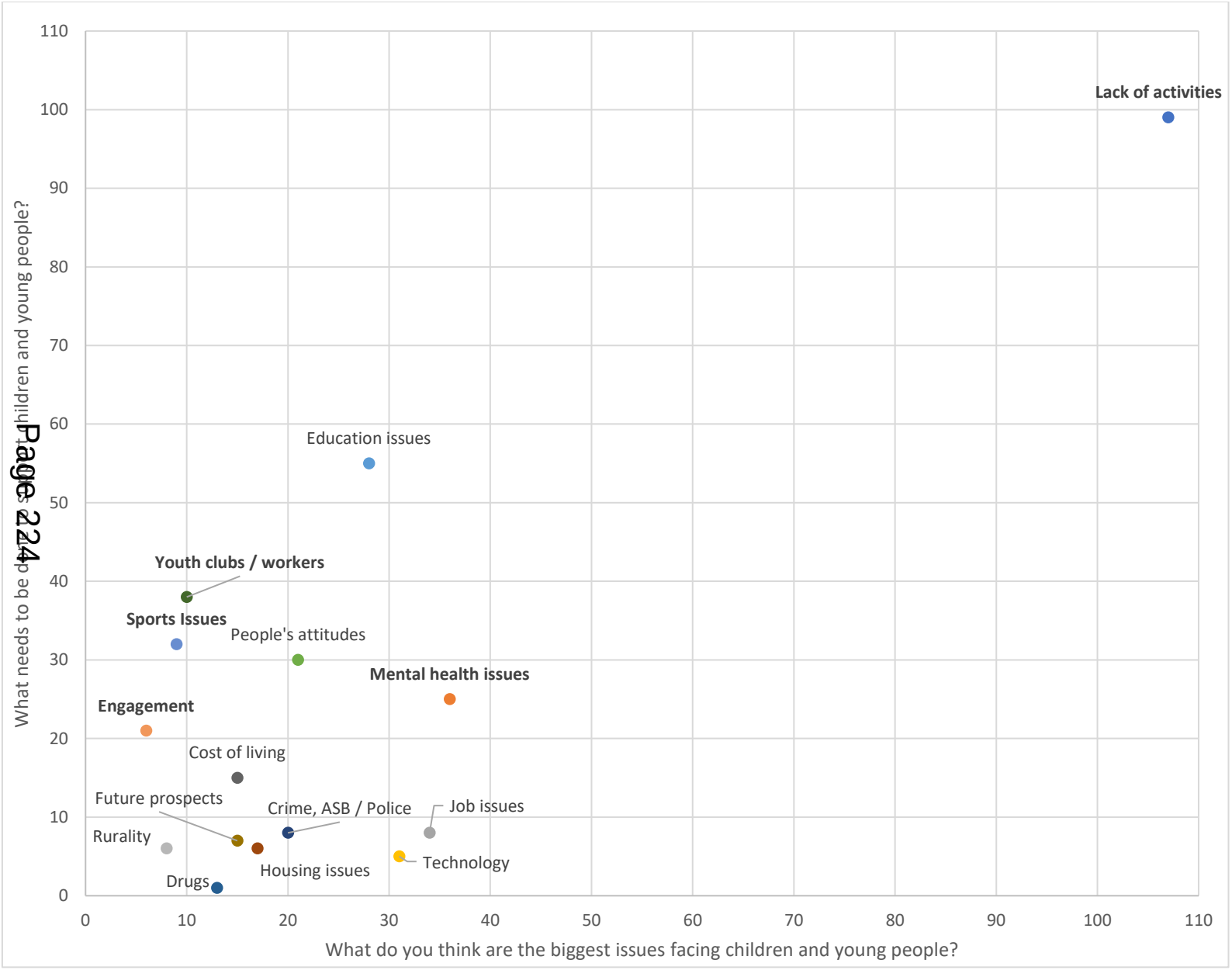
OSWESTRY FOCUS THEMES IN **BOLD**

Biggest health and wellbeing issues – Oswestry area vs personally and for family



OSWESTRY FOCUS THEMES IN **BOLD**

Biggest issues facing Children and Young People vs What needs to be done



OSWESTRY FOCUS THEMES IN **BOLD**

Focus Theme 1 - Access to services and capacity

- The top theme of what is important to Oswestry residents in terms of making an area a good place to live in, and in term of what can be improved in Oswestry was “Health Services”.
- Also, overwhelmingly the consistent issue raised around needs at both a community and personal/family level was access to GP services, with an issue raised being the closure of a practice. While the majority of Oswestry place plan area’s 43,000 residents are registered at the Oswestry Medical Practices, there are a large number who are registered in Wales, with approximately 4,000 who were registered with Chirk medical practice which had a branch surgery in St Martin’s, which has now closed.
- Access to other health services were frequently mentioned too – hospital services, mental health, dental and ambulances.
- Whilst Oswestry has similar geographical access to a GP as to Shropshire overall via public transport/walking and car, it has above average access to a major town centre, with associated benefit in terms of public transport, employment, and shopping (which featured fairly highly as characteristics of a “good place to live” by Oswestry survey respondents). However, Oswestry is one of the largest place plan areas at 25,000 hectares so not everyone has the same level of access.

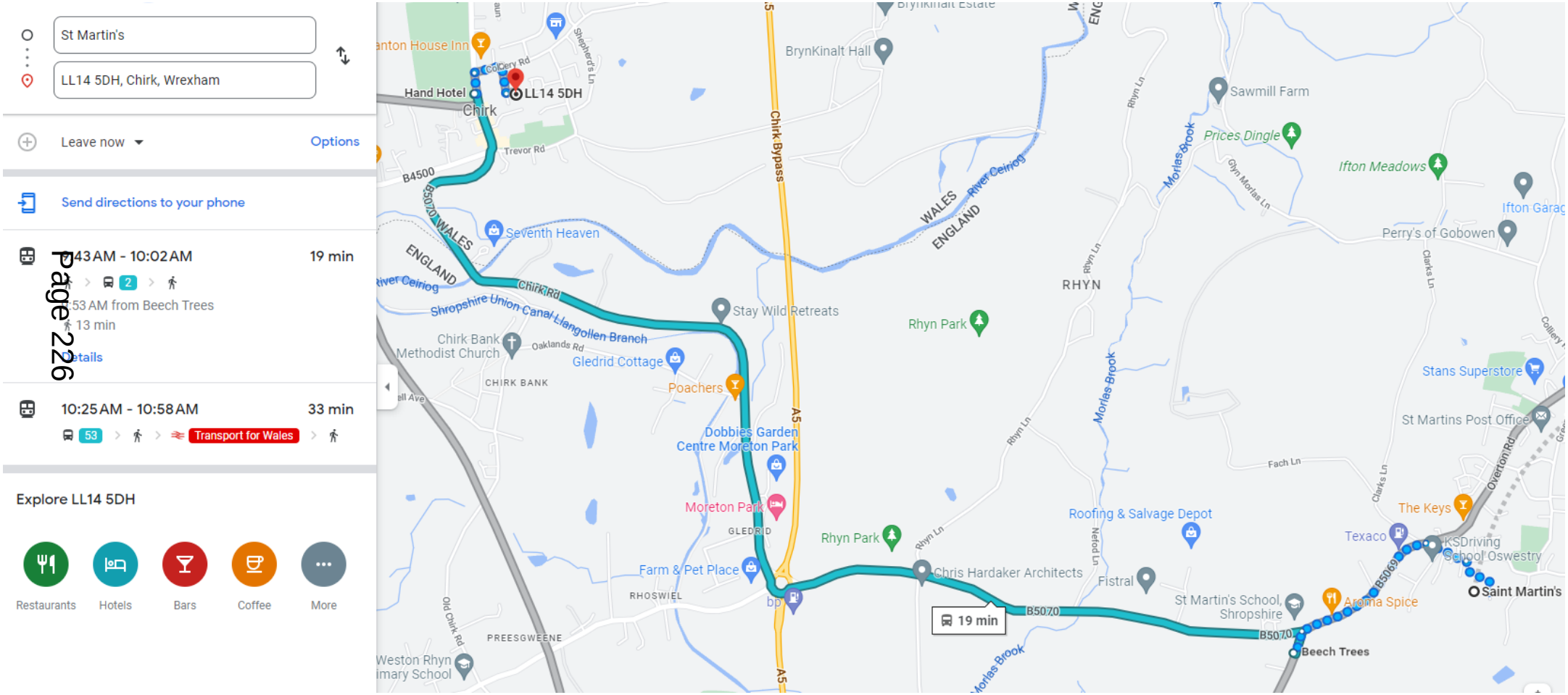
“Haven’t got a surgery in the village and desperately needs one. If you don’t drive, public transport is difficult to get to Chirk”

“"Lack of doctors surgery and public transport. Nearest surgery Chirk - nearest bus stop for Chirk around a mile. I am 78 years old, suffering from arthritis and cancer and cannot walk more than a few yards with the aid of a stick. I am not alone - many local residents have similar problems. It is not acceptable in a village of this size not to have access to medical facilities, particularly with the number of new houses currently being built. Why wasn't the provision of surgery premises mandated in the plans of one of these new estates in order to attract or retain a GP practice?"”

"No maternity services in Oswestry, had to deliver in Telford. No NHS dentistry in Oswestry."

Bus Route from St Martin's to Chirk Surgery -

According to Google Maps, in order to get the required bus from St Martin's to the Chirk surgery requires a 0.5 mile walk to get to the bus stop and the total journey would is around 20 minutes



Focus Theme 2 – Mental Health

- Besides access to healthcare, the next highest health and wellbeing issue identified in Oswestry was Mental Health, at both community and personal level and for children and young people.
- In our engagement survey mental health issues in the area mentioned by respondents included the lack of mental health services for both adults and young people, loneliness (particularly for the elderly), isolation, pressure on young people (including from social media), anxiety.
- Oswestry has a prevalence rate for depression amongst over 18's of 16% - the 3rd highest of communities in Shropshire and significantly higher than the county average.

Biggest issues regarding Health and Wellbeing:

"Mental health, rural stress, isolation and pressure on young people."

"Mental health, children's services, access to help with ADHD, autism etc"

"The stress of rising costs of living and impact on emotional health"

Biggest issues facing children and young people:

"Academic pressure to succeed, the long-term effect of social isolation through pandemic on emotional growth, worries about climate crisis."

"Lack of jobs in the area. Covid having an effect. Not being able to do what they want to do, depression and mental health issues"

"Lack of mental health education and understanding in a world that is changing to fast for even adults to grasp. Lack of social meetings since covid."

Focus Theme 3 – Children and Young People

- While “Activities for Teenagers” was only down as the 9th most selected areas that most needs improving in Oswestry according to the respondents, in the subsequent question regarding the biggest issues facing children and young people, the overwhelmingly most mentioned things were around there being a lack of activities or youth services or out of school, and these things were also subsequently bought up in the question about what needs to be done to support children and young people.

Areas of concern were split into some key themes:

Lack of activities & things to do

- Overwhelming response from the survey as the biggest issue facing children and young people was a lack of activities and things to do, with a lack of out of school activities, lack of youth clubs / youth workers, lack of support and safe places to go also heavily mentioned. Several people also mentioned that boredom led to unsociable / criminal behaviour. Several people also mentioned the lack of activities in their rural area. Issues with accessing sport / leisure facilities were also mentioned separately.
- Whilst 70% of all respondents said they did not face challenges to being active in their daily life, some of the other frequent mentions in the survey for issues for younger people included too much time on technology, drug prevalence, bullying and feeling anxiety and isolation.

“Lack of early intervention and youth services. This leads to bigger problems which cost more to tackle and wastes young people's lives. Also, poverty.”

"More activities for young people, maybe based around getting young people together to solve issues in their community, to help them feel invested in their town?"

"Refund youth activities - always seems to be the first thing that gets cut."

Sports Facilities and Exercise levels

- Within the survey data, another theme identified as being needed were issues around the exercise, with a few people mentioning that young people weren't doing enough exercise, or there being lack of sports facilities available outside of school, or those that were requiring public transport to get to. In the 5 years combined national childhood measurement programme data for year 6 children, Oswestry place plan area had 63.2% of children of healthyweight while 35.8% of year 6 children were either overweight or very overweight – for these that puts Oswestry as significantly worse than Shropshire and the 2nd worst place plan area.
- In the survey, nearly 80% of respondents didn't indicate any challenges to eating healthily, but of some of the ones that did, the lower cost of junk food compared to health food, together with convenience were factors.
- In the survey, around 70% of respondents didn't indicate challenges to being active, with the majority of people saying that their underlying conditions, or mobility or age were restrictive. The work life balance was also suggested, as were the cost of sports facilities, while a few people mentioned that a lack of safe areas (particularly cycling) were factors.

Opportunities for engagement

- While some of the survey data mentioned lack of respect from children to adults, several responses indicated the reverse, with adults not listening or respecting young people and there were also numerous mentions of young people needing good role models.

"More activities for young people, maybe based around getting young people together to solve issues in their community, to help them feel invested in their town?"

"More volunteers to help with them and for the volunteers to get involved with activities with them."

"Need to be less condescending with them and listen to them with what they want and need"

"Older people need to take more of an interest in young people and understand them more"

Focus Theme 4 – Child and Maternal Health

- Within data collected Oswestry place plan area has come out significantly worse than Shropshire overall in a number of indicators related to child and maternal health
- In the 5 years combined national childhood measurement programme data (2014/15 to 2018/19), in the reception year, Oswestry place plan area was slightly worse than Shropshire overall, but not significantly, for healthyweight (76.9% compared to 77.3%) and overweight or very overweight (22.8% compared to 22.1%). However, in the year 6 age group, Oswestry place plan area was significantly worse than Shropshire overall and was the 2nd worst place plan area for children of healthyweight (63.2% compared to 68.2%) and those that were either overweight or very overweight (35.8% compared to 30.7%).
- In 5 years of SATH maternity data (2016/17 to 2020/21), the percentage of mothers smoking at time of delivery (16.5%) and at the booking appointment (17.6%) were significantly higher in Oswestry place plan area compared to Shropshire overall (12.8% and 14% respectively), which put Oswestry as the 3rd worst place plan area.
- Also from this maternity data, breastfeeding initiation in Oswestry (76.1%) was statistically similar to Shropshire but was slightly lower (79.3%), while at the booking appointment slightly more mothers aged 18 or over were very overweight in Oswestry (27%) than Shropshire (24.1%), although those that were healthyweight were very similar (43.7% and 43.8%).
- Oswestry was the 6th most deprived place plan area in the overall index of multiple deprivation, but in the sub-domain looking at income deprivation affecting children index, it was the 5th most deprived area.

Group Discussion

1. What is happening around each priority already?

2. How are we working with the local population?

3. Recommendations?

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Description	Owner	Original Target Date	Revised Target Date	Date Closed	RAG	Progress update/ comment
Access to Health Services						
Improve access to GP and PCN services including better premises, new GP contract, understanding need	Multi-agency action group (lead PCN Director, Public Health, ICS)	summer 2023				good progress, tender opportunity for new GP practice completed at end March, with 3 month lead in, design plans complete, funding applications complete
Expand offer regarding maternal and family health (e.g. maternity offer, health visiting, etc) and other voluntary sector roles	Multi-agency action group (lead PCN Director, Public Health, ICS)	summer 2023				on hold while outcomes of the above are realised; however addtional activity at the centre has started
Explore broader offer from Early Help and Adult Social Care	Early Help - Charlotte Evans, ASC -	summer 2023				as below in CYP section
Project Manager and Feasibility Study	ICB Public Health	May-23				Complete
Communication and engagement with locals should continue	ALL	Ongoing				following JSNA surveys and 2 stakeholder events, there have been 3 public engagement events, with a 4th planned; an additional survey, with results going in the business case and feasibilty study; social media posts; letter prepared to send to all patients; close working with the town and parish council, Halo, PCN, ICB and others
Mental Health						
Expand Mental Health offer through GP Service and Severn Centre by recruiting MH wellbeing ARRS role and health and wellbeing coaches						offer for MH through the PCN has been expanded; additional work will pick up when the outcomes of the new premises are realised
Look at moving SP Advisors to Severn Centre prior to new GP Service being built	Hannah Thomas, Jess Harvey, new provider					Social Prescribing for adults and CYP embedded
To develop and implement a similar Exercise on Referral Programme to Shrewsbury Town in the Community	PCN Lead - Jess Harvey Seven Centre - Beth Hinkinson					TBD
Childen and Young People						
Work with Early help to join forces with a working group; look for opportunities to improve offer at the Health and Wellbeing Centre	Public Health and Early Help					Intitial conversations however, more work needed to develop this area
Implement new activities for CYP with an inequaities focus	ALL					See below
Weekly Library session for CYP	Severn Centre and Library service	Ongoing				
Cost of Living						

RAG Status Key
GREEN
BLUE
RED

Communicate widely about Warm Hubs - health clinic and physical activity sessions	Beth Hinkinson Peter Vinall	Ongoing				To continue to push comms about warm hub. and Friday eat, great and meet.	
Warm hub at Halo Highley - approximately 2k available Hannah to get an update from Sean	Sean McCarthy, Bethany Hannah Thomas	Spring 2023				Brightstar boxing delivering weekly sessions 20 young people attending	
Halo Centre run a food table/ food bank	Halo	Ongoing					

Behind schedule with mitigation in place
On Track
Completed
Behind schedule with no mitigation in place / On Hold

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15th June 2023

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**15th June 2023**					
Title of report	**Healthy Lives Update**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)		Information only (No recommendations)	x
Reporting Officer & email	Anne-Marie Speke Health Improvement and Health Protection Operational Lead, Shropshire Council anne-marie.speke@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working	x		
	Mental Health	x	Improving Population Health	x		
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x		
	Workforce	x	Reduce inequalities (see below)	x		
What inequalities does this report address?	Addressing inequalities is integral to the Healthy Lives Programme and is reflected in all work programmes.					

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

1. Executive Summary

This paper provides a brief update on Healthy Lives, which is the prevention programme of the Health and Wellbeing Board (HWBB). It summarises update reports which have come to the Healthy Lives meeting, and outcomes and actions from the discussions.

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

Shropshire, Telford & Wrekin Integrated Care System (STW ICS), Shropshire Integrated Place Partnership (ShIPP) and Healthy Lives have several shared priorities, and Healthy Lives is the delivery arm of the HWBB and ShIPP, where partners come together to ensure the Joint HWB strategy is implemented. These preventative programmes include Social Prescribing, Healthy Weight and Physical Activity, food insecurity, Trauma Informed Approach, Mental Health, Killed and Seriously Injured (KSI) on Roads and Health Inequalities.

Access to health information for people who do not speak English as a first language is also a recent addition for an area of focus.

The Healthy Lives steering group meetings, which are held monthly, are not just a forum for providing updates. All members demonstrate genuine commitment in working together to progress the areas of focus above and help improve the lives of Shropshire people. Combining as a system to deliver upstream actions helps to make best use of resources in terms of, human - the skills mix and experience of its members, monetary - through prevention of disease and ill-health, and linking projects together to strengthen impact and avoidance of duplication of work.

2. **Recommendations (Not required for 'information only' reports)**

The HWBB are asked to note the contents of this report, and the work taking place to help progress the Shropshire HWBB priorities.

3. Report

Anne-Marie Speke, Health Improvement and Health Protection Operational Lead, has recently taken over as interim Chair of the Healthy Lives Steering Group. This interim arrangement is in place whilst recruitment is being undertaken both for a Consultant in Public Health / Head of Service and also the Health and Wellbeing Strategic Manager posts.

This paper provides a brief update on Healthy Lives Steering Group activity, following the last report to the Board in April 2023 This is tabulated for ease of reading.

Related HWBB priority/ies	Partner Update	Outcomes and action/s
Health Inequalities and Improving Population Health	**"Your Health Admin"** is where library staff show residents what health NHS resources are available online and how to download the NHS app. It also gives the public the ability and knowledge of how to contact medical practices digitally. There have not been many referrals from GPs as yet, and the information will be re-publicised as a reminder and on portal set up by HLSG NHSSTW member. An overview of the pilot was shared with the group and a demonstration of the Your Health Admin digital tool. It was noted that in Shropshire there is a low level of health literacy There have been 14 staff trained with a focus in critical thinking, NHS websites, NHS app and local GP services. The sessions have now been completed and are awaiting decisions re next steps.	Members of group to share information with their teams. To await outcome of next steps conversations.
Joined up working and reducing inequalities	**Shropshire Safeguarding Partnership Board structure** An update was given regarding the recent structure changes for the Shropshire Safeguarding Partnership Boards.	Structure chart was circulated. It was agreed that learning briefing from case reviews would be shared as a regular item with members of the group for information and action as required. All partners to speak to line managers to see where and how the case review briefings are shared with teams. Individuals to access the Shropshire Safeguarding Community Partnership website to access current information and learning briefings.
Children and Young People/ Improving population health and reducing health inequalities.	**Youth Vaping** An update regarding Youth Vaping was given to the group. Before Christmas expressions of concern were raised around the growth in vaping amongst	Partners to provide feedback on posters and what they would like to see in other communications. To provide feedback on online survey.

	young people. There is a local and national concern around the mixed messages in relation to vaping. A task and finish group has been set up to look at actions required. A position statement has been developed and been signed off by Tanya Miles (Executive Director for People), Rachel Robinson (Director for Health Wellbeing and Prevention), and the ICS chief medical officer Shropshire Position Statement on Underag **Next steps** To develop key messages for professionals, partner organisations, general public and parents. To develop communications including posters for CYP. These will be coproduced to ensure that the voice of the young person is captured. To develop an online survey re vaping for CYP :	Partners to consider attending the task and finish group. The group to consider how best to present the findings of an online survey. Where will it be most impactful?

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	Anne-Marie Speke, Health Improvement and Health Protection Operational Lead, has recently taken over as interim Chair of the Healthy Lives Steering Group. This interim arrangement is in place whilst recruitment is being undertaken both for a Consultant in Public Health / Head of Service and also the Health and Wellbeing Strategic Manager posts.	
Financial implications (Any financial implications of note)	There are no financial implications identified in this update	
Climate Change Appraisal as applicable	Not applicable	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) Portfolio holders can be found here **or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead** Cllr. Cecilia Motley, Portfolio Holder for Adult Social Care, Public Health and Communities		

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